



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 November 10, 2011

Location: Iowa State Capitol Room 116
1007 E. Grand Avenue
Des Moines, Iowa 50319

Time: 8:30 a.m. – 4:30 p.m.

Tentative Agenda

1. Welcome & Introductions
 - a) Committee Members and Staff
 - b) Approval of the minutes
 2. Update
 - a) Annual P&T Committee Chairperson and Vice Chairperson Elections
 - b) Preferred Drug List (PDL)/Recommended Drug List (RDL)
 - c) Medicaid Drug Rebate Issues
 - d) Prior Authorization Criteria/Pro-DUR edits
 - e) Legislation
 - f) 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/Recommended Drug List, Newly Released Drugs, Newly Released Generic Drugs, New Dosage Forms and Strengths, and Contracts.
 - b. Review and discussion of the confidential public comments
- *Lunch Break 12:30 p.m.-1:15 p.m.***
5. Preferred Drug List (PDL) discussion and deliberation
(See attachment 2 and 3 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. Clifford
(See attachment 4 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, New Drug Names, and New Dosage Forms and Strengths by Dr. Clifford
(See attachment 5 for order of discussion)
 10. Final Recommendations by the P & T Committee on Newly Released Generic Drugs, New Drug Names, and New Dosage Forms and Strengths (Open Session)

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

www.IowaMedicaidPDL.com

Next scheduled meeting is March 8, 2012

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) ACE and Thiazide Combo's
- 2) ACE Inhibitors
- 3) ACE Inhibitors and CA Channel Blockers
- 4) Acne Products: Isotretinoin
- 5) Agents for Fabrys Disease
- 6) Agents for Gaucher Disease
- 7) Agents for Pheochromocytoma
- 8) Alcohol Deterrents
- 9) Alpha-Proteinase Inhibitor
- 10) ALS Drug
- 11) Alzheimer – Cholinomimetics
- 12) Amino Glycosides
- 13) Analgesics – Misc.
- 14) Anaphylaxis Therapy
- 15) Androgens / Anabolics
- 16) Androgens-Topical
- 17) Anorectal – Misc.
- 18) Anthelmintics
- 19) Anti-Infective Combo's – Misc.
- 20) Antianginals
- 21) Antianginals – Isosorbide Nitrate
- 22) Antiarrhythmics
- 23) Antiasthmatic – 5-Lipoxygenase Inhibitors
- 24) Antiasthmatic – Adrenergic Combos
- 25) Antiasthmatic – Anti-Cholinergics
- 26) Antiasthmatic – Anti-Inflammatory Agents
- 27) Antiasthmatic – Beta-Adrenergics
- 28) Antiasthmatic – Hydro-Lytic Enzymes
- 29) Antiasthmatic – Leukotriene Receptor Antagonists
- 30) Antiasthmatic – Misc. Respiratory Inhalants
- 31) Antiasthmatic – Mixed Adrenergics
- 32) Antiasthmatic – Mucolytics
- 33) Antiasthmatic – Nasal Misc.
- 34) Antiasthmatic – Steriod Inhalants
- 35) Antiasthmatic – Xanthines
- 36) Antibiotics – Misc.
- 37) Anti-Cataplectic Agents
- 38) Anticoagulants
- 39) Anticonvulsants
- 40) Antidepressants- MAO Inhibitors
- 41) Antidepressants- Selected SSRI'S
- 42) Antideperssants- Tri-Cyclics
- 43) Antidotes
- 44) Antidotes – Chelating Agents
- 45) Antiemetic – 5-HT3 Receptor Antagonists/Substance P Neurokinin
- 46) Antiemetic – Anticholinergic / Dopaminergic
- 47) Antiemetic – Tetrahydrocannabinol (THC) Derivatives

