



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
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DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

**Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting
November 12, 2009**

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

Time: 8:30 a.m. – 5:00 p.m.

Final Agenda

1. Welcome & Introductions
 - a) Committee Members and Staff
 - b) Approval of the minutes
2. Update
 - a) Preferred Drug List (PDL)/Recommended Drug List (RDL)
 - 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/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 a.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. Recommended Drug List (RDL) discussion and deliberation
(See attachment 4 and 5 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. Clifford
(See attachment 6 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 7 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

For more information contact Erin Halverson at ehalver@dhs.state.ia.us or (515) 725-1214

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- Long Acting
- 69) Anxiolytics- Misc.
- 70) ARB/CCB
- 71) ARB/CCB Plus Diuretics
- 72) ARB's
- 73) ARB's and Diuretics
- 74) Arthritis – Misc.
- 75) Artificial Saliva / Stimulants
- 76) Beta Blockers – Alpha / Beta
- 77) Beta Blockers – Cardio Selective
- 78) Beta Blockers – Non-Selective
- 79) Beta Blockers and Diuretic Combo's
- 80) Beta – Lactams / Clavulanate Combo's
- 81) BPH
- 82) Calcium Channel Blockers – Amlodipines
- 83) Calcium Channel Blockers – Diltiazems
- 84) Calcium Channel Blockers – Felodipines
- 85) Calcium Channel Blockers – Isradipines
- 86) Calcium Channel Blockers – Nifedipines
- 87) Calcium Channel Blockers – Nisoldipine
- 88) Calcium Channel Blockers – Verapamils
- 89) Carbapenems
- 90) Cardiac Glycosides
- 91) Carnitine Replenisher – Agents
- 92) CCB / Lipid
- 93) Cephalosporins
- 94) Chelating Agents
- 95) Cholesterol – Bile Sequestrants
- 96) Cholesterol – Fibric Acid Derivatives
- 97) Cholesterol-HMG COA + Absorb Inhibitors
- 98) Cholesterol – HMG COA + Absorb Inhibitors: High Potency Drugs/Combinations
- 99) Cholesterol – HMG COA + Absorb Inhibitors: Low Potency Drugs/Combinations
- 100) Cholinergic
- 101) Contraceptives – Bi-Phasic Combinations
- 102) Contraceptives-Emergency Contraceptives
- 103) Contraceptives – Injectable
- 104) Contraceptives – Monophasic Combination O/C's
- 105) Contraceptives – Patches / Vaginal Products
- 106) Contraceptives – Progestin Only

- 107) Contraceptives – Tri-Phasic Combinations
- 108) Cough / Cold – Antitussive – Narcotic
- 109) Cough / Cold – Antitussive – Non-Narcotic
- 110) Cough / Cold – Antitussive – Expectorant
- 111) Cough / Cold – Antitussive – Expectorant – Decongest – Antihist
- 112) Cough / Cold – Antitussive – Expectorant – Decongestant
- 113) Cough / Cold – Decongestant & Anticholinergic
- 114) Cough / Cold – Decongestant w/Expectorant
- 115) Cough / Cold – Decongestant – Antihistamine w/Expectorant
- 116) Cough / Cold – Decongestant – Antihistamine – Anticholinergic
- 117) Cough / Cold – Expectorant Mixtures
- 118) Cough / Cold – Expectorants
- 119) Cough / Cold – Narcotic Antitussive – Antihistamine
- 120) Cough / Cold – Narcotic Antitussive – Decongestant
- 121) Cough / Cold – Narcotic Antitussive – Decongestant – Antihistamine
- 122) Cough / Cold – Non-Narc Antitussive – Antihistamine
- 123) Cough / Cold – Non-Narc Antitussive – Decongestant
- 124) Cough / Cold – Non-Narc Antitussive – Decongestant – Antihistamine
- 125) Cough / Cold – Systemic Decongestants
- 126) Cough / Cold – Topical Decongestants
- 127) Cox 2 Inhibitors – Selective
- 128) Cyto-Megalovirus Agents
- 129) Dental Products
- 130) Diabetic – Alphaglucosidase
- 131) Diabetic – Insulin
- 132) Diabetic – Insulin Penfills
- 133) Diabetic – Meglitinides
- 134) Diabetic – Oral Biguanides
- 135) Diabetic – Oral Sulfonylureas
- 136) Diabetic – Other
- 137) Diabetic – Sulfonylurea / Biguanide
- 138) Diabetic – Thiazol
- 139) Diabetic – Thiazol / Biguanide Combo
- 140) Diagnostic Biologicals
- 141) Diagnostic Drugs
- 142) Direct Renin Inhibitors
- 143) Diuretics
- 144) Dopamine Receptor Agonists
- 145) Ear
- 146) Electrolytes / Nutritional
- 147) Erythropoiesis Stimulating Agents
- 148) Estrogen Combo's
- 149) Estrogens – Patches
- 150) Estrogens – Tabs
- 151) Fluoroquinolones
- 152) GI – Anti-Flatulents / GI Stimulants
- 153) GI – Antidiarrheal / Antacid – Misc.
- 154) GI – Antiperistaltic Agents
- 155) GI – Digestive Enzymes
- 156) GI – H2-Antagonists
- 157) GI – Inflammatory Bowel Agents
- 158) GI – Irritable Bowel Syndrome Agents
- 159) GI – Misc.
- 160) GI – Misc. Anti-Ulcer
- 161) GI – Prostaglandins
- 162) GI – Proton Pump Inhibitor
- 163) GI – Ulcer Anti-Infective
- 164) Glucocorticoids – Corticotropin
- 165) Glucocorticoids – Mineralocorticoids

