



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

**Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting
November 13, 2008**

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

Time: 8:30 a.m. – 6:00 p.m.

Tentative Agenda

1. Welcome & Introductions
 - a) Committee Members and Staff
 - b) Approval of the minutes
2. Update
 - a) Review of final report on diabetes (Section 9 Item 23 of Senate File 2425)
 - b) Preferred Drug List (PDL)/Recommended Drug List (RDL)
 - c) Prior Authorization Criteria/Pro-DUR edits
 - d) Medicaid Drug Rebate Issues
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 Sandy Pranger at spranger@ghsinc.com or (515) 725-1272

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) ALS Drug
- 10) Alzheimer – Cholinomimetics
- 11) Amino Glycosides
- 12) Analgesics – Misc.
- 13) Anaphylaxis Therapy
- 14) Androgens / Anabolics
- 15) Androgens/Anabolics-Topical
- 16) Anorectal – Misc.
- 17) Anthelmintics
- 18) Anti-Infective Combo's – Misc.
- 19) Antianginals – Isosorbide Nitrate
- 20) Antiarrhythmics
- 21) Antiasthmatic – 5-Lipoxygenase Inhibitors
- 22) Antiasthmatic – Adrenergic Combos
- 23) Antiasthmatic – Alpha Proteinase Inhibitor
- 24) Antiasthmatic – Anti-Cholinergics
- 25) Antiasthmatic – Anti-Inflammatory Agents
- 26) Antiasthmatic – Beta-Adrenergics
- 27) Antiasthmatic – Hydro-Lytic Enzymes
- 28) Antiasthmatic – Leukotriene Receptor Antagonists
- 29) Antiasthmatic – Misc. Respiratory Inhalants
- 30) Antiasthmatic – Mixed Adrenergics
- 31) Antiasthmatic – Mucolytics
- 32) Antiasthmatic – Nasal Misc.
- 33) Antiasthmatic – Steriod Inhalants
- 34) Antiasthmatic – Xanthines
- 35) Antibiotics – Misc.
- 36) Anti-Cataplectic Agents
- 37) Anticoagulants
- 38) Anticonvulsants
- 39) Antidotes
- 40) Antidotes – Chelating Agents
- 41) Antiemetic – 5-HT3 Receptor Antagonists/Substance P Neurokinin
- 42) Antiemetic – Anticholinergic / Dopaminergic
- 43) Antiemetic – Tetrahydrocannabinol (THC) Derivatives
- 44) Antifungals – Assorted
- 45) Antihistamines – Non-Sedating
- 46) Antihistamines – Non-Sedating / Decongestants
- 47) Antihistamines – Other

