Iowa Medicaid Drug Utilization Review Commission
Meeting Minutes May 6, 2026

Attendees:

Commission Members Present
Melissa Klotz, Pharm.D.; Jason Kruse, D.O.; Holly Randleman, Pharm.D.; Caitlin Reinking, Pharm.D.; Chuck Wadle, D.O.; Bryon Schaeffer, MD, FAAFP; Rhea Hartley, M.D.; Abby Cate, Pharm.D., Iowa Department of Health and Human Services; and Jordan Thoman, Wellpoint Iowa.

Commission Members Absent
Jennifer Johnson, Pharm.D.

Staff in Attendance
Pam Smith, R.Ph.

Guests in Attendance
Erin Halverson, R.Ph., Iowa Medicaid; Gina Kuebler, R.Ph., Iowa Medicaid; Darian Forcier, Iowa Department of Health and Human Services; Candace Jordan, Pharm.D., Molina Healthcare; and Emily Rogers, Pharm.D., Iowa Total Care.

Welcome & Introductions

Chairperson Melissa Klotz called the meeting to order at 9:32 a.m. The minutes from the February 4, 2026 meeting were reviewed. Bryon Schaeffer motioned to accept them, and Rhea Hartley seconded. All members were in favor. The recommendation letter sent to HHS after the last DUR meeting was also reviewed.

Iowa Medicaid Pharmacy Update

Iowa Medicaid is undergoing implementation of a new Point of Sale Vendor, changing from Change HealthCare to Optum Rx effective 7/27/2026. In addition, as mentioned as previous meeting, Iowa Medicaid will be carving out the outpatient pharmacy benefit from the managed care organizations; however, the effective date has changed from October 1, 2026 to December 1, 2026. All pharmacy claims for all members will then run through the fee-for-service point-of-sale vendor. There will be no change to the pharmacy benefit for members, preferred drug list, prior authorization criteria, or the rate reimbursement methodology.

Prevalence Report Summaries

***Wellpoint Iowa**:* Jordan Thoman provided an overview for Wellpoint's statistics from December 2025 through February 2026.

Fee-for-Service: Pam Smith provided an overview of fee-for-service statistics from December 2025 through February 2026.

Iowa Total Care: Emily Rogers provided an overview for ITC's statistics from December 2025 through February 2026.

Molina Healthcare: Candace Jordan provided an overview for Molina's statistics from December 2025 through February 2026.

Comparative Prevalence Report Summary

Pam Smith also created a report that compared the FFS stats with those from each MCO. Its side-by-side statistics showed that $262,715,561 was spent in total for 1,933,236 prescriptions. The complete comparative summary, as well as the four individual prevalence reports, can be found in the meeting packet posted on www.iadur.org.

Public Comment

In addition to the written public comments provided to Commission members, they heard oral public comments from the speakers shown below.

Name	Representing	Drug/Topic
Rick Melbye	UCB	Bimzelx
Michal Kidacki	University of Iowa	Biologicals for hidradenitis suppurativa
Erik Schindler	Sanofi	Dupixent

Written Provider Comment Received: Biological treatment of hidradenitis suppurativa

Written Manufacturer Comments Received: None

The Commission did not request additional discussion regarding written or verbal public comment.

Retrospective DUR Data Presentations

Adherence to Antipsychotic Medications in Patients with Schizophrenia: Data was reviewed identifying members ≥ 18 years of age with a diagnosis of schizophrenia or schizoaffective disorder with at least 2 claims for an antipsychotic. After discussion, the Commission requested that the topic be revisited after the carve-out and there are sufficient claims data in the FFS point-of-sale.

Evaluation of the Use of Duplicate Therapy for Autoimmune Disorders: Data was reviewed identifying members with more than one systemic medication, that overlapped for 60 days or more. After discussion and the small number of members identified, the Commission requested to revisit this topic in a year to see if there is an increase in the number of members identified and determine if changes need to be made to prevent this duplication.

Retrospective DUR Proposals

Extended-Release ADHD Stimulants in Children Younger than 6 Years: After discussion, the Commission requested to look at claims data beyond what was originally proposed (extended-release stimulants only). Data will be pulled to identify members < 6

years at the time of the pharmacy claim with at least one pharmacy claim for an ER and/or an IR stimulant, with results brought back to the next meeting for further discussion.

