

**Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting
November 21, 2019****Location: Iowa State Capitol Room 116
1007 E. Grand Ave
Des Moines, IA 50319****Time: 9:30 a.m. – 4:30 p.m.****Tentative Agenda**

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

www.iowaMedicaidPDL.com

Next scheduled meeting: April 16, 2020 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) Amyloidosis Treatments
- 15) Analgesics – Misc.
- 16) Anaphylaxis Therapy
- 17) Androgens / Anabolics
- 18) Androgens-Topical
- 19) Anorectal – Misc.
- 20) Anthelmintics
- 21) Anti-Infective Combo's – Misc.
- 22) Antianginals
- 23) Antianginals – Isosorbide Nitrate
- 24) Antiarrhythmics
- 25) Antiasthmatic – 5-Lipoxygenase Inhibitors
- 26) Antiasthmatic – Adrenergic Combos
- 27) Antiasthmatic – Anti-Cholinergics
- 28) Antiasthmatic – Anti-Inflammatory Agents
- 29) Antiasthmatic – Beta-Adrenergics
- 30) Antiasthmatic – Leukotriene Receptor Antagonists
- 31) Antiasthmatic – Misc. Respiratory Inhalants
- 32) Antiasthmatic – Mixed Adrenergics
- 33) Antiasthmatic – Mucolytics
- 34) Antiasthmatic – Nasal Misc.
- 35) Antiasthmatic – Steroid Inhalants
- 36) Antiasthmatic – Xanthines
- 37) Antibiotics – Misc.
- 38) Anti-Cataplectic Agents
- 39) Anticoagulants
- 40) Anticonvulsants
- 41) Antidepressants- MAO Inhibitors
- 42) Antidepressants- Selected SSRI'S
- 43) Antidepressants- Tri-Cyclics
- 44) Antidotes
- 45) Antidotes – Chelating Agents

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

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

- 162) GI – Proton Pump Inhibitor
- 163) GI – Proton Pump Inhibitor / NSAID Combo
- 164) GI – Ulcer Anti-Infective
- 165) GI, Constipation-IBS-OIC
- 166) Glucocorticoids – Corticotropin
- 167) Glucocorticoids – Mineralocorticoids
- 168) Gout
- 169) Granulocyte CSF
- 170) Growth Hormone
- 171) Hemostatic
- 172) Hepatitis B Only
- 173) Hepatitis C Agents
- 174) Hereditary Angioedema Agents
- 175) Hereditary Tyrosinemia Type 1 (HT-1) Treatment – Agents
- 176) Herpes Agents
- 177) Hormone Receptor Modulators
- 178) Hyperparathyroid Treatment – Vitamin D Analogs
- 179) Hyperparathyroid Treatment – Vitamin D Analogs and Calcimimetics
- 180) Idiopathic Pulmonary Fibrosis
- 181) Immune Serums
- 182) Immunosuppressants
- 183) Influenza Agents
- 184) Interferon Gamma
- 185) K Removing Resins
- 186) LHRH/GNRH Agonist Analog Pituitary Suppressants
- 187) Lincosamides / Oxazolidinones / Leprostatics
- 188) Lipodystrophy Agents
- 189) Lithium
- 190) Macrolides / Erythromycin's / Ketolides
- 191) Metabolic Modifiers-Lysosomal Storage Disorder Treatments
- 192) Migraine – Ergotamine Combinations
- 193) Migraine – Ergotamine Derivatives
- 194) Migraine – Selective Serotonin Agonists (5HT) – Injectables
- 195) Migraine – Selective Serotonin Agonists (5HT) – Tabs
- 196) Migraine-Selective Serotonin Agonist-(5HT) Combinations
- 197) Minerals
- 198) Mouth – Anesthetics Topical Oral
- 199) Mouth – Steroids
- 200) Mouth Anti-Infectives
- 201) Mouth Antiseptics
- 202) Mucopolysaccharidosis
- 203) Multiple Sclerosis Agents
- 204) Multiple Sclerosis Agents-Interferons
- 205) Multiple Sclerosis Agents-Non-Interferons
- 206) Muscle Relaxant – Combinations
- 207) Muscle Relaxants
- 208) Narcotic – Antagonists
- 209) Narcotics – Misc.
- 210) Narcotics – Selected
- 211) Narcotics – Long Acting
- 212) Nasal Steroid/Antihistamine Combos
- 213) Nasal Steroids
- 214) Neurologics – Misc.
- 215) Nicardipines
- 216) Nicotine Replacement Therapy
- 217) Nitro – Ointment / Cap / CR
- 218) Nitro – Patches
- 219) Nitro – Sublingual / Spray

