



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Jerry R. Foxhoven
Director

Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting November 15, 2018

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
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 Preferred Drug List, Newly Released Drugs, Newly Released Generic Drugs, New Dosage Forms, and Contracts
 - c) Review and discussion of the Confidential Public Comments
6. Therapeutic Class Review- Antimigraine Agents
7. Preferred Drug List (PDL) discussion and deliberation
(See attachment 2 and 3 for order of discussion)
8. Final Recommendations by the P & T Committee on the Iowa Medicaid Preferred Drug List
9. Recommended Drug List (RDL) discussion and deliberation
(See attachment 4 and 5 for order of discussion)
10. Final Recommendations by the P & T Committee on the Iowa Medicaid Recommended Drug List
11. Review of Newly Released Drugs
(See attachment 6 for order of discussion)
12. Final Recommendations by the P & T Committee on Newly Released Drugs (Open Session)
13. Review of Newly Released Generic Drugs, Dosage Forms or Strengths
(See attachment 7 for order of discussion)
14. Final Recommendations by the P & T Committee on Newly Released Generic Drugs, Dosage Forms or Strengths
15. Preview of next meeting

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

www.IowaMedicaidPDL.com

Next scheduled meeting: April 18, 2019 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-Cataplectic 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) Antihemophilia Factor IX Agents
- 50) Antihemophilia Factor VII Agents
- 51) Antihemophilia Factor VIII Agents
- 52) Antihemophilia Factor VonWillebrand Agents
- 53) Antihemophilia Factor X Agents
- 54) Antihistamines – Non-Sedating
- 55) Antihistamines – Non-Sedating / Decongestants
- 56) Antihistamines – Other
- 57) Antihistamines/Decongestants
- 58) Antihyperlipidemics
- 59) Antihypertensive Combos
- 60) Antihypertensives – Central
- 61) Anti-Inflammatories, Non-NSAID
- 62) Antileprotic
- 63) Antimalarial Agents
- 64) Antimycobacterials / Antituberculosis
- 65) Anti-Parkinsonian Drugs
- 66) Antiprotozoal Agents
- 67) Anti-Psoriatics – Non-Biologicals
- 68) Antipsychotics- Atypicals
- 69) Antipsychotics- Special Atypicals
- 70) Antipsychotics- Typical
- 71) Antispasmodics
- 72) Antispasmodics – Long Acting
- 73) Antithyroid Therapies
- 74) Anxiolytics-Benzodiazepines
- 75) Anxiolytics- Long Acting
- 76) Anxiolytics- Misc.
- 77) ARB Combinations
- 78) ARB/CCB
- 79) ARB/CCB Plus Diuretics
- 80) ARB's
- 81) ARB's and Diuretics
- 82) Arthritis – Misc.
- 83) Artificial Saliva / Stimulants
- 84) Atopic Dermatitis
- 85) Beta Blockers – Alpha / Beta
- 86) Beta Blockers – Cardio Selective
- 87) Beta Blockers – Non-Selective
- 88) Beta Blockers and Diuretic Combo's
- 89) Beta – Lactams / Clavulanate Combo's
- 90) BPH
- 91) Calcium Channel Blockers – Amlodipines
- 92) Calcium Channel Blockers – Diltiazems
- 93) Calcium Channel Blockers – Felodipines
- 94) Calcium Channel Blockers – Isradipines
- 95) Calcium Channel Blockers – Nifedipines
- 96) Calcium Channel Blockers – Nisoldipine
- 97) Calcium Channel Blockers – Verapamils
- 98) Carbapenems
- 99) Cardiac Glycosides
- 100) Carnitine Replenisher – Agents
- 101) CCB / Lipid
- 102) Central Precocious Puberty Agents
- 103) Cephalosporins

