



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting November 8, 2012

Location: Iowa State Capitol Room 116
1007 E. Grand Avenue
Des Moines, Iowa 50319

Time: 8:30 a.m. – 4:30 p.m.

Final Agenda

1. Welcome & Introductions
 - a) Committee Members and Staff
 - b) Approval of the minutes
2. Update
 - a) Preferred Drug List (PDL)/Recommended Drug List (RDL)
 1. Discussion of step therapy edits to be considered for the antipsychotic drug class
 2. Discussion of pill splitting edits to be considered for the antipsychotic drug class
 - b) Medicaid Drug Rebate Issues
 - c) Prior Authorization Criteria/Pro-DUR edits
 - d) Legislation
 - e) IME Updates
3. Public Comment (**See attachment 1 for Conflict of Interest Disclosure**)
4. Closed Executive Session
 - a. Economic Review of the Iowa Medicaid Preferred Drug List/Recommended Drug List, Newly Released Drugs, Newly Released Generic Drugs, New Dosage Forms and Strengths, and Contracts.
 - b. Review and discussion of the confidential public comments

Lunch Break 12:30 p.m.-1:15 p.m.

5. Preferred Drug List (PDL) discussion and deliberation
(See attachment 2 and 3 for order of discussion)
6. Final Recommendations by the P & T Committee on the Iowa Medicaid Preferred Drug List
7. Recommended Drug List (RDL) discussion and deliberation
(See attachment 4 and 5 for order of discussion)
8. Final Recommendations by the P & T Committee on the Iowa Medicaid Recommended Drug List
9. Review of Newly Released Drugs
(See attachment 6 for order of discussion)
10. Final Recommendations by the P & T Committee on Newly Released Drugs (Open Session)
11. Review of Newly Released Generic Drugs, New Drug Names, and New Dosage Forms and Strengths
(See attachment 7 for order of discussion)
12. Final Recommendations by the P & T Committee on Newly Released Generic Drugs, New Drug Names, and New Dosage Forms and Strengths (Open Session)

Disclaimer: Executive Sessions may be necessary during the deliberation process

www.IowaMedicaidPDL.com

Next scheduled meeting is March 14, 2013

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) Alpha-Proteinase Inhibitor
- 10) ALS Drug
- 11) Alzheimer – Cholinomimetics
- 12) Amino Glycosides
- 13) Analgesics – Misc.
- 14) Anaphylaxis Therapy
- 15) Androgens / Anabolics
- 16) Androgens-Topical
- 17) Anorectal – Misc.
- 18) Anthelmintics
- 19) Anti-Infective Combo's – Misc.
- 20) Antianginals
- 21) Antianginals – Isosorbide Nitrate
- 22) Antiarrhythmics
- 23) Antiasthmatic – 5-Lipoxygenase Inhibitors
- 24) Antiasthmatic – Adrenergic Combos
- 25) Antiasthmatic – Anti-Cholinergics
- 26) Antiasthmatic – Anti-Inflammatory Agents
- 27) Antiasthmatic – Beta-Adrenergics
- 28) Antiasthmatic – Leukotriene Receptor Antagonists
- 29) Antiasthmatic – Misc. Respiratory Inhalants
- 30) Antiasthmatic – Mixed Adrenergics
- 31) Antiasthmatic – Mucolytics
- 32) Antiasthmatic – Nasal Misc.
- 33) Antiasthmatic – Steriod Inhalants
- 34) Antiasthmatic – Xanthines
- 35) Antibiotics – Misc.
- 36) Anti-Cataplectic Agents
- 37) Anticoagulants
- 38) Anticonvulsants
- 39) Antidepressants- MAO Inhibitors
- 40) Antidepressants- Selected SSRI'S
- 41) Antidepressants- Tri-Cyclics
- 42) Antidotes
- 43) Antidotes – Chelating Agents
- 44) Antiemetic – 5-HT3 Receptor Antagonists/Substance P Neurokinin
- 45) Antiemetic – Anticholinergic / Dopaminergic
- 46) Antiemetic – Tetrahydrocannabinol (THC) Derivatives
- 47) Antifungals – Assorted