- 220) NSAIDS
- 221) Op. Antiallergics-Antihistamines
- 222) Op. Antiallergics-Mast Cell Stabilizers
- 223) Op. Antibiotics
- 224) Op. Antiinflammatory / Steroids Ophth
- 225) Op. Beta-Blockers
- 226) Op. Carbonic Anhydrase Inhibitors / Combo
- 227) Op. Cycloplegics
- 228) Op. Miotics – Direct Acting
- 229) Op. Misc.
- 230) Op. NSAID's
- 231) Op. Prostaglandins
- 232) Op. Quinolones
- 233) Op. Quinolones-Fourth Generation
- 234) Op. Rho Kinase Inhibitors
- 235) Op. Selective Alpha Adrenergic Agonists
- 236) Opioid Withdrawal Treatments
- 237) Osteoporosis
- 238) Oxytocics
- 239) Parkinsons – Anticholinergics
- 240) Parkinsons – COMT Inhibitors
- 241) Parkinsons – Selected Dopamine Agonists
- 242) Peripheral Vasodilators
- 243) Phenylketonuria
- 244) Phosphate Binders
- 245) Phosphodiesterase Inhibitors
- 246) Platelet Aggr. Inhibitors / Combo's – Misc.
- 247) Platelet Aggregation Inhibitors
- 248) Powders
- 249) Pressors
- 250) Progestins
- 251) Psychotherapeutic Combination
- 252) PTH
- 253) Pulmonary Anti-Hypertensives
- 254) Pulmonary Anti-Hypertensives-Endothelin Receptor Antagonist
- 255) Purine Analog
- 256) Restless Leg Syndrome Agents
- 257) Rheumatoid Arthritis – Non-Biologicals
- 258) RSV Agents
- 259) Sedative / Hypnotics – Barbiturate
- 260) Sedative / Hypnotics – Benzodiazepines
- 261) Sedative / Hypnotics – Non-Benzodiazepines
- 262) Sickle Cell Anemia Agents
- 263) Sinus Node Inhibitors
- 264) SLE Agents
- 265) Smoking Cessation (Oral)
- 266) Somatostatic Agents
- 267) Stimulants
- 268) Stimulants- Amphetamines- Long Acting
- 269) Stimulants- Amphetamines- Short Acting
- 270) Stimulants- Methylphenidate
- 271) Stimulants- Methylphenidate- Long Acting
- 272) Stimulants- Other Stimulants/ Like Stimulants
- 273) Tetracyclines
- 274) Thyroid Hormones
- 275) Tissue Plasminogen Activator
- 276) Topical – Acne Preparations
- 277) Topical – Antibiotic

