IOWA | Health and Human Services

Pharmaceutical and Therapeutics (P&T) Committee

Iowa Medicaid P & T Committee Meeting

November 19, 2026

Hybrid Meeting

Location: **Lucas State Office Building**
Ground Floor, Assembly Room LG20-B
321 E 12th Street
Des Moines, IA 50319

Time: 9:30 a.m. – 4:30 p.m.

Teams Meeting: **Join the meeting now**
Meeting ID: 266 027 081 117 238
Passcode: RR7xT3mE

Final Agenda

1. Welcome & Introductions
   a) Committee Members and Staff
2. Committee Business
   a) Approval of the open session minutes
   b) Annual Conflict of Interest Disclosure
   c) 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. Must indicate if will be in-person or virtual testimony. 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 November 11, 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 and 3 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 4 and 5 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 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 (Open Session)
14. Staff presentation
    a) New Drugs Overview and Disease Management Impact & Future Pipeline
15. Preview of next meeting
16. Adjournment

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

www.IowaMedicaidPDL.com

Next scheduled meeting: April 15, 2027 9:30am - 2:30pm

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.

1) ACE and Thiazide Combo's
2) ACE Inhibitors
3) ACE Inhibitors and CA Channel Blockers
4) Achondroplasia Treatments
5) Acne Products: Isotretinoin
6) Agents for Fabrys Disease
7) Agents for Gaucher Disease
8) Agents for Pheochromocytoma
9) Alcohol Deterrents
10) Allergenic Extracts
11) Alpha-Proteinase Inhibitor
12) ALS Drug
13) Alzheimer – Cholinomimetics
14) Amino Glycosides
15) Amyloidosis Treatments
16) Analgesics – Misc.
17) Anaphylaxis Therapy
18) Androgens / Anabolics
19) Androgens-Topical
20) Anorectal – Misc.
21) Anthelmintics
22) Anti-Infective Combo's – Misc.
23) Antianginals
24) Antianginals – Isosorbide Nitrate
25) Antiarrhythmics
26) Antiasthmatic – 5-Lipoxygenase Inhibitors
27) Antiasthmatic – Adrenergic Combos
28) Antiasthmatic – Anti-Cholinergics
29) Antiasthmatic – Anti-Inflammatory Agents
30) Antiasthmatic – Beta-Adrenergics
31) Antiasthmatic – Leukotriene Receptor Antagonists
32) Antiasthmatic – Misc. Respiratory Inhalants
33) Antiasthmatic – Mixed Adrenergics
34) Antiasthmatic – Mucolytics
35) Antiasthmatic – Nasal Misc.

36) Antiasthmatic – Steroid Inhalants
37) Antiasthmatic – Xanthines
38) Antibiotics – Misc.
39) Anti-Cataplectic Agents
40) Anticoagulants
41) Anticonvulsants
42) Antidepressants- MAO Inhibitors
43) Antidepressants- Selected SSRI'S
44) Antidepressants- SNRI's
45) Antidepressants- Tri-Cyclics
46) Antidepressants- MISC
47) Antidepressants- Serotonin Modulators
48) Antidotes
49) Antidotes – Chelating Agents
50) Antiemetic – 5-HT3 Receptor Antagonists/Substance P Neurokinin
51) Antiemetic – Anticholinergic / Dopaminergic
52) Antiemetic – Tetrahydrocannabinol (THC) Derivatives
53) Antifungals – Assorted
54) Antihemophilia Factor IX Agents
55) Antihemophilia Factor VII Agents
56) Antihemophilia Factor VIII Agents
57) Antihemophilia Factor VonWillebrand Agents
58) Antihemophilia Factor X Agents
59) Antihemophilic Agents
60) Antihistamines – Non-Sedating
61) Antihistamines – Non-Sedating / Decongestants
62) Antihistamines – Other
63) Antihyperlipidemics
64) Antihypertensives – Central
65) Anti-IGE & Interleukin Antibodies
66) Anti-Inflammatories, Non-NSAID
67) Antileprotic
68) Antimalarial Agents
69) Antimycobacterials / Antituberculosis
70) Anti-Parkinsonian Drugs
71) Antiprotozoal Agents
72) Anti-Psoriatics – Non-Biologicals
73) Antipsychotics- Atypicals
74) Antipsychotics- Special Atypicals
75) Antipsychotics- Typical
76) Antispasmodics
77) Antispasmodics – Long Acting
78) Anti-Thrombocytopenics
79) Antithyroid Therapies
80) Anxiolytics-Benzodiazepines
81) Anxiolytics- Long Acting

