



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting November 19, 2015

Location: Iowa State Capitol Room 116
1007 E. Grand Ave
Des Moines, IA 50319

Time: 9:30 a.m. – 4:30 p.m.

Final Agenda

1. Welcome & Introductions
 - a) Committee Members and Staff
 - b) Approval of the minutes
2. Update
 - a) Annual P&T Committee Chairperson and Vice Chairperson Elections
 - b) Preferred Drug List (PDL)
 - c) Prior Authorization Criteria/Pro-DUR edits
 - d) Legislation
 - e) IME Updates
3. Public Comment (**See attachment 1 for Conflict of Interest Disclosure**)
4. Closed Executive Session
 - a) Approval of the minutes
 - b) Economic Review of the Iowa Medicaid Preferred Drug List, Newly Released Drugs, Newly Released Generic Drugs, New Dosage Forms, and Contracts
 - c) Review and discussion of the Confidential Public Comments
5. Preferred Drug List (PDL) discussion and deliberation
(**See attachment 2 and 3 for order of discussion**)
6. Final Recommendations by the P & T Committee on the Iowa Medicaid Preferred Drug List
7. Recommended Drug List (RDL) discussion and deliberation
(**See attachment 4 and 5 for order of discussion**)
8. Final Recommendations by the P & T Committee on the Iowa Medicaid Recommended Drug List
9. Review of Newly Released Drugs
(**See attachment 6 for order of discussion**)
10. Final Recommendations by the P & T Committee on Newly Released Drugs (Open Session)
11. Review of Newly Released Generic Drugs, Dosage Forms or Strengths
(**See attachment 7 for order of discussion**)
12. Final Recommendations by the P & T Committee on Newly Released Generic Drugs, Dosage Forms or Strengths
13. Preview of next meeting

****Disclaimer:** Executive Sessions may be necessary during the deliberation process**

www.IowaMedicaidPDL.com

Next scheduled meeting: April 21, 2016 9:30am - 4:30pm

For more information contact Erin Halverson at ehalver@dhs.state.ia.us or (515) 974-3126

Attachment 1

**Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee
Speaker Conflict of Interest Disclosure**

The Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee and persons speaking or presenting to the Iowa Medicaid P&T Committee are asked to disclose any financial or other affiliation with organizations that may have a direct or indirect interest in the business in front of the Committee. Those persons speaking or presenting at the P&T Committee meetings are asked to disclose potential conflicts on this form. P&T Committee members disclose potential conflicts each year on a separate form.

A financial interest may include, but is not limited to, being a shareholder in the organization, being on retainer with the organization, having research or honoraria paid by the organization, or receiving other forms of remuneration from an organization. An affiliation may include holding a position on an advisory committee or some other role or benefit to a supporting organization.

The existence of such a financial relationships or affiliation does not necessarily constitute a conflict of interest and will not preclude an individual from participating or addressing the P&T Committee. This policy is intended to openly identify any potential conflicts so that the P&T Committee members and the public are able to form their own judgments.

Your responses below will be read out loud before your presentation to the P&T Committee.

Please check the box of the statement that best applies.

Statement of No Conflicts

I do not have a current or recent (within the last 12 months) financial arrangement or affiliation with any organization that may have a direct interest in the business before the Iowa Medicaid P&T Committee.

Disclosures

I have a financial interest, affiliation or am employed by an organization that may have a direct interest in the business before the Iowa Medicaid P&T Committee

I refuse to state my affiliations

Organization (List additional on the back of the form.)	Role/Relationship (List additional on the back of the form.)

(print name)

(signature)

(date)

Attachment 2

Iowa Medicaid Preferred Drug List

Disclaimer: The Iowa P&T Committee reserves the right to re-evaluate all medications within the same therapeutic category as those on the agenda scheduled to be discussed for the PDL Review, New Drug Review, New Generic Drug Review, and New Dosage Forms Review and vote to change the PDL status of other medications currently on the PDL. It is the responsibility of the drug manufacturer to provide representation, if necessary, at the P&T Committee Meeting when a competitor's product is on the agenda for discussion.

