



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

## Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting November 9, 2006

Location: Department for the Blind  
524 4<sup>th</sup> Street  
Des Moines, Iowa 50309-2306

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) Legislation
  - b) Preferred Drug List (PDL)
  - c) Prior Authorization Criteria **(See attachment 1)**
3. Public Comment **(See attachment 2 for Conflict of Interest Disclosure)**
4. Closed Executive Session
  - a) Economic Review of the Iowa Medicaid Preferred Drug List, Newly Released Drugs, Newly Released Generic Drugs, New Dosage Forms, and Contracts.
  - b) Review and discussion of the confidential public comments

**\*Lunch Break 11:30 a.m.-12:30 p.m.\***
5. Preferred Drug List (PDL) discussion and deliberation  
**(See attachment 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. Thomas Kline  
**(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 Generics drugs and New Dosage Forms and Strengths by Dr. Tim Clifford  
**(See attachment 5 for order of discussion)**
10. Final Recommendations by the P & T Committee on Newly Released Generic Drugs and New Dosage Forms and Strengths (Open Session)

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

**[www.iowaMedicaidPDL.com](http://www.iowaMedicaidPDL.com)**

For more information contact Sandy Pranger at [spranger@ghsinc.com](mailto:spranger@ghsinc.com) or (515) 725-1272

## Attachment 1

### Smoking Cessation Criteria

<p><b>Smoking Cessation Products</b></p> <p><i>Use Nicotine Replacement Therapy form</i></p>	<p><i>Prior Authorization is required for over-the-counter nicotine replacement patches and nicotine gum. Requests for authorization must include:</i></p> <ol style="list-style-type: none"><li><i>1) Diagnosis of nicotine dependence and referral to the Quitline Iowa program for counseling.</i></li><li><i>2) Confirmation of enrollment in the Quitline Iowa counseling program is required for approval.</i></li><li><i>3) Approvals will only be granted for patients eighteen years of age and older.</i></li><li><i>4) The maximum allowed duration of therapy is twelve weeks within a twelve-month period.</i></li><li><i>5) A maximum quantity of 14 nicotine replacement patches and/or 110 pieces of nicotine gum may be dispensed with the initial prescription. Subsequent prescription refills will be allowed to be dispensed as a 4 week supply at one unit per day of nicotine replacement patches and /or 330 pieces of nicotine gum. Following the first 28 days of therapy, continuation is available only with documentation of therapy success from Quitline Iowa.</i></li></ol>
--	---

**Attachment 2**  
**State of Iowa**  
**Conflict of Interest Disclosure**

The Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee and persons testifying 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.

A financial interest may include, but is not limited to, being a shareholder in the organization; being on retainer with the organization; or having research or honoraria paid by the 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 relationships does not necessarily constitute a conflict of interest and will not preclude an individual from participating on, 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.**

