



**Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting
April 8, 2010**

Location: **The Des Moines Botanical Center –Levitt Room
909 Robert D. Ray Drive
Des Moines, Iowa 50316**

Time: 9:30 a.m. – 2:00 p.m.

Tentative Agenda

1. Welcome & Introductions
 - a) Committee Members and Staff
 - b) Approval of the minutes
2. Update
 - a) Preferred Drug List (PDL)
 - b) Medicaid Drug Rebate Issues
 - c) Prior Authorization Criteria/Pro-DUR edits
 - d) Legislation
 - e) IME Updates
 - 1) I-PART Presentation - Dr. Thomas Kline
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, Newly Released Drugs, Newly Released Generic Drugs, New Dosage Forms, and Contracts
 - b. 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 by Dr. Thomas Kline
(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 by Dr. Tim Clifford
(See attachment 5 for order of discussion)
12. Final Recommendations by the P & T Committee on Newly Released Generic Drugs, Dosage Forms or Strengths

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

www.iowaMedicaidPDL.com

Next scheduled meeting is June 10, 2010

For more information contact Erin Halverson at ehalver@dhs.state.ia.us or (515) 974-3126

IOWA MEDICAID ENTERPRISE - 100 ARMY POST ROAD - DES MOINES, IA 50315

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. Discussion of impact of preferring branded anticonvulsants for a confirmed epilepsy diagnosis.
2. Recommend to change dihydroergotamine mesylate injection to non-preferred on the PDL to maximize cost savings to the program.
3. Recommend to keep Fortical non-preferred due to contract issues.
4. Recommend to change the status of Ortho-Cyclen to preferred due to a lowering of its AWP.
5. Recommend to change the status of Ortho Tri-Cyclen to preferred due to a lowering of its AWP.
6. Recommend to change the status of Yasmin to preferred due to a large CMS rebate.

Manufacturer Discontinuations and Withdrawals

1. Recommend removing Acular PF from the PDL since it has been discontinued from the manufacturer.
2. Recommend removing Augmentin 250mg Chewable tablet from the PDL since it has been discontinued from the manufacturer.
3. Recommend removing Bumex from the PDL since it has been discontinued from the manufacturer.
4. Recommend removing Compazine tablets and suppositories from the PDL since they have been discontinued from the manufacturer.
5. Recommend removing Demulen 1/35-28 and Demulen 1/50-28 from the PDL since they have been discontinued from the manufacturer.

6. Recommend removing Desquam-X gel from the PDL since it has been discontinued from the manufacturer.
7. Recommend removing Dynacirc from the PDL since it has been discontinued from the manufacturer.
8. Recommend removing Esclim from the PDL since it has been discontinued from the manufacturer.
9. Recommend removing Fero-Folic 500 from the PDL since it has been discontinued from the manufacturer.
10. Recommend removing Florinef from the PDL since it has been discontinued from the manufacturer.
11. Recommend removing FML-S Liquifilm from the PDL since it has been discontinued from the manufacturer.
12. Recommend removing Foscavir from the PDL since it has been discontinued from the manufacturer.
13. Recommend removing Furacin from the PDL since it has been discontinued from the manufacturer.
14. Recommend removing Iberet- Folic 500 from the PDL since it has been discontinued from the manufacturer.
15. Recommend removing Lidex from the PDL since it has been discontinued from the manufacturer.
16. Recommend removing Micronase from the PDL since it has been discontinued from the manufacturer.
17. Recommend removing Nalex-A and Nalex DH from the PDL since they have been discontinued from the manufacturer.
18. Recommend removing Nasarel from the PDL since it has been discontinued from the manufacturer.
19. Recommend removing Norgesic Forte from the PDL since it has been discontinued from the manufacturer.
20. Recommend removing OptiNate from the PDL since it has been discontinued from the manufacturer.

21. Recommend removing Pediazole from the PDL since it has been discontinued from the manufacturer.
22. Recommend removing Pediotic from the PDL since it has been discontinued from the manufacturer.
23. Recommend removing Psoriatec from the PDL since it has been discontinued from the manufacturer.
24. Recommend removing Pulmicort Turbuhaler from the PDL since it has been discontinued from the manufacturer.
25. Recommend removing Serax from the PDL since it has been discontinued from the manufacturer.
26. Recommend removing Sulfinpyrazone from the PDL since it has been discontinued from the manufacturer.
27. Recommend removing Talacen from the PDL since it has been discontinued from the manufacturer.
28. Recommend removing Timolide from the PDL since it has been discontinued from the manufacturer.
29. Recommend removing Trinsicon from the PDL since it has been discontinued from the manufacturer.
30. Recommend removing Tri-Vent DM syrup from the PDL since it has been discontinued from the manufacturer.
31. Recommend removing Urised from the PDL since it has been discontinued from the manufacturer.
32. Recommend removing Vasocidin from the PDL since it has been discontinued from the manufacturer.

