



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting September 13, 2012

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

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) Preferred Drug List (PDL)
  - d) Medicaid Drug Rebate Issues
  - e) Prior Authorization Criteria/Pro-DUR edits
  - f) Legislation
  - g) 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, Newly Released Drugs, Newly Released Generic Drugs, New Dosage Forms, and Contracts
  - b. Review and discussion of the Confidential Public Comments
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  
**(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 Generic Drugs, Dosage Forms or Strengths  
**(See attachment 4 for order of discussion)**
10. Final Recommendations by the P & T Committee on Newly Released Generic Drugs, Dosage Forms or Strengths
11. Preview of next meeting.

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

[www.IowaMedicaidPDL.com](http://www.IowaMedicaidPDL.com)

Next scheduled meeting is November 8, 2012

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**

<b>Organization</b> (List additional on the back of the form.)	<b>Role/Relationship</b> (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 Cerezyme to non-preferred for diagnosis verification.
2. Recommend to change Plavix 75mg to non-preferred to maximize cost savings to the program.
3. Recommend to change methylphenidate sa tablets to preferred with conditions and Concerta to non-preferred with conditions to maximize cost savings to the program.

**Attachment 3**  
**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. Difucid- Recommend status on the PDL as Non-Preferred
2. Elelyso- Recommend status on the PDL as Non-Preferred
3. Jakafi- Recommend status on the RDL as Recommended
4. Korlym- Recommend status on the PDL as Non-Preferred
5. Omontys- Recommend status on the PDL as Non-Preferred with Conditions
6. Potiga- Recommend status on the PDL as Non-Preferred
7. Qnasl- Recommend status on the PDL as Non-Preferred
8. Vpriv- Recommend status on the PDL as Non-Preferred
9. Zetonna- Recommend status on the PDL as Non-Preferred

#### Attachment 4

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

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<b>NEWLY RELEASED GENERIC DRUGS</b>		
Drug Name	Brand Name/Status on PDL/RDL	PDL/RDL Recommendation
Clopidogrel	Plavix / Preferred (recommend to change to non-preferred)	Preferred
Desloratadine	Clarinx / Preferred with Conditions	Non-Preferred with Conditions
Fluticasone Propionate Lotion	Cutivate / Non-Preferred	Non-Preferred
Nevirapine	Viramune / Recommended	Non-Recommended
Norethindrone & Ethinyl Estradiol-FE Chew Tablet 0.4mg-35mcg	Femcon FE / Non-Preferred	Non-Preferred
Olanzapine/Fluoxetine	Symbyax / Non-Preferred	Non-Preferred
Ropinirole ER	Requip XL / Non-Preferred with Conditions	Non-Preferred with Conditions
Tolterodine	Detrol / Non-Preferred	Non-Preferred

<b>NEW DRUG DOSAGE FORMS/STRENGTHS</b>		
Rectiv Ointment 0.4%	Nitro-Bid Ointment 2% / Preferred	Non-Preferred
Sklice	Stromectol / Preferred	Non-Preferred
Sorilux Foam	Calcipotriene Ointment & Solution/ Non-Preferred	Non-Preferred
Subsys	Actiq / Non-Preferred with Conditions	Non-Preferred with Conditions

## NEW DRUG NAMES / COMBINATIONS

Dymista	Azelastine/ Non-Preferred with Conditions Fluticasone / Preferred	Non-Preferred
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