- 1) ACE and Thiazide Combo's
- 2) ACE Inhibitors
- 3) ACE Inhibitors and CA Channel Blockers
- 4) Acne Products: Isotretinoin
- 5) Agents for Fabrys Disease
- 6) Agents for Gaucher Disease
- 7) Agents for Pheochromocytoma
- 8) Alcohol Deterrents
- 9) Allergenic Extracts
- 10) Alpha-Proteinase Inhibitor
- 11) ALS Drug
- 12) Alzheimer – Cholinomimetics
- 13) Amino Glycosides
- 14) Analgesics – Misc.
- 15) Anaphylaxis Therapy
- 16) Androgens / Anabolics
- 17) Androgens-Topical
- 18) Anorectal – Misc.
- 19) Anthelmintics
- 20) Anti-Infective Combo's – Misc.
- 21) Antianginals
- 22) Antianginals – Isosorbide Nitrate
- 23) Antiarrhythmics
- 24) Antiasthmatic – 5-Lipoxygenase Inhibitors
- 25) Antiasthmatic – Adrenergic Combos
- 26) Antiasthmatic – Anti-Cholinergics
- 27) Antiasthmatic – Anti-Inflammatory Agents
- 28) Antiasthmatic – Beta-Adrenergics
- 29) Antiasthmatic – Leukotriene Receptor Antagonists
- 30) Antiasthmatic – Misc. Respiratory Inhalants
- 31) Antiasthmatic – Mixed Adrenergics
- 32) Antiasthmatic – Mucolytics
- 33) Antiasthmatic – Nasal Misc.
- 34) Antiasthmatic – Steroid Inhalants
- 35) Antiasthmatic – Xanthines
- 36) Antibiotics – Misc.
- 37) Anti-Cataleptic Agents
- 38) Anticoagulants
- 39) Anticonvulsants
- 40) Antidepressants- MAO Inhibitors
- 41) Antidepressants- Selected SSRI'S
- 42) Antidepressants- Tri-Cyclics
- 43) Antidotes
- 44) Antidotes – Chelating Agents

- 45) Antiemetic – 5-HT₃ Receptor Antagonists/Substance P Neurokinin
- 46) Antiemetic – Anticholinergic / Dopaminergic
- 47) Antiemetic – Tetrahydrocannabinol (THC) Derivatives
- 48) Antifungals – Assorted
- 49) Antihistamines – Non-Sedating
- 50) Antihistamines – Non-Sedating / Decongestants
- 51) Antihistamines – Other
- 52) Antihistamines/Decongestants
- 53) Antihyperlipidemics
- 54) Antihypertensive Combos
- 55) Antihypertensives – Central
- 56) Anti-Inflammatories, Non-NSAID
- 57) Antileprotic
- 58) Antimalarial Agents
- 59) Antimycobacterials / Antituberculosis
- 60) Anti-Parkinsonian Drugs
- 61) Antiprotozoal Agents
- 62) Anti-Psoriatics – Non-Biologicals
- 63) Antipsychotics- Atypicals
- 64) Antipsychotics- Special Atypicals
- 65) Antipsychotics- Typical
- 66) Antispasmodics
- 67) Antispasmodics – Long Acting
- 68) Antithyroid Therapies
- 69) Anxiolytics-Benzodiazepines
- 70) Anxiolytics- Long Acting
- 71) Anxiolytics- Misc.
- 72) ARB/CCB
- 73) ARB/CCB Plus Diuretics
- 74) ARB's
- 75) ARB's and Diuretics
- 76) Arthritis – Misc.
- 77) Artificial Saliva / Stimulants
- 78) Beta Blockers – Alpha / Beta
- 79) Beta Blockers – Cardio Selective
- 80) Beta Blockers – Non-Selective
- 81) Beta Blockers and Diuretic Combo's
- 82) Beta – Lactams / Clavulanate Combo's
- 83) BPH
- 84) Calcium Channel Blockers – Amlodipines
- 85) Calcium Channel Blockers – Diltiazems
- 86) Calcium Channel Blockers – Felodipines
- 87) Calcium Channel Blockers – Isradipines
- 88) Calcium Channel Blockers – Nifedipines
- 89) Calcium Channel Blockers – Nisoldipine
- 90) Calcium Channel Blockers – Verapamils
- 91) Carbapenems
- 92) Cardiac Glycosides
- 93) Carnitine Replenisher – Agents
- 94) CCB / Lipid
- 95) Central Precocious Puberty Agents
- 96) Cephalosporins
- 97) Chelating Agents
- 98) Cholesterol – Bile Sequestrants
- 99) Cholesterol – Fibric Acid Derivatives
- 100) Cholesterol – HMG COA + Absorb Inhibitors
- 101) Cholesterol – HMG COA + Absorb Inhibitors: High Potency Drugs/Combinations