82) Anxiolytics- Misc.
83) ARB Combinations
84) ARB/CCB
85) ARB/CCB Plus Diuretics
86) ARB's
87) ARB's and Diuretics
88) Arthritis – Misc.
89) Artificial Saliva / Stimulants
90) Atopic Dermatitis
91) Beta Blockers – Alpha / Beta
92) Beta Blockers – Cardio Selective
93) Beta Blockers – Non-Selective
94) Beta Blockers and Diuretic Combo's
95) Beta – Lactams / Clavulanate Combo's
96) Biologic Immunomodulators
97) BPH
98) Calcium Channel Blockers
99) Calcium Channel Blockers – Amlodipines
100) Calcium Channel Blockers – Diltiazems
101) Calcium Channel Blockers – Felodipines
102) Calcium Channel Blockers – Isradipines
103) Calcium Channel Blockers – Nifedipines
104) Calcium Channel Blockers – Nisoldipine
105) Calcium Channel Blockers – Verapamils
106) Carbapenems
107) Cardiac Glycosides
108) Cardiovascular Agents – Other
109) Carnitine Replenisher – Agents
110) CCB / Lipid
111) Central Nervous System Agents
112) Cephalosporins
113) CGRP Inhibitors
114) Chelating Agents
115) Cholesterol – Bile Sequestrants
116) Cholesterol – Fibric Acid Derivatives
117) Cholesterol – HMG COA + Absorb Inhibitors
118) Cholesterol – HMG COA + Absorb Inhibitors: High Potency Drugs/Combinations
119) Cholesterol – HMG COA + Absorb Inhibitors: Low Potency Drugs/Combinations
120) Cholinergic
121) Complement Inhibitors
122) Compounding Materials
123) Contraceptives – Emergency Contraceptives
124) Contraceptives – Injectable
125) Contraceptives – Monophasic Combination O/C's
126) Contraceptives – Multi-Phasic Combinations

127) Contraceptives – Patches / Vaginal Products
128) Contraceptives – Progestin Only
129) Contraceptives – Tri-Phasic Combinations
130) Cough / Cold – Antitussive – Expectorant
131) Cough / Cold – Systemic Decongestants
132) COVID-19 Agents
133) Cox 2 Inhibitors – Selective
134) Cushings Disease Treatments
135) Cystic Fibrosis Agents
136) Cyto-Megalovirus Agents
137) Dental Products
138) Diabetic – Alphaglucosidase
139) Diabetic – Insulin
140) Diabetic – Insulin Penfills
141) Diabetic – Meglitinides
142) Diabetic – Oral Biguanides
143) Diabetic – Oral Sulfonylureas
144) Diabetic – Other
145) Diabetic – Sulfonylurea / Biguanide
146) Diabetic – Thiazol
147) Diabetic – Thiazol / Biguanide Combo
148) Diabetic Amylin Analogs
149) Diabetic – Dipeptidyl Peptidase-4 (DPP-4) Inhibitors
150) Diabetic- DPP-4 Inhibitor Combinations
151) Diabetic- GIP/GLP-1 Receptor Agonists
152) Diabetic- GLP-1 Receptor Agonists
153) Diabetic- Insulin Combinations
154) Diabetic- SGLT2 Inhibitor Combinations
155) Diabetic- Sodium-Glucose Co-Transporter (SGLT2) Inhibitors
156) Dipeptidyl Peptidase-1 (DPP-1) Inhibitors
157) Direct Renin Inhibitors
158) Diuretics
159) Dopamine Receptor Agonists
160) Ear
161) Electrolytes / Nutritionals
162) Endocrine Metabolic Agents
163) Endometriosis Agents
164) Endothelin and Angiotensin II Receptor Antagonists
165) Erythropoeisis Stimulating Agents
166) Estrogen Combo’s
167) Estrogens – Patches
168) Estrogens – Tabs
169) Fluoroquinolones
170) GI – Anti-Flatulents / GI Stimulants
171) GI – Antidiarrheal / Antacid – Misc.
172) GI – Antiperistaltic Agents