- 48) Antihistamines – Non-Sedating
- 49) Antihistamines – Non-Sedating / Decongestants
- 50) Antihistamines – Other
- 51) Antihistamines/Decongestants
- 52) Antihypertensive Combos
- 53) Antihypertensives – Central
- 54) Antileprotic
- 55) Antimalarial Agents
- 56) Antimycobacterials / Antituberculosis
- 57) Anti-Parkinsonian Drugs
- 58) Antiprotozoal Agents
- 59) Anti-Psoriatics – Biologicals
- 60) Anti-Psoriatics – Non-Biologicals
- 61) Antipsychotics- Atypicals
- 62) Antipsychotics- Special Atypicals
- 63) Antipsychotics- Typical
- 64) Antispasmodics
- 65) Antispasmodics – Long Acting
- 66) Antithyroid Therapies
- 67) Anxiolytics-Benzodiazepines
- 68) Anxiolytics- Long Acting
- 69) Anxiolytics- Misc.
- 70) ARB/CCB
- 71) ARB/CCB Plus Diuretics
- 72) ARB's
- 73) ARB's and Diuretics
- 74) Arthritis – Misc.
- 75) Artificial Saliva / Stimulants
- 76) Beta Blockers – Alpha / Beta
- 77) Beta Blockers – Cardio Selective
- 78) Beta Blockers – Non-Selective
- 79) Beta Blockers and Diuretic Combo's
- 80) Beta – Lactams / Clavulanate Combo's
- 81) BPH
- 82) Calcium Channel Blockers – Amlodipines
- 83) Calcium Channel Blockers – Diltiazems
- 84) Calcium Channel Blockers – Felodipines
- 85) Calcium Channel Blockers – Isradipines
- 86) Calcium Channel Blockers – Nifedipines
- 87) Calcium Channel Blockers – Nisoldipine
- 88) Calcium Channel Blockers – Verapamils
- 89) Carbapenems
- 90) Cardiac Glycosides
- 91) Carnitine Replenisher – Agents
- 92) CCB / Lipid
- 93) Central Precocious Puberty Agents
- 94) Cephalosporins
- 95) Chelating Agents
- 96) Cholesterol – Bile Sequestrants
- 97) Cholesterol – Fibric Acid Derivatives
- 98) Cholesterol – HMG COA + Absorb Inhibitors
- 99) Cholesterol – HMG COA + Absorb Inhibitors: High Potency Drugs/Combinations
- 100) Cholesterol – HMG COA + Absorb Inhibitors: Low Potency Drugs/Combinations
- 101) Cholinergic
- 102) Compounding Agents
- 103) Contraceptives – Bi-Phasic Combinations
- 104) Contraceptives – Emergency Contraceptives
- 105) Contraceptives – Injectable
- 106) Contraceptives – Monophasic Combination O/C's