- 102) Cholesterol – HMG COA + Absorb Inhibitors: Low Potency Drugs/Combinations
- 103) Cholinergic
- 104) Compounding Materials
- 105) Contraceptives – Bi-Phasic Combinations
- 106) Contraceptives – Emergency Contraceptives
- 107) Contraceptives – Injectable
- 108) Contraceptives – Monophasic Combination O/C's
- 109) Contraceptives – Multi-Phasic Combinations
- 110) Contraceptives – Patches / Vaginal Products
- 111) Contraceptives – Progestin Only
- 112) Contraceptives – Tri-Phasic Combinations
- 113) Cough / Cold – Antitussive – Expectorant
- 114) Cough / Cold – Systemic Decongestants
- 115) Cox 2 Inhibitors – Selective
- 116) Cystic Fibrosis Agents
- 117) Cyto-Megalovirus Agents
- 118) Dental Products
- 119) Diabetic – AlphaglucoSIDase
- 120) Diabetic – Insulin
- 121) Diabetic – Insulin Penfills
- 122) Diabetic – Meglitinides
- 123) Diabetic – Non-Insulin Injectables
- 124) Diabetic – Oral Biguanides
- 125) Diabetic – Oral Sulfonylureas
- 126) Diabetic – Other
- 127) Diabetic – Sulfonylurea / Biguanide
- 128) Diabetic – Thiazol
- 129) Diabetic – Thiazol / Biguanide Combo
- 130) Diagnostic Biologicals
- 131) Diagnostic Drugs
- 132) Direct Renin Inhibitors
- 133) Diuretics
- 134) Dopamine Receptor Agonists
- 135) Ear
- 136) Electrolytes / NutritionalS
- 137) ErythropoeiS Stimulating Agents
- 138) Estrogen Combo's
- 139) Estrogens – Patches
- 140) Estrogens – Tabs
- 141) Fluoroquinolones
- 142) GI – Anti-Flatulents / GI Stimulants
- 143) GI – Antidiarrheal / Antacid – Misc.
- 144) GI – Antiperistaltic Agents
- 145) GI – Digestive Enzymes
- 146) GI – H2-Antagonists
- 147) GI – Inflammatory Bowel Agents
- 148) GI – Irritable Bowel Syndrome Agents
- 149) GI – Misc.
- 150) GI – Misc. Anti-Ulcer
- 151) GI – Prostaglandins
- 152) GI – Proton Pump Inhibitor
- 153) GI – Proton Pump Inhibitor / NSAID Combo
- 154) GI – Ulcer Anti-Infective
- 155) Glucocorticoids – Corticotropin
- 156) Glucocorticoids – Mineralocorticoids
- 157) Gout
- 158) Granulocyte CSF

- 159) Growth Hormone
- 160) Hemostatic
- 161) Hepatitis B Only
- 162) Hepatitis C Agents
- 163) Hereditary Angioedema Agents
- 164) Hereditary Tyrosinemia Type 1 (HT-1) Treatment – Agents
- 165) Herpes Agents
- 166) Hyperparathyroid Treatment – Vitamin D Analogs
- 167) Hyperparathyroid Treatment – Vitamin D Analogs and Calcimimetics
- 168) Idiopathic Pulmonary Fibrosis
- 169) Immune Serums
- 170) Immunosuppressants
- 171) Influenza Agents
- 172) K Removing Resins
- 173) LHRH/GNRH Agonist Analog Pituitary Suppressants
- 174) Lincosamides / Oxazolidinones / Leprostatics
- 175) Lipodystrophy Agents
- 176) Lithium
- 177) Macrolides / Erythromycin's / Ketolides
- 178) Metabolic Modifiers-Lysosomal Storage Disorder Treatments
- 179) Migraine – Ergotamine Combinations
- 180) Migraine – Ergotamine Derivatives
- 181) Migraine – Selective Serotonin Agonists (5HT) – Injectables
- 182) Migraine – Selective Serotonin Agonists (5HT) – Tabs
- 183) Migraine-Selective Serotonin Agonist-(5HT) Combinations
- 184) Minerals
- 185) Mouth – Anesthetics Topical Oral
- 186) Mouth – Steroids
- 187) Mouth Anti-Infectives
- 188) Mouth Antiseptics
- 189) Mucopolysaccharidosis
- 190) Multiple Sclerosis Agents
- 191) Multiple Sclerosis Agents-Interferons
- 192) Multiple Sclerosis Agents-Non-Interferons
- 193) Muscle Relaxant – Combinations
- 194) Muscle Relaxants
- 195) Narcotic – Antagonists
- 196) Narcotics – Misc.
- 197) Narcotics – Selected
- 198) Narcotics – Long Acting
- 199) Nasal Steroid/Antihistamine Combos
- 200) Nasal Steroids
- 201) Neurologics – Misc.
- 202) Neuromuscular Blocking Agents
- 203) Nicardipines
- 204) Nicotine Replacement Therapy
- 205) Nitro – Ointment / Cap / CR
- 206) Nitro – Patches
- 207) Nitro – Sublingual / Spray
- 208) NSAIDS
- 209) Op. Antiallergics-Antihistamines
- 210) Op. Antiallergics-Mast Cell Stabilizers
- 211) Op. Antibiotics
- 212) Op. Antiinflammatory / Steroids Ophth
- 213) Op. Beta-Blockers
- 214) Op. Carbonic Anhydrase Inhibitors / Combo
- 215) Op. Cycloplegics

