



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 20, 2017

Location: Iowa Medicaid Enterprise
100 Army Post Rd.
Des Moines, IA 50315

Time: 9:30 a.m. – 4:30 p.m.

Final 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
 - i. Discussion regarding biological products, [House File 305](#)
 - 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
(**See attachment 3 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 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

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

www.IowaMedicaidPDL.com

Next scheduled meeting: August 17, 2017 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 unless otherwise noted:

1. Recommend to change Eliquis to Preferred.
2. Recommend to change Gris-PEG to Non-Preferred with Conditions.
3. Recommend to change Generess FE Chewable tablets to Preferred.
4. Recommend to change norethindrone acetate and ethinyl estradiol 1mg-20mcg tablets (generic Loestrin 1/20-21) to Preferred.
5. Recommend to change norethindrone acetate and ethinyl estradiol 1.5mg-30mcg tablets (generic Loestrin 21 1.5/30) to Preferred.

Attachment 4

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. Adlyxin- Recommend status on the PDL as Non-Preferred with Conditions
2. Exondys 51- Recommend status on the PDL as Non-Preferred
3. Nuplazid- Recommend status on the PDL as Non-Preferred
4. Rayaldee- Recommend status on the PDL as Non-Preferred
5. Zurampic- Recommend status on the PDL as Non-Preferred

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
Abacavir-Lamivudine	Epzicom / Preferred	Preferred
Amlodipine-Olmesartan	Azor / Non-Preferred with Conditions	Preferred with Conditions
Aprepitant	Emend / Preferred	Non-Preferred with Conditions
Drospirinone-Ethinyl Estradiol-Levomefolate	Beyaz / Non-Preferred	Non-Preferred
Ezetimibe	Zetia / Preferred	Non-Preferred
Levalbuterol Tartrate	Xopenex HFA / Non-Preferred with Conditions	Non-Preferred with Conditions
Lopinavir-Ritonavir	Kaletra / Preferred	Preferred
Mesalamine DR Tablets	Asacol HD / Non-Preferred	Non-Preferred
Olmesartan	Benicar / Non-Preferred with Conditions	Non-Preferred with Conditions
Olmesartan-Amlodipine-HCTZ	Tribenzor / Non-Preferred with Conditions	Non-Preferred with Conditions
Olmesartan-HCTZ	Benicar HCT / Non-Preferred with Conditions	Non-Preferred with Conditions
Oseltamivir	Tamiflu / Preferred	Non-Preferred
Quetiapine ER	Seroquel XR / Preferred Step 3	Non-Preferred Step 3
Rasagiline	Azilect / Non-Preferred	Non-Preferred
Tigecycline	Tygacil / Preferred	Non-Preferred
Yuvafem	Vagifem / Non-Preferred	Non-Preferred

NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS

Basaglar KwikPen	Lantus SoloSTAR / Preferred with Conditions	Non-Preferred with Conditions
BromSite	Prolensa / Non-Preferred	Non-Preferred
Cuvitru	Hizentra / Non-Preferred	Non-Preferred
GoNitro	Nitroglycerin SL Tabs / Preferred	Non-Preferred
Inflectra	Remicade / Non-Preferred with Conditions	Non-Preferred with Conditions
Invokamet XR	Invokamet / Non-Preferred with Conditions	Non-Preferred with Conditions
Mytesi (formerly known as Fulyzaq)	Fulyzaq / Non-Preferred	Non-Preferred
Prestalia	Amlodipine / Preferred Perindopril / Non-Preferred	Non-Preferred
Soliqua	Lantus SoloSTAR / Preferred with Conditions Adlyxin / Non-Preferred with Conditions	Non-Preferred with Conditions
Tolak	Efudex / Preferred	Non-Preferred
Yosprala	Aspirin / Preferred Omeprazole / Preferred	Non-Preferred