



Iowa Department of Human Services

Terry E. Branstad
Governor

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Director

Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting March 14, 2013

Location: **Learning Resource Center
Fairmeadows Conference Room
3550 Mills Civic Parkway
West Des Moines, IA**

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) 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
(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
(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
 - a) Discussion of reduction in number of meetings per year
 - b) Discussion of specialty and oral oncology products

****Disclaimer: Executive Sessions may be necessary during the deliberation process****

www.IowaMedicaidPDL.com

Next scheduled meeting: To be determined

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. Review of PDL category change for biologic agents.
2. Clinical review of Vytorin and Zetia. Recommend to refer to DUR for review.
3. Recommend to change acetic acid-aluminum acetate to Non-Preferred to maximize cost savings to the program.
4. Recommend to change alclometasone to Non-Preferred to maximize cost savings to the program.
5. Recommend to change Ammonul to Non-Preferred to maximize cost savings to the program.
6. Recommend to change amoxicillin 200mg/5ml suspension to Preferred to maximize cost savings to the program.
7. Recommend to change amoxicillin & k clavulanate 250-125mg tablets and 250-62.5mg/5ml suspension to Non-Preferred to maximize cost savings to the program.
8. Recommend to change Augmentin 125mg/5ml and 250mg/5ml Suspension to Non-Preferred to maximize cost savings to the program.
9. Recommend to change Benzacilin to Preferred with Conditions and clindamycin-benzoyl peroxide to Non-Preferred with Conditions to maximize cost savings to the program.
10. Recommend to change betamethasone dipropionate lotion to Preferred to maximize cost savings to the program.
11. Recommend to change betamethasone dipropionate cream to Non-Preferred to maximize cost savings to the program.
12. Recommend to change budesonide to Preferred and Entocort to Non-Preferred to maximize cost savings to the program.

13. Recommend to change Cipro HC to Non-Preferred to maximize cost savings to the program.
14. Recommend to change Cleocin 75mg/5ml to Preferred and clindamycin 75mg/5ml to Non-Preferred to maximize cost savings to the program.
15. Recommend to change clobetasol propionate to Preferred to maximize cost savings to the program.
16. Recommend to change Cortisporin Otic to Preferred and neomycin-polymyxin-hc to Non-Preferred to maximize cost savings to the program.
17. Recommend to change desoximetasone to Preferred and Topicort to Non-Preferred to maximize cost savings to the program.
18. Recommend to change Differin Cream and Gel to Preferred with Conditions and adapalene to Non-Preferred with Conditions to maximize cost savings to the program.
19. Recommend to change diflorasone to Non-Preferred to maximize cost savings to the program.
20. Recommend to change Diprolene lotion to Preferred to maximize cost savings to the program.
21. Recommend to change doxycycline monohydrate 100mg to Preferred and doxycycline hyclate to Non-Preferred to maximize cost savings to the program.
22. Recommend to change Felbatol to Preferred and felbamate to Non-Preferred to maximize cost savings to the program (grandfather existing users with seizure diagnosis).
23. Recommend to change fluocinolone acetonide to Preferred to maximize cost savings to the program.
24. Recommend to change fluticasone propionate cream and lotion to Non-Preferred to maximize cost savings to the program.
25. Recommend to change hydrocortisone 2.5% ointment to Preferred to maximize cost savings to the program.
26. Recommend to change hydrocortisone butyrate to Non-Preferred to maximize cost savings to the program.
27. Recommend to change hydrocortisone valerate cream to Non-Preferred to maximize cost savings to the program.