- 216) Op. Miotics – Direct Acting
- 217) Op. Misc.
- 218) Op. NSAID's
- 219) Op. Prostaglandins
- 220) Op. Quinolones
- 221) Op. Quinolones-Fourth Generation
- 222) Op. Selective Alpha Adrenergic Agonists
- 223) Osteoporosis
- 224) Oxytocics
- 225) Parkinsons – Anticholinergics
- 226) Parkinsons – COMT Inhibitors
- 227) Parkinsons – Selected Dopamine Agonists
- 228) Peripheral Vasodilators
- 229) Phenylketonuria
- 230) Phosphate Binders
- 231) Phosphodiesterase Inhibitors
- 232) Platelet Aggr. Inhibitors / Combo's – Misc.
- 233) Platelet Aggregation Inhibitors
- 234) Powders
- 235) Pressors
- 236) Progestins
- 237) Psychotherapeutic Combination
- 238) PTH
- 239) Pulmonary Anti-Hypertensives
- 240) Pulmonary Anti-Hypertensives-Endothelin Receptor Antagonist
- 241) Purine Analog
- 242) Restless Leg Syndrome Agents
- 243) Rheumatoid Arthritis – Non-Biologicals
- 244) RSV Prophylaxis
- 245) Sedative / Hypnotics – Barbiturate
- 246) Sedative / Hypnotics – Benzodiazepines
- 247) Sedative / Hypnotics – Non-Benzodiazepines
- 248) Sinus Node Inhibitors
- 249) Smoking Cessation (Oral)
- 250) Somatostatic Agents
- 251) Stimulants
- 252) Stimulants- Amphetamines- Long Acting
- 253) Stimulants- Amphetamines- Short Acting
- 254) Stimulants- Methylphenidate
- 255) Stimulants- Methylphenidate- Long Acting
- 256) Stimulants- Other Stimulants/ Like Stimulants
- 257) Tetracyclines
- 258) Thrombopoietin Receptor Agonists
- 259) Thyroid Hormones
- 260) Tissue Plasminogen Activator
- 261) Topical – Acne Preparations
- 262) Topical – Antibiotic
- 263) Topical – Antifungals
- 264) Topical – Antineoplastics
- 265) Topical – Antipruritics
- 266) Topical – Antiseborrheics
- 267) Topical – Antivirals
- 268) Topical – Astringents / Protectants
- 269) Topical – Burn Products
- 270) Topical – Cauterizing Agents
- 271) Topical – Corticosteroids
- 272) Topical – Emollients

- 273) Topical – Enzymes / Keratolytics / Urea
- 274) Topical – Genital Warts
- 275) Topical – Immunomodulators
- 276) Topical – Local Anesthetics
- 277) Topical – Nasal Antibiotics
- 278) Topical – Scabicides and Pediculicides
- 279) Topical – Steroid Combinations
- 280) Topical – Steroid Local Anesthetics
- 281) Topical – Tretinoids
- 282) Topical-Wound/Decubitis Care
- 283) Urea Cycle Disorder – Agents
- 284) Urological – Misc.
- 285) Vaccines
- 286) Vaginal – Antifungals
- 287) Vaginal – Antibacterials
- 288) Vaginal – Estrogens
- 289) Vasopressins
- 290) Vitamins
- 291) Vitamins – Misc.

