



# STATE OF IOWA

TERRY E. BRANDSTAD, GOVERNOR  
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DEPARTMENT OF HUMAN SERVICES  
CHARLES PALMER, DIRECTOR

## Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting June 9, 2011

Location: **Iowa State Capitol Room 116  
1007 E. Grand Avenue  
Des Moines, Iowa 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) Preferred Drug List (PDL)
  - b) Medicaid Drug Rebate Issues
  - c) Prior Authorization Criteria/Pro-DUR edits
  - d) Legislation
  - e) IME Updates
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. 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 by Dr. Tim Clifford  
**(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 by Dr. Tim Clifford  
**(See attachment 5 for order of discussion)**
12. 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](http://www.iowaMedicaidPDL.com)

Next scheduled meeting is September 8, 2011

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.)

\_\_\_\_\_  
(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. Per the CMS release dated May 4, 2011 unapproved cough, cold, and allergy drugs were removed from the PDL. This document is located on the Iowa Medicaid PDL website under the [CMS Updates/ FDA Updates link](#).
2. Due to the FDA News release dated January 13, 2011 quantity limits will be applied to prescription combination products containing acetaminophen to limit acetaminophen dose to 4,000 milligrams per day. This document is located on the Iowa Medicaid PDL website under the [CMS Updates/ FDA Updates link](#).
3. Recommend to change AccuNeb to preferred and albuterol sulfate nebulization solution (0.63mg/3ml & 1.25mg/3ml) to non-preferred to maximize cost savings to the program.
4. Recommend to change Armour Thyroid to non-preferred (grandfather existing users) to maximize cost savings to the program (thyroid tablets are preferred).
5. Recommend to change benzoyl peroxide 3%, 6%, & 9% lotion to preferred with conditions and Triaz Cleanser and Pads to non-preferred with conditions to maximize cost savings to the program.
6. Recommend to change butalbital-aspirin-caff w/ codeine 50-325-40 capsules to preferred and Fiorinal/Codeine #3 to non-preferred with conditions to maximize cost savings to the program.
7. Recommend to change ceftazidime to preferred and Fortaz to non-preferred to maximize cost savings to the program.
8. Recommend to change cefuroxime sodium to preferred and Zinacef to non-preferred to maximize cost savings to the program.
9. Recommend to change Coly-Mycin M to preferred and colistimethate sodium to non-preferred to maximize cost savings to the program.

10. Recommend to change Cortenema to non-preferred to maximize cost savings to the program (hydrocortisone enema is preferred).
11. Recommend to change Coumadin 1mg, 2mg, 2.5mg, 3mg, 4mg, & 5mg tablets to preferred to maximize cost savings to the program (warfarin sodium is preferred).
12. Recommend to change desipramine to non-preferred (grandfather existing users) to maximize cost savings to the program.
13. Recommend to change Diflucan in Iso-Osmotic Dextrose to non-preferred to maximize cost savings to the program (fluconazole in dextrose is preferred).
14. Recommend to change Diprolene lotion and ointment to preferred and betamethasone dipropionate augmented lotion to non-preferred (betamethasone dipropionate augmented ointment is currently non-preferred) to maximize cost savings to the program.
15. Recommend to change dorzolamide ophthalmic solution to preferred and Trusopt to non-preferred to maximize cost savings to the program.
16. Recommend to change dorzolamide hcl- timolol maleate ophthalmic solution to preferred and Cosopt to non-preferred to maximize cost savings to the program.
17. Recommend to change doxycycline hyclate delayed release tablet to non-preferred with conditions to maximize cost savings to the program (Doryx is non-preferred with conditions).
18. Recommend to change hydrocodone-acetaminophen 5-300mg, 7.5-300mg, & 10-300mg to non-preferred with conditions to maximize cost savings to the program.
19. Recommend to change hydrocortisone sodium succinate to preferred and Solu-Cortef to non-preferred to maximize cost savings to the program.
20. Recommend to change Lanoxin to non-preferred (grandfather existing users) to maximize cost savings to the program (digoxin is preferred).
21. Recommend to change lidocaine hcl local injection 1.5% & 4% to preferred and Xylocaine-MPF to non-preferred to maximize cost savings to the program (all other lidocaine strengths are preferred).