- 48) Antifungals – Assorted
- 49) Antihistamines – Non-Sedating
- 50) Antihistamines – Non-Sedating / Decongestants
- 51) Antihistamines – Other
- 52) Antihistamines/Decongestants
- 53) Antihypertensive Combos
- 54) Antihypertensives – Central
- 55) Antileprotic
- 56) Antimalarial Agents
- 57) Antimycobacterials / Antituberculosis
- 58) Anti-Parkinsonian Drugs
- 59) Antiprotozoal Agents
- 60) Anti-Psoriatics – Biologicals
- 61) Anti-Psoriatics – Non-Biologicals
- 62) Antipsychotics- Atypicals
- 63) Antipsychotics- Special Atypicals
- 64) Antipsychotics- Typical
- 65) Antispasmodics
- 66) Antispasmodics – Long Acting
- 67) Antithyroid Therapies
- 68) Anxiolytics-Benzodiazepines
- 69) Anxiolytics- Long Acting
- 70) Anxiolytics- Misc.
- 71) ARB/CCB
- 72) ARB/CCB Plus Diuretics
- 73) ARB's
- 74) ARB's and Diuretics
- 75) Arthritis – Misc.
- 76) Artificial Saliva / Stimulants
- 77) Beta Blockers – Alpha / Beta
- 78) Beta Blockers – Cardio Selective
- 79) Beta Blockers – Non-Selective
- 80) Beta Blockers and Diuretic Combo's
- 81) Beta – Lactams / Clavulanate Combo's
- 82) BPH
- 83) Calcium Channel Blockers – Amlodipines
- 84) Calcium Channel Blockers – Diltiazems
- 85) Calcium Channel Blockers – Felodipines
- 86) Calcium Channel Blockers – Isradipines
- 87) Calcium Channel Blockers – Nifedipines
- 88) Calcium Channel Blockers – Nisoldipine
- 89) Calcium Channel Blockers – Verapamils
- 90) Carbapenems
- 91) Cardiac Glycosides
- 92) Carnitine Replenisher – Agents
- 93) CCB / Lipid
- 94) Cephalosporins
- 95) Chelating Agents
- 96) Cholesterol – Bile Sequestrants
- 97) Cholesterol – Fibric Acid Derivatives
- 98) Cholesterol – HMG COA + Absorb Inhibitors
- 99) Cholesterol – HMG COA + Absorb Inhibitors: High Potency Drugs/Combinations
- 100) Cholesterol – HMG COA + Absorb Inhibitors: Low Potency Drugs/Combinations
- 101) Cholinergic
- 102) Contraceptives – Bi-Phasic Combinations
- 103) Contraceptives – Emergency Contraceptives
- 104) Contraceptives – Injectable
- 105) Contraceptives – Monophasic Combination O/C's
- 106) Contraceptives – Multi-Phasic Combinations

- 107) Contraceptives – Patches / Vaginal Products
- 108) Contraceptives – Progestin Only
- 109) Contraceptives – Tri-Phasic Combinations
- 110) Cough / Cold – Antitussive – Expectorant
- 111) Cough / Cold – Systemic Decongestants
- 112) Cox 2 Inhibitors – Selective
- 113) Cyto-Megalovirus Agents
- 114) Dental Products
- 115) Diabetic – AlphaglucoSIDase
- 116) Diabetic – Insulin
- 117) Diabetic – Insulin Penfills
- 118) Diabetic – Meglitinides
- 119) Diabetic – Non-Insulin Injectables
- 120) Diabetic – Oral Biguanides
- 121) Diabetic – Oral Sulfonylureas
- 122) Diabetic – Other
- 123) Diabetic – Sulfonylurea / Biguanide
- 124) Diabetic – Thiazol
- 125) Diabetic – Thiazol / Biguanide Combo
- 126) Diagnostic Biologicals
- 127) Diagnostic Drugs
- 128) Direct Renin Inhibitors
- 129) Diuretics
- 130) Dopamine Receptor Agonists
- 131) Ear
- 132) Electrolytes / NutritionalS
- 133) ErythropoeiSiS Stimulating Agents
- 134) Estrogen Combo'S
- 135) Estrogens – Patches
- 136) Estrogens – Tabs
- 137) Fluoroquinolones
- 138) GI – Anti-Flatulents / GI Stimulants
- 139) GI – Antidiarrheal / Antacid – Misc.
- 140) GI – Antiperistaltic Agents
- 141) GI – Digestive Enzymes
- 142) GI – H2-Antagonists
- 143) GI – Inflammatory Bowel Agents
- 144) GI – Irritable Bowel Syndrome Agents
- 145) GI – Misc.
- 146) GI – Misc. Anti-Ulcer
- 147) GI – Prostaglandins
- 148) GI – Proton Pump Inhibitor
- 149) GI – Proton Pump Inhibitor / NSAID Combo
- 150) GI – Ulcer Anti-Infective
- 151) Glucocorticoids – Corticotropin
- 152) Glucocorticoids – Mineralocorticoids
- 153) Gout
- 154) Granulocyte CSF
- 155) Growth Hormone
- 156) Hemostatic
- 157) Hepatitis B Only
- 158) Hepatitis C Agents
- 159) Hereditary Tyrosinemia Type 1 (HT-1) Treatment – Agents
- 160) Herpes Agents
- 161) Hyperparathyroid Treatment – Vitamin D Analogs
- 162) Hyperparathyroid Treatment – Vitamin D Analogs and Calcimimetics
- 163) Immune Serums
- 164) Influenza Agents
- 165) K Removing Resins