CGRP Inhibitor Therapeutic Duplication: Data will be pulled to identify members with 2 distinct "GEPANT" agents overlapping ≥60 days as well as members with 2 distinct "MAB" agents overlapping ≥60 days, with results brought back to the next meeting for further discussion.

Commission Recommendations for Retrospective DUR Agenda Topics

1. There were no new recommendations.

The Commission took a short break and open session resumed at 11:07 a.m.

Prior Authorization

Apolipoprotein C-III (ApoC-III) Inhibitors (formerly Olezarsen [Tryngolza]): The Commission reviewed the proposed prior authorization criteria as follows:

Prior authorization (PA) is required for apoC-III inhibitors. Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agent(s) would be medically contraindicated. Payment will be considered for an FDA approved or compendia indicated diagnosis for the requested drug when the following conditions are met:

1. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and*
2. *Patient has a diagnosis of familial chylomicronemia syndrome (FCS) confirmed by genetic testing, (e.g., biallelic pathogenic variants in FCS-causing genes [LPL, GPIHBP1, APOA5, APOC2, or LMF1]) (attach genetic testing results); and*
3. *The patient has a current fasting triglyceride level of 880 mg/dL or greater (attach current lipid panel obtained within the past 30 days); and*
4. *The patient will use medication in combination with a low-fat diet (≤ 20 grams of total fat per day); and*
5. *Medication will not be used concomitantly with other apoC-III inhibitors; and*
6. *Is prescribed by or in consultation with a cardiologist, an endocrinologist, or a provider who specializes in lipid management.*

If the criteria for coverage are met, initial requests will be given for 12 months. Requests for continuation of therapy will be considered at 12-month intervals under the following conditions:

1. *Documentation of a decrease in fasting triglyceride level from baseline (attach current lipid panel obtained within the past 30 days); and*
2. *Patient continues to use medication in combination with a low-fat diet (≤ 20 grams of total fat per day); and*
3. *Is prescribed by or in consultation with a cardiologist, an endocrinologist, or a provider who specializes in lipid management.*

Bryon Schaeffer motioned to accept the criteria as proposed, and Holly Randleman seconded. All members were in favor. The recommendation will be sent to the Department for consideration.

Biologicals for Hidradenitis Suppurativa: The Commission reviewed the proposed prior authorization criteria as follows:

Prior authorization (PA) is required for biologicals FDA approved or compendia indicated for the treatment of Hidradenitis Suppurativa (HS). Payment for non-preferred biologic agents will be considered only for cases in which there is documentation of a previous trial and therapy failure with a preferred biologic agent. Payment will be considered under the following conditions:

1. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and*
2. *Patient has a diagnosis of moderate to severe HS with Hurley Stage II or III disease; and*
3. *Patient has documentation of an adequate trial and therapy failure with at least one oral antibiotic/oral antibiotic combination (e.g., doxycycline, clindamycin, rifampin).*

Jason Kruse motioned to accept the criteria as proposed under proposed clinical PA criteria #2, and Bryon Schaeffer seconded. All members were in favor. The recommendation will be sent to the Department for consideration.

Dupilumab (Dupixent): The Commission reviewed the proposed prior authorization criteria as follows:

Prior authorization (PA) is required for Dupixent (dupilumab). Payment for non-preferred agents will be considered when there is documentation of a previous trial and therapy failure with a preferred agent. Payment will be considered when patient has an FDA approved or compendia indication for the requested drug under the following conditions:

1. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and*
2. *Patient's current weight in kilograms (kg) is provided; and*
3. *Patient has a diagnosis of moderate-to-severe atopic dermatitis; and*
    a. *Patient has failed to respond to good skin care and regular use of emollients; and*
    b. *Patient has documentation of an adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and*
    c. *Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and*
    d. *Patient will continue with skin care regimen and regular use of emollients; or*

