

**Iowa Medicaid Pharmaceutical and Therapeutics Committee  
Minutes**

**Date:** November 18, 2021

**Chairperson:** Mark Graber, M.D.

Erin Halverson, IME staff, assisted in running the meeting with the Chairperson due to the virtual format.

**Time:** 9:31 a.m. to 1:03 p.m.

**Location:** WebEx Teleconference (due to COVID-19)

**Committee Members Present:** Mark Graber, M.D.; Charles Wadle, D.O.; Abby Cate, Pharm.D.; Jason Kessler, M.D.; Rachel Reinsvold, Pharm.D.; Mylo Wells, Pharm.D.; and Tricia White, R.N. (Vacancies July 2021; 1 Physician, 1 Physician Assistant)

**Iowa DHS Staff Present:** Susan Parker, Pharm.D., Pharmacy Consultant; Krissa Mason, Assistant Attorney General

**Iowa Medicaid Enterprise (IME) Staff Present:** Steve Liles, Pharm.D.; Jeffrey Barkin, M.D.; Erin Halverson, R.Ph.; Gina Kuebler, R.Ph.; Pam Smith, R.Ph.; and Melissa Biddle.

**Managed Care Organization (MCO) Staff Present:** Lisa Todd, Amerigroup Iowa; Emily Rogers, Iowa Total Care.

Chairperson Mark Graber called the meeting to order.

- I. Mark Graber asked that each committee and DHS and IME staff member introduce themselves to the public. Outgoing Committee members Bruce Alexander, Kellen Ludvigson, Holly Randleman, Kevin DeRegnier and Carole Frier were acknowledged for their contributions and many years of service. Chuck Wadle made the motion to approve the April minutes, and Mylo Wells seconded. The motion passed with no objections. All members returned their annual conflict of interest and confidentiality forms by mail prior to the meeting. There were no additional verbal disclosures.
- II. PDL Revision Notifications (Erin Halverson): The fax blasts sent to providers since the last P&T Meeting in April, to notify them of preferred drug list changes, were reviewed, including those for: Vivelle-Dot, drospirenone-ethinyl estradiol tablet 3-0.02mg (generic Yaz), etonogestrel-ethinyl estradiol VA Ring 0.120-0.015 MG/24HR (generic NuvaRing), Nuvaring (labeler code 78206), Albuterol HFA, levalbuterol tartrate, ProAir Digihaler, Proventil HFA, and Xopenex HFA.
- III. Drug Rebate Issues (Dr. Liles): There was nothing new to report.
- IV. PA Criteria/Pro-DUR Edits (Dr. Parker): Susan Parker reviewed the informational letters that had been sent out since the last P&T Meeting in April, all posted online at

[http://iowamedicaidpdl.com/informational\\_letters](http://iowamedicaidpdl.com/informational_letters) and [http://iowamedicaidpos.com/latest\\_news](http://iowamedicaidpos.com/latest_news). Providers received Informational Letter 2230-MC-FFS related to PDL changes that went into effect June 1, 2021, following the April P&T Meeting. Informational Letter 2243-MC-FFS was an update on the 340B drug pricing program. Informational Letters 2245-MC-FFS and 2256-MC-FFS notified providers of changes to the pharmacy program with regards to opioids due to requirements of the SUPPORT Act. Informational Letter 2263-MC-FFS described pharmacy program changes effective October 1, 2021, including new prior authorization criteria, following the August DUR Commission meeting. Informational Letter 2265-MC-FFS was sent in regards to the Respiratory Syncytial Virus (RSV) 2021-2022 season. Informational Letter 2282-MC-FFS notified providers of the dispensing fee increase to \$10.38 effective November 1, 2021. The committee also received copies of the letters sent to the Department of Human Services from the DUR Commission after their May, August, and November meetings, which included recommendations for: Risdiplam (Evrysdi); Binge Eating Disorder; IL-5 Antagonists; Isotretinoin (Oral); Multiple Sclerosis Agents-Oral; Nonsteroidal Anti-Inflammatory Drugs (NSAIDs); removal of PA criteria for Alpha2 Agonists, Extended Release; the ProDUR age edit on extended release Alpha2 Agonists; Proton Pump Inhibitors; Initial Days' Supply Limit Override; Mannitol Inhalation Powder (Bronchitol); Vesicular Monoamine Transporter (VMAT) 2 Inhibitors; removal of PA criteria for Valsartan/Sacubitril (Entresto); ProDUR quantity limits for valsartan/sacubitril (Entresto); budesonide/formoterol (Symbicort); mometasone/formoterol (Dulera); Topical Acne and Rosacea Products; Omalizumab (Xolair); Vericiguat (Verquvo); Viloxazine (Qelbree); Non-Biologic Agents for Ulcerative Colitis; Gonadotropin-Releasing Hormone (GnRH) Receptor Antagonist, Oral; and ProDUR quantity limits for viloxazine (Qelbree).