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

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

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

- 278) Topical – Antivirals
- 279) Topical – Astringents / Protectants
- 280) Topical – Burn Products
- 281) Topical – Cauterizing Agents
- 282) Topical – Corticosteroids-High Potency
- 283) Topical – Corticosteroids-Low Potency
- 284) Topical – Corticosteroids-Medium Potency
- 285) Topical – Emollients
- 286) Topical – Enzymes / Keratolytics / Urea
- 287) Topical – Genital Warts
- 288) Topical – Immunomodulators
- 289) Topical – Local Anesthetics
- 290) Topical – Nasal Antibiotics
- 291) Topical – Scabicides and Pediculicides
- 292) Topical – Steroid Combinations
- 293) Topical – Steroid Local Anesthetics
- 294) Topical – Tretinoids
- 295) Topical-Wound/Decubitis Care
- 296) Urea Cycle Disorder – Agents
- 297) Urological – Misc.
- 298) Vaccines
- 299) Vaginal – Antifungals
- 300) Vaginal – Antibacterials
- 301) Vaginal – Estrogens
- 302) Vasopressins
- 303) Vitamins
- 304) 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 Bethkis to Non-Preferred.
2. Recommend to change Kitabis Pak to Non-Preferred.
3. Recommend to change Combivent Respimat to Non-Preferred.
4. Recommend to change ProAir Resplick to Preferred.
5. Recommend to change Flovent Diskus to Preferred.
6. Recommend to change Asmanex to Preferred.
7. Recommend to change Diastat rectal gel to Non-Preferred.
8. Recommend to change diazepam rectal gel to Preferred.
9. Recommend to change Tegretol tablets to Non-Preferred (grandfather existing users with seizure diagnosis).
10. Recommend to change lamotrigine kits to Non-Preferred.
11. Recommend to change Kogenate FS and Kogenate FS Bio-Set to Non-Preferred.
12. Recommend to change Recombinate to Preferred.
13. Recommend to change Advate to Preferred.
14. Recommend to change Praluent to Preferred with Conditions.
15. Recommend to change Zyprexa Relprevv to Preferred Step 2.
16. Recommend to change Entresto to Preferred with Conditions.
17. Recommend to change Lupron Depot-Ped syringe kit to Non-Preferred with Conditions.
18. Recommend to change Fiasp to Preferred.
19. Recommend to change Fiasp FlexTouch to Preferred.
20. Recommend to change Tresiba FlexTouch to Preferred.
21. Recommend to change Ozempic to Preferred with Conditions.
22. Recommend to change Depo-SubQ Provera 104 to Preferred.
23. Recommend to change Synarel to Preferred.
24. Recommend to change Combipatch to Preferred.
25. Recommend to change Angeliq to Preferred.
26. Recommend to change Climara Pro to Preferred.
27. Recommend to change estradiol weekly patch to Non-Preferred.

28. Recommend to change Vivelle-Dot to Non-Preferred.
29. Recommend to change Menest to Non-Preferred.
30. Recommend to change Golytely Powder Pack to Non-Preferred.
31. Recommend to change Delzicol to Preferred.
32. Recommend to change Suprep to Preferred.
33. Recommend to change Amitiza to Preferred with Conditions.
34. Recommend to change Viberzi to Preferred with Conditions.
35. Recommend to change Zepatier to Non-Preferred with Conditions.
36. Recommend to change Haegarda to Preferred with confirmation of diagnosis.
37. Recommend to change Firazyr to Preferred with confirmation of diagnosis.
38. Recommend to change Zemplar capsules to Preferred.
39. Recommend to change Tecfidera to Preferred with Conditions.
40. Recommend to change Aubagio to Preferred with Conditions.
41. Recommend to change Ampyra to Preferred with Conditions.
42. Recommend to change buprenorphine-naloxone sl tablets to Preferred with Conditions.
43. Recommend to change Suboxone to Non-Preferred with Conditions.
44. Recommend to change Kadian 20mg, 30mg, 50mg, 60mg, 80mg, 100mg & 200mg to Non-Preferred with Conditions.
45. Recommend to change Austedo to Preferred with Conditions.
46. Recommend to change tetrabenazine to Preferred with Conditions.
47. Recommend to change Ingrezza to Non-Preferred with Conditions.
48. Recommend to change Pennsaid to Preferred.
49. Recommend to change Voltaren Gel to Preferred.
50. Recommend to change Durezol to Non-Preferred.
51. Recommend to change FML Forte to Preferred.
52. Recommend to change Lotemax to Non-Preferred.
53. Recommend to change Blephamide ophthalmic suspension to Non-Preferred.
54. Recommend to change Blephamide S.O.P. to Non-Preferred.
55. Recommend to change neomycin-bacitracin-poly-hc ophthalmic ointment to Preferred.
56. Recommend to change Azopt to Non-Preferred.
57. Recommend to change Moxeza to Non-Preferred.
58. Recommend to change Brilinta to Preferred.
59. Recommend to change midazolam injection to Preferred.

60. Recommend to change methylphenidate er capsules (cd) to Non-Preferred with Conditions.
61. Recommend to change methylphenidate er capsules (la) to Non-Preferred with Conditions.
62. Recommend to change Elidel to Preferred with Conditions.
63. Recommend to change Protopic to Preferred with Conditions.
64. Recommend to change Sklice to Preferred.
65. Recommend to change Triveen-Duo DHA to Preferred.
66. Recommend to change Complete Natal DHA to Preferred.
67. Recommend to change Preplus tablet to Preferred.
68. Recommend to change Niva-plus tablet to Preferred.
69. Recommend to change Pretab tablet to Preferred.
70. Recommend to change PNV 29-1 tablet to Preferred.
71. Recommend to change Virt-Nate tablet to Preferred.
72. Recommend to change Vol-tab RX tablet to Preferred.
73. Recommend to change Thrivite RX tablet to Preferred.
74. Recommend to change Completenate tablet to Preferred.