4. *Patient has a diagnosis of moderate to severe asthma with an eosinophilic phenotype (with a pretreatment eosinophil count ≥ 150 cells/mcL within the previous 6 weeks) or with oral corticosteroid dependent asthma; and*
    a. *Has a pretreatment forced expiratory volume in 1 second (FEV_1) ≤ 80% predicted in adults; < 90% predicted in adolescents 12 to 17 years of age; and < 95% predicted in children 6 to 11 years of age; and*
    b. *Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (e.g. long-acting beta 2 agonist [LABA], or leukotriene receptor antagonist [LTRA]) for a minimum of 3 consecutive months. Patient must be compliant with therapy, based on pharmacy claims; and*
    c. *Patient must have one of the following, in addition to the regular maintenance medications defined above:*
        i. *One (1) or more exacerbations in the previous year or*
        ii. *Require daily oral corticosteroids for at least 3 days; or*
5. *Patient has a diagnosis of inadequately controlled chronic rhinosinusitis with nasal polyposis (CRSwNP); and*
    a. *Documentation dupilumab will be used as an add-on maintenance treatment; and*
    b. *Documentation of an adequate trial and therapy failure with at least one preferred medication from each of the following categories:*
        i. *Nasal corticosteroid spray; and*
        ii. *Oral corticosteroid; or*
6. *Patient has a diagnosis of eosinophilic esophagitis (EoE); and*
    a. *Patient has ≥ 15 intraepithelial eosinophils per high-power field (eos/hpf) as confirmed by endoscopic esophageal biopsy (attach results); and*
    b. *Patient has signs and symptoms of esophageal dysfunction (e.g., dysphagia, food impaction, food refusal, abdominal pain, heartburn regurgitation, chest pain and/or, odynophagia); and*
    c. *Documentation of previous trials and therapy failures with all of the following:*
        i. *High dose proton pump inhibitor (PPI) for at least 8 weeks; and*
        ii. *Swallowed topical corticosteroid (e.g., fluticasone propionate, oral budesonide suspension): and*
        iii. *Dietary therapy; or*
7. *Patient has a diagnosis of moderate to severe prurigo nodularis (PN); and*
    a. *Patient has experienced severe to very severe pruritus, as demonstrated by a current Worst Itch-Numeric Rating Scale (WI-NRS) ≥ 7; and*
    b. *Patient has ≥ 20 nodular lesions (attach documentation); and*
    c. *Documentation of a previous trial and therapy failure with a high or super high potency topical corticosteroid for at least 14 consecutive days; or*

8. *Patient has a diagnosis of chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype; and*
    a. *Patient has moderate to severe airflow limitation, measured within the past 12 months, as evidenced by both of the following:*
        i. *FEV_1/FVC ratio < 0.7, and*
        ii. *FEV_1 % predicted between 30% to 79%; and*
    b. *Patient has a minimum blood eosinophil count of 300 cells/mcL, measured within the past 12 months; and*
    c. *Patient has documentation of maximal inhaled therapy for 3 or more months and an inadequate response to:*
        i. *Triple therapy with all of the following treatments:*
            1. *Long-acting muscarinic antagonist/anticholinergic (LAMA); and*
            2. *Long-acting beta agonist (LABA); and*
            3. *Inhaled corticosteroid (ICS); or*
        ii. *Double therapy with both of the following if ICS is contraindicated*
            1. *LABA; and*
            2. *LAMA; and*
    d. *Patient has history of at least 2 moderate or 1 severe exacerbation(s) in the previous 12 months despite receiving maximal triple therapy or double therapy (defined above). Moderate exacerbation is defined as patient required treatment with systemic corticosteroids and/or antibiotics and severe exacerbation is defined as hospitalization or observation for over 24 hours in an emergency department or urgent care facility; and*
    e. *Patient will continue to receive maintenance therapy (as documented above) concomitantly with dupilumab; or*
9. *Patient has a diagnosis of chronic spontaneous urticaria (CSU) with no known cause; and*
    a. *Patient has documentation of an adequate trial and therapy failure with a preferred second generation H1 receptor antihistamine for at least 2 weeks; or*
10. *Patient has a diagnosis of bullous pemphigoid (BP); and*
    a. *Is initiated with a tapering course of oral corticosteroids; or*
11. *Patient has a diagnosis of allergic fungal rhinosinusitis (AFRS); and*
    a. *Patient has a history of sino-nasal surgery.*

If criteria for coverage are met, initial authorization will be given for 6 months for all the above indications, except for COPD, CSU, BP, and AFRS which will receive an initial authorization of 12 months to assess the response to treatment. Request for continuation of therapy will require documentation of a positive response to therapy and continued use of add-on maintenance therapy, where indicated.

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Holly Randleman motioned to accept the criteria as proposed, and Bryon Schaeffer seconded. All members were in favor. The recommendation will be sent to the Department for consideration.

