



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 September 9, 2010

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) 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 by Dr. Tim Clifford
(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 by Dr. Tim Clifford
(See attachment 4 for order of discussion)
10. 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

Next scheduled meeting is November 18, 2010

For more information contact Erin Halverson at ehalver@dhs.state.ia.us or (515) 974-3126

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. Discussion of impact of preferring branded anticonvulsants for a confirmed epilepsy diagnosis.
2. Per the CMS release dated April 29, 2010 all unapproved digestive enzymes were removed from the PDL.
3. Recommend to change the status of Ditropan XL to non-preferred and Oxybutynin ER to preferred for children less than 13 years of age, as Ditropan XL is considered a line extension in the Healthcare Reform Bill.
4. Recommend to change the status of Fanapt to preferred on the PDL. The signed contract requirement is complete (vote held in April meeting).
5. Recommend to change the status of Invega Sustenna to preferred on the PDL. The signed contract requirement is complete.
6. Recommend to change the status of Marinol to non-preferred on the PDL based on the recommendation from the DUR Commission.
7. Recommend to add OTC Nicotine 2mg and 4mg lozenge to preferred with conditions on the PDL effective October 1, 2010, due to the Healthcare Reform Bill 3590.
8. Recommend to change the status of Prevacid SoluTabs to non-preferred with conditions, as it is considered a line extension in the Healthcare Reform Bill.
9. Recommend to change the status of Saphris to preferred on the PDL with a POS duplicate therapy edit. The signed contract requirement is complete (vote held in April meeting).
10. Recommend to change the status of Tegretol XR to non-preferred with conditions and grandfather existing users with seizure diagnosis, as it is considered a line extension in the Healthcare Reform Bill.
11. Recommend to change the status of Valtorna to preferred on the PDL. The signed contract requirement is complete (vote held in April meeting).

Manufacturer Discontinuations and Withdrawals

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

1. Biohist LA
2. Bromfed
3. Bromfed-PD
4. Brovex CT
5. Cafergot Suppository
6. Capitrol
7. Cardene
8. Cipro XR
9. Coldec D
10. Cytovene 250mg and 500 mg Capsules
11. Deconamine
12. Deconamine SR
13. Duratuss DM
14. Formalyde-10
15. Garamycin
16. Histex CT
17. Histex IE
18. Histex PD
19. Histex PD 12
20. Lactinol-E
21. Palgic D
22. Pediox
23. Procanbid
24. Qdall
25. Rondec-TR
26. Talwin NX
27. Tanafed DP
28. Vantin 200mg
29. Vesanoid
30. Winstrol
31. Xylocaine Viscous Solution

Changes because of State MAC or FUL additions or deletions

1. Recommend to change the status of Biaxin XL and Biaxin XL Pac to non-preferred on the PDL to maximize cost savings to the program.
2. Recommend to change the status of Bupropion SR 100mg to preferred and Wellbutrin SR (all strengths) to non-preferred on the PDL to maximize cost savings to the program. Bupropion SR 150mg and 200mg are already preferred on the PDL.
3. Recommend to change the status of clarithromycin 125mg/5ml suspension to preferred and Biaxin 125mg/5ml suspension to non-preferred on the PDL to maximize cost savings to the program.
4. Recommend to change the status of clarithromycin 250mg/5ml suspension to preferred on the PDL to maximize cost savings to the program. Biaxin 250mg/5ml suspension will remain preferred due to a large CMS rebate.
5. Recommend to change the status of clarithromycin 250mg tablets to preferred on the PDL to maximize cost savings to the program. Biaxin 250mg tablets are already non-preferred on the PDL.
6. Recommend to change the status of Deferoxamine to preferred and Desferal to non-preferred on the PDL to maximize cost savings to the program.
7. Recommend to change the status of Ketorolac 0.4% Ophthalmic Solution to preferred and Acular LS to non-preferred on the PDL to maximize cost savings to the program.
8. Recommend to change the status of Ketorolac 0.5% Ophthalmic Solution to preferred and Acular to non-preferred on the PDL to maximize cost savings to the program.
9. Recommend to change the status of Temazepam 7.5mg to non-preferred with conditions on the PDL to maximize cost savings to the program. Restoril 7.5mg is already preferred on the PDL.
10. Recommend to change the status of Voltaren Ophthalmic Solution to non-preferred on the PDL to maximize cost savings to the program. The generic, Diclofenac Ophthalmic Solution, is recommended to be added to the PDL as preferred.