- 107) Contraceptives – Multi-Phasic Combinations
- 108) Contraceptives – Patches / Vaginal Products
- 109) Contraceptives – Progestin Only
- 110) Contraceptives – Tri-Phasic Combinations
- 111) Cough / Cold – Antitussive – Expectorant
- 112) Cough / Cold – Systemic Decongestants
- 113) Cox 2 Inhibitors – Selective
- 114) Cystic Fibrosis Agents
- 115) Cyto-Megalovirus Agents
- 116) Dental Products
- 117) Diabetic – AlphaglucoSIDase
- 118) Diabetic – Insulin
- 119) Diabetic – Insulin Penfills
- 120) Diabetic – Meglitinides
- 121) Diabetic – Non-Insulin Injectables
- 122) Diabetic – Oral Biguanides
- 123) Diabetic – Oral Sulfonylureas
- 124) Diabetic – Other
- 125) Diabetic – Sulfonylurea / Biguanide
- 126) Diabetic – Thiazol
- 127) Diabetic – Thiazol / Biguanide Combo
- 128) Diagnostic Biologicals
- 129) Diagnostic Drugs
- 130) Direct Renin Inhibitors
- 131) Diuretics
- 132) Dopamine Receptor Agonists
- 133) Ear
- 134) Electrolytes / NutritionalS
- 135) ErythropoeiSiS Stimulating Agents
- 136) Estrogen Combo's
- 137) Estrogens – Patches
- 138) Estrogens – Tabs
- 139) Fluoroquinolones
- 140) GI – Anti-Flatulents / GI Stimulants
- 141) GI – Antidiarrheal / Antacid – Misc.
- 142) GI – Antiperistaltic Agents
- 143) GI – Digestive Enzymes
- 144) GI – H2-Antagonists
- 145) GI – Inflammatory Bowel Agents
- 146) GI – Irritable Bowel Syndrome Agents
- 147) GI – Misc.
- 148) GI – Misc. Anti-Ulcer
- 149) GI – Prostaglandins
- 150) GI – Proton Pump Inhibitor
- 151) GI – Proton Pump Inhibitor / NSAID Combo
- 152) GI – Ulcer Anti-Infective
- 153) Glucocorticoids – Corticotropin
- 154) Glucocorticoids – Mineralocorticoids
- 155) Gout
- 156) Granulocyte CSF
- 157) Growth Hormone
- 158) Hemostatic
- 159) Hepatitis B Only
- 160) Hepatitis C Agents
- 161) Hereditary Angioedema Agents
- 162) Hereditary Tyrosinemia Type 1 (HT-1) Treatment – Agents
- 163) Herpes Agents
- 164) Hyperparathyroid Treatment – Vitamin D Analogs
- 165) Hyperparathyroid Treatment – Vitamin D Analogs and Calcimimetics

- 166) Immune Serums
- 167) Influenza Agents
- 168) K Removing Resins
- 169) Lincosamides / Oxazolidinones / Leprostatics
- 170) Lithium
- 171) Macrolides / Erythromycin's / Ketolides
- 172) Migraine – Ergotamine Combinations
- 173) Migraine – Ergotamine Derivatives
- 174) Migraine – Selective Serotonin Agonists (5HT) – Injectables
- 175) Migraine – Selective Serotonin Agonists (5HT) – Tabs
- 176) Migraine-Selective Serotonin Agonist-(5HT) Combinations
- 177) Minerals
- 178) Mouth – Anesthetics Topical Oral
- 179) Mouth – Steroids
- 180) Mouth Anti-Infectives
- 181) Mouth Antiseptics
- 182) Mucopolysaccharidosis
- 183) Multiple Sclerosis Agents-Interferons
- 184) Multiple Sclerosis Agents-Non-Interferons
- 185) Muscle Relaxant – Combinations
- 186) Muscle Relaxants
- 187) Narcotic – Antagonists
- 188) Narcotics – Misc.
- 189) Narcotics – Selected
- 190) Narcotics – Long Acting
- 191) Nasal Steroid/Antihistamine Combos
- 192) Nasal Steroids
- 193) Neurologics – Misc.
- 194) Neuromuscular Blocking Agents
- 195) Nicardipines
- 196) Nicotine Replacement Therapy
- 197) Nitro – Ointment / Cap / CR
- 198) Nitro – Patches
- 199) Nitro – Sublingual / Spray
- 200) NSAIDS
- 201) Op. Antiallergics-Antihistamines
- 202) Op. Antiallergics-Mast Cell Stabilizers
- 203) Op. Antibiotics
- 204) Op. Antiinflammatory / Steroids Ophth
- 205) Op. Beta-Blockers
- 206) Op. Carbonic Anhydrase Inhibitors / Combo
- 207) Op. Cycloplegics
- 208) Op. Miotics – Direct Acting
- 209) Op. Misc.
- 210) Op. NSAID's
- 211) Op. Prostaglandins
- 212) Op. Quinolones
- 213) Op. Quinolones-Fourth Generation
- 214) Op. Selective Alpha Adrenergic Agonists
- 215) Osteoporosis
- 216) Oxytocics
- 217) Parkinsons – Anticholinergics
- 218) Parkinsons – COMT Inhibitors
- 219) Parkinsons – Selected Dopamine Agonists
- 220) Peripheral Vasodilators
- 221) Phenylketonuria
- 222) Phosphate Binders
- 223) Phosphodiesterase Inhibitors
- 224) Platelet Aggr. Inhibitors / Combo's – Misc.