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

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

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

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

Attachment 3
Preferred Drug List Changes

- 1) Recommend to change Androgel Pump to Preferred.
- 2) Recommend to change Xopenex Nebulizer to Non-Preferred.
- 3) Recommend to change Innohep to Non-Preferred.
- 4) Recommend to change Depakote to Non-Preferred because of the new SMAC price on the generic. All patients with Seizure Disorder will be grandfathered.
- 5) Recommend to change Divalproex Sodium to Preferred because of its new SMAC price.
- 6) Recommend to change Oxcarbazepine to Preferred.
- 7) Recommend to change Trileptal to Non-Preferred.
- 8) Recommend to change Azor to Preferred.
- 9) Recommend to change Coreg CR to Non-Preferred.
- 10) Recommend to make Fenoglide Non-Preferred.
- 11) Recommend to change Vytorin to Non-Preferred.
- 12) Recommend to change Lantus to Preferred.
- 13) Recommend to change Humalog to Preferred.
- 14) Recommend to change Humulin R to Preferred.
- 15) Recommend to change Humulin N to Preferred.
- 16) Recommend to change Humalog 75/25 to Preferred.
- 17) Recommend to change Humulin 70/30 to Preferred.
- 18) Recommend to change Lantus Injection Solostar to Preferred with Conditions.
- 19) Recommend to change Lantus Opticlick to Preferred with Conditions.
- 20) Recommend to change Lialda to Preferred.
- 21) Recommend to add Relistor as Non-Preferred.
- 22) Recommend to change Norditropin Cartridge to Preferred.
- 23) Recommend to change Norditropin Nordiflex Pen to Preferred.
- 24) Recommend to change Tev-Tropin to Non-Preferred.
- 25) Recommend to change Maxalt (plain tablets only) to Non-Preferred.
- 26) Recommend to change Treximet to Preferred.
- 27) Recommend to change Ciloxan to Preferred.
- 28) Recommend to change Quixin to Non-Preferred.
- 29) Recommend to change Zymar to Non-Preferred and place in the new category OP. Quinolones Fourth Generation.
- 30) Recommend to add I-Quix as Non-Preferred and place in the new category OP. Quinolones Fourth Generation.
- 31) Recommend to change Mirapex to Non-Preferred. All patients with Parkinson Disorder will be grandfathered.
- 32) Recommend to add Renvela as Non-Preferred.
- 33) Recommend to add Humira Crohns Starter Pack as Preferred, and recommend a one-time fill. POS will have an edit in place not to allow a refill.
- 34) Recommend to change Ambien CR to Non-Preferred.
- 35) Recommend to change Lunesta 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) Antidepressants-MAO Inhibitors – Recommend moving this category to the PDL and recommend a clinical prior authorization to verify the diagnosis.
- 2) Antidepressants-Selected SSRI's – Recommend moving this category to the PDL.
- 3) Antidepressants-Tri-Cyclics – Recommend moving this category to the PDL.
- 4) Antipsychotics-Atypicals – Recommend moving this category to the PDL.
- 5) Antipsychotics-Special Atypicals
- 6) Antipsychotics-Typical – Recommend moving this category to the PDL.
- 7) Anxiolytics-Benzodiazepines
- 8) Anxiolytics-Long Acting
- 9) Anxiolytics-MISC.
- 10) Lithium
- 11) Psychotherapeutic Combination
- 12) Sedative/Hypnotics-Barbiturate
- 13) Sedative Hypnotics-Benzodiazepines
- 14) Stimulants-Amphetamines Long Acting – Recommend moving this category to the PDL
- 15) Stimulants-Amphetamines Short Acting
- 16) Stimulants-Methylphenidate – Recommend moving this category to the PDL.
- 17) Stimulants -Methylphenidate Long Acting – Recommend moving this category to the PDL.
- 18) Stimulants-Other Stimulants/Like Stimulants – Recommend moving this category to the PDL.
- 19) Antihemophilic Agents
- 20) Antineoplastics – Alkylating Agents
- 21) Antineoplastics – Antiadrenals
- 22) Antineoplastics – Antiandrogens
- 23) Antineoplastics – Antibiotics
- 24) Antineoplastics – Antiestrogens
- 25) Antineoplastics – Antimetabolites
- 26) Antineoplastics – Aromatase Inhibitors
- 27) Antineoplastics – Cardiac Protective Agents
- 28) Antineoplastics – Combinations
- 29) Antineoplastics – Estrogen Receptor Antagonist
- 30) Antineoplastics – Estrogens
- 31) Antineoplastics – Folic Acid Antagonists Rescue Agents
- 32) Antineoplastics – Imidazotetrazines
- 33) Antineoplastics – Interleukins
- 34) Antineoplastics – LHRH Analogs
- 35) Antineoplastics – Misc.
- 36) Antineoplastics – Mitotic Inhibitors
- 37) Antineoplastics – Nitrogen Mustards
- 38) Antineoplastics – Nitrosoureas
- 39) Antineoplastics – Progestins
- 40) Antineoplastics – Protein-Tyrosine Kinase Inhibitors
- 41) Antineoplastics – Retinoids
- 42) Antineoplastics – Selective Retinoid X Receptor Agonists
- 43) Antineoplastics – Topoisomerase I Inhibitors
- 44) Antineoplastics – Urinary Tract Protective Agents
- 45) Antiretroviral Combinations
- 46) Antiretrovirals
- 47) Antiretrovirals – Fusion Inhibitors
- 48) Antiretrovirals – Protease Inhibitors
- 49) Antiretrovirals – RTI-Non-Nucleoside Analogues
- 50) Antiretrovirals-RTI-Nucleoside Analogues-Purines
- 51) Antiretrovirals-RTI-Nucleoside Analogues-Pyrimidines
- 52) Antiretrovirals-RTI-Nucleoside Analogues-Thymidines
- 53) Antiretrovirals-RTI-Nucleotide Analogues
- 54) Immunosuppressants