22. Recommend to change lidocaine-prilocaine 2.5-2.5% cream to preferred and Emla to non-preferred to maximize cost savings to the program.
23. Recommend to change losartan potassium to preferred with conditions and Cozaar to non-preferred with conditions to maximize cost savings to the program.
24. Recommend to change losartan potassium & hydrochlorothiazide to preferred with conditions and Hyzaar to non-preferred with conditions to maximize cost savings to the program.
25. Recommend to change meropenem to preferred and Merrem to non-preferred to maximize cost savings to the program.
26. Recommend to change Methadone Intensol to non-preferred to maximize cost savings to the program (methadone hcl concentrate is preferred).
27. Recommend to change methimazole to preferred and Tapazole to non-preferred to maximize cost savings to the program.
28. Recommend to change methscopolamine bromide to preferred and Pamine & Pamine Forte to non-preferred to maximize cost savings to the program.
29. Recommend to change mometasone furoate solution (lotion) to preferred and Elocon solution (lotion) to non-preferred to maximize cost savings to the program.
30. Recommend to change norethindrone acetate 5mg to preferred and Aygestin to non-preferred to maximize cost savings to the program.
31. Recommend to change norethindrone & ethinyl estradiol 0.4mg-35 to preferred and Ovcon-35 to non-preferred to maximize cost savings to the program.
32. Recommend to change orphenadrine w/aspirin & caffeine 50-770-60mg tablets to preferred and Orphenadrine Compound DS to non-preferred with conditions to maximize cost savings to the program.
33. Recommend to change phenyltoloxamine-acetaminophen 66-600mg tablet to non-preferred to maximize cost savings to the program.
34. Recommend to change Phenytek and phenytoin sodium extended release capsules to non-preferred with conditions (grandfather existing users) to maximize cost savings to the program.

35. Recommend to change potassium chloride 8mEq & 10mEq capsules and 10mEq tablets to non-preferred to maximize cost savings to the program (brand Micro-K is preferred).
36. Recommend to change Prevacid to non-preferred with conditions to maximize cost savings to the program (lansoprazole is non-preferred with conditions).
37. Recommend to change primidone to preferred and Mysoline to non-preferred to maximize cost savings to the program.
38. Recommend to change Remeron SolTab to non-preferred with conditions to maximize cost savings to the program.
39. Recommend to change Retin A cream to preferred with conditions and tretinoin cream to non-preferred with conditions to maximize cost savings to the program.
40. Recommend to change Rocephin 500mg to non-preferred to maximize cost savings to the program (ceftriaxone sodium is preferred).
41. Recommend to change Roxicodone to non-preferred with conditions to maximize cost savings to the program.
42. Recommend to change salicylic acid 6% cream & lotion to preferred and Salex to non-preferred to maximize cost savings to the program.
43. Recommend to change sulfacetamide sodium w/ sulfur emulsion 10-1% to preferred with conditions and Rosac wash to non-preferred with conditions to maximize cost savings to the program.
44. Recommend to change sulfacetamide sodium w/ sulfur emulsion 10-5% to preferred with conditions and Plexion cleanser to non-preferred with conditions to maximize cost savings to the program.
45. Recommend to change sulfacetamide sodium -sulfur with sunscreens cream to preferred with conditions and Rosac cream to non-preferred with conditions to maximize cost savings to the program.
46. Recommend to change timolol maleate gel forming ophthalmic solution to preferred and Timoptic-XE to non-preferred to maximize cost savings to the program.

47. Recommend to change Xylocaine 2% gel to non-preferred to maximize cost savings to the program (lidocaine gel is preferred).

### **Manufacturer Discontinuations and Withdrawals**

Remove the following from the PDL since they have been discontinued by the manufacturer.

Moban, Uniphyl.

### **Attachment 3**

#### **Iowa Medicaid Recommended Drug List**

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1. Recommend to change mercaptopurine to recommended and Purinethol to non-recommended to maximize cost savings to the program.



**Attachment 4**  
**Newly Released Drugs**

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1. Edarbi- Recommend status on the PDL as Non-Preferred with Conditions
2. Natroba- Recommend status on the PDL as Non-Preferred
3. Nuedexta- 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>
Exemestane	Aromasin/ Recommended	Non-Recommended
Latanoprost	Xalatan/ Non-Preferred	Non-Preferred
Voriconazole	VFEND/ Preferred with Conditions	Non-Preferred with Conditions

<b>NEW DRUG DOSAGE FORMS</b>		
Abstral	Fentora/ Non-Preferred with Conditions	Non-Preferred with Conditions
Axiron Topical Solution	Androgel/ Preferred	Non-Preferred
Moxeza	Vigamox/ Preferred	Non-Preferred
Nexiclon XR	Clonidine/ Preferred	Non-Preferred with Conditions
Silenor Tablet	Doxepin Capsule/ Preferred	Non-Preferred

<b>NEW DRUG STRENGTHS</b>		
Fortesta 10mg/ACT Gel	Androgel/ Preferred	Non-Preferred