- 225) Platelet Aggregation Inhibitors
- 226) Powders
- 227) Pressors
- 228) Progestins
- 229) Psychotherapeutic Combination
- 230) Pulmonary Anti-Hypertensives
- 231) Pulmonary Anti-Hypertensives-Endothelin Receptor Antagonist
- 232) Purine Analog
- 233) Restless Leg Syndrome Agents
- 234) Rheumatoid Arthritis – Biologicals
- 235) Rheumatoid Arthritis – Non-Biologicals
- 236) RSV Prophylaxis
- 237) Sedative / Hypnotics – Barbiturate
- 238) Sedative / Hypnotics – Benzodiazepines
- 239) Sedative / Hypnotics – Non-Benzodiazepines
- 240) Smoking Cessation (Oral)
- 241) Somatostatic Agents
- 242) Stimulants
- 243) Stimulants- Amphetamines- Long Acting
- 244) Stimulants- Amphetamines- Short Acting
- 245) Stimulants- Methylphenidate
- 246) Stimulants- Methylphenidate- Long Acting
- 247) Stimulants- Other Stimulants/ Like Stimulants
- 248) Tetracyclines
- 249) Thrombopoietin Receptor Agonists
- 250) Thyroid Hormones
- 251) Tissue Plasminogen Activator
- 252) Topical – Acne Preparations
- 253) Topical – Antibiotic
- 254) Topical – Antifungals
- 255) Topical – Antineoplastics
- 256) Topical – Antipruritics
- 257) Topical – Antiseborrheics
- 258) Topical – Antiseptics / Disinfectants
- 259) Topical – Antivirals
- 260) Topical – Astringents / Protectants
- 261) Topical – Burn Products
- 262) Topical – Cauterizing Agents
- 263) Topical – Corticosteroids
- 264) Topical – Emollients
- 265) Topical – Enzymes / Keratolytics / Urea
- 266) Topical – Genital Warts
- 267) Topical – Immunomodulators
- 268) Topical – Local Anesthetics
- 269) Topical – Nasal Antibiotics
- 270) Topical – Scabicides and Pediculicides
- 271) Topical – Steroid Combinations
- 272) Topical – Steroid Local Anesthetics
- 273) Topical – Retinoids
- 274) Topical – Wound / Decubitus Care
- 275) Urea Cycle Disorder – Agents
- 276) Urological – Misc.
- 277) Vaginal – Antifungals
- 278) Vaginal – Antibacterials
- 279) Vaginal – Estrogens
- 280) Vaginal – Other
- 281) Vasopressins
- 282) Vitamins
- 283) Vitamins – Misc.

