



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

**Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting
November 18, 2010**

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

Time: 8:30 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)/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

Next scheduled meeting is March 10, 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

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

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

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

- 284) Topical – Nasal Antibiotics
- 285) Topical – Scabicides and Pediculicides
- 286) Topical – Steroid Combinations
- 287) Topical – Steroid Local Anesthetics
- 288) Topical – Tretinoids
- 289) Topical – Wound / Decubitus Care
- 290) Urea Cycle Disorder – Agents
- 291) Urological – Misc.
- 292) Vaginal – Antifungals
- 293) Vaginal – Antibacterials
- 294) Vaginal – Estrogens
- 295) Vaginal – Other
- 296) Vasopressins
- 297) Vitamins
- 298) Vitamins – Misc.
- 299) Weight Loss

Attachment 3

Preferred Drug List Changes

- 1) Recommend to change Trandolapril to Preferred to maximize cost savings to the program.
- 2) Recommend to change Aricept ODT to Non-Preferred with Conditions as it is considered a line extension in the Healthcare Reform Bill.
- 3) Recommend to change Twinject to Non-Preferred to maximize cost savings to the program.
- 4) Recommend to remove Mintezol from the PDL since it has been discontinued from the manufacturer.
- 5) Recommend to change Norpace to Non-Preferred to maximize cost savings to the program.
- 6) Recommend to change Disopyramide to Preferred to maximize cost savings to the program.
- 7) Recommend to change Vospire ER to Non-Preferred to maximize cost savings to the program.
- 8) Recommend to change Asmanex 30 110mcg to Non-Preferred to maximize cost savings to the program.
- 9) Recommend to remove Gantrisin from the PDL since it has been discontinued from the manufacturer.
- 10) Recommend to change Lovenox 300mg/3ml to Non-Preferred with conditions to maximize cost savings to the program.
- 11) Recommend to change Keppra XR to Non-Preferred with Conditions (grandfathering members with a diagnosis of seizure disorder) as it is considered a line extension in the Healthcare Reform Bill.
- 12) Recommend to change Paxil CR to Non-Preferred with Conditions (grandfather existing users) as it is considered a line extension in the Healthcare Reform Bill.
- 13) Recommend to keep generic Venlafaxine ER Tablets (Upstate Pharma) Preferred. All other generics will be Non-Preferred to maximize cost savings to the program.
- 14) Recommend to change Ondansetron Oral Solution to Non-Preferred with Conditions to maximize cost savings to the program.
- 15) Recommend to change Lodosyn to Non-Preferred to maximize cost savings to the program.
- 16) Recommend to change Tazorac to Non-Preferred with Conditions to maximize cost savings to the program.
- 17) Recommend to change Enablex to Non-Preferred to maximize cost savings to the program.
- 18) Recommend to change Detrol LA to Non-Preferred as it is considered a line extension in the Healthcare Reform Bill.
- 19) Recommend to change Sanctura XR to Non-Preferred as it is considered a line extension in the Healthcare Reform Bill.
- 20) Recommend to change Avodart to Non-Preferred to maximize cost savings to the program.
- 21) Recommend to change Finasteride to Preferred to maximize cost savings to the program.
- 22) Recommend to change Proscar to Non-Preferred to maximize cost savings to the program.
- 23) Recommend to change Cardizem LA to Non-Preferred to maximize cost savings to the program.
- 24) Recommend to change Verelan 120mg SR to Non-Preferred to maximize cost savings to the program.
- 25) Recommend to remove Cefzil Tablets and Suspension from the PDL since they have been discontinued from the manufacturer.
- 26) Recommend to change Cefprozil Tablets to Preferred as the preferred brand (Cefzil) is no longer available.

- 27) Recommend to change Cefprozil 125mg/5ml Suspension to Preferred as the preferred brand (Cefzil) is no longer available.
- 28) Recommend to change Cedax to Non-Preferred to maximize cost savings to the program.
- 29) Recommend to change Lescol XL to Non-Preferred with Conditions as it is considered a line extension in the Healthcare Reform Bill.
- 30) Recommend to remove Aquatab DM, Aquatab C, and Aquatab D from the PDL since they have been discontinued from the manufacturer.
- 31) Recommend to remove Andehist DM Syrup NR from the PDL since it has been discontinued from the manufacturer.
- 32) Recommend to remove Toradol from the PDL since it has been discontinued from the manufacturer.
- 33) Recommend to change Onglyza to Preferred with Conditions to maximize cost savings to the program.
- 34) Recommend to change Eplerenone to Preferred with Conditions to maximize cost savings to the program.
- 35) Recommend to change Inspra to Non-Preferred with Conditions to maximize cost savings to the program.
- 36) Recommend to change Ciprodex to Non-Preferred and block 72 hours emergency fill to maximize cost savings to the program.
- 37) Recommend to change Liposyn to Preferred as the preferred generic (fat emulsion) is not available.
- 38) Recommend to remove Ogen from the PDL since it has been discontinued from the manufacturer.
- 39) Recommend to change Belladonna Alkaloids & Opium Suppositories 16.2-30mg to Non-Preferred to maximize cost savings to the program.
- 40) Recommend to change Cimzia Kit to Non-Preferred with Conditions to maximize cost savings to the program.
- 41) Recommend to change Balsalazide to Preferred to maximize cost savings to the program.
- 42) Recommend to remove Decadron from the PDL since it has been discontinued from the manufacturer.
- 43) Recommend to remove Iplex from the PDL since it has been discontinued from the manufacturer.
- 44) Recommend to remove Baytet from the PDL since it has been discontinued from the manufacturer.
- 45) Recommend to change Maxalt MLT to Non-Preferred with Conditions as it is considered a line extension in the Healthcare Reform Bill.
- 46) Recommend to change Kadian 10mg to Non-Preferred to maximize cost savings to the program.
- 47) Recommend to change Avinza 45mg and 75mg to Non-Preferred to maximize cost savings to the program.
- 48) Recommend to remove Panlor DC from the PDL since it has been discontinued from the manufacturer.
- 49) Recommend to remove Ansaid from the PDL since it has been discontinued from the manufacturer.
- 50) Recommend to change Boniva to Non-Preferred to maximize cost savings to the program.
- 51) Recommend to change Renvela to Preferred to maximize cost savings to the program.
- 52) Recommend to change Renagel 800mg to Non-Preferred to maximize cost savings to the program.