Attachment 3
Iowa Medicaid Preferred Drug List Changes

The below changes are recommended to maximize cost savings to the program, unless otherwise noted:

1. Recommend to change amlodipine besylate-benazepril hcl to Preferred and Lotrel to Non-Preferred.
2. Recommend to change trandolapril-verapamil hcl ER to Preferred and Tarka to Non-Preferred.
3. Recommend to change Absorica to Non-Preferred with Conditions.
4. Recommend to change riluzole to Preferred with Conditions and Rilutek to Non-Preferred with Conditions.
5. Recommend to change Namenda tablets to Non-Preferred with Conditions.
6. Recommend to change colistimethate sodium to Preferred and Coly-Mycin-M to Non-Preferred.
7. Recommend to change enoxaparin sodium vials to Preferred and Lovenox vials to Non-Preferred.
8. Recommend to change phenytoin oral suspension and chewable tablets to Preferred and Dilantin oral suspension and chewable tablets to Non-Preferred (grandfather existing users with seizure diagnosis).
9. Recommend to change carbamazepine er capsules to Preferred and Carbatrol to Non-Preferred (grandfather existing users with seizure diagnosis).
10. Recommend to change oxcarbazepine oral suspension to Preferred and Trileptal oral suspension to Non-Preferred (grandfather existing users with seizure diagnosis).
11. Recommend to change Parnate to Non-Preferred (generic will remain Preferred).
12. Recommend to change azelastine 0.1% nasal solution to Preferred.
13. Recommend to change Cosentyx to Preferred with Conditions for its indication (plaque psoriasis).
14. Recommend to change bromocriptine 5mg capsules to Non-Preferred (brand remains Preferred).
15. Recommend to change Saphris to Non-Preferred step therapy 3 (grandfather existing users).

16. Recommend to change Toviaz to Non-Preferred.
17. Recommend to change Oxytrol to Non-Preferred.
18. Recommend to change ampicillin & sulbactam sodium to Preferred and Unasyn to Non-Preferred.
19. Recommend to change piperacillin & tazobactam sodium to Preferred.
20. Recommend to change diltiazem hcl ER, 24 hr CD and 24 hr ER to Preferred and Tiazac to Non-Preferred.
21. Recommend to change Suprax oral suspension to Non-Preferred (generic remains Non-Preferred).
22. Recommend to change Gianvi to Preferred and Yaz to Non-Preferred.
23. Recommend to change drospirenone-ethinyl estradiol tab 3-0.03 mg to Preferred and Yasmin to Non-Preferred.
24. Recommend to change Modicon to Non-Preferred (generic will remain Preferred).
25. Recommend to change desogestrel-ethinyl estradiol (biphasic) to Preferred and Mircette to Non-Preferred.
26. Recommend to change desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg to Preferred and Cyclessa to Non-Preferred.
27. Recommend to change norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg to Preferred and Tri-Norinyl to Non-Preferred.
28. Recommend to change Tradjenta to Preferred with Conditions.
29. Recommend to change Onglyza to Non-Preferred with Conditions.
30. Recommend to change Jentadueto to Preferred with Conditions.
31. Recommend to change Kombiglyze to Non-Preferred with Conditions.
32. Recommend to change Janumet XR to Preferred with Conditions.
33. Recommend to change ofloxacin otic to Non-Preferred.
34. Recommend to change estradiol weekly transdermal to Preferred and Climara to Non-Preferred.