- 278) Topical – Antifungals
- 279) Topical – Antineoplastics
- 280) Topical – Antipruritics
- 281) Topical – Antiseborrheics
- 282) Topical – Antivirals
- 283) Topical – Astringents / Protectants
- 284) Topical – Burn Products
- 285) Topical – Cauterizing Agents
- 286) Topical – Corticosteroids-High Potency
- 287) Topical – Corticosteroids-Low Potency
- 288) Topical – Corticosteroids-Medium Potency
- 289) Topical – Emollients
- 290) Topical – Enzymes / Keratolytics / Urea
- 291) Topical – Genital Warts
- 292) Topical – Immunomodulators
- 293) Topical – Local Anesthetics
- 294) Topical – Nasal Antibiotics
- 295) Topical – Scabicides and Pediculicides
- 296) Topical – Steroid Combinations
- 297) Topical – Steroid Local Anesthetics
- 298) Topical – Tretinoids
- 299) Topical-Wound/Decubitis Care
- 300) Urea Cycle Disorder – Agents
- 301) Urological – Misc.
- 302) Vaccines
- 303) Vaginal – Antifungals
- 304) Vaginal – Antibacterials
- 305) Vaginal – Estrogens
- 306) Vasopressins
- 307) Vitamins
- 308) 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 Danazol to Preferred.
2. Recommend to change fluticasone and salmeterol to Preferred.
3. Recommend to change Combivent Respimat to Preferred.
4. Recommend to change Utibron Neohaler to Preferred.
5. Recommend to change Xarelto 2.5mg tablets to Preferred.
6. Recommend to change Fycompa to Preferred.
7. Recommend to change topiramate sprinkle capsules to Preferred.
8. Recommend to change Kogenate FS to Preferred.
9. Recommend to change Nuwiq to Preferred.
10. Recommend to change Afstyla to Preferred.
11. Recommend to change cyproheptadine to Preferred.
12. Recommend to change Praluent to Non-Preferred with Conditions.
13. Recommend to change Zyprexa Relprevv to Non-Preferred Step 3.
14. Recommend to change Abilify Maintena to Non-Preferred Step 3.
15. Recommend to change Vesicare to Non-Preferred.
16. Recommend to change solifenacin to Preferred.
17. Recommend to change Fiasp vials to Non-Preferred.
18. Recommend to change Humalog vials to Non-Preferred.
19. Recommend to change insulin lispro to Preferred.
20. Recommend to change Tresiba vials to Non-Preferred.
21. Recommend to change Humulin R vials to Non-Preferred.
22. Recommend to change Humulin N vials to Non-Preferred.
23. Recommend to change Humulin 70/30 vials to Non-Preferred.
24. Recommend to change Humulin R U-500 to Preferred.
25. Recommend to change Fiasp FlexTouch to Non-Preferred with Conditions.
26. Recommend to change Tresiba FlexTouch to Non-Preferred with Conditions.
27. Recommend to change Humalog Mix 50/50 KwikPen to Preferred.
28. Recommend to change Humalog Mix 75/25 KwikPen to Preferred.
29. Recommend to change Humulin R U-500 KwikPen to Preferred.

30. Recommend to change Xigduo XR to Non-Preferred with Conditions.
31. Recommend to change Synjardy XR to Non-Preferred with Conditions.
32. Recommend to change Epogen to Preferred with Conditions.
33. Recommend to change Procrit to Non-Preferred with Conditions.
34. Recommend to change Linzess 145mcg & 290mcg to Preferred with Conditions.
35. Recommend to change Viberzi to Non-Preferred with Conditions.
36. Recommend to change Neupogen syringes to Preferred with Conditions.
37. Recommend to change Granix to Non-Preferred with Conditions.
38. Recommend to change Firazyr to Non-Preferred with Conditions
39. Recommend to change Takhzyro to Preferred with prior authorization for diagnosis confirmation.
40. Recommend to change Ampyra to Non-Preferred with Conditions.
41. Recommend to change dalfampridine er to Preferred with Conditions.
42. Recommend to change meperidine tablets to Non-Preferred with Conditions as use is not recommended in guidelines.
43. Recommend to change Butrans to Preferred.
44. Recommend to change buprenorphine tablets to Preferred with Conditions due to a legislative requirement.
45. Recommend to change Austedo to Non-Preferred with Conditions.
46. Recommend to change Ingrezza to Preferred with Conditions.
47. Recommend to change naproxen oral suspension to Non-Preferred with Conditions.
48. Recommend to change Pennsaid to Non-Preferred with Conditions.
49. Recommend to change Apokyn to Non-Preferred.
50. Recommend to change sevelamer carbonate tablets to Preferred.
51. Recommend to change Renagel to Non-Preferred.
52. Recommend to change tadalafil to Preferred with Conditions.
53. Recommend to change Letairis to Non-Preferred with Conditions.
54. Recommend to change ambrisentan to Preferred with Conditions.
55. Recommend to change dextroamphetamine sulfate tablets to Preferred with Conditions.
56. Recommend to change methylphenidate oral solution to Preferred with Conditions.
57. Recommend to change dexmethylphenidate er to Preferred with Conditions.
58. Recommend to change Focalin XR to Non-Preferred with Conditions.
59. Recommend to change Daytrana to Non-Preferred with Conditions.

