



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Jerry R. Foxhoven
Director

Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting August 17, 2017

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

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
 - a) Annual P&T Committee Chairperson and Vice Chairperson Elections
 - b) Preferred Drug List (PDL)
 - c) Medicaid Drug Rebate Issues
 - d) Prior Authorization Criteria/Pro-DUR edits
 - e) Legislation
 - i. [HF653](#) Report – Step Therapy Protocol for Prescription Drugs See [HF233](#)
 - ii. [HF653](#) Process– Biologics and Genetically Targeted Drugs
 - f) 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: November 16, 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 epinephrine auto-injector (generic Adrenaclick) to Non-Preferred and epinephrine auto-injector (authorized generic EpiPen) to Preferred.
2. Recommend to change Tikosyn to Non-Preferred and dofetilide to Preferred.
3. Recommend to change Depakote Sprinkles to Non-Preferred (grandfather existing users with seizure diagnosis) and divalproex sprinkle capsules to Preferred.
4. Recommend to change Malarone to Non-Preferred and atovaquone-proguanil to Preferred.
5. Recommend to change atovaquone to Preferred and Mepron to Non-Preferred.
6. Recommend to change Micardis to Non-Preferred with Conditions.
7. Recommend to change Micardis HCT to Non-Preferred with Conditions.
8. Recommend to change Valcyte tablets to Non-Preferred and valganciclovir tablets to Preferred.
9. Recommend to change Lantus SoloStar to Preferred (removal of current conditions).
10. Recommend to change Levemir FlexTouch to Preferred (removal of current conditions).
11. Recommend to change Baraclude to Non-Preferred and entecavir to Preferred.
12. Recommend to change Zovirax suspension to Non-Preferred and acyclovir suspension to Preferred.
13. Recommend to change Imitrex nasal spray to Non-Preferred with Conditions and sumatriptan nasal spray to Preferred with Conditions.
14. Recommend to change Ritalin LA to Non-Preferred with Conditions and methylphenidate er capsules (Ia) to Preferred with Conditions.

15. Recommend to change clobetasol propionate cream, foam and ointment to Preferred.
16. Recommend to change Olux and Olux-E to Non-Preferred with Conditions.
17. Recommend to change Temovate to Non-Preferred with Conditions.
18. Recommend to change nitrofurantoin monohydrate macrocrystals to Preferred.

The below drugs are recommended to be removed from coverage under the pharmacy benefit, as they are intended to be administered in a healthcare/office setting (billing through the medical benefit will be required):

19. Aplisol
20. Cortrosyn
21. Cosyntropin
22. Thyrogen
23. Vivitrol
24. Dysport
25. Botox
26. Myobloc
27. Xeomin
28. Sylvant
29. Xiaflex

Attachment 3

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.

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

1. Recommend to change Temodar to Non-Preferred with Conditions and temozolomide to Preferred with Conditions.

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. Dupixent- Recommend status on the PDL as Non-Preferred
2. Eucrisa- Recommend status on the PDL as Non-Preferred with Conditions
3. Kisqali- Recommend status on the RDL as Recommended with Conditions
4. Trulance- Recommend status on the PDL as Non-Preferred with Conditions
5. Xadago- Recommend status on the PDL as Non-Preferred

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
Atomoxetine	Strattera / Preferred with Conditions	Non-Preferred with Conditions
Buprenorphine Patch	Butrans / Non-Preferred with Conditions	Non-Preferred with Conditions
Ezetimibe/Simvastatin	Vytorin / Preferred	Non-Preferred
Fluticasone/Salmeterol	Airduo RespiClick / Non-Preferred	Non-Preferred
Tazarotene	Tazorac / Preferred with Conditions	Non-Preferred with Conditions

NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS		
Airduo RespiClick	Flovent / Preferred Serevent Diskus / Preferred	Non-Preferred
Arymo ER	Kadian / Preferred	Non-Preferred with Conditions
Kisqali Pak Femara	Kisqali / Recommended with Conditions Letrozole / Preferred	Recommended with Conditions
MorphaBond ER	Morphine ER Tablets / Preferred	Non-Preferred with Conditions
Synjardy XR	Synjardy / Non-Preferred with Conditions	Non-Preferred with Conditions
Xatmep	Methotrexate Tablets / Preferred	Non-Preferred
Xultophy	Tresiba FlexTouch / Non-Preferred with Conditions Victoza / Non-Preferred with Conditions	Non-Preferred with Conditions