Attachment 3

Preferred Drug List Changes

- 1) Recommend to change Androgel to Non-Preferred to maximize cost savings to the program.
- 2) Recommend to change Testim to Preferred to maximize cost savings to the program.
- 3) Recommend to change Combivent Respimat to Non-Preferred to maximize cost savings to the program
- 4) Recommend to remove AccuNeb from the PDL since it has been discontinued from the manufacturer.
- 5) Recommend to change albuterol sulfate 0.63mg/3ml to Preferred for members less than 2 years of age to maximize cost savings to the program.
- 6) Recommend to change ProAir HFA to Non-Preferred to maximize cost savings to the program.
- 7) Recommend to change Foradil to Preferred to maximize cost savings to the program.
- 8) Recommend to change enoxaparin to Preferred with Conditions and Lovenox to Non-Preferred with Conditions to maximize cost savings to the program.
- 9) Recommend to change fondaparinux to Preferred with Conditions and Arixtra to Non-Preferred with Conditions to maximize cost savings to the program.
- 10) Recommend to change Coumadin to Non-Preferred to maximize cost savings to the program (grandfather existing users).
- 11) Recommend to change Felbatol to Non-Preferred and felbamate to Preferred to maximize cost savings to the program (grandfather existing users).
- 12) Recommend to change Tegretol XR to Preferred to maximize cost savings to the program.
- 13) Recommend to change Neurontin 250mg/5ml Solution to Non-Preferred and gabapentin 250mg/5ml solution to Preferred to maximize cost savings to the program (grandfather existing users).
- 14) Recommend to change Trileptal 300mg/5ml Suspension to Non-Preferred and oxcarbazepine 300mg/5ml suspension to Preferred to maximize cost savings to the program (grandfather existing users).
- 15) Recommend to change escitalopram tablets to Preferred and Lexapro to Non-Preferred to maximize cost savings to the program.
- 16) Recommend to change Paxil 10mg/5ml Suspension to Non-Preferred and paroxetine 10mg/5ml suspension to Preferred to maximize cost savings to the program.
- 17) Recommend to change Wellbutrin 75mg & 100mg Tablets to Non-Preferred and bupropion 75mg & 100mg tablets to Preferred to maximize cost savings to the program.
- 18) Recommend to change Emend to Non-Preferred with Conditions to maximize cost savings to the program.
- 19) Recommend to change Clarinex to Non-Preferred with Conditions to maximize cost savings to the program.
- 20) Recommend to change Astelin to Preferred to maximize cost savings to the program.
- 21) Recommend to change Patanase to Preferred to maximize cost savings to the program.
- 22) Recommend to change bromocriptine to Preferred and Parlodel to Non-Preferred to maximize cost savings to the program.
- 23) Recommend to change Parcopa to Non-Preferred to maximize cost savings to the program.
- 24) Recommend to change Stalevo to Non-Preferred to maximize cost savings to the program.
- 25) Recommend to change Dovonex to Non-Preferred to maximize cost savings to the program.
- 26) Recommend to change Tazorac to Preferred with Conditions to maximize cost savings to the program.