- 166) Gout
- 167) Granulocyte CSF
- 168) Growth Hormone
- 169) Hemostatic
- 170) Hepatitis B Only
- 171) Hepatitis C Agents
- 172) Hereditary Tyrosinemia Type 1 (HT-1) Treatment – Agents
- 173) Herpes Agents
- 174) Hyperparathyroid Treatment – Vitamin D Analogs
- 175) Hyperparathyroid Treatment – Vitamin D Analogs and Calcimimetics
- 176) Immune Serums
- 177) Influenza Agents
- 178) Irrigation Solutions
- 179) K Removing Resins
- 180) Lincosamides / Oxazolidinones / Leprostatics
- 181) Lithium
- 182) Macrolides / Erythromycin's / Ketolides
- 183) Migraine – Ergotamine Derivatives
- 184) Migraine – Selective Serotonin Agonists (5HT) – Injectables
- 185) Migraine – Selective Serotonin Agonists (5HT) – Tabs
- 186) Migraine-Ergotamine Combinations
- 187) Migraine-Selective Serotonin Agonist-(5HT) Combinations
- 188) Minerals
- 189) Mouth – Anesthetics Topical Oral
- 190) Mouth – Steroids
- 191) Mouth Anti-Infectives
- 192) Mouth Antiseptics
- 193) Mucopolysaccharidosis
- 194) Multiple Sclerosis Agents-Interferons
- 195) Multiple Sclerosis Agents-Non-Interferons
- 196) Muscle Relaxant – Combinations
- 197) Muscle Relaxants
- 198) Narcotic – Antagonists
- 199) Narcotics – Misc.
- 200) Narcotics – Selected
- 201) Narcotics – Long Acting
- 202) Nasal Steroids
- 203) Neurologics – Misc.
- 204) Neuromuscular Blocking Agents
- 205) Nicardipines
- 206) Nicotine Replacement Therapy
- 207) Nitro – Ointment / Cap / CR
- 208) Nitro – Patches
- 209) Nitro – Sublingual / Spray
- 210) NSAIDS
- 211) Op. Adrenergic Agents
- 212) Op. Antiallergics-Antihistamines
- 213) Op. Antiallergics-Mast Cell Stabilizers
- 214) Op. Antibiotics
- 215) Op. Antiinflammatory / Steroids Ophth
- 216) Op. Beta-Blockers
- 217) Op. Carbonic Anhydrase Inhibitors / Combo
- 218) Op. Cycloplegics
- 219) Op. Miotics – Direct Acting
- 220) Op. Misc.
- 221) Op. NSAID's
- 222) Op. Prostaglandins
- 223) Op. Quinolones
- 224) Op. Quinolones-Fourth Generation