- 166) Lincosamides / Oxazolidinones / Leprostatics
- 167) Lithium
- 168) Macrolides / Erythromycin's / Ketolides
- 169) Migraine – Ergotamine Combinations
- 170) Migraine – Ergotamine Derivatives
- 171) Migraine – Selective Serotonin Agonists (5HT) – Injectables
- 172) Migraine – Selective Serotonin Agonists (5HT) – Tabs
- 173) Migraine-Selective Serotonin Agonist-(5HT) Combinations
- 174) Minerals
- 175) Mouth – Anesthetics Topical Oral
- 176) Mouth – Steroids
- 177) Mouth Anti-Infectives
- 178) Mouth Antiseptics
- 179) Mucopolysaccharidosis
- 180) Multiple Sclerosis Agents-Interferons
- 181) Multiple Sclerosis Agents-Non-Interferons
- 182) Muscle Relaxant – Combinations
- 183) Muscle Relaxants
- 184) Narcotic – Antagonists
- 185) Narcotics – Misc.
- 186) Narcotics – Selected
- 187) Narcotics – Long Acting
- 188) Nasal Steroids
- 189) Neurologics – Misc.
- 190) Neuromuscular Blocking Agents
- 191) Nicardipines
- 192) Nicotine Replacement Therapy
- 193) Nitro – Ointment / Cap / CR
- 194) Nitro – Patches
- 195) Nitro – Sublingual / Spray
- 196) NSAIDS
- 197) Op. Antiallergics-Antihistamines
- 198) Op. Antiallergics-Mast Cell Stabilizers
- 199) Op. Antibiotics
- 200) Op. Antiinflammatory / Steroids Ophth
- 201) Op. Beta-Blockers
- 202) Op. Carbonic Anhydrase Inhibitors / Combo
- 203) Op. Cycloplegics
- 204) Op. Miotics – Direct Acting
- 205) Op. Misc.
- 206) Op. NSAID's
- 207) Op. Prostaglandins
- 208) Op. Quinolones
- 209) Op. Quinolones-Fourth Generation
- 210) Op. Selective Alpha Adrenergic Agonists
- 211) Osteoporosis
- 212) Oxytocics
- 213) Parkinsons – Anticholinergics
- 214) Parkinsons – COMT Inhibitors
- 215) Parkinsons – Selected Dopamine Agonists
- 216) Peripheral Vasodilators
- 217) Phenylketonuria
- 218) Phosphate Binders
- 219) Phosphodiesterase Inhibitors
- 220) Platelet Aggr. Inhibitors / Combo's – Misc.
- 221) Platelet Aggregation Inhibitors
- 222) Pressors
- 223) Progestins
- 224) Psychotherapeutic Combination

- 225) Pulmonary Anti-Hypertensives
- 226) Pulmonary Anti-Hypertensives-Endothelin Receptor Antagonist
- 227) Purine Analog
- 228) Restless Leg Syndrome Agents
- 229) Rheumatoid Arthritis – Biologicals
- 230) Rheumatoid Arthritis – Non-Biologicals
- 231) RSV Prophylaxis
- 232) Sedative / Hypnotics – Barbiturate
- 233) Sedative / Hypnotics – Benzodiazepines
- 234) Sedative / Hypnotics – Non-Benzodiazepines
- 235) Smoking Cessation (Oral)
- 236) Somatostatic Agents
- 237) Stimulants
- 238) Stimulants- Amphetamines- Long Acting
- 239) Stimulants- Amphetamines- Short Acting
- 240) Stimulants- Methylphenidate
- 241) Stimulants- Methylphenidate- Long Acting
- 242) Stimulants- Other Stimulants/ Like Stimulants
- 243) Tetracyclines
- 244) Thrombopoeitin Receptor Agonists
- 245) Thyroid Hormones
- 246) Tissue Plasminogen Activator
- 247) Topical – Acne Preparations
- 248) Topical – Antibiotic
- 249) Topical – Antifungals
- 250) Topical – Antineoplastics
- 251) Topical – Antipruritics
- 252) Topical – Antiseborrheics
- 253) Topical – Antiseptics / Disinfectants
- 254) Topical – Antivirals
- 255) Topical – Astringents / Protectants
- 256) Topical – Burn Products
- 257) Topical – Cauterizing Agents
- 258) Topical – Corticosteroids
- 259) Topical – Emollients
- 260) Topical – Enzymes / Keratolytics / Urea
- 261) Topical – Genital Warts
- 262) Topical – Immunomodulators
- 263) Topical – Local Anesthetics
- 264) Topical – Nasal Antibiotics
- 265) Topical – Scabicides and Pediculicides
- 266) Topical – Steroid Combinations
- 267) Topical – Steroid Local Anesthetics
- 268) Topical – Tretinoids
- 269) Topical – Wound / Decubitus Care
- 270) Urea Cycle Disorder – Agents
- 271) Urological – Misc.
- 272) Vaginal – Antifungals
- 273) Vaginal – Antibacterials
- 274) Vaginal – Estrogens
- 275) Vaginal – Other
- 276) Vasopressins
- 277) Vitamins
- 278) Vitamins – Misc.