173) GI – Digestive Enzymes
174) GI – H2-Antagonists
175) GI – Inflammatory Bowel Agents
176) GI – Irritable Bowel Syndrome Agents
177) GI – Misc.
178) GI – Misc. Anti-Ulcer
179) GI – Prostaglandins
180) GI – Proton Pump Inhibitor
181) GI – Proton Pump Inhibitor / NSAID Combo
182) GI – Ulcer Anti-Infective
183) GI, Constipation-IBS-OIC
184) Glucocorticoids – Corticotropin
185) Glucocorticoids – Mineralocorticoids
186) Gout
187) Granulocyte CSF
188) Growth Hormone
189) Heart Failure Agents
190) Hematopoietic Agents
191) Hemostatic
192) Hepatitis B Only
193) Hepatitis C Agents
194) Hereditary Angioedema Agents – Acute
195) Hereditary Angioedema Agents – Prophylaxis
196) Hereditary Tyrosinemia Type 1 (HT-1) Treatment – Agents
197) Herpes Agents
198) Hormone Receptor Modulators
199) Hyperparathyroid Treatment – Vitamin D Analogs
200) Hyperparathyroid Treatment – Vitamin D Analogs and Calcimimetics
201) Idiopathic Pulmonary Fibrosis
202) Immune Serums
203) Immunosuppressants
204) Influenza Agents
205) Interferon Gamma
206) K Removing Resins
207) Lincosamides / Oxazolidinones / Leprostatics
208) Lipodystrophy Agents
209) Lithium
210) Macrolides / Erythromycin's / Ketolides
211) Migraine – Ergotamine Combinations
212) Migraine – Ergotamine Derivatives
213) Migraine – Selective Serotonin Agonists (5HT) – Injectables
214) Migraine – Selective Serotonin Agonists (5HT) – Tabs
215) Migraine-Selective Serotonin Agonist-(5HT) Combinations
216) Mineralocorticoid – Receptor Antagonists
217) Minerals
218) Mouth – Anesthetics Topical Oral

219) Mouth – Steroids
220) Mouth Anti-Infectives
221) Mouth Antiseptics
222) Multiple Sclerosis Agents
223) Multiple Sclerosis Agents-Interferons
224) Multiple Sclerosis Agents-Non-Interferons
225) Muscle Relaxants
226) Muscular Atrophy Agents
227) Muscular Dystrophy Agents
228) Musculoskeletal Agents
229) Narcotic – Antagonists
230) Narcotics – Misc.
231) Narcotics – Selected
232) Narcotics – Long Acting
233) Nasal Steroid/Antihistamine Combos
234) Nasal Steroids
235) Neurologics – Misc.
236) Nicardipines
237) Nicotine Replacement Therapy
238) Nitro – Ointment / Cap / CR
239) Nitro – Patches
240) Nitro – Sublingual / Spray
241) NSAIDS
242) Op. Antiallergics-Antihistamines
243) Op. Antiallergics-Mast Cell Stabilizers
244) Op. Antibiotics
245) Op. Antiinflammatory / Steroids Ophth
246) Op. Beta-Blockers
247) Op. Carbonic Anhydrase Inhibitors / Combo
248) Op. Cycloplegics
249) Op. Miotics – Direct Acting
250) Op. Misc.
251) Op. NSAID's
252) Op. Prostaglandins
253) Op. Quinolones
254) Op. Quinolones-Fourth Generation
255) Op. Rho Kinase Inhibitors
256) Op. Selective Alpha Adrenergic Agonists
257) Opioid Withdrawal Treatments
258) Osteoporosis
259) Oxytocics
260) Parkinsons – Anticholinergics
261) Parkinsons – COMT Inhibitors
262) Parkinsons – Selected Dopamine Agonists
263) Phenylketonuria
264) Phosphate Binders