- 225) Op. Selective Alpha Adrenergic Agonists
- 226) Osteoporosis
- 227) Oxytocics
- 228) Parkinsons – Anticholinergics
- 229) Parkinsons – COMT Inhibitors
- 230) Parkinsons – Selected Dopamine Agonists
- 231) Peripheral Vasodilators
- 232) Phenylketonuria
- 233) Phosphate Binders
- 234) Phosphodiesterase Inhibitors
- 235) Platelet Aggr. Inhibitors / Combo's – Misc.
- 236) Platelet Aggregation Inhibitors
- 237) Pressors
- 238) Progestins
- 239) Psychotherapeutic Combination
- 240) Pulmonary Anti-Hypertensives
- 241) Pulmonary Anti-Hypertensives-Endothelin Receptor Antagonist
- 242) Purine Analog
- 243) Rheumatoid Arthritis – Biologicals
- 244) Rheumatoid Arthritis – Non-Biologicals
- 245) RSV Prophylaxis
- 246) Sedative / Hypnotics – Non-Benzodiazepines
- 247) Smoking Cessation (Oral)
- 248) Somatostatic Agents
- 249) Stimulants- Amphetamines- Long Acting
- 250) Stimulants- Amphetamines- Short Acting
- 251) Stimulants- Methylphenidate
- 252) Stimulants- Methylphenidate- Long Acting
- 253) Stimulants- Other Stimulants/ Like Stimulants
- 254) Tetracyclines
- 255) Thrombopoeitin Receptor Agonists
- 256) Thyroid Hormones
- 257) Tissue Plasminogen Activator
- 258) Topical – Acne Preparations
- 259) Topical – Antibiotic
- 260) Topical – Antifungals
- 261) Topical – Antineoplastics
- 262) Topical – Antipruritics
- 263) Topical – Antiseborrheics
- 264) Topical – Antiseptics / Disinfectants
- 265) Topical – Antivirals
- 266) Topical – Astringents / Protectants
- 267) Topical – Burn Products
- 268) Topical – Cauterizing Agents
- 269) Topical – Corticosteroids
- 270) Topical – Emollients
- 271) Topical – Enzymes / Keratolytics / Urea
- 272) Topical – Genital Warts
- 273) Topical – Immunomodulators
- 274) Topical – Local Anesthetics
- 275) Topical – Nasal Antibiotics
- 276) Topical – Scabicides and Pediculicides
- 277) Topical – Steroid Combinations
- 278) Topical – Steroid Local Anesthetics
- 279) Topical – Tretinoids
- 280) Topical – Wound / Decubitus Care
- 281) Urea Cycle Disorder – Agents
- 282) Urological – Misc.
- 283) Vaginal – Antifungals

- 284) Vaginal – Antibacterials
- 285) Vaginal – Estrogens
- 286) Vaginal – Other
- 287) Vasopressins
- 288) Vitamins
- 289) Vitamins – Misc.
- 290) Weight Loss

Attachment 3
Preferred Drug List Changes

- 1) Recommend to change Twinject to Preferred.
- 2) Recommend to change Advair Diskus 100/50, 250/50, and 500/50 (package size 14 only) to Non-Preferred
- 3) Recommend to change Spiriva Handihaler (package size 5 only) to Non-Preferred
- 4) Recommend to remove Serevent Inhaler from the PDL since it has been discontinued from the manufacturer.
- 5) Recommend to remove Azmacort from the PDL since it has been discontinued from the manufacturer.
- 6) Recommend to change Venlafaxine ER to Preferred.
- 7) Recommend to change Effexor XR to Non-Preferred.
- 8) Recommend to change Tofranil PM to Non-Preferred.
- 9) Recommend to change Fazaclo to Non-Preferred. Existing users would be grandfathered.
- 10) Recommend to change Augmentin XR to Non-Preferred.
- 11) Recommend to change Caduet to Non-Preferred.
- 12) Recommend to change Omnicef to Non-Preferred.
- 13) Recommend to change Suprax to Non-Preferred.
- 14) Recommend to remove Ortho Novum 10/11 from the PDL since it has been discontinued from the manufacturer and change the generic, norethindrone-eth estradiol tab, to Preferred.
- 15) Recommend to remove Vantin Suspension and Vantin 100mg Tablets from the PDL since they have been discontinued from the manufacturer.
- 16) Recommend to change Seasonique to Preferred.
- 17) Recommend to change Avandaryl to Non-Preferred.
- 18) Recommend to keep Actos 15mg Preferred and remove the current quantity limit to allow for the use of multiple 15mg tablets.
- 19) Recommend to change Actos 30mg and 45mg to Non-Preferred.
- 20) Recommend to change Avandia to Non-Preferred.
- 21) Recommend to change Duetact to Non-Preferred.
- 22) Recommend to change Actoplus Met to Non-Preferred.
- 23) Recommend to change Avandamet to Non-Preferred.
- 24) Recommend to change Opium Tincture to Non-Preferred.
- 25) Recommend to change Creon to Preferred with Conditions.
- 26) Recommend to change Ranitidine Syrup to Preferred.
- 27) Recommend to change Zantac Syrup to Non-Preferred.
- 28) Recommend to change Pentasa 500mg to Non-Preferred.
- 29) Recommend to change Lialda to Non-Preferred.
- 30) Recommend to change Apriso to Preferred.
- 31) Recommend to change Cimzia Kit to Preferred with Conditions.
- 32) Recommend to remove Zegerid from the PDL because no longer has a signed rebate agreement with CMS.
- 33) Recommend to change Omnitrope to Preferred with Conditions.
- 34) Recommend to change Peg-Intron, Peg-Intron Redipen, and Peg-Intron Redipen Pak 4 to Non-Preferred. Existing users would be grandfathered.