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 – Cardiac Protective Agents
- 10) Antineoplastics – CLL 17P Deletion
- 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 – Retinoids
- 26) Antineoplastics – Selective Retinoid X Receptor Agonists
- 27) Antineoplastics – Topoisomerase I Inhibitors
- 28) Antineoplastics – Urinary Tract Protective Agents
- 29) Antiretroviral Boosting Agent- Cytochrome P450 Inhibitor
- 30) Antiretroviral Combinations
- 31) Antiretrovirals – Entry Inhibitors
- 32) Antiretrovirals – Integrase Inhibitors
- 33) Antiretrovirals – Protease Inhibitors
- 34) Antiretrovirals – RTI-Non-Nucleoside Analogues
- 35) 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 Prezcobix to Preferred.
2. Recommend to change lopinavir-ritonavir oral solution to Non-Preferred.
3. Recommend to change Odefsey to Preferred.
4. Recommend to change Reyataz to Non-Preferred.
5. Recommend to change atazanavir to Preferred.
6. Recommend to change Lexiva to Non-Preferred.
7. Recommend to change Viracept tablets to Non-Recommended.
8. Recommend to change stavudine capsules 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):

- | | |
|------------------------|----------------------------|
| 9. Busulfex | 28. Faslodex |
| 10. Cisplatin | 29. Proleukin |
| 11. Bleomycin sulfate | 30. Istodax |
| 12. Doxorubicin hcl | 31. Intron-A |
| 13. Doxil | 32. Taxotere |
| 14. Vidaza | 33. Paclitaxel |
| 15. Cytarabine | 34. Abraxane |
| 16. Fluorouracil | 35. Vincristine sulfate |
| 17. Gemcitabine hcl | 36. Vinblastine sulfate |
| 18. Gemzar | 37. Navelbine |
| 19. Arranon | 38. Vinorelbine tartrate |
| 20. Alimta | 39. Gliadel Wafer |
| 21. Folutyn | 40. Velcade |
| 22. Avastin | 41. Camptosar |
| 23. Erbitux | 42. Irinotecan hcl |
| 24. Herceptin | 43. Amifostine crystalline |
| 25. Dexrazoxane | 44. Mesna |
| 26. Zinecard | 45. Mesnex |
| 27. Ifosfamide & mesna | |

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. Aimovig- Recommend status on the PDL as Non-Preferred with Conditions
2. Ajoyv- Recommend status on the PDL as Non-Preferred with Conditions
3. Lokelma- Recommend status on the PDL as Non-Preferred with Conditions
4. Mircera- Recommend status on the PDL as Non-Preferred with Conditions
5. Mulpleta- Recommend status on the PDL as Non-Preferred with Conditions
6. Olumiant- Recommend status on the PDL as Non-Preferred with Conditions
7. Orilissa- Recommend status on the PDL as Non-Preferred
8. Pifeltro- Recommend status on the PDL as Non-Recommended
9. Ruconest- Recommend status on the PDL as Preferred with confirmation of diagnosis
10. Takhzyro- Recommend status on the PDL as Non-Preferred
11. Tavalisse- Recommend status on the PDL as Non-Preferred 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
Crotan	Eurax / Non-Preferred	Non-Preferred
Dalfampridine ER	Ampyra / Preferred with Conditions	Non-Preferred with Conditions
Dexamethasone Therapy Pack	DexPak / Non-Preferred	Non-Preferred
Dorzolamide/Timolol PF	Cosopt PF / Non-Preferred	Non-Preferred
Imiquimod 3.75%	Zyclara / Non-Preferred	Non-Preferred
Luliconazole	Luzu / Non-Preferred	Non-Preferred
Tadalafil	Adcirca / Non-Preferred with Conditions	Non-Preferred with Conditions

NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS/BIOSIMILARS

Adapalene Solution	Adapalene Gel / Preferred with Conditions	Non-Preferred with Conditions
Adzenys ER Oral Suspension	Dyanavel XR / Non-Preferred with Conditions	Non-Preferred with Conditions
Delstrigo	Pifeltro / Non-Preferred Cimduo / Preferred	Non-Preferred
Fulphila	Neulasta / Non-Preferred with Conditions	Non-Preferred with Conditions
Kapsargo	Metoprolol Succinate / Preferred	Non-Preferred with Conditions
Noctiva Nasal Emulsion	Desmopressin Nasal Solution / Preferred with Conditions	Non-Preferred with Conditions
Otovel	Ciprofloxacin Otic / Non-Preferred Fluocinolone Otic / Non-Preferred	Non-Preferred
Perseris	Risperdal Consta / Preferred Step 2	Preferred Step 2
Plenvu	Moviprep / Non-Preferred	Non-Preferred
Plixda Pads 0.1%	Adapalene Gel / Preferred with Conditions	Non-Preferred with Conditions
RoxyBond	OxyContin / Non-Preferred with Conditions	Non-Preferred with Conditions
Siklos	Hydroxyurea Capsules / Preferred	Non-Preferred
Symfi	Symfi Lo / Preferred	Preferred
Symtuza	Descovy / Preferred Prezcobix / Preferred	Non-Preferred