



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 April 16, 2015

Location: Fred Maytag II Scout Center
6123 Scout Trail
Des Moines, IA 50321

Time: 9:30 a.m. – 4:30 p.m.

Tentative Agenda

1. Welcome & Introductions
 - a) Committee Members and Staff
 - b) Approval of the minutes
2. Update
 - c) Preferred Drug List (PDL)
 - d) Medicaid Drug Rebate Issues
 - e) Prior Authorization Criteria/Pro-DUR edits
 - f) Legislation
 - g) IME Updates
3. Public Comment (**See attachment 1 for Conflict of Interest Disclosure**)
4. Closed Executive Session
 - a) Approval of the minutes
 - b) Economic Review of the Iowa Medicaid Preferred Drug List, Newly Released Drugs, Newly Released Generic Drugs, New Dosage Forms, and Contracts
 - c) Review and discussion of the Confidential Public Comments
5. Preferred Drug List (PDL) discussion and deliberation
(**See attachment 2 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
8. Final Recommendations by the P & T Committee on the Iowa Medicaid Recommended Drug List
(**See attachment 3 for order of discussion**)
9. Review of Newly Released Drugs
(**See attachment 4 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, Dosage Forms or Strengths
(**See attachment 5 for order of discussion**)
12. Final Recommendations by the P & T Committee on Newly Released Generic Drugs, Dosage Forms or Strengths
13. Preview of next meeting
14. Medicaid Modernization Presentation (1 p.m.)

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

www.iowaMedicaidPDL.com

Next scheduled meeting: August 20, 2015 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
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.

The below changes are recommended to maximize cost savings to the program:

1. Recommend to rename the Biologic Immunomodulator category on the PDL to Anti-Inflammatories, Non-NSAID to keep similar drugs in this therapeutic area in the same class.
2. Recommend to change Antabuse to Non-Preferred (disulfiram will remain Preferred).
3. Recommend to change Namenda XR to Non-Preferred with conditions. Namenda is no longer pending discontinuation.
4. Recommend to change TOBI to Non-Preferred (Bethkis will remain Preferred).
5. Recommend to change duloxetine to Preferred (removing current conditions).
6. Recommend to change chlorpromazine to Non-Preferred (grandfather existing users with schizophrenia or bipolar disorder diagnosis).
7. Recommend to change methazolamide to Non-Preferred.
8. Recommend to change Harvoni to Preferred with Conditions.
9. Recommend to change Pred-G to Non-Preferred.
10. Recommend to change Maxitrol to Non-Preferred.
11. Recommend to change eszopiclone to Preferred.
12. Recommend to change zaleplon to Preferred.
13. Review pricing of methylphenidate er tablets (generic Concerta). There are no recommendations for a status change. Iowa Medicaid currently prefers the AB rated, authorized generic: <http://www.fda.gov/drugs/drugsafety/ucm422568.htm>.
14. Recommend to change Ritalin LA to Preferred with Conditions.
15. Recommend to change MetroGel Vaginal to Non-Preferred (metronidazole vaginal will remain Preferred).

Attachment 3

Iowa Medicaid Recommended Drug List

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1. Recommend to change Revlimid to Recommended due to the expanded label.

Attachment 4

Newly Released Drugs

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1. Akynzeo- Recommend status on the PDL as Non-Preferred with Conditions
2. Belsomra- Recommend status on the PDL as Non-Preferred with Conditions
3. Duavee- Recommend status on the PDL as Non-Preferred
4. Esbriet- Recommend status on the PDL as Non-Preferred
5. Incruse Ellipta- Recommend status on the PDL as Non-Preferred
6. Kerydin- Recommend status on the PDL as Non-Preferred
7. Lynparza- Recommend status on the RDL as Non-Recommended
8. Ofev- Recommend status on the PDL as Non-Preferred
9. Oralair- Recommend status on the PDL as Non-Preferred with Conditions
10. Orbactiv- Recommend status on the PDL as Non-Preferred
11. Plegridy- Recommend status on the PDL as Non-Preferred
12. Savaysa- Recommend status on the PDL as Non-Preferred
13. Soolantra- Recommend status on the PDL as Non-Preferred with Conditions
14. Trulicity- Recommend status on the PDL as Non-Preferred with Conditions
15. Tybost- Recommend status on the RDL as Non-Recommended
16. Viekira Pak- Recommend status on the PDL as Preferred with Conditions

Attachment 5

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

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NEWLY RELEASED GENERIC DRUGS		
Drug Name	Brand Name/Status on PDL/RDL	PDL/RDL Recommendation
Amlodipine / Valsartan	Exforge / Preferred with Conditions	Non-Preferred with Conditions
Amlodipine / Valsartan / HCTZ	Exforge HCT / Preferred with Conditions	Non-Preferred with Conditions
Ceftibuten	Cedax / Non-Preferred	Non-Preferred
Celecoxib	Celebrex / Non-Preferred with Conditions	Non-Preferred with Conditions
Colchicine	Colcrys / Non-Preferred with Conditions	Preferred with Conditions
Donepezil 23mg Tablets	Aricept / Non-Preferred	Non-Preferred
Ivermectin Tablets	Stromectol / Preferred	Non-Preferred
Lamotrigine ODT	Lamictal ODT / Non-Preferred with Conditions	Non-Preferred with Conditions
Olopatadine	Patanase / Preferred	Non-Preferred
Oxycodone ER	OxyContin / Non-Preferred with Conditions	Non-Preferred with Conditions
Pramipexole ER	Mirapex ER / Non-Preferred with Conditions	Non-Preferred with Conditions
Tacrolimus Ointment	Protopic / Non-Preferred with Conditions	Non-Preferred with Conditions
Uceris	Budesonide EC / Preferred	Non-Preferred
Valganciclovir	Valcyte / Preferred	Non-Preferred
Xigduo XR	Farxiga / Non-Preferred with Conditions Metformin / Preferred	Non-Preferred with Conditions

NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS

Afrezza	Humulin R / Preferred	Non-Preferred
Arnuity Ellipta	Flovent Diskus / Preferred	Non-Preferred
Bunavail	Suboxone / Preferred with Conditions	Non-Preferred with Conditions
HyQvia	Hizentra / Non-Preferred	Non-Preferred
Hysingla	Zohydro ER / Non-Preferred with Conditions	Non-Preferred with Conditions
Obizur	NovoSeven / Recommended	Non-Recommended
Rasuvo	Methotrexate Tabs & Injection / Preferred	Non-Preferred with Conditions
Rytary	Carbidopa-Levodopa / Preferred	Non-Preferred with Conditions