- V. Legislation (Dr. Parker): There were no updates.
- VI. IME Updates: There was nothing notable to report.
- VII. Public Comment: As this meeting was purely virtual, only written public comment was accepted. The committee members reviewed the received comments, which are posted at: <http://www.iowamedicaidpdl.com/public-comments>. They were also forwarded manufacturer comments as they were received via email prior to the meeting.

Provider Comments Received:

CGRP monoclonal antibodies, Lysteda, Glucagon products

Manufacturer Comments Received:

Zegalogue, Lumakras, Fintepla, Epidiolex, Ozempic, Tyvaso, Rybelsus, Thyquidity, Cabenuva, Oriahnn, Vraylar, Qulipta, Ubrelyvy, Kerendia, Jivi, Dupixent, Empaveli, Hemangeol, Otezla, Aimovig, Sevenfact, Valtoco, Oxbryta, Qelbree, Adynovate, Wegovy, Saxenda, Kesimpta, Kloxxado, Descovy, Gvoke, Trikafta

At 9:48, Chuck Wadle motioned to go to closed session as authorized by Iowa Code Section 21.5(1)(a) of the Open Meetings Law to review or discuss economic records associated with the PDL which are required or authorized to be kept confidential. The motion passed with unanimous roll call approval. Open session resumed at 11:30.

VIII. PDL Discussion and Deliberation (Dr. Barkin): All subsequent recommendations (with numbering as provided on agenda attachment 3) were made to maximize cost savings to the program unless otherwise noted. Voting was done in four separate blocks due to the volume of proposed changes.

1. Kitabis Pak to Non-Preferred.
2. Fluticasone/salmeterol to Non-Preferred.
3. Bevespi Aerosphere to Non-Preferred.
4. Dulera to Non-Preferred.
5. Stiolto Respimat to Preferred.
6. Incruse Ellipta to Preferred.
7. ProAir RespiClick to Non-Preferred.
8. Striverdi Respimat to Preferred.
9. Cayston to Non-Preferred.
10. Xifaxan to Preferred with Conditions.
11. Ondansetron oral solution to Preferred with Conditions.
12. Diclegis to Preferred.
13. Bonjesta to Non-Preferred.
14. Idelvion to Preferred.
15. Nuwiq to Non-Preferred (grandfather established users).
16. Esperoct to Preferred.
17. Praluent to Preferred with Conditions.
18. Repatha to Preferred with Conditions.
19. Kineret to Preferred with Conditions.
20. Nurtec ODT to Non-Preferred for prophylaxis (remains Preferred for treatment).

Chuck Wadle motioned to accept the recommendations above, and Mylo Wells and Jason Kessler both seconded. The decision was unanimous.

21. Aimovig to Preferred with Conditions.
22. Yasmin to Preferred.
23. Yaz to Preferred.
24. Tyblume to Preferred.
25. Beyaz to Preferred.
26. Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 MG-25 MCG (generic Generess FE) to Preferred.
27. Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24) (generic Loestrin 24 FE) to Preferred.
28. Minastrin 24 Chew FE to Preferred.
29. Norethindrone Ace-Eth Estradiol-FE Chew Tab 1 MG-20 MCG (24) (generic Minastrin 24 Chew FE) to Preferred.
30. Lo Loestrin FE to Preferred.
31. Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7) (generic Seasonique) to Preferred.
32. LoSeasonique to Preferred.
33. Levonorg-Eth Est Tab 0.1-0.02MG(84) & Eth Est Tab 0.01MG(7) (generic LoSeasonique) to Preferred.

34. Camrese to Preferred.
35. Camrese Lo to Preferred.
36. Zafemy to Non-Preferred.
37. Humulin 70/30 vial to Preferred.
38. Toujeo Max SoloStar to Preferred.
39. Toujeo SoloStar to Preferred.
40. Insulin lispro junior KwikPen to Preferred.