Changes because of State MAC or FUL additions or deletions

1. Recommend to change the status of Actigall to non-preferred on the PDL to maximize cost savings to the program. Ursodiol 300mg is already preferred.
2. Recommend to change the status of azithromycin 100mg/5cc to preferred and Zithromax 100mg/5cc to non-preferred on the PDL to maximize cost savings to the program.
3. Recommend to change the status of Cleocin 2% vaginal cream to non-preferred on the PDL to maximize cost savings to the program. Clindamycin 2% vaginal cream is already preferred.
4. Recommend to change the status of colestipol to preferred and Colestid to non-preferred on the PDL to maximize cost savings to the program.
5. Recommend to change the status of Dilantin 100mg capsules to non-preferred (grandfathering members with a diagnosis of seizure disorder) on the PDL to maximize cost savings to the program. Phenytoin 100mg capsules are already preferred.
6. Recommend to change the status of divalproex er to preferred and Depakote ER to non-preferred (grandfathering members with a diagnosis of seizure disorder) on the PDL to maximize cost savings to the program.
7. Recommend to change the status of Lithobid 300mg tablets to non-preferred on the PDL to maximize cost savings to the program. Lithium carbonate 300mg tablets are already preferred.
8. Recommend to change the status of nitrofurantoin macrocrystals to preferred on the PDL to maximize cost savings to the program.
9. Recommend to change the status of Percodan to non-preferred on the PDL to maximize cost savings to the program. Oxycodone/aspirin is already preferred.
10. Recommend to change the status of risperidone oral solution to preferred and Risperdal oral solution to non-preferred on the PDL to maximize cost savings to the program.
11. Recommend to change the status of terconazole 0.8% vaginal cream to preferred on the PDL to maximize cost savings to the program.

Attachment 3
Recommended Drug List Changes

1. Recommend to change Alprazolam Intensol from Recommended to Preferred.
2. Recommend to change Butisol Sodium from Recommended to Preferred.
3. Recommend to remove Chloral Hydrate Crystals, as there are commercial products available.
4. Recommend to change Diazepam Intensol from Recommended to Preferred.
5. Recommend to change Diazepam oral solution from Recommended to Preferred.
6. Recommend to change Doral from Recommended to Preferred.
7. Recommend to remove flumazenil from the Recommended Drug List as it is not intended for outpatient therapy.
8. Recommend to change Mebaral from Recommended to Preferred.
9. Recommend to change Phenobarbital Sodium from Non-Recommended to Non-Preferred.
10. Recommend to change Luminal from Non-Recommended to Non-Preferred.
11. Recommend to change Restoril 7.5mg and Restoril 22.5mg from Recommended to Preferred.
12. Recommend to change Seconal from Non-Recommended to Non-Preferred.
13. Recommend to change Somnote from Non-Recommended to Non-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. Actemra- Recommend status on the PDL as Non-Preferred with Conditions
2. Bepreve- Recommend status on the PDL as Non-Preferred
3. Fanapt- Recommend status on the PDL as Preferred
4. Folutyn- Recommend status on the PDL as Recommended
5. Saphris- Recommend status on the PDL as Preferred
6. Stelara- Recommend status on the PDL as Non-Preferred with Conditions

Attachment 5

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
Azelastine	Optivar/Preferred	Non-Preferred
Benzotropine Injection	Cogentin Injection/ Preferred	Non-Preferred
Deferoxamine	Desferal/ Preferred	Non-Preferred
Fosphenytoin	Cerebyx/ Non-Preferred	Non-Preferred
Ketorolac 0.4% Ophthalmic Solution	Acular LS/ Preferred	Non-Preferred
Isradipine	Dynacirc / Non-Preferred	Non-Preferred
Lansoprazole	Prevacid/ Preferred with Conditions	Non-Preferred with Conditions
Mirtazapine ODT	Remeron SolTab/ Preferred	Non-Preferred
Oxcarbazepine Suspension	Trileptal Suspension/ Preferred	Non-Preferred
Perindopril	Aceon/ Non-Preferred	Non-Preferred
Piperacillin/Tazobactam	Zosyn/ Preferred	Non-Preferred
Pramipexole	Mirapex/ Preferred	Non-Preferred
Tranlycypromine	Parnate/ Preferred	Non-Preferred
Valacyclovir	Valtrex/ Preferred	Non-Preferred

NEW DRUG DOSAGE FORMS		
Dysport	Botox/ Non-Preferred	Non-Preferred
Intuniv	Guanfacine/Preferred	Non-Preferred with Conditions
Metozolv ODT	Metoclopramide/Preferred	Non-Preferred with Conditions
Triaz Cloths	Triaz Cleanser/Preferred with Conditions	Non-Preferred with Conditions
Vibativ	Vancomycin/Preferred	Non-Preferred

NEW DRUG NAMES

Twynsta	Micardis/ Preferred with Conditions and Amlodipine/Preferred	Non-Preferred with Conditions
Valturna	Diovan / Preferred with Conditions and Tekturna Non-Preferred	Preferred with Conditions

NEW DRUG STRENGTHS

Dialyvite 5000	Dialyvite/ Zinc Preferred	Non-Preferred with Conditions
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