265) Phosphodiesterase Inhibitors
266) Platelet Aggr. Inhibitors / Combo's – Misc.
267) Platelet Aggregation Inhibitors
268) Powders
269) Pressors
270) Progeria Treatments
271) Progestins
272) Psychotherapeutic Combination
273) Pulmonary Anti-Hypertensives
274) Pulmonary Anti-Hypertensives-Endothelin Receptor Antagonist
275) Purine Analog
276) Pyruvate Kinase Activators
277) Restless Leg Syndrome Agents
278) Rheumatoid Arthritis – Non-Biologicals
279) Sedative / Hypnotics – Barbiturate
280) Sedative / Hypnotics – Benzodiazepines
281) Sedative / Hypnotics – Non-Benzodiazepines
282) SGLT 1/2 Inhibitors
283) Sickle Cell Anemia Agents
284) Sinus Node Inhibitors
285) SLE Agents
286) Smoking Cessation (Oral)
287) Somatostatic Agents
288) Stimulants
289) Stimulants- Amphetamines- Long Acting
290) Stimulants- Amphetamines- Short Acting
291) Stimulants- Methylphenidate
292) Stimulants- Methylphenidate- Long Acting
293) Stimulants- Other Stimulants/ Like Stimulants
294) Tetracyclines
295) Thyroid Hormones
296) Tissue Plasminogen Activator
297) Topical – Acne Preparations
298) Topical – Antibiotic
299) Topical – Antifungals
300) Topical – Antineoplastics
301) Topical – Antipruritics
302) Topical – Antiseborrheics
303) Topical – Antivirals
304) Topical – Astringents / Protectants
305) Topical – Burn Products
306) Topical – Cauterizing Agents
307) Topical – Corticosteroids-High Potency
308) Topical – Corticosteroids-Low Potency
309) Topical – Corticosteroids-Medium Potency
310) Topical – Emollients

311) Topical – Enzymes / Keratolytics / Urea
312) Topical – Genital Warts
313) Topical – Immunomodulators
314) Topical – Local Anesthetics
315) Topical – Scabicides and Pediculicides
316) Topical – Steroid Combinations
317) Topical – Steroid Local Anesthetics
318) Topical-Wound/Decubitus Care
319) Urea Cycle Disorder – Agents
320) Urological – Misc.
321) Vaginal – Antifungals
322) Vaginal – Antibacterials
323) Vaginal – Estrogens
324) Vasopressins
325) Vitamins
326) 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. EpiPen to Preferred
2. Breztri to Preferred
3. Bevespi to Preferred
4. Xopenex HFA to Preferred
5. Levalbuterol concentrate to Non-Preferred
6. Xyrem to Preferred with Conditions
7. Rivaroxaban 2.5mg tablets to Preferred
8. Xarelto 2.5mg tablets to Non-Preferred
9. Xcopri to Preferred
10. Fluoxetine tablets to Preferred
11. Nortriptyline Oral Solution to Non-Preferred
12. Mirtazapine ODT to Preferred
13. Zurzuvae to Preferred with Conditions
14. Ondansetron ODT 16mg to Non-Preferred with Conditions
15. Aprepitant to Preferred with Conditions
16. Diclegis to Preferred
17. Meclizine 50mg tablets to Non-Preferred
18. Eloctate to Non-Preferred
19. Nuwiq to Preferred
20. Alhemo to Preferred
21. Xeljanz tablets to Non-Preferred with Conditions
22. Rinvoq oral solution to Non-Preferred with Conditions
23. Adalimumab-aacf to Non-Preferred with Conditions
24. Starjemza to Preferred with Conditions
25. Vraylar to Preferred (step therapy update to single step through one preferred antipsychotic for all indications with exception for AMDD: step through one antidepressant)
26. Erzofri to Non-Preferred Step 3
27. Olanzapine ODT to Preferred
28. Fluphenazine Injection to Non-Preferred Step 3
29. Fluphenazine Oral Elixir and Concentrate to Non-Preferred Step 3