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	Role/Relationship

\_\_\_\_\_

*(print name)*

\_\_\_\_\_

*(signature)*

\_\_\_\_\_

*(date)*

**Attachment 3**  
**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. Angiotensin Receptor Blocker
16. Anorectal – Misc.
17. Anthelmintics
18. Anti-Infective Combo's – Misc.
19. Antianginals – Isosorbide Nitrate
20. Antiarrhythmics
21. Antiasthmatic – Adrenergic Combos
22. Antiasthmatic – Alpha Proteinase Inhibitor
23. Antiasthmatic – Anti-Cholinergics
24. Antiasthmatic – Anti-Inflammatory Agents
25. Antiasthmatic – Beta-Adrenergics
26. Antiasthmatic – Hydro-Lytic Enzymes
27. Antiasthmatic – Leukotriene Receptor Antagonists
28. Antiasthmatic – Misc. Respiratory Inhalants
29. Antiasthmatic – Mixed Adrenergics
30. Antiasthmatic – Mucolytics
31. Antiasthmatic – Nasal Misc.
32. Antiasthmatic – Nasal Steriods
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. Antifungals – Assorted
44. Antihistamines – Non-Sedating
45. Antihistamines – Non-Sedating / Decongestants
46. Antihistamines – Other
47. Antihistamines/Decongestants
48. Antihypertensive Combos
49. Antihypertensives – Central
50. Antileprotic
51. Antimalarial Agents
52. Antimycobacterials / Antituberculosis
53. Anti-Parkinsonian Drugs
54. Antiprotozoal Agents
55. Anti-Psoriatics – Biologicals
56. Anti-Psoriatics – Non-Biologicals
57. Antispasmodics
58. Antispasmodics – Long Acting
59. Antithyroid Therapies
60. ARB's and Diuretics
61. Arthritis – Misc.
62. Artificial Saliva / Stimulants
63. Beta Blockers – Alpha / Beta
64. Beta Blockers – Cardio Selective
65. Beta Blockers – Non-Selective
66. Beta Blockers and Diuretic Combo's
67. Beta – Lactams / Clavulanate Combo's
68. BPH
69. Calcium Channel Blockers – Amlodipines
70. Calcium Channel Blockers – Diltiazems
71. Calcium Channel Blockers – Felodipines
72. Calcium Channel Blockers – Isradipines
73. Calcium Channel Blockers – Nifedipines
74. Calcium Channel Blockers – Nisoldipine
75. Calcium Channel Blockers – Verapamils
76. Carbapenems
77. Cardiac Glycosides
78. Carnitine Replenisher – Agents
79. CCB / Lipid
80. Cephalosporins
81. Chelating Agents
82. Cholesterol – Bile Sequestrants
83. Cholesterol – Fibric Acid Derivatives
84. Cholesterol – HMG COA + Absorb Inhibitors
85. Cholinergic
86. Compounding Materials
87. Contraceptives – Bi-Phasic Combinations
88. Contraceptives-Emergency Contraceptives
89. Contraceptives – Injectable
90. Contraceptives – Monophasic Combination O/C's
91. Contraceptives – Patches / Vaginal Products
92. Contraceptives – Progestin Only
93. Contraceptives – Tri-Phasic Combinations
94. Cough / Cold – Antitussive – Narcotic
95. Cough / Cold – Antitussive – Non-Narcotic

96. Cough / Cold – Antitussive – Expectorant
97. Cough / Cold – Antitussive – Expectorant – Decongest – Antihist
98. Cough / Cold – Antitussive – Expectorant – Decongestant
99. Cough / Cold – Decongestant & Anticholinergic
100. Cough / Cold – Decongestant w/Expectorant
101. Cough / Cold – Decongestant – Antihistamine w/Expectorant
102. Cough / Cold – Decongestant – Antihistamine – Anticholinergic
103. Cough / Cold – Expectorant Mixtures
104. Cough / Cold – Expectorants
105. Cough / Cold – Narcotic Antitussive – Antihistamine
106. Cough / Cold – Narcotic Antitussive – Decongestant
107. Cough / Cold – Narcotic Antitussive – Decongestant – Antihistamine
108. Cough / Cold – Non-Narc Antitussive – Antihistamine
109. Cough / Cold – Non-Narc Antitussive – Decongestant
110. Cough / Cold – Non-Narc Antitussive – Decongestant – Antihistamine
111. Cough / Cold – Systemic Decongestants
112. Cough / Cold – Topical Decongestants
113. Cox 2 Inhibitors – Highly Selective
114. Cox 2 Inhibitors – Selective
115. Cyto-Megalovirus Agents
116. Dental Products
117. Diabetic – AlphaglucoSIDase
118. Diabetic – Insulin
119. Diabetic – Insulin Penfills
120. Diabetic – Meglitinides
121. Diabetic – Oral Biguanides
122. Diabetic – Oral Sulfonylureas
123. Diabetic – Other
124. Diabetic – Sulfonyluria / Biguanide
125. Diabetic – Thiazol
126. Diabetic – Thiazol / Biguanide Combo
127. Diagnostic Biologicals
128. Diuretics
129. Dopamine Receptor Agonists
130. Ear
131. Electrolytes / NutritionalS
132. ErythropoeiS Stimulating Agents
- 133 Estrogen Combo's
134. Estrogens – Patches
135. Estrogens – Tabs
136. Fluoroquinolones
137. GI – Anti-Flatulents / GI Stimulants
138. GI – Antidiarrheal / Antacid – Misc.
139. GI – Antiperistaltic Agents
140. GI – Digestive Enzymes
141. GI – H2-Antagonists
142. GI – Inflammatory Bowel Agents
143. GI – Irritable Bowel Syndrome Agents
144. GI – Misc.
145. GI – Misc. Anti-Ulcer
146. GI – Prostaglandins
147. GI – Proton Pump Inhibitor
148. GI – Proton Pump Inhibitor / NSAID Combo
149. GI – Ulcer Anti-Infective

