



# 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 20, 2015

**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
8. Final Recommendations by the P & T Committee on the Iowa Medicaid Recommended Drug List  
(**See attachment 3 for order of discussion**)
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. 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 19, 2015 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.)

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(print name)

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(signature)

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(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:

1. Recommend to change montelukast granules to Preferred with age edit and Singulair granules to Non-Preferred.
2. Recommend to change Felbatol to Non-Preferred (grandfather existing users with seizure diagnosis).
3. Recommend to change divalproex sodium er tablets to Preferred and Depakote ER to Non-Preferred (grandfather existing users with seizure diagnosis).
4. Recommend to change Exjade to Preferred with Conditions.
5. Recommend to change hydroxyzine hcl 25mg and 50mg tablets to Preferred.
6. Recommend to change Fanapt to Non-Preferred step therapy 3 (grandfather existing users).
7. Recommend to change Toprol XL to Non-Preferred and metoprolol succinate to Preferred.
8. Recommend to change Miacalcin nasal spray to Non-Preferred and calcitonin salmon nasal spray to Preferred.
9. Recommend to change Phoslo to Non-Preferred (generic remains Preferred).
10. Recommend to remove grandfathering on brand Revatio requiring a change to the preferred generic, sildenafil, or submission of a Selected Brand Name Drug PA form including the MedWatch form.

**Attachment 3**  
**Iowa Medicaid Recommended Drug List**

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<https://www.legis.iowa.gov/docs/code/2015/249A.20A.pdf>

With the exception of drugs prescribed for the treatment of human immunodeficiency virus or acquired immune deficiency syndrome, transplantation, or cancer with the exception of drugs and drug compounds that do not have a significant variation in a therapeutic profile or side effect profile within a therapeutic class, prescribing and dispensing of prescription drugs not included on the preferred drug list shall be subject to prior authorization.

Antineoplastics:

Brand/Generic Changes:

1. Recommend to change Xeloda from Recommended to Preferred and capecitabine from Non-Recommended to Non-Preferred.
2. Recommend to change Gemzar from Recommended to Non-Preferred and gemcitabine from Non-Recommended to Preferred.
3. Recommend to change Purinethol from Non-Recommended to Non-Preferred and mercaptopurine from Recommended to Preferred.
4. Recommend to change Trexall from Recommended to Non-Preferred and methotrexate from Recommended to Preferred.
5. Recommend to change Aromasin from Recommended to Non-Preferred and exemestane from Non-Recommended to Preferred.
6. Recommend to change Femara from Non-Recommended to Non-Preferred and letrozole from Recommended to Preferred.
7. Recommend to change Hydrea from Non-Recommended to Non-Preferred and hydroxyurea from Recommended to Preferred.
8. Recommend to change Navelbine from Recommended to Non-Preferred and vinorelbine from Recommended to Preferred.

9. Recommend to change Gleostine from Recommended to Non-Preferred and lomustine from Non-Recommended to Preferred.
10. Recommend to change Camptosar from Recommended to Non-Preferred and irinotecan from Recommended to Preferred.

Antiretrovirals:

Brand/Generic Changes:

11. Recommend to change Combivir from Recommended to Non-Preferred and lamivudine/zidovudine from Non-Recommended to Preferred.

Combination Products (grandfather existing users):

12. Recommend to change Triumeq from Non-Recommended to Non-Preferred. Epzicom and Tivicay will change to Preferred.
13. Recommend to change Complera from Non-Recommended to Non-Preferred. Truvada and Edurant will change to Preferred.
14. Recommend to change Stribild from Non-Recommended to Non-Preferred. Truvada, Isentress and Tivicay will change to Preferred.

## **Attachment 4**

### **Newly Released Drugs**

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1. Auryxia- Recommend status on the PDL as Non-Preferred
2. Cholbam- Recommend status on the PDL as Non-Preferred
3. Corlanor- Recommend status on the PDL as Non-Preferred
4. Cosentyx- Recommend status on the PDL as Non-Preferred with Conditions
5. Evekeo- Recommend status on the PDL as Non-Preferred with Conditions
6. Ibrance- Recommend status on the RDL as Recommended
7. Lenvima- Recommend status on the PDL as Non-Recommended
8. Natpara- Recommend status on the PDL as Non-Preferred
9. Sabril- Recommend status on the PDL as Non-Preferred
10. Vitekta- Recommend status on the RDL as Non-Recommended

## Attachment 5

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

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<b>NEWLY RELEASED GENERIC DRUGS</b>		
<b>Drug Name</b>	<b>Brand Name/Status on PDL/RDL</b>	<b>PDL/RDL Recommendation</b>
Aripiprazole	Abilify / Preferred Step 2	Non-Preferred Step 3
Bimatoprost	Lumigan / Non-Preferred	Non-Preferred
Cefixime Oral Suspension	Suprax / Preferred	Non-Preferred
Clozapine ODT	FazaClo / Non-Preferred with Conditions	Non-Preferred with Conditions
Risedronate	Actonel / Non-Preferred	Non-Preferred

## NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS

Asmanex HFA	Asmanex / Preferred	Non-Preferred
Duopa	Carbidopa-Levodopa IR and ER Tabs / Preferred	Non-Preferred
Evotaz	Reyataz / Recommended Norvir / Recommended	Preferred
Glyxambi	Jardiance / Non-Preferred with Conditions Tadjenta / Non-Preferred with Conditions	Non-Preferred with Conditions
Invega Trinza	Invega Sustenna / Preferred Step 2	Preferred Step 2
Jadenu	Exjade / Preferred with Conditions	Non-Preferred with Conditions
Kitabis Pak	TOBI / Non-Preferred	Preferred
Namzaric	Donepezil / Preferred Namenda XR / Non-Preferred with Conditions	Non-Preferred with Conditions
Natesto	Testim / Preferred with Conditions	Non-Preferred with Conditions
Novoeight	Advate / Recommended	Non-Recommended
Nuessa	MetroGel Vaginal / Preferred	Non-Preferred
Pazeo	Patanol & Pataday / Preferred	Non-Preferred
Prezcobix	Prezista / Recommended Norvir / Recommended	Non-Preferred
Primlev	Oxycodone/APAP Tabs / Preferred	Non-Preferred with Conditions
ProAir RespiClick	ProAir HFA / Preferred	Non-Preferred
Sotylize	Sotalol Tabs / Preferred	Non-Preferred
Spiriva Respimat	Spiriva HandiHaler / Preferred	Non-Preferred
Tivorbex	Indomethacin Cap / Preferred	Non-Preferred with Conditions
Tolcapone	Tasmar / Non-Preferred	Non-Preferred
Toujeo SoloStar	Lantus SoloSTAR / Preferred with Conditions	Non-Preferred with Conditions