STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Pharmaceutical and Therapeutics (P&T) Committee

P & T Committee Meeting
August 15, 2024

Location: **Grimes State Office Building Room B100** **Time: 9:30 a.m. – 2:30 p.m.**
400 E 14th Street
Des Moines, IA 50319
No Virtual Option

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
   c) Follow-Up from Previous Meeting
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 8, 2024.**
   - 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. Review of Newly Released Drugs
   (See attachment 3 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 4 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) Non-alcoholic steatohepatitis (NASH)
13. Preview of next meeting
14. Adjournment

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

HHS Medicaid Pharmacy

Next scheduled meeting: November 21, 2024 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
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 **□ 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. Tradjenta to Preferred (removal of PA conditions)
2. Januvia to Preferred (removal of PA conditions)
3. Jentadueto to Preferred (removal of PA conditions)
4. Janumet to Preferred (removal of PA conditions)
5. Janumet XR to Preferred (removal of PA conditions)
6. Ventavis to Non-Preferred with Conditions.

Attachment 3

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. Eohilia- Recommend status on the PDL as Non-Preferred
2. Filsuvez- Recommend status on the PDL as Non-Preferred
3. Ogsiveo- Recommend status on the RDL as Non-Recommended with Conditions (Select Oncology Agents)
4. Ojemda- Recommend status on the RDL as Non-Recommended with Conditions (Select Oncology Agents)
5. Opsynvi- Recommend status on the PDL as Non-Preferred with Conditions (Pulmonary Arterial Hypertension Agents)
6. Rezdiffra- Recommend status on the PDL as Non-Preferred
7. Rivfloza- Recommend status on the PDL as Non-Preferred
8. Spevigo Prefilled Syringe- Recommend status on the PDL as Non-Preferred
9. Voquezna- Recommend status on the PDL as Non-Preferred
10. Voquezna Pak- Recommend status on the PDL as Non-Preferred
11. Voydeya- Recommend status on the PDL as Non-Preferred
12. Wegovy- Recommend status on the PDL as Non-Preferred with Conditions (covered indication only: to reduce the risk of major adverse cardiovascular events in adults with established cardiovascular disease and either obesity or overweight); DUR currently developing PA criteria.
13. Winrevair- Recommend status on the PDL as Non-Preferred with Conditions (Pulmonary Arterial Hypertension Agents)
14. Zymfentra- Recommend status on the PDL as Non-Preferred with Conditions (Biologicals for Inflammatory Bowel Disease)

Attachment 4

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**
Deflazacort	Emflaza / Non-Preferred with Conditions	Non-Preferred with Conditions
Gabapentin ER Tablets	Gralise / Non-Preferred with Conditions	Non-Preferred with Conditions
Mirabegron	Myrbetriq / Non-Preferred	Non-Preferred
Nitroglycerin Rectal Ointment	Rectiv / Non-Preferred	Non-Preferred
Sitagliptin	Januvia / Preferred with Conditions	Non-Preferred with Conditions

NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS/BIOSIMILARS		
Alvaiz	Promacta / Preferred with Conditions	Non-Preferred with Conditions
Hydroxym	Hydrocortisone Cream / Preferred	Non-Preferred with Conditions
Kionex	SPS / Non-Preferred	Non-Preferred
Libervant	Valtoco / Preferred	Non-Preferred with Conditions
Myhibbin	Cellcept Oral Suspension / Preferred	Non-Preferred
Rextovy	Narcan / Preferred	Non-Preferred
Sovuna	Hydroxychloroquine / Preferred	Non-Preferred