150. Glucocorticoids – Corticotropin
151. Glucocorticoids – Mineralocorticoids
152. Gout
153. Granulocyte CSF
154. Growth Hormone
155. Hemostatic
156. Hepatitis B Only
157. Hepatitis C Agents
158. Hereditary Tyrosinemia Type 1 (HT-1) Treatment – Agents
159. Herpes Agents
160. Hyperparathyroid Treatment – Vitamin D Analogs
161. Hyperparathyroid Treatment – Vitamin D Analogs and Calcimimetics
162. Immune Serums
163. Influenza Agents
164. Irrigation Solutions
165. K Removing Resins
166. Lincosamides / Oxazolidinones / Leprostatics
167. Macrolides / Erythromycin's / Ketolides
168. Migraine – Carboxylic Acid Derivatives
169. Migraine – Ergotamine Derivatives
170. Migraine – Misc.
171. Migraine – Selective Serotonin Agonists (5HT) – Injectables
172. Migraine – Selective Serotonin Agonists (5HT) – Tabs
173. Minerals
174. Mouth – Anesthetics Topical Oral
175. Mouth – Steroids
176. Mouth Anti-Infectives
177. Mouth Antiseptics
178. Mucopolysaccharidosis
179. Multiple Sclerosis Agents
180. Muscle Relaxant – Combinations
181. Muscle Relaxants
182. Narcotic – Antagonists
183. Narcotics – Misc.
184. Narcotics – Selected
185. Narcotics – Long Acting
186. Neurologics – Misc.
187. Neuromuscular Blocking Agents
188. Nicardipines
189. Nitro – Ointment / Cap / CR
190. Nitro – Patches
191. Nitro – Sublingual / Spray
192. NSAIDS
193. Op. Adrenergic Agents
194. Op. Antiallergics-Antihistamines
195. Op. Antiallergics-Mast Cell Stabilizers
196. Op. Antibiotics
197. Op. Antiinflammatory / Steroids Opth
198. Op. Beta-Blockers
199. Op. Carbonic Anhydrase Inhibitors / Combo
200. Op. Cycloplegics
201. Op. Miotics – Direct Acting
202. Op. Misc.
203. Op. NSAID's

