

Pharmaceutical and Therapeutics (P&T) Committee

P & T Committee Meeting April 20, 2023

Location: Teleconference (Due to federal PHE Declaration for the COVID-19 Pandemic) –
Open Session portion of meeting

Time: 9:30 a.m. – 2:30 p.m.

Webex Meeting Link:

<https://changehealthcare.webex.com/changehealthcare/j.php?MTID=m381a620893410efd37e32f8838982edc>

Dial In: 844-621-3956

Meeting Number: 2534 356 5135

Meeting Password : ETvNeMsK365

Tentative Agenda

1. Welcome & Introductions
 - a) Committee Members and Staff
2. Committee Business
 - a) Approval of the open session minutes
 - b) Conflict of Interest Disclosure
3. Update
 - a) Preferred Drug List (PDL) – Reference Iowa Medicaid PDL Revision Notifications
 - b) Medicaid Drug Rebate Issues
 - c) Prior Authorization Criteria/Pro-DUR edits – Reference Informational Letters and DUR Recommendations
 - d) Legislation
 - e) Iowa Medicaid Updates
4. Public Comment (**See attachment I for Conflict of Interest Disclosure**) - *Due to the teleconference format, public comment will be received in **written format only** for Committee review. Comments must be provided in the format noted at Guidelines for Providing Public Comment to the Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee and received no later than 4 p.m. CDT April 13, 2023.*
5. Closed Executive Session - *Motion to go into closed session pursuant to Iowa Code section 21.5(1)(a), to review and discuss closed-session items which are required or authorized by federal law to be kept confidential.*
 - a) Approval of the closed session minutes
 - b) Confidential 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

RETURN TO OPEN SESSION

6. PDL discussion and deliberation
(**See attachment 2 for order of discussion**)
7. Final Recommendations by the P & T Committee on the Iowa Medicaid PDL (Open Session)

8. RDL discussion and deliberation
(See attachment 3 for order of discussion)
9. Final Recommendations by the P & T Committee on the Iowa Medicaid RDL (Open Session)
10. Review of Newly Released Drugs
(See attachment 4 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 5 for order of discussion)
13. Final Recommendations by the P & T Committee on Newly Released Generic Drugs, Dosage Forms or Strengths (Open Session)
14. Staff Presentation
 - a) Overview of Biosimilar Drugs
15. Preview of next meeting
16. Adjournment
Disclaimer: Closed Executive Sessions may be necessary during the deliberation process

www.IowaMedicaidPDL.com

Next scheduled meeting: August 17, 2023 9:30am - 2:30pm

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

Attachment I
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.

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

1. Vilazodone to Preferred.
2. Trimipramine to Non-Preferred (grandfather existing users).
3. Methoxsalen Capsules to Non-Preferred.
4. Insulin glargine Pen and Vial to Preferred, labeler 00955 only. Lantus remains Preferred.
5. Ziextenzo to Non-Preferred with Conditions.

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. Fabrazyme Injection
2. Carnitor Injection
3. Chlorothiazide Sodium Injection
4. Calcitriol Injection
5. Naglazyme Injection
6. Aldurazyme Injection
7. Regonol Injection
8. Nitroglycerin in D5W Injection
9. Caldolor Injection
10. Levothyroxine Sodium for IV Injection
11. Triostat (lithyronine) IV solution

Attachment 3
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.

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. Cyclophosphamide IV Solution
2. Melphalan Injection

Attachment 4
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. Auvelity- Recommend status on the PDL as Non-Preferred with Conditions
2. Hyftor Gel- Recommend status on the PDL as Non-Preferred
3. Lytgobi- Recommend status on the RDL as Non-Recommended with Conditions
4. Rezlidhia- Recommend status on the RDL as Non-Recommended with Conditions
5. Rolvedon- Recommend status on the PDL as Non-Preferred with Conditions
6. Sotyktu- Recommend status on the PDL as Non-Preferred with Conditions
7. Sunlenca tablets- Recommend status on the RDL as Non-Recommended
8. Verkazia- Recommend status on the PDL as Non-Preferred
9. Vivjoa- Recommend status on the PDL as Non-Preferred with Conditions
10. Ztalmy- Recommend status on the PDL as Non-Preferred

Attachment 5

**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
Clonidine ER Tab	Nexiclon XR / Not Covered (not rebate eligible)	Non-Preferred
Diclofenac Oral Packet	Cambia / Non-Preferred with Conditions	Non-Preferred with Conditions
Estradiol Gel	Divigel / Non-Preferred	Non-Preferred
Fingolimod	Gilenya / Preferred with Conditions	Non-Preferred with Conditions
Insulin Degludec Pen Injector	Tresiba FlexTouch / Non-Preferred	Non-Preferred
Insulin Degludec Vial	Tresiba / Non-Preferred	Non-Preferred
Lurasidone	Latuda / Non-Preferred Step 3	Preferred Step 1
Methylphenidate Osmotic Release Tabs 45mg & 63mg	Relexxi / Non-Preferred with Conditions	Non-Preferred with Conditions
PEG 3350-Kcl-NaCl-Na Sulf-Na Ascorbate-C for Solution	Moviprep / Preferred	Non-Preferred
Penciclovir Cream	Denavir / Non-Preferred	Non-Preferred
Roflumilast	Daliresp / Non-Preferred with Conditions	Preferred with Conditions
Sodium Oxybate Oral Solution	Xyrem / Non-Preferred with Conditions	Non-Preferred with Conditions
Tafluprost	Zioptan / Non-Preferred	Non-Preferred
Tasimelteon	Hetlioz / Non-Preferred with Conditions	Non-Preferred with Conditions

NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS/BIOSIMILARS

Adapalene / Benzoyl Peroxide Pad 0.1-2.5%	Adapalene / Benzoyl Peroxide Gel 0.1-2.5% / Preferred with Conditions	Non-Preferred with Conditions
Entadfi	Finasteride / Preferred Tadalafil / Preferred with Conditions	Non-Preferred
Ermeza Oral Solution	Tirosint Oral Solution / Non-Preferred Levothyroxine Tabs / Preferred	Non-Preferred
Fynetra	Neulasta / Non-Preferred with Conditions	Preferred with Conditions
Humalog Tempo	Insulin Lispro KwikPen / Preferred	Non-Preferred
Lyumjev Tempo	Insulin Lispro KwikPen / Preferred	Non-Preferred
Pheburane Oral Pellet	Buphenyl Oral Powder / Preferred	Non-Preferred
Relexxii	Concerta / Preferred with Conditions	Non-Preferred with Conditions
Ryaltris	Mometasone Nasal / Non-Preferred Olopatadine Nasal / Preferred	Non-Preferred
Stimufend	Neulasta / Non-Preferred with Conditions	Non-Preferred with Conditions
Tadliq Oral Suspension	Tadalafil Tabs / Preferred with Conditions	Non-Preferred with Conditions
Xaciato 2% Vaginal Gel	Cleocin 2% Vaginal Cream / Preferred	Non-Preferred
Xelstrym	Dextroamphetamine Tabs & ER Caps / Preferred with Conditions Procentra / Non-Preferred with Conditions	Non-Preferred with Conditions