30. Norliqva to Preferred with age edit (PA required < 6 years of age)
31. Katerzia to Non-Preferred
32. Colestid tablets to Preferred
33. Merilog vial to Preferred
34. Insulin glargine-yfgn pen to Preferred
35. Humalog KwikPen U-100 to Preferred
36. Saxagliptin to Preferred
37. Sitagliptin-Metformin ER to Preferred
38. Trijardy XR to Preferred
39. Xigduo XR to Non-Preferred with Conditions
40. Glyxambi to Preferred
41. Synjardy XR to Preferred
42. Dapagliflozin/Metformin ER to Preferred
43. Dapagliflozin to Preferred
44. Farxiga to Non-Preferred with Conditions
45. Endari to Preferred
46. Vanrafia to Preferred with Conditions
47. Filspari to Preferred with Conditions
48. Oriahnn to Non-Preferred with Conditions
49. Prucalopride to Preferred
50. Nyvepria to Non-Preferred with Conditions
51. Sogroya to Preferred with Conditions
52. Skytrofa to Preferred with Conditions (removal of short acting growth hormone step therapy)
53. Ofev to Non-Preferred with Conditions
54. Migergot rectal suppositories to Non-Preferred
55. Zolmitriptan ODT to Preferred with Conditions
56. Indomethacin ER to Preferred
57. Difluprednate (ophth) to Preferred
58. Prednisolone acetate (ophth) to Non-Preferred
59. Prednisolone sodium phosphate (ophth) to Non-Preferred
60. Eysuvis to Preferred
61. Xiidra to Non-Preferred
62. Bromfenac Sodium (ophth) to Preferred
63. Rhopressa to Preferred
64. Rocklatan to Preferred

65. Ibandronate to Preferred
66. Sildenafil oral suspension to Preferred with Conditions
67. Siklos to Preferred
68. Xromi to Preferred
69. Lisdexamfetamine Capsules to Preferred with Conditions
70. Dyanavel XR Tablets to Preferred with Conditions
71. Onyda XR to Preferred with age edit (PA required less than 6 years of age)
72. Doxycycline hyclate 75mg & 150 mg tablets to Preferred
73. Doxycycline monohydrate 75mg tablets to Preferred
74. Doxycycline monohydrate oral suspension to Preferred
75. Renthyroid to Preferred
76. Derma-Smoothe-FS (topical) to Preferred
77. Fluocinolone acetonide (topical) to Non-Preferred with Conditions
78. Calcipotriene foam to Preferred
79. Glycerol PHE liquid to Preferred
80. Clindamycin Vaginal Cream to Non-Preferred
81. Nuvessa 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 – Androgen Biosynthesis Inhibitor
2) Antineoplastics – Antiadrenals
3) Antineoplastics – Antiandrogens
4) Antineoplastics – Antiestrogens
5) Antineoplastics – Antimetabolites
6) Antineoplastics – Aromatase Inhibitors
7) Antineoplastics – CLL 17P Deletion
8) Antineoplastics – Combinations
9) Antineoplastics – Estrogen Receptor Antagonist
10) Antineoplastics – Folic Acid Antagonists Rescue Agents
11) Antineoplastics – Imidazotetrazines
12) Antineoplastics – Immunomodulators
13) Antineoplastics – Misc.
14) Antineoplastics – Nitrogen Mustards
15) Antineoplastics – PARP Inhibitors
16) Antineoplastics – Progestins
17) Antineoplastics – Protein-Tyrosine Kinase Inhibitors
18) Antineoplastics – Retinoids
19) Antineoplastics – Selective Retinoid X Receptor Agonists
20) Antineoplastics – Topoisomerase I Inhibitors
21) Antineoplastics – Urinary Tract Protective Agents
22) Antineoplastics – Menin Inhibitors

