



# 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 22, 2013

**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 Completion of Conflict of Interest and Confidentiality Forms
  - b) Preferred Drug List (PDL)
  - c) Medicaid Drug Rebate Issues
  - d) Prior Authorization Criteria/Pro-DUR edits
  - e) Legislation
  - f) IME Updates
  - g) Review of Epilepsy Task Force Report
    - Refer to <http://www.idph.state.ia.us/CDPM/ETFI.aspx> for the Epilepsy Task Force report and the IME anticonvulsant report.
  - h) Review of opiate vs. non-opiate medications
    - Refer to the IME analgesic report.
  - i) Review of coverage of compounds
    - Refer to the Iowa Board of Pharmacy recent information on compounds at [http://www.nabp.net/system/redactor\\_assets/documents/536/IA062013.pdf](http://www.nabp.net/system/redactor_assets/documents/536/IA062013.pdf).
  - j) Review of results from January 1, 2013 Abilify changes
    - Refer to the IME Abilify pill splitting intervention assessment report.
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)

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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](http://www.iowaMedicaidPDL.com)**

**Next scheduled meeting:** November 21, 2013 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**

<b>Organization</b> (List additional on the back of the form.)	<b>Role/Relationship</b> (List additional on the back of the form.)

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(print name)

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(signature)

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(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 desonide to Non-Preferred to maximize cost savings to the program.
2. Recommend to change Dexedrine to Non-Preferred with Conditions to maximize cost savings to the program.
3. Recommend to change dextroamphetamine 5mg and 10mg tablets to Non-Preferred with Conditions to maximize cost savings to the program.
4. Recommend to change Duac to Preferred with Conditions and Benzaclin to Non-Preferred with Conditions to maximize cost savings to the program.
5. Recommend to change hydrocortisone valerate to Preferred to maximize cost savings to the program.
6. Recommend to change Ilevro to Preferred to maximize cost savings to the program.
7. Recommend to change ipratropium bromide 0.06% nasal solution to Non-Preferred to maximize cost savings to the program.
8. Recommend to change immediate release methylphenidate tablets to Non-Preferred with Conditions to maximize cost savings to the program (brand Ritalin will remain Preferred with Conditions).
9. Recommend to change paregoric tincture to Non-Preferred for diagnosis review.
10. Recommend to change Quillivant XR to Preferred with Conditions to maximize cost savings to the program.
11. Recommend to change Renagel 800mg to Preferred to maximize cost savings to the program.
12. Recommend to change Suboxone Film to Preferred with Conditions to maximize cost savings to the program.

13. Recommend to change triamcinolone lotion to Non-Preferred to maximize cost savings to the program.
14. Recommend to change Ultravate ointment to Preferred and halobetasol propionate ointment to Non-Preferred to maximize cost savings to the program.
15. Recommend to change Zostavax to Preferred for members 50 years of age and older to allow access without prior authorization.

**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. Cystaran- Recommend status on the PDL as Non-Preferred
2. Eliquis- Recommend status on the PDL as Non-Preferred
3. Fulyzaq- Recommend status on the PDL as Non-Preferred
4. Gattex- Recommend status on the PDL as Non-Preferred
5. Iclusig- Recommend status on the PDL as Non-Recommended
6. Invokana- Recommend status on the PDL as Non-Preferred
7. Juxtapid- Recommend status on the PDL as Non-Preferred
8. Kynamro- Recommend status on the PDL as Non-Preferred
9. Nesina- Recommend status on the PDL as Non-Preferred with Conditions
10. Pomalyst- Recommend status on the PDL as Non-Recommended
11. Signifor- Recommend status on the PDL as Non-Preferred
12. Tecfidera- Recommend status on the PDL as Non-Preferred
13. Vascepa- 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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<b>NEWLY RELEASED GENERIC DRUGS</b>		
<b>Drug Name</b>	<b>Brand Name/Status on PDL/RDL</b>	<b>PDL/RDL Recommendation</b>
Acyclovir Ointment	Zovirax Ointment / Preferred	Non-Preferred
Buprenorphine/Naloxone	Suboxone / Non-Preferred with Conditions	Non- Preferred with Conditions
Desvenlafaxine	Pristiq / Non-Preferred with Conditions	Non- Preferred with Conditions
Tretinoin 0.1% & 0.04% Gel	Retin-A Micro / Non-Preferred with Conditions	Non-Preferred with Conditions

<b>NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS</b>		
Abilify Maintena	Abilify Tablets / Step 2 Preferred	Non-Preferred
Alendronate Oral Solution	Alendronate Tablets / Preferred	Non-Preferred
Cephalexin 750mg Capsules	Cephalexin 500mg Capsules / Preferred	Non-Preferred
Delzicol	Asacol / Preferred (Discontinued by Manufacturer)	Non-Preferred
Kazano	Nesina / Non- Preferred with Conditions Metformin / Preferred	Non- Preferred with Conditions
Liptruzet	Atorvastatin / Preferred Zetia / Preferred Vytorin / Preferred	Non-Preferred
Namenda XR	Namenda / Preferred (age edit)	Non-Preferred with Conditions
Oseni	Nesina / Non-Preferred with Conditions Pioglitazone / Preferred	Non-Preferred with Conditions
Oxtellar XR	Oxcarbazepine / Preferred	Non- Preferred with Conditions
Prolensa	Bromday / Non-Preferred	Non-Preferred
Simbrinza	Azopt / Preferred Brimonidine Tartrate 0.2% / Preferred	Non-Preferred
Tobi Podhaler	Tobi / Preferred	Non-Preferred
Travoprost	Travatan Z / Preferred	Non-Preferred