- 53) Recommend to change Adcirca to Preferred with Conditions to maximize cost savings to the program.
- 54) Recommend to change Tracleer to Non-Preferred with Conditions (grandfather existing users) to maximize cost savings to the program.
- 55) Recommend to change Adderall XR to Non-Preferred with Conditions (grandfather existing users) to maximize cost savings to the program.
- 56) Recommend to change MetroLotion to Non-Preferred with Conditions to maximize cost savings to the program.
- 57) Recommend to change Metronidazole Lotion to Preferred with Conditions to maximize cost savings to the program.
- 58) Recommend to remove Rosac from the PDL since it has been discontinued from the manufacturer.
- 59) Recommend to remove Diprosone from the PDL since it has been discontinued from the manufacturer.
- 60) Recommend to change Desoximetasone 0.25% Cream to Preferred to maximize cost savings to the program.
- 61) Recommend to remove Synalar from the PDL since it has been discontinued from the manufacturer.
- 62) Recommend to change Salex Shampoo to Non-Preferred and Salicylic Acid Shampoo to Preferred to maximize cost savings to the program.
- 63) Recommend to change Elidel to Non-Preferred with referral to DUR for PA criteria to maximize cost savings to the program.
- 64) Recommend to change Protopic to Non-Preferred with referral to DUR for PA criteria to maximize cost savings to the program.
- 65) Recommend to change Xylocaine 4% Solution to Non-Preferred to maximize cost savings to the program.
- 66) Recommend to change Hiprex to Preferred due to the preferred drug Urex not being available.
- 67) Recommend to change Urex to Non-Preferred due to the product being unavailable.
- 68) Recommend to remove CaloMist from the PDL since it has been discontinued from the manufacturer.

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

Attachment 5
Recommended Drug List Changes

- 1) Recommend to change Arimidex to Non-Recommended to maximize cost savings to the program.
- 2) Recommend to remove Taxol from the PDL since it has been discontinued from the manufacturer.

Attachment 6
Newly Released Drugs

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1. Livalo- Recommend status on the PDL as Non-Preferred

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

Attachment 7

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
Anastrozole	Arimidex / Recommended (recommended to change to Non-Recommended)	Recommended
Clindamycin for Oral Solution	Cleocin Pediatric Granule / Preferred	Non-Preferred
Diazepam Gel	Diastat / Preferred	Non-Preferred
Enoxaparin Injection	Lovenox / Preferred with Conditions	Non-Preferred with Conditions
Meropenem	Merrem / Preferred	Non-Preferred
Omeprazole/Sodium Bicarbonate	Zegerid / Not Covered	Non-Preferred with Conditions
Pancrelipase 5,000 units	Zenpep / Preferred with Conditions	Non-Preferred with Conditions
Rivastigmine	Exelon / Preferred	Non-Preferred
Trospium	Sanctura / Preferred	Non-Preferred
Venlafaxine ER Capsule	Effexor XR / Non-Preferred	Non-Preferred

NEW DRUG DOSAGE FORMS		
BenzEFoam	Benzoyl Peroxide Gel & Lotion / Preferred	Non-Preferred with Conditions
Cambia Powder for Solution	Diclofenac / Preferred	Non-Preferred with Conditions
Norvir Tablets	Norvir Capsules/ Recommended	Non-Recommended
Procentra Oral Solution	Dextroamphetamine Tabs / Preferred with Conditions	Non-Preferred with Conditions
Suboxone Film	Suboxone Sublingual Tabs / Preferred	Non-Preferred with Conditions
Xeomin	Botox/ Non-Preferred	Non-Preferred

NEW DRUG NAMES / COMBINATIONS

Agriflu	Afluria / Preferred	Preferred
Dulera	Asmanex / Preferred & Foradil / Non-Preferred	Preferred
Tekamlo	Tekturna / Non-Preferred & Amlodipine / Preferred	Non-Preferred
Tribenzor	Amlodipine / Preferred, HCTZ / Preferred, & Benicar / Preferred with Conditions	Non-Preferred with Conditions
Veltin	Clindamycin / Preferred with Conditions & Tretinoin / Preferred with Conditions	Non-Preferred with Conditions
Xerese Cream	Zovirax Ointment/ Preferred & Hydrocortisone Cream/ Preferred	Non-Preferred

NEW DRUG STRENGTHS

Aricept 23mg	Aricept 5mg&10mg/ Preferred	Non-Preferred
Lumigan 0.01%	Lumigan 0.03%/ Preferred	Preferred
TobraDex ST	TobraDex/ Preferred	Non-Preferred
Zencia Wash (sodium sulfacetamide 9%, sulfur 4%)	Plexion (sodium sulfacetamide 10%, sulfur 5%)/ Preferred with Conditions	Non-Preferred with Conditions