35. Recommend to change methylprednisolone acetate to Preferred and Depo-Medrol to Non-Preferred.
36. Recommend to change methylprednisolone sodium succinate to Preferred.
37. Recommend to change clindamycin palmitate oral solution to Preferred and Cleocin oral solution to Non-Preferred.
38. Recommend to change Zyvox tablets to Non-Preferred with Conditions.
39. Recommend to change Relpax to Non-Preferred with Conditions (grandfather existing users).
40. Recommend to change naratriptan to Preferred with Conditions.
41. Recommend to change rizatriptan ODT to Preferred with Conditions.
42. Recommend to change Avonex to Non-Preferred (grandfather existing users).
43. Recommend to change Rebif to Preferred.
44. Recommend to change Betaseron to Preferred.
45. Recommend to change Extavia to Non-Preferred.
46. Recommend to change azelastine ophthalmic solution to Preferred.
47. Recommend to change Durezol to Non-Preferred.
48. Recommend to change fluorometholone ophthalmic to Preferred.
49. Recommend to change FML Forte to Non-Preferred.
50. Recommend to change Lotemax to Preferred.
51. Recommend to change prednisolone acetate ophthalmic to Preferred.
52. Recommend to change Ilevro to Non-Preferred.
53. Recommend to change Besivance to Preferred.
54. Recommend to change Moxeza to Non-Preferred.
55. Recommend to change Vigamox to Non-Preferred.
56. Recommend to change dexmethylphenidate to Preferred with Conditions and Focalin to Non-Preferred with Conditions.

57. Recommend to change Methylin oral solution to Preferred with Conditions.
58. Recommend to change methylphenidate er 10mg & 20mg tablets to Non-Preferred with Conditions (grandfather existing users).
59. Recommend to change adapalene gel to Preferred with Conditions.
60. Recommend to change benzoyl peroxide 7% cleanser to Preferred with Conditions.
61. Recommend to change Epiduo to Preferred with Conditions.
62. Recommend to change Duac to Non-Preferred with Conditions.
63. Recommend to change metronidazole 0.75% cream to Preferred with Conditions and MetroCream to Non-Preferred with Conditions.
64. Recommend to change Zovirax 5% Ointment to Non-Preferred as topical therapy is not recommended by the Centers for Disease Control and Prevention (CDC).
65. Recommend to change Ultravate to Non-Preferred with Conditions (generic will remain Non-Preferred).
66. Recommend to change betamethasone dipropionate lotion to Non-Preferred with Conditions.
67. Recommend to change Diprolene lotion to Non-Preferred with Conditions.
68. Recommend to change fluocinolone topical to Non-Preferred with Conditions.
69. Recommend to change fluticasone cream and ointment to Preferred.
70. Recommend to change fluticasone lotion to Non-Preferred with Conditions.
71. Recommend to change triamcinolone lotion to Preferred.
72. Recommend to change Eurax to Non-Preferred.
73. Recommend to change permethrin 5% cream to Preferred.
74. Recommend to change Atralin to Non-Preferred with Conditions.
75. Recommend to change tretinoin to Non-Preferred with Conditions (brand Retin-A remains Preferred with Conditions).

Attachment 4
Iowa Medicaid Recommended Drug List

Disclaimer: The Iowa P & T Committee reserves the right to re-evaluate all medications within the same therapeutic category as those on the agenda scheduled to be discussed for the PDL Review, New Drug Review, New Generic Drug Review, and New Dosage Forms Review and vote to change the PDL status of other medications currently on the PDL. It is the responsibility of the drug manufacturer to provide representation, if necessary, at the P & T Committee Meeting when a competitor's product is on the agenda for discussion.

- 1) Antihemophilic Agents
- 2) Antineoplastics – Alkylating Agents
- 3) Antineoplastics – Androgen Biosynthesis Inhibitor
- 4) Antineoplastics – Antiadrenals
- 5) Antineoplastics – Antiandrogens
- 6) Antineoplastics – Antibiotics
- 7) Antineoplastics – Antiestrogens
- 8) Antineoplastics – Antimetabolites
- 9) Antineoplastics – Aromatase Inhibitors
- 10) Antineoplastics – Cardiac Protective Agents
- 11) Antineoplastics – Combinations
- 12) Antineoplastics – Estrogen Receptor Antagonist
- 13) Antineoplastics – Estrogens
- 14) Antineoplastics – Folic Acid Antagonists Rescue Agents
- 15) Antineoplastics – Imidazotetrazines
- 16) Antineoplastics – Interleukins
- 17) Antineoplastics – LHRH Analogs
- 18) Antineoplastics – Misc.
- 19) Antineoplastics – Mitotic Inhibitors
- 20) Antineoplastics – Nitrogen Mustards
- 21) Antineoplastics – Nitrosoureas
- 22) Antineoplastics – PARP Inhibitors
- 23) Antineoplastics – Progestins
- 24) Antineoplastics – Protein-Tyrosine Kinase Inhibitors
- 25) Antineoplastics – Selective Retinoid X Receptor Agonists
- 26) Antineoplastics – Topoisomerase I Inhibitors
- 27) Antineoplastics – Urinary Tract Protective Agents
- 28) Antiretrovirals
- 29) Antiretroviral Combinations
- 30) Antiretrovirals – Fusion Inhibitors
- 31) Antiretrovirals – Protease Inhibitors
- 32) Antiretrovirals – RTI-Non-Nucleoside Analogues
- 33) Antiretrovirals-RTI-Nucleoside Analogues-Purines
- 34) Antiretrovirals-RTI-Nucleoside Analogues-Pyrimidines
- 35) Antiretrovirals-RTI-Nucleoside Analogues-Thymidines
- 36) Antiretrovirals-RTI-Nucleotide Analogues