60. Recommend to change Concerta to Non-Preferred with Conditions.
61. Recommend to change methylphenidate ER capsules (cd) to Preferred with Conditions.
62. Recommend to change authorized generic (labeler 10147) methylphenidate ER tablets osmotic (generic Concerta) to Preferred with Conditions.
63. Recommend to change Elidel to Non-Preferred with Conditions.
64. Recommend to change authorized generic (labeler 68682) pimecrolimus cream to Preferred with Conditions.
65. Recommend to change lidocaine 5% topical patch to Preferred with Conditions.
66. Recommend to change Sklice to Non-Preferred.

The drugs listed below are recommended to be removed from coverage under the pharmacy benefit, as they are intended to be administered in a healthcare/office setting (coverage and billing is available through the medical benefit):

1. Hectorol
2. Cytogam
3. Hepagam B
4. Bivigam
5. Carimune Nanofiltered
6. Flebogamma
7. Gammagard
8. Gammaplex
9. Octagam
10. Privigen
11. Fentanyl injection solution
12. Hydromorphone injection solution
13. Nalbuphine injection solution
14. Ephedrine Sulfate

Informational follow up from August meeting: The drugs listed below are currently covered under the pharmacy benefit and include self-administration as an option in their respective package inserts. There is no recommendation for change, as they are recommended for subcutaneous administration.

1. Hizentra
2. Cuvitru
3. Cutaquig
4. Hyqvia

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) Antineoplastics – Alkylating Agents
- 2) Antineoplastics – Androgen Biosynthesis Inhibitor
- 3) Antineoplastics – Antiadrenals
- 4) Antineoplastics – Antiandrogens
- 5) Antineoplastics – Antibiotics
- 6) Antineoplastics – Antiestrogens
- 7) Antineoplastics – Antimetabolites
- 8) Antineoplastics – Aromatase Inhibitors
- 9) Antineoplastics – CLL 17P Deletion
- 10) Antineoplastics – Combinations
- 11) Antineoplastics – Estrogens
- 12) Antineoplastics – Folic Acid Antagonists Rescue Agents
- 13) Antineoplastics – Imidazotetrazines
- 14) Antineoplastics – LHRH Analogs
- 15) Antineoplastics – Misc.
- 16) Antineoplastics – Mitotic Inhibitors
- 17) Antineoplastics – Nitrogen Mustards
- 18) Antineoplastics – Nitrosoureas
- 19) Antineoplastics – PARP Inhibitors
- 20) Antineoplastics – Progestins
- 21) Antineoplastics – Protein-Tyrosine Kinase Inhibitors
- 22) Antineoplastics – Retinoids
- 23) Antineoplastics – Selective Retinoid X Receptor Agonists
- 24) Antineoplastics – Topoisomerase I Inhibitors
- 25) Antiretroviral Boosting Agent- Cytochrome P450 Inhibitor
- 26) Antiretroviral Combinations
- 27) Antiretrovirals – Entry Inhibitors
- 28) Antiretrovirals – Integrase Inhibitors
- 29) Antiretrovirals – Protease Inhibitors
- 30) Antiretrovirals – RTI-Non-Nucleoside Analogues
- 31) Antiretrovirals-RTI-Nucleoside/Nucleotide Analogues

