



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
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DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting

September 1, 2005

Location: Room 116
State Capitol
Des Moines, Iowa

Time: 9:30 a.m. - 4:30 p.m.

AGENDA

1. Welcome & Introductions
 - a) Committee Members
 - b) Staff
2. Approval of the minutes
3. P&T Committee Chairperson and Vice Chairperson Elections/Mental Health Subcommittee Member Approval
4. Update
 - a) Legislation (**See attachment 1 for order of discussion**)
 - b) Yearly Review Process and Speaker Disclosure (**See attachment 2 for Speaker Disclosure**)
5. Preferred Drug List (PDL)
6. Prior Authorization Criteria (**See attachment 3 for order of discussion**)
7. Public Comment
8. Economic Review of New Drugs and New Generic Drugs (Closed Executive Session)
Lunch Break 12:15 p.m.-1:00 p.m.
9. Review of newly released drugs by Dr. Thomas Kline (**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 release generic drugs by Dr. Tim Clifford (**See attachment 5 for order of discussion**)
12. Final Recommendations by the P & T Committee on Newly Released Generic Drugs (Open Session)

Note: There may be two 15-minute breaks during the afternoon sessions

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

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

Attachment 1

Legislation from the 2005 Session of the 81st Iowa General Assembly

House File 825, 81st GA, § 9 (Iowa 2005)

11. The medical assistance pharmaceutical and therapeutics committee established pursuant to section 249A.20A shall develop options for increasing the savings relative to psychotropic drugs, while maintaining patient care quality. This subsection shall not be construed to amend, modify, or repeal the exception provided pursuant to section 249A.20A relating to drugs prescribed for mental illness. The committee shall submit a report of any options the committee recommends to the general assembly by January 1, 2006. Any options developed or recommended shall not be implemented without an affirmative action enacted by the general assembly.

12. The department shall expand coverage under the medical assistance program to cover smoking cessation drugs.

13. The department shall expand coverage under the medical assistance program to cover weight reduction treatments and drugs.

House File 825, 81st GA, § 29 (Iowa 2005)

For the fiscal year beginning July 1, 2005, the department shall reimburse pharmacy dispensing fees using a single rate of \$4.39 per prescription, or the pharmacy's usual and customary fee, whichever is lower.

House File 841, 81st GA, § 42 (Iowa 2005)

Pharmacy Copayments

Sec. 42. Copayments For Prescription Drugs Under The Medical Assistance Program. The department of human services shall require recipients of medical assistance to pay the following copayments on each prescription filled for a covered prescription drug, including each refill of such prescription, as follows:

1. A copayment of \$1 for each covered nonpreferred generic prescription drug.
2. A copayment of \$1 for each covered preferred brand-name or generic prescription drug.
3. A copayment of \$1 for each covered nonpreferred brand-name prescription drug for which the cost to the state is up to and including \$25.
4. A copayment of \$2 for each covered nonpreferred brand-name prescription drug for which the cost to the state is more than \$25 and up to and including \$50.
5. A copayment of \$3 for each covered nonpreferred brand-name prescription drug for which the cost to the state is more than \$50.

**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

DUR Prior Authorization Recommendations to the Department of Human Services

Regranex®	<p>Prior authorization is required for Regranex®. Payment for new prescriptions will be authorized for ten weeks for patients who meet the following criteria:</p> <ol style="list-style-type: none"> 1. Diagnosis of lower extremity diabetic neuropathic ulcers that extend into the subcutaneous tissue or beyond 2. Inadequate response to 2 weeks of wound debridement and topical moist wound dressing <p>Longer than 10 weeks will be authorized for patients who meet the following criteria: Wound has decreased in size by 30% after 10 weeks</p>
Spiriva®	<p>Prior authorization is required for Spiriva®. Payment will be authorized for patients who meet all the following criteria:</p> <ol style="list-style-type: none"> 1. Diagnosis of mild, moderate or severe Chronic Obstructive Pulmonary disease according to the GOLD criteria 2. Symptomatic with documented pulmonary test showing obstruction 3. Treatment failure or compliance failure with ipratropium therapy <p>Regularly scheduled ipratropium therapy is discontinued when Spiriva® therapy begins</p>
Urospecific Alpha-Blockers (Flomax®, Uroxatral®)	<p>Prior authorization is required for urospecific alpha-blockers. Payment will be authorized only for cases in which there is documentation of previous trial(s) and therapy failure with a preferred alpha1-adrenergic blocker or for patients who meet any of the following criteria:</p> <ol style="list-style-type: none"> 1. History of postural hypotension or hypotension 2. Use of antihypertensive or other medication that may exacerbate hypotension
Xolair®	<p>Prior authorization is required for Xolair®. Payment for Xolair will be authorized for patients 12 and older when there is a diagnosis of moderate to severe persistent asthma and documentation of previous trial(s) and therapy failure(s) with therapeutic doses of inhaled steroids.</p>
Zyvox®	<p>Prior authorization is required for Zyvox®. Payment for Zyvox® will be authorized when there is documentation that:</p> <ol style="list-style-type: none"> 1) Prescriber is an infectious disease (ID) physician or has consulted ID physician (Telephone consultation is acceptable). 2) Patient is being treated for one of the following diagnoses: <ul style="list-style-type: none"> • Vancomycin-resistant Enterococcus (VRE) and no alternative regimens with documented efficacy are available and VRE is not in lower urinary tract**. • Methicillin-resistant Staph aureus (MRSA) and patient is intolerant to vancomycin* • Methicillin-resistant Staph epidermis (MRSE) and patient is intolerant to vancomycin* <p>*Severe intolerance to vancomycin is defined as:</p> <ul style="list-style-type: none"> – Severe rash, immune-complex mediated, determined to be directly related to vancomycin administration – Red-man’s syndrome (histamine-mediated), refractory to traditional counter measures (e.g., prolonged IV infusion, premedicated with diphenhydramine) <p>**VRE in lower urinary tract, considered to be pathogenic, may be treated with linezolid if severe renal insufficiency exists and/or patient is receiving hemodialysis or has known hypersensitivity to nitrofurantoin.</p>

Attachment 4

New Drugs for Review

- Alphanate
- Alphanine SD
- Aptivus
- Asmanex Twisthaler
- Baraclude
- Byetta
- Equetro
- Fosamax Plus D
- Herceptin
- Minirin
- Niravam
- Prialt
- Profilnine SD
- Revatio
- Symlin
- Taxol
- Triglide
- Ventavis

Attachment 5

New Generic Drugs

- Anagrelide HCL (Agrylin)
- Estradiol & Estradiol/Norgestimate (Prefest)
- Fexofenadine HCL & Pseudoephedrine ER (Allegra D)
- Mometasone Furoate Topical Solution (Elocon)
- Niacin ER, 500mg, 750mg & 1gm (Niaspan)
- Octreotide Acetate (Sandostatin)