Attachment 3

Preferred Drug List Changes

- 1) Recommend to change Enalaprilat Injection to Non-Preferred to maximize cost savings to the program.
- 2) Recommend to change Pulmicort Inhaler to Non-Preferred to maximize cost savings to the program.
- 3) Recommend to change Asmanex 30 110mcg to Preferred to maximize cost savings to the program.
- 4) Recommend to change Venlafaxine ER Tablets to Non-Preferred to maximize cost savings to the program (Venlafaxine ER capsules will remain preferred).
- 5) Recommend to change Fanapt Pak to Non-Preferred to maximize cost savings to the program.
- 6) Recommend to change Azor to Non-Preferred with Conditions to maximize cost savings to the program.
- 7) Recommend to change Levemir insulin vials to Non-Preferred to maximize cost savings to the program.
- 8) Recommend to change Byetta to Preferred with conditions to maximize cost savings to the program.
- 9) Recommend to change Pancreaze to Non-Preferred with conditions to maximize cost savings to the program.
- 10) Recommend to change Victrelis to Preferred with conditions to maximize cost savings to the program.
- 11) Recommend to change Peg-Intron to Preferred to maximize cost savings to the program.
- 12) Recommend to change Incivek to Preferred with conditions to maximize cost savings to the program.
- 13) Recommend to remove Vivaglobin from the PDL since it has been discontinued from the manufacturer.
- 14) Recommend to change Maxalt to Preferred with conditions to maximize cost savings to the program.
- 15) Recommend to change brand Nicoderm Patches, Nicorette Gum, and Commit Lozenges to Non-Preferred with conditions to maximize cost savings to the program (generic nicotine products will remain preferred with conditions).
- 16) Recommend to change Latanoprost to Preferred to maximize cost savings to the program.
- 17) Recommend to remove Zymar from the PDL since it has been discontinued from the manufacturer.
- 18) Recommend to remove PhosLo from the PDL since it has been discontinued from the manufacturer.
- 19) Recommend to change Revatio to Non-Preferred with conditions to maximize cost savings to the program.
- 20) Recommend to change Tracleer to Preferred with Conditions to maximize cost savings to the program.
- 21) Recommend to change Veregen to Preferred to maximize cost savings to the program.
- 22) Recommend to change Dialyvite and Dialyvite/Zinc to Non-Preferred with Conditions to maximize cost savings to the program.

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. Arcapta- Recommend status on the PDL as Non-Preferred
2. Brilinta- Recommend status on the PDL as Non-Preferred
3. Xarelto- Recommend status on the PDL as Preferred for post surgery DVT prophylaxis
4. Zelboraf- Recommend status on the RDL 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
Alfuzosin	Uroxatral / Non-Preferred	Non-Preferred
Bromfenac	Xibrom / Non-Preferred	Non-Preferred

NEW DRUG DOSAGE FORMS

Gralise	Gabapentin/ Preferred	Non-Preferred with Conditions
Nucynta ER	Nucynta / Non-Preferred with Conditions	Non-Preferred with Conditions

NEW DRUG NAMES / COMBINATIONS

Complera	Truvada / Recommended Edurant / Non-Recommended	Non-Recommended
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NEW DRUG STRENGTHS

Focalin XR 25mg &35mg	Focalin XR / Preferred with Conditions	Preferred with Conditions
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