- 35) Recommend to change Acyclovir 200mg/5ml Suspension to preferred due to availability issues with the preferred brand (Zovirax Suspension).
- 36) Recommend to add Humalog Mix 50/50 as Preferred.
- 37) Recommend to change Humalog Pen to Preferred with Conditions.
- 38) Recommend to add Humalog Mix 50/50 Pen as Preferred with Conditions.
- 39) Recommend to remove Novolin R InnoLet, Novolin N InnoLet, and Novolin 70/30 InnoLet from the PDL since it has been discontinued from the manufacturer.
- 40) Recommend to remove Novolin R PenFill, Novolin N PenFill, and Novolin 70/30 PenFill from the PDL since it has been discontinued from the manufacturer.
- 41) Recommend to change Imitrex to Non-Preferred with Conditions.
- 42) Recommend to change Sumatriptan to Preferred with Conditions.
- 43) Recommend to change Relpax to Non-Preferred with Conditions.
- 44) Recommend to change Treximet to Non-Preferred with Conditions.
- 45) Recommend to add OTC Calcium Carbonate Chew Tablet 500mg, 750mg, and 1000mg as Preferred with Conditions.
- 46) Recommend to add OTC Calcium Carbonate-Vitamin D Tablet 600mg-400unit as Preferred with Conditions.
- 47) Recommend to change Kadian 80mg and 200mg to Non-Preferred.
- 48) Recommend to change Veramyst to Non-Preferred
- 49) Recommend to change Combigan to Preferred.
- 50) Recommend to change Acular PF to Preferred.
- 51) Recommend to change Zymar to Preferred.
- 52) Recommend to change Fosamax Plus D to Non-Preferred.
- 53) Recommend to change Fortical to Preferred.
- 54) Recommend to change Letairis to Preferred with Conditions.
- 55) Recommend to change Solaraze to Non-Preferred.

Attachment 4

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) Anxiolytics-Benzodiazepines
- 2) Sedative/Hypnotics-Barbiturate
- 3) Sedative Hypnotics-Benzodiazepines
- 4) Antihemophilic Agents
- 5) Antineoplastics – Alkylating Agents
- 6) Antineoplastics – Antiadrenals
- 7) Antineoplastics – Antiandrogens
- 8) Antineoplastics – Antibiotics
- 9) Antineoplastics – Antiestrogens
- 10) Antineoplastics – Antimetabolites
- 11) Antineoplastics – Aromatase Inhibitors
- 12) Antineoplastics – Cardiac Protective Agents
- 13) Antineoplastics – Combinations
- 14) Antineoplastics – Estrogen Receptor Antagonist
- 15) Antineoplastics – Estrogens
- 16) Antineoplastics – Folic Acid Antagonists Rescue Agents
- 17) Antineoplastics – Imidazotetrazines
- 18) Antineoplastics – Interleukins
- 19) Antineoplastics – LHRH Analogs
- 20) Antineoplastics – Misc.
- 21) Antineoplastics – Mitotic Inhibitors
- 22) Antineoplastics – Nitrogen Mustards
- 23) Antineoplastics – Nitrosoureas
- 24) Antineoplastics – Progestins
- 25) Antineoplastics – Protein-Tyrosine Kinase Inhibitors
- 26) Antineoplastics – Retinoids
- 27) Antineoplastics – Selective Retinoid X Receptor Agonists
- 28) Antineoplastics – Topoisomerase I Inhibitors
- 29) Antineoplastics – Urinary Tract Protective Agents
- 30) Antiretroviral Combinations
- 31) Antiretrovirals
- 32) Antiretrovirals – Fusion Inhibitors
- 33) Antiretrovirals – Protease Inhibitors
- 34) Antiretrovirals – RTI-Non-Nucleoside Analogues
- 35) Antiretrovirals-RTI-Nucleoside Analogues-Purines
- 36) Antiretrovirals-RTI-Nucleoside Analogues-Pyrimidines
- 37) Antiretrovirals-RTI-Nucleoside Analogues-Thymidines
- 38) Antiretrovirals-RTI-Nucleotide Analogues
- 39) Immunosuppressants

