



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.

Final 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.
 - 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)

**Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting
August 22, 2013**

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 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

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 amcinonide cream and lotion to Non-Preferred to maximize cost savings to the program.
2. Recommend to change Benzaclin Gel Pump to Preferred with Conditions to maximize cost savings to the program.
3. Recommend to change betamethasone dipropionate cream to Preferred to maximize cost savings to the program.
4. Recommend to change betamethasone valerate foam to Non-Preferred to maximize cost savings to the program.
5. Recommend to change clobetasol emollient foam to Non-Preferred to maximize cost savings to the program.
6. Recommend to change clobetasol propionate foam, lotion and shampoo to Non-Preferred to maximize cost savings to the program.
7. Recommend to change Clobex lotion and shampoo to Preferred to maximize cost savings to the program.
8. Recommend to change Colazal to Non-Preferred to maximize cost savings to the program (generic will remain preferred).
9. Recommend to change desoximetasone to Non-Preferred to maximize cost savings to the program.
10. Recommend to change Dexedrine to Non-Preferred with Conditions to maximize cost savings to the program.
11. Recommend to change dextroamphetamine 5mg and 10mg tablets to Non-Preferred with Conditions to maximize cost savings to the program.
12. Recommend to change Duac to Preferred with Conditions to maximize cost savings to the program.

13. Recommend to change fluticasone propionate lotion to Preferred to maximize cost savings to the program.
14. Recommend to change Ilevro to Preferred to maximize cost savings to the program.
15. Recommend to change ipratropium bromide 0.06% nasal solution to Non-Preferred to maximize cost savings to the program.
16. 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).
17. Recommend to change Olux and Olux-E to Preferred to maximize cost savings to the program.
18. Recommend to change paregoric tincture to Non-Preferred for diagnosis review.
19. Recommend to change Quillivant XR to Preferred with Conditions to maximize cost savings to the program.
20. Recommend to change Renagel 800mg to Preferred to maximize cost savings to the program.
21. Recommend to change triamcinolone lotion to Non-Preferred to maximize cost savings to the program.
22. 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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NEWLY RELEASED GENERIC DRUGS		
Drug Name	Brand Name/Status on PDL/RDL	PDL/RDL Recommendation
Acyclovir Ointment	Zovirax Ointment / Preferred	Non-Preferred
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

NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS		
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	Preferred
Tobi Podhaler	Tobi / Preferred	Non-Preferred
Travoprost	Travatan Z / Preferred	Non-Preferred