



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 August 21, 2014

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

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
 - 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

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

www.IowaMedicaidPDL.com

Next scheduled meeting: November 20, 2014 8:30am - 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.

1. Recommend to change Namenda XR to Preferred including an age edit to maximize cost savings to the program. Immediate release Namenda is pending discontinuation.
2. Recommend to change Cayston to Preferred including an age edit and quantity limit to maximize cost savings to the program.
3. Recommend to change Tegretol tablets to Preferred to maximize cost savings to the program (carbamazepine will remain Preferred).
4. Recommend to change Daraprim to Non-Preferred to maximize cost savings to the program.
5. Recommend to change propranolol er to Preferred and Inderal LA to Non-Preferred to maximize cost savings to the program.
6. Recommend to change levonorgestrel (emergency contraception) to Preferred as the legend brand product (Plan B) is no longer available.
7. Recommend to change oral erythromycin products to Non-Preferred to maximize cost savings to the program.
8. Recommend to change azithromycin 1 gm powder packet to Preferred to maximize cost savings to the program.
9. Recommend to change Zithromax 600mg tablet to Non-Preferred to maximize cost savings to the program.
10. Recommend to change Biaxin 250mg/5mL suspension to Non-Preferred to maximize cost savings to the program.
11. Recommend to change clarithromycin 250mg and 500mg tablets to Preferred to maximize cost savings to the program.
12. Recommend to change potassium chloride 20 mEq powder packets to Non-Preferred to maximize cost savings to the program.

13. Recommend to change naloxone to Preferred to maximize cost savings to the program.
14. Recommend to change Maxidex ophthalmic suspension to Preferred to maximize cost savings to the program.
15. Recommend to change dexamethasone phosphate ophthalmic solution to Preferred to maximize cost savings to the program.
16. Recommend to change Durezol to Preferred to maximize cost savings to the program.
17. Recommend to change fluorometholone ophthalmic suspension to Non-Preferred to maximize cost savings to the program.
18. Recommend to change Lotemax to Non-Preferred to maximize cost savings to the program.
19. Recommend to change prednisolone acetate ophthalmic suspension to Non-Preferred to maximize cost savings to the program.
20. Recommend to change prednisolone sodium phosphate ophthalmic solution to Preferred to maximize cost savings to the program.
21. Recommend to change Vexol to Preferred to maximize cost savings to the program.
22. Recommend to change Pred-G to Preferred to maximize cost savings to the program.
23. Recommend to change Zylet to Preferred to maximize cost savings to the program.
24. Recommend to change Blephamide S.O.P to Preferred to maximize cost savings to the program.
25. Recommend to change Maxitrol to Preferred to maximize cost savings to the program.
26. Recommend to change neomycin-polymyxin-hc ophthalmic suspension to Non-Preferred to maximize cost savings to the program.
27. Recommend to change amphetamine salt combo to Preferred with Conditions and Adderall to Non-Preferred with Conditions to maximize cost savings to the program.
28. Recommend to change tetracycline to Non-Preferred to maximize cost savings to the program.

29. Recommend to change X-Viate 40% cream to Preferred to maximize cost savings to the program.
30. Recommend to change imiquimod to Preferred and Aldara to Non-Preferred to maximize cost savings to the program.

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.

RECOMMENDATION: It is recommended to change the Immunosuppressant category from the RDL to the PDL. All existing members will be grandfathered on established therapies. The below changes are recommended to maximize cost savings to the program:

1. Recommend to change cyclosporine from Non-Recommended to Preferred.
2. Recommend to change Sandimmune from Recommended to Preferred.
3. Recommend to change cyclosporine modified from Recommended to Preferred.
4. Recommend to change Gengraf from Non-Recommended to Preferred.
5. Recommend to change Neoral from Non-Recommended to Non-Preferred.
6. Recommend to change Cellcept tablets and capsules from Non-Recommended to Non-Preferred.
7. Recommend to change Cellcept Oral Suspension from Recommended to Preferred.
8. Recommend to change mycophenolate mofetil from Recommended to Preferred.
9. Recommend to change mycophenolate sodium from Non-Recommended to Non-Preferred.
10. Recommend to change Myfortic from Recommended to Preferred.
11. Recommend to change Zortress from Non-Recommended to Non-Preferred.
12. Recommend to change Rapamune from Recommended to Preferred.
13. Recommend to change sirolimus from Non-Recommended to Preferred.