Attachment 5

Recommended Drug List Changes

The below changes are recommended to maximize cost savings to the program:

1. Recommend to change Kaletra to Non-Recommended due to guidelines not recommending use.
2. Recommend to change Delstrigo to Preferred.
3. Recommend to change Complera to Preferred.
4. Recommend to change Norvir tablets to Non-Preferred.
5. Recommend to change ritonavir tablets to Preferred.
6. Recommend to change Sustiva to Non-Preferred.
7. Recommend to change efavirenz to Preferred.
8. Recommend to change zidovudine to Non-Recommended due to guidelines not recommending use.

The drugs listed below are recommended to be removed from coverage under the pharmacy benefit, as they are intended to be administered in a healthcare/office setting (coverage and billing is available through the medical benefit):

Herceptin Hylecta

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. Diacomit- Recommend status on the PDL as Non-Preferred
2. Inrebic- Recommend status on the RDL as Non-Recommended with Conditions
3. Nubeqa- Recommend status on the RDL as Non-Recommended with Conditions
4. Nuzyra- Recommend status on the PDL as Non-Preferred
5. Oxervate- Recommend status on the PDL as Non-Preferred
6. Piqray- Recommend status on the RDL as Non-Recommended with Conditions
7. Rinvoq- Recommend status on the PDL as Non-Preferred with Conditions
8. Rozlytrek- Recommend status on the RDL as Non-Recommended with Conditions
9. Sunosi- Recommend status on the PDL as Non-Preferred with Conditions
10. Turalio- Recommend status on the RDL as Non-Recommended with Conditions
11. Xpovio- Recommend status on the RDL as Non-Recommended with Conditions

Attachment 7

Newly Released Generic Drugs, New Dosage Forms, New Drug Names, New Drug Strengths

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

NEWLY RELEASED GENERIC DRUGS		
Drug Name	Brand Name/Status on PDL/RDL	PDL/RDL Recommendation
Clocortolone	Cloderm / Non-Preferred with Conditions	Non-Preferred with Conditions
Doxylamine / Pyridoxine	Diclegis / Preferred	Non-Preferred
Febuxostat	Uloric / Non-Preferred with Conditions	Non-Preferred with Conditions
Halcinonide	Halog / Non-Preferred with Conditions	Non-Preferred with Conditions
Icatibant	Firazyr / Non-Preferred with Conditions	Preferred with Conditions
Nucala Auto-Injector & Prefilled Syringe	Nucala Solution Reconstituted / Medical	Non-Preferred with Conditions
Pregabalin	Lyrica / Non-Preferred with Conditions	Preferred
Ramelteon	Rozerem / Non-Preferred with Conditions	Non-Preferred with Conditions
Sildenafil Oral Suspension	Revatio / Non-Preferred with Conditions	Non-Preferred with Conditions

NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS/BIOSIMILARS

Adhansia XR	Aptensio XR/ Preferred with Conditions	Non-Preferred with Conditions
Baqsimi	Glucagen / Preferred	Non-Preferred with Conditions
Ezallor Sprinkle Cap	Rosuvastatin / Preferred	Non-Preferred with Conditions
Jornay PM	Aptensio XR / Preferred with Conditions	Non-Preferred with Conditions
Katerzia	Amlodipine Tabs / Preferred	Non-Preferred
Nayzilam	Midazolam / Preferred	Non-Preferred
Retacrit	Epogen / Preferred with Conditions	Preferred with Conditions
Ruzurgi	Firdapse / Non-Preferred	Non-Preferred
Slynd	Gianvi / Preferred	Non-Preferred
Symjepi	Epinephrine Auto-Injector / Preferred	Preferred
Tosymra	Sumatriptan / Preferred	Non-Preferred with Conditions
Vyndamax	Vyndaqel / Non-Preferred	Non-Preferred