Mylo Wells motioned to accept the recommendations above, and Abby Cate seconded. The decision was unanimous.

41. Humalog KwikPen to Non-Preferred.
42. Humalog Junior KwikPen to Non-Preferred.
43. Humalog cartridge to Non-Preferred.
44. Insulin lispro protamine mix pen to Preferred.
45. Humalog KwikPen Mix 75/25 to Non-Preferred.
46. Humulin 70/30 KwikPen to Preferred.
47. Xigduo XR to Preferred.
48. Epogen to Non-Preferred with Conditions.
49. Mircera to Preferred with Conditions.
50. Oriahnn to Preferred with Conditions.
51. Nivestym to Non-Preferred with Conditions.
52. Nyvepria to Non-Preferred with Conditions.
53. Sovaldi 200mg Tab to Non-Preferred with Conditions.
54. Harvoni Oral Packet 33.75-150mg to Preferred with Conditions; patients 3 through 5 years of age and less than 17kg for genotype 1,4,5 & 6.
55. Epclusa 200-50mg tab to Preferred with Conditions; patients 6 through 11 years of age and 17 – 45kg.
56. Ofev to Preferred with Conditions.
57. Gamastan S/D to Preferred.
58. Gammaked to Preferred.
59. Rimantadine to Non-Preferred.
60. SPS Suspension to Preferred.

Rachel Reinsvold motioned to accept the recommendations above, and Abby Cate seconded. The decision was unanimous.

61. Imitrex nasal spray to Preferred with Conditions.
62. Sumatriptan nasal spray to Non-Preferred with Conditions.
63. Zolmitriptan nasal spray to Preferred with Conditions.
64. Zomig nasal spray to Non-Preferred with Conditions.
65. Zolmitriptan tablets to Preferred with Conditions.
66. Dyanavel XR oral suspension to Preferred with Conditions; patients 6 through 9 years of age.
67. Vyvanse capsules and chewable tablet to Non-Preferred with Conditions.
68. Clonidine er tablet (adhd) to Preferred with Conditions; patients 6 through 17 years of age.
69. Clindamycin- benzoyl peroxide to Preferred with Conditions.

70. Elidel to Preferred with Conditions.
71. Pimecrolimus cream to Non-Preferred with Conditions.
72. Avita Gel to Preferred with Conditions.
73. Cleocin vaginal cream to Preferred.
74. Nuvessa to Non-Preferred.
75. Virt-C DHA capsules to Preferred.
76. M-Natal Plus tablets to Preferred.
77. Vp-pnv-dha capsules to Preferred.
78. Se-Natal-19 tablets to 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. Albumin, human
2. Papaverine Injection Solution
3. Zoladex Subcutaneous Implant

Jason Kessler motioned to accept the recommendations above, 61-78 of the PDL changes list, along with the three removals from coverage. Abby Cate and Mylo Wells both seconded. The decision was unanimous.

- IX. RDL Discussion and Deliberation (Dr. Barkin): All subsequent recommendations (with numbering as provided on agenda attachment 5) were made to maximize cost savings to the program unless otherwise noted.

1. Dovato to Preferred.
2. Prezcofix to Non-Preferred (grandfather established users).
3. Descovy to Non-Preferred (grandfather established users).
4. Truvada to Non-Preferred.
5. Emtricitabine/ tenofovir to Preferred.
6. Triumeq to Preferred.
7. Prezista to Non-Recommended.

Rachel Reinsvold motioned to accept the recommendations above, and Abby Cate seconded. The decision was unanimous.

- X. Newly Released Drugs (Dr. Barkin): All following recommendations (with numbering as provided on agenda attachment 6) were made to maximize cost savings to the program unless otherwise noted. Voting was done in five separate blocks due to the volume of new drugs being reviewed. Complete new drug monographs can be found on the November meeting page at [http://www.iowamedicaidpdl.com/schedule\\_page/november-18-2021](http://www.iowamedicaidpdl.com/schedule_page/november-18-2021). Dr. Barkin reviewed the new drugs, and the recommendations were as follows:

1. Aemcolo- Recommend status on the PDL as Non-Preferred
2. Arcalyst- Recommend status on the PDL as Non-Preferred
3. Azstarya- Recommend status on the PDL as Non-Preferred with Conditions

4. Brexafemme- Recommend status on the PDL as Non-Preferred
5. Bronchitol- Recommend status on the PDL as Non-Preferred with Conditions

Chuck Wadle motioned to accept the recommendations above, and Rachel Reinsvold seconded. The decision was unanimous.