- 27) Recommend to require pill splitting for all strengths of Abilify to maximize cost savings to the program. Quantities above 15 tablets per 30 days will require prior authorization. Existing users on 20mg dose and above will be grandfathered.
- 28) Recommend to change Latuda to Preferred to maximize cost savings to the program.
- 29) Recommend to change Geodon to Non-Preferred and ziprasidone to Preferred to maximize cost savings to the program.
- 30) Recommend to require step therapy edits for atypical antipsychotics: Step 1: Preferred generic drugs, Step 2: Preferred brand name drugs, Step 3: Non-preferred drugs
- 31) Recommend to change Vytorin to Preferred to maximize cost savings to the program.
- 32) Recommend to change Lescol XL to Preferred to maximize cost savings to the program.
- 33) Recommend to change Advicor to Non-Preferred to maximize cost savings to the program.
- 34) Recommend to change levonorgestrel & ethinyl estradiol (91 day) tablets 0.15-0.03mg to Preferred since brand Seasonale has been discontinued by the manufacturer.
- 35) Recommend to change Levemir to Preferred to maximize cost savings to the program.
- 36) Recommend to change all Humalog prefilled insulin pens to Non-Preferred with Conditions to maximize cost savings to the program.
- 37) Recommend to change Januvia to Preferred with Conditions to maximize cost savings to the program.
- 38) Recommend to change Jentadueto to Preferred with Conditions to maximize cost savings to the program.
- 39) Recommend to change Janumet to Preferred with Conditions to maximize cost savings to the program.
- 40) Recommend to change Valturna to Non-Preferred with Conditions to maximize cost savings to the program.
- 41) Recommend to change Ciprodex to Preferred for members less than 8 years of age to maximize cost savings to the program.
- 42) Recommend to change Cortisporin Otic to Non-Preferred and neomycin-polymyxin-hc otic to Preferred to maximize cost savings to the program.
- 43) Recommend to change Pancreaze to Preferred to maximize cost savings to the program.
- 44) Recommend to change Cleocin Pediatric Solution 75mg/5ml to Non-Preferred and clindamycin 75mg/5ml solution to Preferred to maximize cost savings to the program.
- 45) Recommend to change Cubicin to Non-Preferred to maximize cost savings to the program.
- 46) Recommend to change sumatriptan nasal spray to Non-Preferred with Conditions to maximize cost savings to the program (Imitrex remains Preferred).
- 47) Recommend to change Relpax to Preferred with Conditions to maximize cost savings to the program.
- 48) Recommend to change naratriptan to Non-Preferred with Conditions to maximize cost savings to the program.
- 49) Recommend to change Maxalt and Maxalt-MLT to Non-Preferred with Conditions to maximize cost savings to the program.
- 50) Recommend to change Rebif to Non-Preferred to maximize cost savings to the program (grandfather existing users).
- 51) Recommend to change Betaseron to Non-Preferred to maximize cost savings to the program (grandfather existing users).
- 52) Recommend to change Suboxone to Preferred with Conditions to maximize cost savings to the program.

- 53) Recommend to change Kadian to Non-Preferred to maximize cost savings to the program (grandfather existing users).
- 54) Recommend to change Opana ER to Preferred to maximize cost savings to the program.
- 55) Recommend to change Lumigan to Non-Preferred to maximize cost savings to the program.
- 56) Recommend to change Moxeza to Preferred to maximize cost savings to the program.
- 57) Recommend to change Methylergonovine to Preferred since brand Methergine is not currently available.
- 58) Recommend to change calcium acetate to Preferred to maximize cost savings to the program.
- 59) Recommend to change Fosrenol to Non-Preferred to maximize cost savings to the program.
- 60) Recommend to change Restoril and temazepam 22.5mg to Non-Preferred with Conditions to maximize cost savings to the program.
- 61) Recommend to change Procentra to Preferred with Conditions to maximize cost savings to the program.
- 62) Recommend to change adapalene to Preferred with Conditions and Differin to Non-Preferred with Conditions to maximize cost savings to the program.
- 63) Recommend to change BPO to Preferred with Conditions to maximize cost savings to the program.
- 64) Recommend to change Akne-Mycin to Non-Preferred with Conditions to maximize cost savings to the program.
- 65) Recommend to change benzoyl peroxide-erythromycin to Preferred with Conditions and Benzamycin Pak to Non-Preferred with Conditions to maximize cost savings to the program.
- 66) Recommend to change clindamycin-benzoyl peroxide to Preferred with Conditions to maximize cost savings to the program.
- 67) Recommend to change metronidazole cream to Preferred with Conditions and MetroCream to Non-Preferred with Conditions to maximize cost savings to the program.
- 68) Recommend to change Metrogel to Preferred with Conditions to maximize cost savings to the program.
- 69) Recommend to change alclometasone to Preferred to maximize cost savings to the program.
- 70) Recommend to change Diprolene to Non-Preferred to maximize cost savings to the program.
- 71) Recommend to change clobetasol propionate to Non-Preferred to maximize cost savings to the program (clobetasol propionate emollient will remain Preferred).
- 72) Recommend to change Olux to Preferred to maximize cost savings to the program.
- 73) Recommend to change Topicort to Preferred and desoximetasone to Non-Preferred to maximize cost savings to the program.
- 74) Recommend to change Derma-Smoothe/FS to Non-Preferred to maximize cost savings to the program (generic will remain preferred).
- 75) Recommend to change fluocinolone to Non-Preferred to maximize cost savings to the program.
- 76) Recommend to change Halog to Non-Preferred to maximize cost savings to the program.
- 77) Recommend to change hydrocortisone butyrate to Preferred to maximize cost savings to the program.
- 78) Recommend to change malathion to Preferred with Conditions (requires step through 2 applications of a preferred permethrin product within past 30 days) to maximize cost savings to the program. No manual PA will be required when trial requirement is found in member's pharmacy claims history.