14. Recommend to change Astagraf XL from Non-Recommended to Non-Preferred with Conditions.
15. Recommend to change Prograf from Recommended to Non-Preferred.
16. Recommend to change tacrolimus from Non-Recommended to Preferred.

Attachment 4
Newly Released Drugs

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1. Anoro Ellipta- Recommend status on the PDL as Non-Preferred
2. Aptiom- Recommend status on the PDL as Non-Preferred
3. Ella- Recommend status on the PDL as Non-Preferred
4. Farxiga- Recommend status on the PDL as Non-Preferred with Conditions
5. Hetlioz- Recommend status on the PDL as Non-Preferred with Conditions
6. Imbruvica- Recommend status on the RDL as Non-Recommended
7. Myalept- Recommend status on the PDL as Non-Preferred
8. Otezla- Recommend status on the PDL as Non-Preferred with Conditions
9. Velphoro- Recommend status on the PDL as Non-Preferred
10. Zohydro ER- Recommend status on the PDL as Non-Preferred with Conditions
11. Zykadia- Recommend status on the RDL as Non- Recommended

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
Amoxicillin / Clarithromycin / Lansoprazole	Prevpac / Non-Preferred	Non-Preferred
Atovaquone	Mepron / Preferred	Non-Preferred
Budesonide	Rhinocort Aqua / Non-Preferred	Non-Preferred
Calcipotriene/Betamethasone Ointment	Taclonex / Non-Preferred	Non-Preferred
Capecitabine	Xeloda / Recommended	Non-Recommended
Cycloserine	Seromycin / Non-Preferred	Non-Preferred
Doxercalciferol	Hectorol / Non-Preferred	Non-Preferred
Eszopiclone	Lunesta / Non-Preferred with Conditions	Non-Preferred with Conditions
Hydromorphone ER	Exalgo / Non-Preferred with Conditions	Non-Preferred with Conditions
Lomustine	Ceenu / Recommended	Non-Recommended
Moxifloxacin	Avelox / Non-Preferred	Non-Preferred
Omega-3-Acid 1gm	Lovaza / Non-Preferred	Non-Preferred
Raloxifene	Evista / Non-Preferred	Non-Preferred
Sevelamer	Renvela / Non-Preferred	Non-Preferred
Telmisartan/HCT	Micardis HCT / Preferred with Conditions	Non-Preferred with Conditions
Xulane	Ortho Evra / Preferred	Non-Preferred
Zolmitriptan	Zomig / Non-Preferred with Conditions	Non-Preferred with Conditions

NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS

Aerospan	Aerobid / No Longer Available	Preferred
Alprolix	Rixubis / Non-Recommended	Non-Recommended
Aveed	Testosterone Cypionate / Preferred with Conditions	Non-Preferred with Conditions
Copaxone 40mg Inj	Copaxone 20mg Inj / Preferred	Non-Preferred
Granix	Neupogen / Preferred with Conditions	Non-Preferred with Conditions
Hemangeol	Propranolol Oral Solution / Preferred	Non-Preferred
Lupaneta	Lupron Depot / Preferred Norethindrone Acetate / Preferred	Non-Preferred
Orenitram	Tyvaso / Non-Preferred with Conditions	Non-Preferred with Conditions
Otrexup	Methotrexate Tabs & Injection / Preferred	Non-Preferred with Conditions
Xartemis XR	Oxycodone/APAP IR Tablets / Preferred	Non-Preferred with Conditions