Idiopathic Pulmonary Fibrosis and Related Lung Diseases (formerly Pirfenidone [Esbriet]/Nintedanib [Ofev]): The Commission reviewed the newly proposed prior authorization criteria as follows:

Prior authorization (PA) is required for medications used to treat idiopathic pulmonary fibrosis and related lung diseases. Payment for non-preferred agents will be authorized only for cases in which there is documentation of a previous trial and therapy failure with a preferred agent that is FDA approved or compendia indicated for the submitted diagnosis, when applicable. Payment will be considered for patients when the following criteria are met:

1. *Request adheres to all FDA approved labeling including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and*
2. *Is prescribed by a pulmonologist; and*
3. *Patient does not utilize non-prescribed inhalants, including but not limited to vaping or other inhaled products, prior to initiating therapy and has been instructed to avoid these products while using requested medication(s); and*
4. *Concomitant use of nintedanib and pirfenidone will not be considered; and*
5. *Documentation of an inadequate response to monotherapy with nintedanib or pirfenidone, at up to maximally indicated doses, is required prior to combination therapy with nerandomilast; and*
6. *Patient has a diagnosis of idiopathic pulmonary fibrosis (nerandomilast, nintedanib, or pirfenidone) as confirmed by one of the following (attach documentation):*
    a. *Findings on high-resolution computed tomography (HRCT) indicating usual interstitial pneumonia (UIP); or*
    b. *A surgical lung biopsy demonstrating UIP; and*
    c. *Prescriber has excluded other known causes of interstitial lung disease (ILD) such as domestic and occupational exposures, connective tissue disease, and drug toxicity; and*
    d. *Patient has documentation of pulmonary function tests within the prior 60 days with a forced vital capacity (FVC):*
        i. *≥ 50% predicted for nintedanib or pirfenidone; or*
        ii. *≥ 45% predicted for nerandomilast; and*
    e. *Patient has a carbon monoxide diffusion capacity (%Dlco):*
        i. *of ≥ 30% predicted for nintedanib or pirfenidone; and*
        ii. *≥ 25% predicted for nerandomilast; or*
7. *Patient has a diagnosis of systemic sclerosis-associated interstitial lung disease (SSc-ILD) (nintedanib) as confirmed by the following (attach documentation):*
    a. *Documentation of a HRCT scan showing fibrosis affecting ≥ 10% of the lungs; and*

b. Patient has documented pulmonary function tests within the prior 60 days showing FVC ≥ 40% predicted; and
c. Patient has a %Dlco of ≥ 30-89% predicted; or

8. Patient has a diagnosis of chronic fibrosing interstitial lung disease with a progressive phenotype (progressive pulmonary fibrosis [PPF]) (nintedanib or nerandomilast) and confirmed by the following (attach documentation):
a. Documentation of a HRCT scan showing fibrosis affecting ≥ 10% of the lungs; and
b. Patient has documented pulmonary function tests within the prior 60 days showing FVC ≥ 45% predicted; and
c. Patient has a %Dlco of:
i. ≥ 30-79% predicted for nintedanib; or
ii. ≥ 25% predicted for nerandomilast; and
d. Patient has at least one sign of clinical progression for interstitial lung disease within the last 24 months:
i. A relative decline in the FVC of at least 10% predicted; or
ii. A relative decline in the FVC of 5-9% predicted combined with at least one of the following:
1. Worsening respiratory symptoms; or
2. Increased extent of fibrosis on HRCT; or
iii. Worsening respiratory symptoms and an increased extent of fibrotic changes on HRCT only.

If the criteria for coverage are met, initial requests will be given for 6 months. Additional authorizations will be considered at 6-month intervals when the following criteria are met:
1. Adherence to medication is confirmed; and
2. Documentation of a positive response to therapy, defined as meeting at least one of the following:
a. Rate of lung function decline slowed; or
b. Improved or no worsening of symptoms of cough, shortness of breath; and
3. Documentation is provided that the patient has remained free from use of non-prescribed inhalants, including but not limited to vaping and other inhaled products.

Holly Randleman motioned to accept the criteria as amended, and Rhea Hartley seconded. All members were in favor. The recommendation will be sent to the Department for consideration.

Miscellaneous

DUR Digest: The Commission members conducted the first review of DUR Digest Volume 38, Number 2. There were no additional changes recommended.

MedWatch: The Commission members received pertinent FDA announcements.

At 12:01 p.m., Rhea Hartley motioned to adjourn, and Melissa Klotz seconded. All in attendance agreed.

The next scheduled meeting is tentatively set for August 5, 2026, and will be in a hybrid format.