IOWA | Health and Human Services

Pharmaceutical and Therapeutics (P&T) Committee

Iowa Medicaid P & T Committee Meeting

August 20, 2026

Virtual Meeting

Time: 9:30 a.m. – 2:30 p.m.

Teams Meeting: https://teams.microsoft.com/meet/277898745127430?p=4Aik8qffFrcRDYOuhj
Meeting ID: 277 898 745 127 430
Passcode: EP77qS7c

Final 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 1 for Conflict of Interest Disclosure)**
   - Verbal - Must **pre-register** to provide verbal public comment and submit a completed conflict of interest disclosure. Five (5) minute maximum limit.
   - Written - Must submit written comments and a completed conflict of interest disclosure.
   - **All submissions must be received no later than 4:00 p.m. CT August 12, 2026.**
   - Send to pba_iapdlinfo@optum.com. **Indicate in email if providing written or verbal comment.**
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)
9. Final Recommendations by the P & T Committee on Newly Released Drugs (Open Session)
10. Review of Newly Released Generic Drugs, Dosage Forms or Strengths
    (See attachment 5 for order of discussion)
11. Final Recommendations by the P & T Committee on Newly Released Generic Drugs, Dosage Forms or Strengths (Open Session)
12. Staff presentation
    a) Cholesterol Guidelines
13. Preview of next meeting
14. Adjournment

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

www.IowaMedicaidPDL.com

Next scheduled meeting: November 19, 2026 9:30am - 4:30pm

For more information contact Erin Halverson at erin.halverson@hhs.iowa.gov or (515) 974-3126

Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee
Public Comment Conflict of Interest Disclosure

The Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee and persons speaking or providing written comment to the Iowa Medicaid P&T Committee are asked to disclose to the Committee any financial or other affiliation with organizations that may have a direct or indirect interest in the business. Those persons providing public comment to 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 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.

Please indicate type of public comment:

- ❑ **Verbal Comment, presented in person (option only for hybrid meetings)**
- ❑ **Verbal Comment, presented virtually (option for hybrid and virtual meetings)**
- ❑ **Written Comment**

Your responses below will be read out loud before your verbal presentation or supplied with your written comment 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 do 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 affiliation(s)**

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. Savella to Preferred
2. Transderm-Scop (scopolamine) to Non-Preferred
3. Scopolamine patch to Preferred
4. Imcivree (setmelanotide) to Non-Preferred with Conditions
5. Moxifloxacin tablets to Preferred

Attachment 3

Iowa Medicaid Recommended Drug List

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

1. Pomalyst (pomalidomide) to Preferred with Conditions
2. Jakafi (ruxolitinib) to Recommended with Conditions

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. Baxfendy (baxdrostat) - Recommend status on the PDL as Non-Preferred
2. Byqlovi (clobetasol propionate)- Recommend status on the PDL as Non-Preferred
3. Bysanti (milsaperidone)- Recommend status on the PDL as Non-Preferred Step 3
4. Cardamyst (etripamil)- Recommend status on the PDL as Non-Preferred
5. Ensacove (ensartinib)- Recommend status on the RDL as Non-Recommended with Conditions (Select Oncology Agents)
6. Forzinity (elamipretide)- Recommend status on the PDL as Non-Preferred
7. Icotyde (icotrokinra) – Recommend status on the PDL as Non-Preferred with Conditions (Biologicals for Plaque Psoriasis)
8. Idvynso (doravirine/islatravir) – Recommend status on the RDL as Non-Recommended
9. Komzifti (ziftomenib)- Recommend status on the RDL as Non-Recommended with Conditions (Select Oncology Agents)
10. Kygevvi (doxecitine/doxribtimine)- Recommend status on the PDL as Non-Preferred
11. Lifyorli (relacorilant)- Recommend status on the RDL as Non-Recommended with Conditions (Select Oncology Agents)
12. Myqorzo (aficamten)- Recommend status on the PDL as Non-Preferred
13. Nereus (tradipitant) - Recommend status on the PDL as Non-Preferred with Conditions (Antiemetic-5HT3 Receptor Antagonists/Substance P Neurokinin Products)
14. Pivya (pivmecillinam)- Recommend status on the PDL as Non-Preferred

15. Redemplo (plozasiran)- Recommend status on the PDL as Non-Preferred

16. Saphnelo (anifrolumab) Auto-Injector and Prefilled Syringe- Recommend status on the PDL as Non-Preferred

17. Yuviwel (navepegritide)- Recommend status on the PDL as Non-Preferred

Attachment 5

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

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NEWLY RELEASED GENERIC DRUGS		
Drug Name	**Brand Name/Status on PDL/RDL**	**PDL/RDL Recommendation**
Azilsartan	Edarbi / Non-Preferred	Non-Preferred
Beclomethasone Inhal Soln	Qvar RediHaler / Preferred	Non-Preferred
Brivaracetam	Briviact / Preferred	Preferred
Dapagliflozin/Saxagliptin	Qtern / Not Covered	Non-Preferred with Conditions
Hydrocortisone Gel 2%	Hydroxym / Non-Preferred with Conditions	Non-Preferred with Conditions
Ipratropium bromide HFA	Atrovent HFA / Preferred	Non-Preferred
Milnacipran	Savella / Non-Preferred	Non-Preferred
Nintedanib	Ofev / Preferred with Conditions	Preferred with Conditions
Pomalidomide	Pomalyst / Preferred with Conditions	Non-Preferred with Conditions
Rilpivirine	Edurant / Preferred	Non-Preferred
Tacrolimus ER Capsules	Astagraf XL / Non-Preferred with Conditions	Non-Preferred with Conditions
Tapentadol	Nucynta / Not Covered	Non-Preferred with Conditions
Tapentadol ER	Nucynta ER / Not Covered	Non-Preferred with Conditions
Umeclidinium Ellipta	Incruse Ellipta / Preferred	Non-Preferred

NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS/BIOSIMILARS		
Drug Name	**Brand Name/Status on PDL/RDL**	**PDL/RDL Recommendation**
Atmeksi Oral Suspension	Methocarbamol Tabs / Preferred	Non-Preferred with Conditions
Avtozma	Actemra / Non-Preferred with Conditions	Non-Preferred with Conditions
Desmoda Oral Solution	Desmopressin Tabs / Preferred	Non-Preferred with Conditions
Enbumyst Nasal Spray	Bumetanide Tabs / Preferred	Non-Preferred
Jakafi XR	Jakafi / Recommended with Conditions	Non-Recommended with Conditions
Ontralfy Oral Solution	Tizanidine Tab / Preferred	Non-Preferred with Conditions
Relgaabi	Gabapentin / Preferred	Non-Preferred
Sdamlo Oral Solution	Amlodipine Tabs / Preferred	Non-Preferred with Conditions
Zolymbus Ophth Gel	Bimatoprost / Non-Preferred	Non-Preferred