Attachment 5
Recommended Drug List Changes

- 1) Recommend to change Nardil from Recommended to Non-Preferred with Conditions and add a clinical prior authorization requirement for MAO Inhibitors. Existing members would be grandfathered.
- 2) Recommend to change Emsam from Non-Recommended to Non-Preferred with Conditions and add a clinical prior authorization requirement for MAO Inhibitors. Existing members would be grandfathered.
- 3) Recommend to change Parnate from Recommended to Non-Preferred with Conditions and add a clinical prior authorization requirement for MAO Inhibitors. Existing members would be grandfathered.
- 4) Recommend to change Lexapro from Recommended to Preferred and accept the DUR Commission recommendation to split Lexapro 20mg tablets to achieve a 10mg dose and to split Lexapro 10mg tablets to achieve a 5mg dose.
- 5) Recommend to change Luvox CR 100mg and 150mg from Non-Recommended to Non-Preferred with Conditions and accept clinical prior authorization criteria for this drug.
- 6) Recommend to change Paxil Susp 10mg/5mg from Recommended to Preferred.
- 7) Recommend to change Pexeva from Non-Recommended to Non-Preferred.
- 8) Recommend to change Pristiq 50mg and 100mg from Non-Recommended to Non-Preferred with Conditions and add clinical prior authorization to this drug.
- 9) Recommend to change Cymbalta from Non-Recommended to Preferred.
- 10) Recommend to change Maprotiline from Recommended to Preferred.
- 11) Recommend to change Wellbutrin XL from Recommended to Preferred.
- 12) Recommend to change Effexor XR from Non-Recommended to Preferred.
- 13) Recommend to change Amoxapine from Recommended to Preferred.
- 14) Recommend to change Tofranil-PM from Non-Recommended to Preferred.
- 15) Recommend to change Vivactil from Recommended to Preferred.
- 16) Recommend to change Surmontil from Recommended to Preferred.
- 17) Recommend to change Invega from Non-Recommended to Preferred.
- 18) Recommend to change Risperdal from Recommended to Preferred.
- 19) Recommend to change Risperdal M-Tab from Non-Recommended to Non-Preferred.
- 20) Recommend to change Risperdal Consta from Non-Recommended to Preferred.
- 21) Recommend to change Seroquel from Recommended to Preferred.
- 22) Recommend to change Seroquel XR 200mg, 300mg, and 400mg from Non-Recommended to Non-Preferred with Conditions and keep the clinical prior authorization requirement.
- 23) Recommend to change Zyprexa from Non-Recommended to Preferred.
- 24) Recommend to change Zyprexa Zydis from Non-Recommended to Non-Preferred.
- 25) Recommend to change Abilify from Non-Recommended to Preferred.
- 26) Recommend to change Abilify Discmelt from Non-Recommended to Non-Preferred.
- 27) Recommend to change Geodon from Recommended to Preferred.
- 28) Recommend to change Moban from Non-Recommended to Preferred.
- 29) Recommend to change all strengths of Vyvanse from Recommended to Preferred.
- 30) Recommend to change Adderall XR from Recommended to Preferred
- 31) Recommend to change Focalin from Recommended to Preferred.
- 32) Recommend to change Focalin XR from Recommended to Preferred.
- 33) Recommend to change Daytrana from Recommended to Preferred.
- 34) Recommend to change Metadate CD from Non-Recommended to Non-Preferred.
- 35) Recommend to change Concerta from Recommended to Preferred.
- 36) Recommend to change Ritalin LA from Non-Recommended to Non-Preferred.
- 37) Recommend removing methamphetamine hcl because it is no longer being made.
- 38) Recommend removing dopram because it is only to be used in a hospital setting.
- 39) Recommend to change Strattera from Non-Recommended to Preferred.
- 40) Recommend to change Provigil from Non-Recommended to Preferred.

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. I-Quix-Recommend status on the PDL as Non-Preferred

2. Relistor-Recommend status on the PDL as Non-Preferred

3. Renvela-Recommend status on the PDL as Non-Preferred

Attachment 7

Newly Released Generic Drugs and New Dosage Forms

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NEWLY RELEASED GENERIC DRUGS		
Drug Name	Brand Name/Status on PDL/RDL	PDL/RDL Recommendation
Eplerenone	Inspra/Preferred with Conditions	Non-Preferred
Galantamine	Razadyne /Non-Preferred	Non-Preferred
Oxcarbazepine	Trileptal/Non-Preferred	Preferred
NEW DRUG NAMES, DOSAGE FORMS, OR STRENGTHS		
Drug Name	Brand Name/Status on PDL/RDL	PDL/RDL Recommendation
Fenoglide	Fenofibrate/Non-Preferred	Non-Preferred
Keppra XR	Keppra/Preferred	Preferred
NovoSeven RT	NovoSeven/Recommended	Recommended
Stavzor	Valproic Acid/Preferred	Non-Preferred
Zamicet	Hydrocodone Bitartrate and Acetaminophen Solution/Preferred	Non-Preferred