Attachment 5
Recommended Drug List Changes

- 1) Recommend to change Advate to Non-Recommended to maximize cost savings to the program.
- 2) Recommend to move Actimmune to the Preferred Drug List under the Interferon Gamma category and change status to Non-Preferred to require prior authorization for diagnosis review.
- 3) Recommend to change Norvir tablets to Recommended due to the discontinuation of Norvir capsules.

Attachment 6
Newly Released Drugs

Disclaimer: The Iowa P&T Committee reserves the right to re-evaluate all medications within the same therapeutic category as those on the agenda scheduled to be discussed for the PDL Review, New Drug Review, New Generic Drug Review, and New Dosage Forms Review and vote to change the PDL status of other medications currently on the PDL. It is the responsibility of the drug manufacturer to provide representation, if necessary, at the P & T Committee Meeting when a competitor's product is on the agenda for discussion.

1. Daklinza- Recommend status on the PDL as Non-Preferred with Conditions
2. Entresto- Recommend status on the PDL as Non-Preferred with Conditions
3. Farydak- Recommend status on the RDL as Non-Recommended
4. Movantik- Recommend status on the PDL as Non-Preferred with Conditions
5. Orkambi- Recommend status on the PDL as Non-Preferred with Conditions
6. Praluent- Recommend status on the PDL as Non-Preferred
7. Repatha- Recommend status on the PDL as Non-Preferred
8. Rexulti- Recommend status on the PDL as Non-Preferred Step 3
9. Technivie- Recommend status on the PDL as Preferred with Conditions

Attachment 7

**Newly Released Generic Drugs, New Dosage Forms,
New Drug Names, and New drug Strengths**

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NEWLY RELEASED GENERIC DRUGS		
Drug Name	Brand Name/Status on PDL/RDL	PDL/RDL Recommendation
Almotriptan	Axert / Non-Preferred with Conditions	Non-Preferred with Conditions
Alosetron	Lotronex / Non-Preferred	Non-Preferred
ASA/Dipyridamole	Aggrenox / Preferred	Non-Preferred
Bexarotene	Targretin / Preferred (change from Recommended)	Non-Preferred
Guanfacine ER	Intuniv / Non-Preferred with Conditions	Preferred with Conditions
Linezolid	Zyvox / Non-Preferred with Conditions	Generic- Non-Preferred with Conditions Authorized Generic- Preferred with Conditions
Memantine	Namenda / Non-Preferred with Age Edit	Preferred with Age Edit
Phenoxybenzamine	Dibenzylamine / Not Covered (non-rebatable)	Non-Preferred
Pyridostigmine ER	Mestinon Timespan / Preferred	Non-Preferred
Tetrabenazine	Xenazine / Non-Preferred	Non-Preferred

NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS

Aptensio XR	Metadate CD / Preferred with Conditions	Non-Preferred with Conditions
Glatopa	Copaxone 20mg / Preferred	Non-Preferred
Ixinity	Benefix / Recommended	Non-Recommended
Onexton	Duac / Non-Preferred with Conditions	Non-Preferred with Conditions
Stiolto Respimat	Spiriva Respimat / Non-Preferred Striverdi Respimat / Non-Preferred	Non-Preferred
Synjardy	Jardiance / Non-Preferred with Conditions Metformin / Preferred	Non-Preferred with Conditions
Trianex	Triamcinolone / Preferred	Non-Preferred with Conditions
Xyntha	Advate / Non-Recommended	Recommended
Zarxio	Neupogen / Preferred with Conditions	Non-Preferred with Conditions
Zecuity	Imitrex Solution / Preferred with Conditions	Non-Preferred with Conditions