



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting September 11, 2008

**Location: Iowa State Capitol Room 116
1305 E. Walnut Street
Des Moines, Iowa 50319-0114**

Time: 9:30 a.m. – 4:30 p.m.

Tentative Agenda

1. Welcome & Introductions
 - a. Committee Members and Staff
 - b. Approval of the minutes
 2. Update
 - a. Annual P&T Committee Chairperson and Vice Chairperson Elections
 - b. Annual Completion of Conflict of Interest and Confidentiality Forms
 - c. Legislation-Discussion of Diabetic Review in Section 9 Item 23 of Senate File 2425
 - d. Preferred Drug List (PDL)
 - e. Prior Authorization Criteria/Pro-DUR edits
 - f. Medicaid Drug Rebate Issues
 - g. Discussion of Drugs Prescribed for Mental Illness
 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, Newly Released Drugs, Newly Released Generic Drugs, New Dosage Forms, 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 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 3 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 4 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

Next scheduled meeting is November 13, 2008

For more information contact Sandy Pranger at sprange@dhs.state.ia.us or (515) 725-1272

IOWA MEDICAID ENTERPRISE - 100 ARMY POST ROAD - DES MOINES, IA 50315

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. Recommend to change the status Amphotericin B to preferred on the PDL and remove Fungizone from the PDL since it has been discontinued by the manufacturer
2. Recommend to remove Danocrine from the PDL since it has been discontinued by the manufacturer
3. Recommend to remove Desquam-E Gel from the PDL since it has been discontinued by the manufacturer
4. Recommend to remove Prolixin and Prolixin Deconate since they have been discontinued by the manufacturer
5. Recommend to change the status of Subutex to non-preferred on the PDL per recommendation from the DUR commission
6. Recommend to keep the status of Treximet as non-preferred on the PDL and review utilization data

Attachment 3
Newly Released Drugs

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1. Patanase– Recommend status on PDL as non-preferred
2. Pylera-Recommend status on the PDL as non-preferred
3. Selzentry- Recommend status on the PDL as non-recommended

Attachment 4

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
Acarbose	Precose/Non-Preferred	Non-Preferred
Divalproex Sodium EC	Depakote EC (Delayed Release) /Preferred	Non-Preferred
Lipofen	Lofibra/Non-Preferred	Non-Preferred
Paroxetine ER	Paxil CR/Recommend to change the status to Preferred	Non-Preferred
Risperidone	Risperdal/Recommend to change the status to Preferred	Non-Preferred
Ropinirole	Requip/Preferred	Non-Preferred
Zaleplon	Sonata/Non-Preferred with Conditions	Non-Preferred with Conditions
NEW DRUG NAMES, DOSAGE FORMS OR STRENGTHS		
Drug Name	Name/Status on PDL/RDL	PDL/RDL Recommendation
Prezista 600mg	Prezista 300mg/Recommended	Recommended
Requip XL	Requip/Preferred	Non-Preferred
Voltaren Gel	Diclofenac Sodium/ Preferred	Non-Preferred