23) Antiretroviral Boosting Agent- Cytochrome P450 Inhibitor
24) Antiretroviral Combinations
25) Antiretroviral – Capsid Inhibitors
26) Antiretrovirals – Entry Inhibitors
27) Antiretrovirals – Integrase Inhibitors
28) Antiretrovirals – Protease Inhibitors
29) Antiretrovirals – RTI-Non-Nucleoside Analogues
30) Antiretrovirals-RTI-Nucleoside/Nucleotide Analogues

Attachment 5

Iowa Medicaid Recommended Drug List Changes

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

1. Bosulif to Preferred with Conditions
2. Lenalidomide to Preferred with Conditions
3. Revlimid to Non-Preferred with Conditions
4. Symtuza to Preferred
5. Emtriva to Non-Preferred
6. Emtricitabine to Preferred

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. Awiqli FlexTouch (insulin icodec-abae)- Recommend status on the PDL as Non-Preferred

2. Lipfendra (enlicitide)- Recommend status on the PDL as Non-Preferred with Conditions (PCSK9 Inhibitors)

3. Lynavoy (linerixibat)- Recommend status on the PDL as Non-Preferred

4. Veppanu (vepdegestrant)- Recommend status on the RDL as Non-Recommended with Conditions (Select Oncology Agents)

5. Xocova (ensitrelvir)- Recommend status on the PDL as Non-Preferred

Attachment 7

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**
Bosutinib	Bosulif / Preferred with Conditions	Non-Preferred with Conditions
Macitentan	Opsumit / Non-Preferred with Conditions	Preferred with Conditions
Mesalamine ER Cap	Pentasa / Non-Preferred	Non-Preferred
Methylphenidate ER ODT	Cotempla XR ODT / Non-Preferred with Conditions	Non-Preferred with Conditions
Ranitidine	Zantac / Not Covered	Non-Preferred
Rifapentine	Priftin / Preferred	Non-Preferred
Tofacitinib Oral Solution	Xeljanz Oral Solution / Non-Preferred with Conditions	Non-Preferred with Conditions
Tofacitinib Tablet	Xeljanz / Preferred with Conditions	Preferred with Conditions
Tofacitinib ER Tablet	Xelajnz XR / Non-Preferred with Conditions	Non-Preferred with Conditions

NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS/BIOSIMILARS		
Drug Name	**Brand Name/Status on PDL/RDL**	**PDL/RDL Recommendation**
Amerithroid	Armour Thyroid / Preferred	Non-Preferred
Arynta Oral Solution	Vyvanse / Non-Preferred with Conditions	Non-Preferred with Conditions
Atomoxetine Oral Solution	Atomoxetine Caps / Preferred	Non-Preferred with Conditions
Atoncy Oral Solution	Atomoxetine Caps / Preferred	Non-Preferred with Conditions
Cavhanza	Tasigna / Preferred with Conditions	Non-Preferred with Conditions
Duloxetine 80mg, 90mg & 120mg	Duloxetine / Preferred	Non-Preferred
Evara	Urea Cream / Non-Preferred	Non-Preferred
Filkri	Neupogen / Preferred with Conditions	Non-Preferred with Conditions
Methenamine Mandelate Oral Solution	Methenamine Mandelate Tabs / Preferred	Non-Preferred with Conditions
Omlyclo	Xolair / Preferred with Conditions	Preferred with Conditions
Quiofic Oral Solution	Folic Acid Tabs / Preferred	Non-Preferred with Conditions
Tapentadol Oral Solution	Tapentadol Tablets / Non-Preferred with Conditions	Non-Preferred with Conditions
Ursolign	Ursodiol / Preferred	Non-Preferred