



# 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 8, 2011

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

Time: 9:30 a.m. – 4:30 p.m.

### Final Agenda

1. Welcome & Introductions
  - a) Committee Members and Staff
  - b) Approval of the minutes
2. Update
  - a) **Discussion of Annual P&T Committee Chairperson and Vice Chairperson Election**
  - b) **Annual Completion of Conflict of Interest and Confidentiality Forms**
  - c) **Bylaw Review-Article VI Meetings, Subsection 5 Quorum.**
  - d) Preferred Drug List (PDL)
  - e) Medicaid Drug Rebate Issues
  - f) Prior Authorization Criteria/Pro-DUR edits
  - g) Legislation
    1. Removal of cough and cold PDL categories from coverage (excluding OTC payable pseudoephedrine products and dextromethorphan-guaifenesin syrup).
    2. Removal of weight loss PDL category from coverage.
    3. Implementation of 15 day supply limit on initial fill of select medications.
  - h) 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. Recommended Drug List (RDL) discussion and deliberation  
**(See attachment 3 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. Tim Clifford  
**(See attachment 4 for order of discussion)**
10. Final Recommendations by the P & T Committee on Newly Released Drugs (Open Session)
11. Review of Newly Released Generic Drugs, Dosage Forms or Strengths by Dr. Tim Clifford  
**(See attachment 5 for order of discussion)**
12. Final Recommendations by the P & T Committee on Newly Released Generic Drugs, Dosage Forms or Strengths  
**\*\*Disclaimer: Executive Sessions may be necessary during the deliberation process\*\***

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

Next scheduled meeting is November 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. Recommend to change Climara to preferred to maximize cost savings to the program.
2. Recommend to change clonidine injection to non-preferred to maximize cost savings to the program (clonidine tablets and patches are preferred).
3. Recommend to change Cortisporin Otic Solution to preferred and neomycin-polymyxin-hc (otic) to non-preferred to maximize cost savings to the program.
4. Recommend to change Diabeta to preferred to maximize cost savings to the program (glyburide is preferred).
5. Recommend to change donepezil to preferred and Aricept to non-preferred to maximize cost savings to the program.
6. Recommend to change Estrostep FE to preferred to maximize cost savings to the program.
7. Recommend to change Levaquin to non-preferred to maximize cost savings to the program (levofloxacin is recommended to be added as preferred).
8. Recommend to change levocarnitine 200mg/ml injection to preferred and Carnitor 200mg/ml injection to non-preferred to maximize cost savings to the program.
9. Recommend to change Lorazepam Intensol (brand) to non-preferred with conditions to maximize cost savings to the program (lorazepam oral concentrate is preferred).
10. Recommend to change Lorcet Plus to non-preferred with conditions to maximize cost savings to the program (hydrocodone/apap is preferred).

11. Recommend to change methylprednisolone 8mg, 16mg, & 32mg tablets to non-preferred to maximize cost savings to the program (4mg tablets will remain preferred).
12. Recommend to change Metrogel-Vaginal to preferred to maximize cost savings to the program (metronidazole vaginal will remain preferred).
13. Recommend to change Nizoral Shampoo to non-preferred to maximize cost savings to the program (ketoconazole is preferred).
14. Recommend to change norethindrone acetate & ethinyl estradiol-FE 1.5mg-30mcg & 1mg-20mcg to preferred to maximize cost savings to the program.
15. Recommend to change Optivar to non-preferred to maximize cost savings to the program.
16. Recommend to change piroxicam to non-preferred with conditions to maximize cost savings to the program.
17. Recommend to change Restoril 7.5mg to non-preferred with conditions to maximize cost savings to the program.
18. Recommend to change sotalol hcl (atrial fibrillation/flutter) to preferred and Betapace AF to non-preferred maximize cost savings to the program.
19. Recommend to change SPS to non-preferred to maximize cost savings to the program (sodium polystyrene sulfonate is preferred).
20. Recommend to change sumatriptan injection to non-preferred with conditions to maximize cost savings to the program (Imitrex is preferred).
21. Recommend to change Tri-Norinyl 28 to preferred and norethindrone-ethinyl estradiol tab 0.5-35/1-35/0.5-35 mg-mcg to non-preferred to maximize cost savings to the program.
22. Recommend to change tropicamide ophthalmic solution to preferred and Mydracil to non-preferred to maximize cost savings to the program.
23. Recommend to change venlafaxine capsules to preferred to maximize cost savings to the program.

24. Recommend to change Xopenex Concentrate 1.25mg/0.5ml to preferred to maximize cost savings to the program.
25. Recommend to change Yaz to preferred to maximize cost savings to the program.

### **Manufacturer Discontinuations and Withdrawals**

Remove the following from the PDL since they have been discontinued by the manufacturer.

Estraderm, Zymar.

### **Attachment 3**

#### **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. Recommend to change Femara to non-recommended to maximize cost savings to the program (letrozole is recommended to be added as recommended).

**Attachment 4**  
**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. Daliresp- Recommend status on the PDL as Non-Preferred
2. Edurant- Recommend status on the PDL as Non-Recommended
3. Horizant- Recommend status on the PDL as Non-Preferred
4. Incivek- Recommend status on the PDL as Non-Preferred
5. Sylatron- Recommend status on the PDL as Non-Recommended
6. Tradjenta- Recommend status on the PDL as Non-Preferred with Conditions
7. Victrelis- Recommend status on the PDL as Non-Preferred
8. Viibryd- Recommend status on the PDL as Non-Preferred
9. Zytiga- Recommend status on the PDL as Non-Recommended

## Attachment 5

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

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>
Cyclobenzaprine ER Capsule	Amrix/ Non-Preferred with Conditions	Non-Preferred with Conditions
Budesonide	Entocort EC/ Preferred	Non-Preferred
Epinastine Ophthalmic Solution	Elestat/ Non-Preferred	Non-Preferred
Letrozole	Femara/ Recommended (recommended to change to Non-Recommended)	Recommended
Levofloxacin	Levaquin/ Preferred (Recommended to change to Non-Preferred)	Preferred
Methylergonovine	Methergine/ Preferred	Non-Preferred
Methylphenidate ER	Concerta/ Preferred with Conditions	Non-Preferred with Conditions
Nitrofurantoin Oral Suspension	Furadantin/ Preferred	Non-Preferred
Tramcinolone Acetonide (Nasal)	Nasacort AQ/ Non-Preferred	Non-Preferred

<b>NEW DRUG DOSAGE FORMS</b>		
Phoslyra Oral Solution	PhosLo capsule/ Preferred	Non-Preferred
Sprix Nasal Solution	Ketorolac tablet & injection/ Non-Preferred with Conditions	Non-Preferred with Conditions

<b>NEW DRUG STRENGTHS</b>		
Creon 3000	Creon (6000, 12000, 24000) Preferred with Conditions	Preferred with Conditions