6. Bylvay- Recommend status on the PDL as Non-Preferred
7. Dojolvi- Recommend status on the PDL as Non-Preferred
8. Empaveli- Recommend status on the PDL as Non-Preferred
9. Fotivda- Recommend status on the PDL as Non-Recommended with Conditions
10. Gemtesa- Recommend status on the PDL as Non-Preferred

Rachel Reinsvold motioned to accept the recommendations above, and Abby Cate and Jason Kessler both seconded. The decision was unanimous.

11. Kerendia- Recommend status on the PDL as Non-Preferred
12. Lumakras- Recommend status on the PDL as Non-Recommended with Conditions
13. Lupkynis- Recommend status on the PDL as Non-Preferred
14. Myfembree- Recommend status on the PDL as Non-Preferred with Conditions
15. Nextstellis- Recommend status on the PDL as Non-Preferred

Chuck Wadle motioned to accept the recommendations above, also referring Kerendia to the DUR Commission for review and possible development of prior authorization criteria. Tricia White seconded, and the decision was unanimous.

16. Orgovyx- Recommend status on the PDL as Non-Recommended with Conditions
17. Ponvory- Recommend status on the PDL as Non-Preferred with Conditions
18. Qelbree- Recommend status on the PDL as Non-Preferred
19. Sevenfact- Recommend status on the PDL as Non-Preferred
20. Tepmetko- Recommend status on the PDL as Non-Recommended with Conditions

Chuck Wadle motioned to accept the recommendations above, also referring Qelbree to the DUR Commission for review and possible development of prior authorization criteria. Mylo Wells seconded, and the decision was unanimous.

21. Truseltiq- Recommend status on the PDL as Non-Recommended with Conditions
22. Ukoniq- Recommend status on the PDL as Non-Recommended with Conditions
23. Zegalogue- Recommend status on the PDL as Preferred with step through preferred reconstitution product
24. Zokinvy- Recommend status on the PDL as Non-Preferred

Abby Cate motioned to accept the recommendations above, and Jason Kessler seconded. The decision was unanimous.

- XI. Newly Released Generic Drugs (Dr. Barkin): All following recommendations were made to maximize cost savings to the program unless otherwise noted.

Drug Name	PDL/RDL Recommendation
Arformoterol	Non-Preferred
Bepotastine	Non-Preferred
Brinzolamide	Non-Preferred
Buprenorphine Buccal Film	Non-Preferred with Conditions
Droxidopa	Non-Preferred
Enalapril Oral Solution	Non-Preferred
Etravirine	Non-Preferred
Formoterol Neb Solution	Non-Preferred
Ibuprofen/Famotidine	Non-Preferred
Pregabalin ER	Non-Preferred with Conditions
Sunitinib	Non-Preferred with Conditions
Tiopronin	Non-Preferred

Chuck Wadle motioned to accept the recommendations above. Rachel Reinsvold seconded, and all members were in favor.

- XII. New Drug Dosage Forms/Strengths/Combinations/BioSimilar (Dr. Barkin): All following recommendations were made to maximize cost savings to the program unless otherwise noted.

Drug Name	PDL/RDL Recommendation
Clobetex	Non-Preferred with Conditions
Elepsia XR	Non-Preferred with Conditions
Exservan	Non-Preferred with Conditions
Gimoti	Non-Preferred with Conditions
Kloxxado	Preferred
Ozobax	Non-Preferred with Conditions
Qdolo	Non-Preferred with Conditions
Reltone	Non-Preferred
Twirla	Non-Preferred
Xolair Prefilled Syringe	Non-Preferred with Conditions

Abby Cate motioned to accept the recommendations above. Jason Kessler seconded, and all members were in favor.

- XIII. Preview of Next Meeting
- a) Annual P&T Committee Chairperson and Vice Chairperson Elections
  - b) Review of P&T Policy & Procedure – General Update and Interim PDL Changes

A motion was made by Rachel Reinsvold to adjourn the meeting. It was seconded by Abby Cate, and all in attendance approved. The meeting adjourned at 1:03 p.m. The next scheduled meeting is tentatively set for April 21, 2022.