



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting June 11, 2009

Location: Iowa State Capitol Room 22
1007 E. Grand Avenue
Des Moines, Iowa 50319

Time: 9:30 a.m. – 1:00 p.m

Final Agenda

1. Welcome & Introductions
 - a) Committee Members and Staff
 - b) Approval of the minutes
2. Update
 - a) Preferred Drug List (PDL)
 - b) Prior Authorization Criteria/Pro-DUR edits
 - c) Medicaid Drug Rebate Issues
 - d) Legislation
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. Review of Newly Released Drugs by Dr. Thomas Kline
(See attachment 3 for order of discussion)
8. Final Recommendations by the P & T Committee on Newly Released Drugs (Open Session)
9. Review of Newly Released Generic Drugs, Dosage Forms or Strengths by Dr. Tim Clifford
(See attachment 4 for order of discussion)
10. 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 September 10, 2009

For more information contact Sandy Pranger at sprange@dhs.state.ia.us or (515) 725-1272

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. Recommend to change the status of Cefaclor 250mg to non-preferred (brand is already non-preferred) on the PDL to maximize cost savings to the program
2. Recommend to change the status of Meperidine injection 50mg/ml and Meperidine injection 100mg/ml to non-preferred on the PDL to maximize cost savings to the program since the tablet dosage forms are already preferred
3. Effective May 8, 2009 added **OTC** Polyethylene Glycol 3350 (PEG) Powder as preferred on the PDL for ages 0-12, non-preferred for ages 13-18 and not covered for ages 19 and above. Removed the legend PEG products since these products were designated as a non-payable DESI 5 code by CMS
4. Recommend to remove Remicade from the PDL since it requires professional administration
5. Recommend to change the status of Santyl from draft preferred to preferred on the PDL because of the FDA notification of removing unapproved drug products that contain papain in topical dosage forms
6. Discussion of Trilipix and current status on the PDL (discussed at May 6, 2009 DUR meeting)

Manufacturer Discontinuations and Withdrawals

1. Recommend to remove Grifulvin V Suspension from the PDL since it has been discontinued by the manufacturer and change the status of Griseofulvin Suspension 125mg/5ml to preferred with conditions
2. Recommend to remove Ku-Zyme and Ku-Zyme HP from the PDL since they have been discontinued by the manufacturer
3. Recommend to remove all Lipram products from the PDL since they have been discontinued by the manufacturer
4. Recommend removing Mycelex Troche from the PDL since it has been discontinued by the manufacturer and change the status of Clotrimazole Troche to preferred with conditions.
5. Recommend to remove Raptiva from the PDL since the manufacturer withdrew the drug from the US market due to an increased risk for progressive multifocal leukoencephalopathy (PML)
6. Recommend to remove Stadol Nasal Spray from the PDL since it has been discontinued by the manufacturer (generic is still available with prior authorization)

Changes because of State MAC additions or deletions

1. Recommend to change the status of Carbamazepine 100mg/5ml suspension to preferred on the PDL to maximize cost savings to the program .Tegretol 100mg/5ml suspension is already preferred on the PDL.
2. Recommend to change the status of Lamotrigine to preferred and change the status of Lamictal to non-preferred (grandfathering members with a diagnosis of seizure disorder) on the PDL to maximize costs savings to the program
3. Recommend to change the status of Levetiracetam to preferred and Keppra to non-preferred (grandfathering members with a diagnosis of seizure disorder) on the PDL to maximize costs savings to the program
4. Recommend to change the status of Venlafaxine tablets to preferred and Effexor tablets to non-preferred on the PDL to maximize costs savings to the program
5. Recommend to change Rowasa 4 gram/60 enema to non-preferred since mesalamine 4 grams/60 ml enema is already preferred

Attachment 3
Newly Released Drugs

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1. Afinitor-Recommend status on the PDL as recommended
2. Degarelix-Recommend status on the PDL as recommended
3. Kapidex-Recommend status on the PDL as non-preferred with conditions
4. Rapaflo-Recommend status on the PDL as non-preferred
5. Toviaz-Recommend status on the PDL as preferred
6. Uloric-Recommend status on the PDL as non-preferred
7. Vimpat-Recommend status on the PDL as non-preferred

Attachment 4

Newly Released Generic Drugs and New Drug Names, Dosage Forms or Strengths

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NEWLY RELEASED GENERIC DRUGS		
Drug Name	Brand Name/Status on PDL/RDL	PDL/RDL Recommendation
Amphetamine ER	Adderall XR/Preferred with Conditions	Non-Preferred with Conditions
Dorzolamide/Timolol	Cosopt/Preferred	Non-Preferred
Topiramate	Topamax/Non-Preferred	Non-Preferred
NEW DRUG NAMES, DOSAGE FORMS, OR STRENGTHS		
Drug Name	Name/Status on PDL/RDL	PDL/RDL Recommendation
Aczone Gel	Dapsone/Preferred	Non-Preferred with Conditions
Apriso	Asacol/Preferred	Non-Preferred
Aralast NP	Aralast/Non-Preferred with Conditions	Non-Preferred with Conditions
Eliphos	Phoslo/Preferred	Non-Preferred
Exforge HCT	Exforge/Preferred with Conditions	Preferred with Conditions
Gelnique	Oxybutynin/Preferred	Non-Preferred
Gesticare	Natalcare Plus/Preferred	Non-Preferred
Gesticare DHA	Natalcare Plus/Preferred	Non-Preferred
Natelle Plus Pak with DHA	Vinate M/Preferred	Non-Preferred
Omnitrope	Genotropin/Preferred with Conditions	Non-Preferred with Conditions
Prandimet	Prandin/Non-Preferred and Metformin/ Preferred	Non-Preferred
Prefera-OB	Vinate M/Preferred	Non-Preferred
Prezista 75mg and 150mg	Prezista/Recommended	Recommended
Ryzolt	Tramadol SR 24 hour/Non-Preferred	Non-Preferred
Sancuso	Granisetron/Non-Preferred with Conditions	Non-Preferred with Conditions