28. Recommend to change irbesartan-hct to Preferred with Conditions and Avalide to Non-Preferred with conditions to maximize cost savings to the program.
29. Recommend to change malathion to Non-Preferred to maximize cost savings to the program.
30. Recommend to change Metadate CD to Preferred with Conditions to maximize cost savings to the program.
31. Recommend to change the non-authorized generic of methylphenidate sa (generic Concerta) to Non-Preferred with Conditions (the authorized generic distributed by Watson will remain Preferred with Conditions).
32. Recommend to change methylphenidate sr to Preferred with Conditions and Ritalin SR to Non-Preferred with Conditions to maximize cost savings to the program.
33. Recommend to change metoprolol er to Non-Preferred to maximize cost savings to the program (brand Toprol XL will remain preferred).
34. Recommend to change MetroCream to Preferred with Conditions and metronidazole cream to Non-Preferred with Conditions to maximize cost savings to the program.
35. Recommend to change MetroLotion to Preferred with Conditions and metronidazole lotion to Non-Preferred with Conditions to maximize cost savings to the program.
36. Recommend to change metronidazole gel to Non-Preferred with Conditions to maximize cost savings to the program.
37. Recommend to change Naglazyme to Non-Preferred to review diagnosis of use.
38. Recommend to change Natroba to Preferred with Conditions (requires step through 2 applications of a preferred permethrin product within past 30 days) to maximize cost savings to the program. No manual PA will be required when trial requirement is found in member's pharmacy claims history.
39. Recommend to change Olux and Olux-E to Non-Preferred to maximize cost savings to the program.
40. Recommend to change Parlodel to Preferred and bromocriptine to Non-Preferred to maximize cost savings to the program.
41. Recommend to change Paxil 10mg/ml to Preferred since the generic is no longer available.

42. Recommend to change pioglitazone to Preferred and Actos to Non-Preferred to maximize cost savings to the program.
43. Recommend to change sodium sulfacetamide-sulfur (topical) to Non-Preferred with Conditions to maximize cost savings to the program.
44. Recommend to change Solu-Cortef to Preferred since the preferred generic is not currently available.
45. Recommend to change Trileptal 300mg/5ml Suspension to Preferred and oxcarbazepine 300mg/5ml to Non-Preferred to maximize cost savings to the program (grandfather existing users with seizure diagnosis).
46. Recommend to change voriconazole to Preferred with Conditions and Vfend tablets to Non-Preferred with Conditions to maximize cost savings to the program.
47. Recommend to change Wellbutrin to Preferred to maximize cost savings to the program (bupropion will remain Preferred).

Attachment 3
Iowa Medicaid Recommended 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 Combivir to Recommended and lamivudine/zidovudine to Non-Recommended to maximize cost savings to the program.

Attachment 4
Newly Released Drugs

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1. Aubagio- Recommend status on the PDL as Non-Preferred
2. Bosulif- Recommend status on the PDL as Non-Recommended
3. Linzess- Recommend status on the PDL as Non-Preferred
4. Myrbetriq- Recommend status on the PDL as Non-Preferred
5. Stivarga- Recommend status on the PDL as Non-Recommended
6. Tudorza- Recommend status on the PDL as Non-Preferred
7. Xeljanz- Recommend status on the PDL as Non-Preferred
8. Xtandi- Recommend status on the PDL as Non-Recommended

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
Abacavir	Ziagen / Recommended	Non- Recommended
Amlodipine/Atorvastatin	Caduet / Non-Preferred	Non-Preferred
Candesartan HCT	Atacand HCT / Non-Preferred with Conditions	Non-Preferred with Conditions
Cevimeline	Evoxac/ Non-Preferred	Non-Preferred
Diclofenac/Misoprostol	Arthrotec / Non-Preferred with Conditions	Non-Preferred with Conditions
Entacapone	Comtan / Preferred	Non-Preferred
Lamotrigine ER	Lamictal XR / Non-Preferred with Conditions	Non-Preferred with Conditions
Mupirocin Cream	Bactroban Cream / Non-Preferred	Non-Preferred
Pioglitazone/Glimepiride	Duetact / Non-Preferred	Non-Preferred
Rizatriptan	Maxalt / Non-Preferred with Conditions	Preferred with Conditions
Sildenafil	Revatio / Non-Preferred with Conditions	Preferred with Conditions
Valsartan/HCTZ	Diovan HCT / Preferred with Conditions	Non-Preferred with Conditions

NEW DRUG DOSAGE FORMS/STRENGTHS		
Auvi-Q	EpiPen / Preferred	Preferred
Forfivo XL	Bupropion SR / Preferred	Non-Preferred
Giazo	Balsalazide / Preferred	Non-Preferred
Ilevro	Nevanac / Non-Preferred	Non-Preferred
Onmel	Itraconazole / Non-Preferred with Conditions	Non-Preferred with Conditions
Pertzye	Creon / Preferred	Non-Preferred
Quillivant XR	Methylphenidate ER/ Preferred with Conditions	Non-Preferred with Conditions
Ultresa	Creon / Preferred	Non-Preferred