204. Op. Prostaglandins
205. Op. Quinolones
206. Op. Selective Alpha Adrenergic Agonists
207. Osteoporosis
208. Oxytocics
209. Parkinsons – Anticholinergics
210. Parkinsons – COMP Inhibitors
211. Parkinsons – Selected Dopamine Agonists
212. Peripheral Vasodilators
213. Phosphate Binders
214. Phosphodiesterase Inhibitors
215. Platelet Aggr. Inhibitors / Combo's – Misc.
216. Platelet Aggregation Inhibitors
217. Pressors
218. Progestins
219. Pulmonary Anti-Hypertensives
220. Purine Analog
221. Rheumatoid Arthritis – Biologicals
222. Rheumatoid Arthritis – Non-Biologicals
223. RSV Prophylaxis
224. Sedative / Hypnotics – Non-Benzodiazepines
225. Smoking Cessation-Oral
226. Smoking Cessation-Topical
227. Somatostatic Agents
228. Tetracyclines
229. Thyroid Hormones
230. Tissue Plasminogen Activator
231. Topical – Acne Preparations
232. Topical – Antibiotic
233. Topical – Antifungals
234. Topical – Antineoplastics
235. Topical – Antipruritics
236. Topical – Antiseborrheics
237. Topical – Antiseptics / Disinfectants
238. Topical – Antivirals
239. Topical – Astringents / Protectants
240. Topical – Burn Products
241. Topical – Cauterizing Agents
242. Topical – Corticosteroids
243. Topical – Emollients
244. Topical – Enzymes / Keratolytics / Urea
245. Topical – Genital Warts
246. Topical – Immunomodulators
247. Topical – Local Anesthetics
248. Topical – Nasal Antibiotics
249. Topical – Scabicides and Pediculicides
250. Topical – Steroid Combinations
251. Topical – Steroid Local Anesthetics
252. Topical – Tretinoids
253. Topical – Wound / Decubitus Care
254. Urea Cycle Disorder – Agents
255. Urological – Misc.
256. Vaginal – Antifungals
257. Vaginal – Antibacterials



- 258. Vaginal – Estrogens
- 259. Vaginal – Other
- 260. Vasopressins
- 261. Vitamins
- 262. Vitamins – Misc.
- 263. Weight Loss

**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.

**Mental Health Categories PDL/RDL**

1. Antidepressants – MAO Inhibitors
2. Antidepressants – Selected SSRI's
3. Antidepressants – Tri-Cyclics
4. Antipsychotics – Atypicals
5. Antipsychotics – Special Atypicals
6. Antipsychotics – Typical
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
15. Stimulants – Amphetamines – Short Acting
16. Stimulants – Methylphenidate
17. Stimulants – Methylphenidate – Long Acting
18. Stimulants – Other Stimulants / Like Stimulants

**Other RDL Categories**

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 – Retinoids
24. Antineoplastics – Selective Retinoid X Receptor Agonists
25. Antineoplastics – Topoisomerase I Inhibitors
26. Antineoplastics – Urinary Tract Protective Agents
27. Antiretroviral Combinations
28. Antiretrovirals
29. Antiretrovirals – Fusion Inhibitors
30. Antiretrovirals – Protease Inhibitors
31. Antiretrovirals – RTI-Non-Nucleoside Analogues
32. Antiretrovirals – RTI-Nucleoside Analogues-Purines
33. Antiretrovirals – RTI-Nucleoside Analogues-Pyrimidines
34. Antiretrovirals – RTI-Nucleoside Analogues-Thymidines
35. Antiretrovirals – RTI-Nucleotide Analogues
36. Immunosuppressants

**Attachment 5**  
**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. Atripla-Recommend status on the RDL as recommended
2. Azilect- Recommend status on the PDL as non-preferred
3. Cesamet-Recommend status on the PDL as non-preferred
4. Exubera- Recommend status on the PDL as non-preferred
5. Revlimid- Recommend status on the RDL as non-recommended
6. Seasonique- Recommend status on the PDL as non-preferred

## Attachment 6

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.

<b>NEWLY RELEASED GENERIC DRUGS</b>		
<b>Drug Name</b>	<b>Brand Name/Status on PDL/RDL</b>	<b>PDL/RDL Recommendation</b>
Clopidogrel	Plavix/Preferred	Non-Preferred
Meloxicam	Mobic/Non-Preferred	Non-Preferred
Venlafaxine	Effexor/Non-Recommended	Effexor/Non-Recommended
<b>NEW DOSAGE FORMS</b>		
<b>Drug Name</b>	<b>Brand Name/Status on PDL/RDL</b>	<b>PDL/RDL Recommendation</b>
Advair HFA	Advair/Preferred	Preferred
Enbrel Sureclick	Enbrel/Preferred	Preferred
Orapred ODT	Orapred/Preferred	Non-Preferred