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) Antihemophilic Agents
- 2) Antineoplastics – Alkylating Agents
- 3) Antineoplastics – Androgen Biosynthesis Inhibitor
- 4) Antineoplastics – Antiadrenals
- 5) Antineoplastics – Antiandrogens
- 6) Antineoplastics – Antibiotics
- 7) Antineoplastics – Antiestrogens
- 8) Antineoplastics – Antimetabolites
- 9) Antineoplastics – Aromatase Inhibitors
- 10) Antineoplastics – Cardiac Protective Agents
- 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 – Progestins
- 23) Antineoplastics – Protein-Tyrosine Kinase Inhibitors
- 24) Antineoplastics – Selective Retinoid X Receptor Agonists
- 25) Antineoplastics – Topoisomerase I Inhibitors
- 26) Antineoplastics – Urinary Tract Protective Agents
- 27) Antiretrovirals
- 28) Antiretroviral Combinations
- 29) Antiretrovirals – Fusion Inhibitors
- 30) Antiretrovirals – Protease Inhibitors
- 31) Antiretrovirals – RTI-Non-Nucleoside Analogues
- 32) Antiretrovirals-RTI-Nucleoside Analogues-Purines
- 33) Antiretrovirals-RTI-Nucleoside Analogues-Pyrimidines
- 34) Antiretrovirals-RTI-Nucleoside Analogues-Thymidines
- 35) Antiretrovirals-RTI-Nucleotide Analogues
- 36) Immunosuppressants

Attachment 5
Recommended Drug List Changes

- 1) Recommend to change lamivudine/zidovudine to Recommended and Combivir to Non-Recommended and require a Selected Brand Name Drug PA to maximize cost savings to the program.
- 2) Recommend to change Norvir Tablets to Non-Recommended with PA required to maximize cost savings to the program (Norvir capsules remain Recommended).
- 3) Recommend to change Nevirapine 200mg Tablets to Recommended and Viramune 200mg Tablets to Non-Recommended and require a Selected Brand Name Drug PA to maximize cost savings to the program.

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. Neupro- Recommend status on the PDL as Non-Preferred

2. Stribild- Recommend status on the PDL as Non-Recommended

Attachment 7

Newly Released Generic Drugs, New Dosage Forms, New Drug Names, and 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
Pioglitazone	Actos / Preferred	Non-Preferred
Pioglitazone/Metformin	Actoplus Met / Non-Preferred	Non-Preferred
Spinosad	Natroba / Non-Preferred	Non-Preferred

NEW DRUG DOSAGE FORMS

Drug Name	Brand Name/Status on PDL/RDL	PDL/RDL Recommendation
Binosto	Alendronate / Preferred	Non-Preferred with Conditions
Rayos	Prednisone / Preferred	Non-Preferred with Conditions

NEW DRUG NAMES / COMBINATIONS

Drug Name	Brand Name/Status on PDL/RDL	PDL/RDL Recommendation
Omeclamox Pak	Omeprazole / Preferred Amoxicillin / Preferred Clarithromycin / Non-Preferred	Non-Preferred

NEW DRUG STRENGTHS

Drug Name	Brand Name/Status on PDL/RDL	PDL/RDL Recommendation
Kadian 40mg, 70mg, 130mg, & 150mg	Kadian (various strengths) / Preferred (recommend to change to Non-Preferred)	Non-Preferred
Viokace	Creon / Preferred Zenpep / Preferred	Non-Preferred