Attachment 3
Newly Released Drugs

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1. Ampyra- Recommend status on the PDL as Non-Preferred with referral to DUR for PA criteria.
2. Cayston- Recommend status on the PDL as Non-Preferred
3. Lysteda- Recommend status on the PDL as Non-Preferred
4. Oravig- Recommend status on the PDL as Non-Preferred with Conditions
5. Victoza- Recommend status on the PDL as Non-Preferred with Conditions
6. Votrient- Recommend status on the PDL as Recommended
7. Zortress- Recommend status on the PDL as Recommended

Attachment 4

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
Adapalene Cream	Differin Cream/ Preferred with Conditions	Non-Preferred with Conditions
Adapalene Gel	Differin Gel/ Preferred with Conditions	Non-Preferred with Conditions
Alprazolam ODT	Niravam/ Non-Preferred with Conditions	Non-Preferred with Conditions
Amoxicillin/ Clavulanate K ER Tablets	Augmentin XR/ Non-Preferred with Conditions	Non-Preferred with Conditions
Azelastine Spray	Astelin/ Non-Preferred with Conditions	Non-Preferred with Conditions
Aztreonam Injection	Azactam/ Preferred	Non-Preferred
Buprenorphine Sublingual Tablets	Subutex/ Non-Preferred with Conditions	Non-Preferred with Conditions
Buprenorphine Injection	Buprenex/ Non-Preferred with Conditions	Non-Preferred with Conditions
Cefditoren	Spectracef/ Non-Preferred	Non-Preferred
Cefepime	Maxipime/ Preferred	Non-Preferred
Diclofenac 0.1% Ophthalmic Solution	Voltaren Ophthalmic Solution/ Preferred (recommended to change to non-preferred)	Preferred
Dronabinol	Marinol/ Preferred (recommended to change to non-preferred)	Non-Preferred
Famotidine Suspension	Pepcid/ Non-Preferred	Non-Preferred
Fluoxetine 90mg	Prozac Weekly/ Non-Preferred with Conditions	Non-Preferred with Conditions
Imiquimod	Aldara/ Preferred	Non-Preferred
Losartan	Cozaar/ Preferred with Conditions	Non-Preferred with Conditions
Losartan/ HCT	Hyzaar/ Preferred with Conditions	Non-Preferred with Conditions
Metaxalone	Skelaxin/ Non-Preferred with Conditions	Non-Preferred with Conditions
Methamphetamine	Desoxyn/ Non-Preferred with Conditions	Non-Preferred with Conditions

NEWLY RELEASED GENERIC DRUGS (continued)

Drug Name	Brand Name/Status on PDL/RDL	PDL/RDL Recommendation
Naratriptan	Amerge / Non-Preferred with Conditions	Preferred with Conditions
Nisoldipine	Sular / Non-Preferred	Non-Preferred
Tamsulosin	Flomax/ Non-Preferred with Conditions	Preferred
Tobramycin/Dexamethasone Ophthalmic Suspension	Tobradex/ Preferred	Non-Preferred
Trandolapril/ Verapamil	Tarka/ Preferred	Non-Preferred

NEW DRUG DOSAGE FORMS

Actoplus Met XR	Actoplus Met/ Non-Preferred	Non-Preferred
Apidra Solostar	Apidra/ Non-Preferred	Non-Preferred with Conditions
Differin Lotion	Differin Gel & Cream/ Preferred with Conditions	Non-Preferred with Conditions
Exalgo	Hydromorphone/ Preferred	Non-Preferred
Mirapex ER	Mirapex/ Preferred	Non-Preferred with Conditions
Moxatag	Amoxicillin/ Preferred	Non-Preferred with Conditions
Nisoldipine ER	Sular/ Non-Preferred	Non-Preferred
Nitromist	Nitroglycerin/ Preferred	Non-Preferred
Nutropin AQ NuSpin	Nutropin AQ/ Preferred with Conditions	Preferred with Conditions
Pennsaid	Diclofenac Sodium/ Preferred	Non-Preferred with Conditions
Rybix ODT	Tramadol/ Preferred	Non-Preferred with Conditions
Sular CR	Sular/ Non-Preferred	Non-Preferred
Tirosint	Levothyroxine/ Preferred	Non-Preferred

NEW DRUG NAMES / COMBINATIONS

Dexilant	Kapidex (removing from PDL due to name change)/ Non-Preferred with Conditions	Non-Preferred with Conditions
Jalyn	Avodart/ Preferred & Tamsulosin/ Preferred	Non-Preferred
Vimovo	Naproxen/ Preferred Nexium/ Non-Preferred with Conditions	Non-Preferred with Conditions

NEW DRUG STRENGTHS

Aplenzin	Bupropion SR & XL/ Preferred	Non-Preferred with Conditions
Gammaplex 5%	Gamunex 10%/ Preferred	Non-Preferred
Magnacet	Oxycodone/APAP / Preferred	Non-Preferred with Conditions
Pancreaze	Creon/ Preferred with Conditions	Non-Preferred with Conditions
Prolastin-C	Prolastin/ Preferred with Conditions	Preferred with Conditions
Wilate	Humate-P/ Recommended	Recommended
Zenpep	Creon/ Preferred with Conditions	Preferred with Conditions
Zyclara 3.75%	Aldara 5%/ Preferred	Non-Preferred
Zymaxid 0.5%	Zymar 0.3%/ Preferred	Non-Preferred