



# 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 August 18, 2016

**Location:** Iowa State Capitol Room 116  
1007 E. Grand Ave  
Des Moines, IA 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
  - 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) Approval of the minutes
  - b) Economic Review of the Iowa Medicaid Preferred Drug List, Newly Released Drugs, Newly Released Generic Drugs, New Dosage Forms, and Contracts
  - c) 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  
(**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  
(**See attachment 5 for order of discussion**)
12. Final Recommendations by the P & T Committee on Newly Released Generic Drugs, Dosage Forms or Strengths
13. Review of Draft P&T Antiretroviral Document
14. Preview of next meeting

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

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

**Next scheduled meeting:** November 17, 2016 9:30am - 4:30pm

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.

The below changes are recommended to maximize cost savings to the program unless otherwise noted:

1. Recommend to change Emend to Preferred with Conditions.
2. Recommend to change verapamil extended release capsules to Non-Preferred.
3. Recommend to change potassium chloride oral liquid to Non-Preferred.
4. Recommend to change methadone to Non-Preferred with Conditions based on recommendation from the Iowa Medicaid Drug Utilization Review (DUR) Commission.
5. Recommend to change Monurol to Non-Preferred.

## **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.

The below changes are recommended to maximize cost savings to the program unless otherwise noted:

1. Recommend to change Novoeight from Non-Recommended to Recommended.
2. Recommend to change Ziagen tablets to Non-Preferred and abacavir to Preferred.
3. Recommend to change Epivir to Non-Preferred and lamivudine to Preferred.

The following recommendations represent a clinical review of the drugs related to toxicity and efficacy information.

1. Recommend to change Trizivir from Recommended to Non-Recommended.
2. Recommend to change Fuzeon from Recommended to Non-Recommended.
3. Recommend to change Lexiva from Recommended to Non-Recommended.
4. Recommend to change Crixivan from Recommended to Non-Recommended.
5. Recommend to change Invirase from Recommended to Non-Recommended.
6. Recommend to change Aptivus from Recommended to Non-Recommended.
7. Recommend to change Rescriptor from Recommended to Non-Recommended.
8. Recommend to change nevirapine from Recommended to Non-Recommended.
9. Recommend to change Viramune Oral Suspension from Recommended to Non-Recommended.
10. Recommend to change Viramune XR from Recommended to Non-Recommended.
11. Recommend to change didanosine from Recommended to Non-Recommended.
12. Recommend to change Videx from Recommended to Non-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. Briviact- Recommend status on the PDL as Non-Preferred
2. Cabometyx- Recommend status on the RDL as Non-Recommended with Conditions
3. Descovy- Recommend status on the RDL as Preferred
4. Odefsey- Recommend status on the RDL as Non-Preferred
5. Upravi- Recommend status on the PDL as Non-Preferred with Conditions
6. Varubi- Recommend status on the PDL as Non-Preferred with Conditions
7. Venclexta- Recommend status on the RDL as Non-Recommended with Conditions
8. Viberzi- Recommend status on the PDL as Non-Preferred with Conditions
9. Vraylar- Recommend status on the PDL as Non-Preferred Step 3
10. Zepatier- Recommend status on the PDL as Preferred with Conditions

## 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>
Alogliptin	Nesina / Non-Preferred with Conditions	Non-Preferred with Conditions
Alogliptin-Metformin	Kazano / Non-Preferred with Conditions	Non-Preferred with Conditions
Alogliptin-Pioglitazone	Oseni / Non-Preferred with Conditions	Non-Preferred with Conditions
Darifenacin ER	Enablex / Non-Preferred	Non-Preferred
Flurandrenolide	Cordran / Non-Preferred with Conditions	Non-Preferred with Conditions
Frovatriptan	Frova / Non-Preferred with Conditions	Non-Preferred with Conditions
Miglitol	Glyset / Preferred	Non-Preferred
Mometasone Nasal	Nasonex / Preferred	Non-Preferred
Naftifine	Naftin / Non-Preferred	Non-Preferred
Rosuvastatin	Crestor / Preferred	Non-Preferred

<b>NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS</b>		
Adzenys XR ODT	Evekeo / Non-Preferred with Conditions	Preferred with Conditions
Durlaza	Aspirin / Preferred	Non-Preferred
Dyanavel XR	Evekeo / Non-Preferred with Conditions	Non-Preferred with Conditions
Envarsus XR	Tacrolimus / Preferred	Non-Preferred with Conditions
Fyavolv	Femhrt / Non-Preferred	Non-Preferred
Kovaltry	Novoeight / Recommended	Non-Recommended
Narcan Nasal Spray	Naloxone Injections / Preferred	Preferred
Quillichew ER	Methylphenidate Chewable Tablet / Non-Preferred with Conditions	Preferred with Conditions
Sernivo	Betamethasone Dipropionate / Preferred	Non-Preferred with Conditions
Xeljanz XR	Xeljanz / Non-Preferred with Conditions	Non-Preferred with Conditions