Attachment 5
Recommended Drug List Changes

- 1) Recommend to change Midazolam Injection to Non-Preferred.
- 2) Recommend to change Casodex to Non-Recommended and require a Selected Brand Name Drug PA.
- 3) Recommend to change bicalutamide to Recommended.

Attachment 6
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. Adcirca- Recommend status on the PDL as Non-Preferred with Conditions
2. Besivance- Recommend status on the PDL as Non-Preferred
3. Effient- Recommend status on the PDL as Non-Preferred
4. Intelence- Recommend status on the PDL as Non-Recommended
5. Multaq- Recommend status on the PDL as Preferred
6. Onglyza- Recommend status on the PDL as Non-Preferred

Attachment 7

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

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.

NEWLY RELEASED GENERIC DRUGS		
Drug Name	Brand Name/Status on PDL/RDL	PDL/RDL Recommendation
Calcipotriene	Dovonex / Preferred	Non-Preferred
Calcium Acetate	PhosLo / Preferred	Non-Preferred
Clindamycin/Benzoyl Peroxide Gel	Benzaclin / Non-Preferred with Conditions	Non-Preferred with Conditions
Dexmethylphenidate	Focalin / Preferred with Conditions	Non-Preferred with Conditions
Imipramine Pamoate	Tofranil PM / Preferred (Recommend to change status to Non-Preferred)	Non-Preferred
Leuprolide	Lupron / Recommended	Non-Recommended
Melphalan Injection	Alkeran / Recommended	Non-Recommended
Nateglinide	Starlix / Preferred	Non-Preferred
Ofloxacin Otic Solution	Floxin / Preferred	Non-Preferred
Protriptyline	Vivactil / Preferred	Non-Preferred
Tacrolimus	Prograf / Recommended	Non-Recommended
Norgestimate-Eth Estradiol Tab (Tri-Lo Sprintec)	OrthoTriCyclen Lo / Non-Preferred	Non-Preferred

NEW DRUG DOSAGE FORMS		
Edluar Sublingual Tablets	Zolpidem Tablets / Preferred with Conditions	Non-Preferred with Conditions
Invega Sustenna Injection	Invega Tablets / Non-Preferred with Conditions	Non-Preferred with Conditions
Onsolis Buccal Film	Fentora Buccal Tablets / Non-Preferred with Conditions	Non-Preferred with Conditions
Tyvaso Inhalation Solution	Remodulin Injection / Non-Preferred with Conditions	Non-Preferred with Conditions

NEW DRUG NAMES

Colcrys	Colchicine / Preferred	Non-Preferred
Embeda	Morphine / Preferred and Naltrexone / Preferred	Non-Preferred
Epiduo	Differin/ Preferred with Conditions and Benzoyl Peroxide/Preferred	Non-Preferred with Conditions
Extavia	Betaseron / Preferred	Non-Preferred

NEW DRUG STRENGTHS

Acuvail 0.45%	Acular 0.5% / Preferred	Non-Preferred
Asacol HD 800mg	Asacol 400mg / Preferred	Non-Preferred
Astepro 0.15% Spray	Astepro 137mcg Spray / Non-Preferred with Conditions	Non-Preferred with Conditions
Zipsor 25mg Capsule	Diclofenac Potassium 50mg Tablets / Non-Preferred	Non-Preferred with Conditions