



# STATE OF IOWA

TERRY E. BRANDSTAD, GOVERNOR  
KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
CHARLES PALMER, DIRECTOR

## Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting March 10, 2011

Location: **Des Moines Botanical Center- Willow Room**  
**909 Robert D. Ray Drive**  
**Des Moines, Iowa 50316**

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. Review of Newly Released Drugs by Dr. Tim Clifford  
**(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](http://www.iowaMedicaidPDL.com)

Next scheduled meeting is June 9, 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. Discussion regarding amending age edit of Ciprodex to be preferred for 6 months up to 4 years of age (current age edit 6 months up to 12 months of age).
2. Discussion of acne medications (Differin and Tazorac).
3. Discussion regarding Stromectol utilization.
4. Discussion regarding colchicine.
5. Recommend to change Asmanex 7 110mcg to non-preferred to maximize cost savings to the program.
6. Recommend to change Bactroban cream to non-preferred to maximize cost savings to the program (mupirocin ointment is preferred).
7. Recommend to change clonidine transdermal patch to non-preferred to maximize cost savings to the program (Catapres TTS is preferred).
8. Recommend to change topical Metrogel to non-preferred with conditions and topical metronidazole gel to preferred with conditions to maximize cost savings to the program.
9. Recommend to change Ovace wash to non-preferred to maximize cost savings to the program.
10. Recommend to change Pancreaze to preferred with conditions to maximize cost savings to the program.
11. Review of change in the status of Suboxone sublingual tablets to non-preferred with conditions, as the contract requirement was not completed.
12. Recommend to change Transderm Scop to non-preferred to maximize cost savings to the program.

## **Manufacturer Discontinuations and Withdrawals**

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

Agenerase, Akineton, Aldomet, Aldoril, Alupent Inhaler, Amikin, Ancef, Anexsia, Apresoline, Aqua-Mephyton, Aristocort A, Atarax, Atrovent Inhaler, Autoplex T, Aventyl, B&O Suppette, Bayhep B, Bioclate, Blenoxane, Blocadren, Capoten, Capozide, Cartrol, Ceclor, Cortane-B, Cortisporin Ophthalmic Ointment, Cyclocort, Cystospaz, Cytosar-U, Dalmane, Darvon Compound, Debacterol, Desyrel, Diprosone, Dispermox, Dolobid, Domeboro, Doxepin Cream, Duricef, Dynabac, Econopred Plus, Elavil, Elixophyllin-GG, Enduronyl Forte, Eryc, Erygel, Estrogel, Equagesic, Eulexin, Flexeril, Floxin, Fluoxymesterone, Fortovase, Geocillin, Gynodiol, Gammaplex, Gamimune N, Hivid, HMS Liquifilm, Humatin, Humulin L, Humulin U, Hydrocortone, Hytone, Hytrin, Ifex/Mesnex, Inapsine, Inderide, Inflamase Forte, Inflamase Mild, Inflamase Forte, Intal, Kemadrin, Lactinol, Lanoxicaps, Levsinex, Lexxel, Lidex-E, Limbitrol DS, Livostin, Lodine XL, Loniten, Lorabid, Lorcet-HD, Lozol, Lunelle, Mandelamine, Miltown, Minizide, Minocin, Moduretic, Monodox, Multi Lyte-20, Mycolog II, Mycostatin, Narcan, Naturetin, Neggram, Neutrexin, Nizoral Tablets, Nolvadex, Normodyne, Nubain, Operand Povidone/Iodine, Ophthetic, Oruvail, Ovrette, Pediatex-D, Peridex, Phenergan Suppositories, Platinol AQ, Poly-Histine, Polycitra, Polycitra-K, Polycitra-LC, Polygam S/D, Pravigard PAC, Prelone, Procainamide ER, Proloprim, Pronestyl, Proplex T, Protropin, Proventil, Qualaquin, Quibron, Quibron-T/SR, Rebetron, Relagard, Reminyl, Rescula, Roferon-A, Scopolamine Tablets, Selsun Shampoo, Sinequan, Soma Compound, Soma Compound/Codeine, Spectazole, Sudal 12, Sulfacet R, Sulfisoxazole, Sulfoxyl Regular, Sulfoxyl Strong, Sumycin, Symmetrel, Synalar, Tagamet, Tequin, Terramycin w/ Polymyxin B, Teslac, Thioguanine, Thorazine, Ticlid, Tilade, Tolinase, Tridesilon, Trinalin Repetabs, Trycet, Tubersol, Tympagesic, Urimax, Valium, Vanamide, Vancocin Injection, Vancocin HCL Iso-Osmotic, Velosef, Vepesid, Versed, Vopac, Zazole.

**Attachment 3**  
**Newly Released Drugs**

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1. Beyaz- Recommend status on the PDL as Non-Preferred
2. Gilenya- Recommend status on the PDL as Non-Preferred with referral to DUR for PA criteria.
3. Lastacraft- Recommend status on the PDL as Non-Preferred
4. Latuda- Recommend status on the PDL as Non-Preferred
5. Pradaxa- Recommend status on the PDL as Non-Preferred

#### Attachment 4

#### 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>
Donepezil	Aricept/ Preferred	Non-Preferred
Gemcitabine	Gemzar/ Recommended	Non-Recommended
Levocetirizine	Xyzal/ Non-Preferred with Conditions	Non-Preferred with Conditions
Levofloxacin Ophthalmic Solution	Quixin/ Non-Preferred	Non-Preferred
Oxymorphone	Opana/ Non-Preferred with Conditions	Non-Preferred with Conditions
Phenelzine	Nardil/ Preferred	Non-Preferred
Zafirlukast	Accolate/ Non-Preferred	Non-Preferred
Zolpidem ER	Ambien CR/ Non-Preferred with Conditions	Non-Preferred with Conditions

<b>NEW DRUG DOSAGE FORMS</b>		
Atelvia	Actonel/ Non-Preferred	Non-Preferred
Butrans	Buprenorphine Sublingual Tablet/ Non-Preferred with Conditions	Non-Preferred with Conditions
Cuvposa	Glycopyrrolate Tablet/ Preferred	Non-Preferred
Emend Oral Solution	Emend Capsules/ Preferred	Non-Preferred with Conditions
Kapvay	Clonidine Tablets/ Preferred	Non-Preferred with Conditions
Oleptro	Trazodone Tablets/ Preferred	Non-Preferred with Conditions
Zolpimist	Zolpidem/ Preferred	Non-Preferred with Conditions
Zuplenz	Ondansetron ODT/ Preferred	Non-Preferred with Conditions

## NEW DRUG NAMES / COMBINATIONS

Amturnide	Amlodipine/ Preferred HCTZ/ Preferred Tekturna/ Non-Preferred	Non-Preferred
Bromday	Xibrom/ Non-Preferred	Non-Preferred
Glassia	Prolastin/ Preferred with Conditions	Non-Preferred with Conditions
Kombiglyze XR	Onglyza/ Preferred with Conditions & Metformin ER/ Preferred	Preferred with Conditions
Velettri	Epoprostenol/ Preferred with Conditions	Non-Preferred with Conditions

## NEW DRUG STRENGTHS

Dialyvite Supreme D	Dialyvite/ Preferred with Conditions	Non-Preferred with Conditions
Hizentra	Vivaglobin/ Non-Preferred	Non-Preferred
Lo Loestrin FE	Loestrin FE/ Non-Preferred	Non-Preferred