



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

## Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting June 14, 2007

**Location: Room 116  
Iowa State Capitol  
Des Moines, Iowa**

**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 Chair and Vice-Chair positions
  - b) Legislation
  - c) Preferred Drug List (PDL)
  - d) Prior Authorization Criteria/Pro-DUR edits
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

**\*Lunch Break 12:30 p.m.-1:15 p.m.\***

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 Generics drugs and New Dosage Forms and 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 and New Dosage Forms and Strengths (Open Session)

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

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

For more information contact Sandy Pranger at [spranger@ghsinc.com](mailto:spranger@ghsinc.com) or (515) 725-127

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**Attachment 1**

**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**

<b>Organization</b>	<b>Role/Relationship</b>

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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.

1. Ethynodiol Diacetate & Ethinyl Estradiol Tab recommend to change PDL status to preferred since the brand name product is no longer available
2. Oxycodone CR/OxyContin recommend discussion with updated information on the current and future availability of the generic products and the PDL status of OxyContin as a result of which
3. Pergolide recommend removing from PDL following its withdraw from the market
4. Permax recommend removing from PDL following its withdraw from the market
5. Sertraline changed to preferred status effective 4-23-07 when it became more cost effective than the brand name product
6. Zelnorm recommend removing from PDL following its withdraw from the market
7. Zoloft recommend to change to non-preferred after 60 days of notification of PDL changes

**Attachment 3**  
**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. Benziq – Recommend status on PDL as non-preferred
2. Brovana – Recommend status on PDL as non-preferred
3. Desonate Gel – Recommend status on PDL as non-preferred
4. Janumet – Recommend status on PDL as non-preferred
5. Lialda – Recommend status on PDL as non-preferred
6. Tekturna – Recommend status on PDL as non-preferred
7. Tykerb – Recommend status on PDL as non-recommended

#### Attachment 4

#### Newly Released Generic Drugs and New Dosage Forms

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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>
Amlodipine	Norvasc/Preferred	Non-Preferred
Ondansetron ODT	Zofran ODT/Preferred	Non-Preferred
Ondansetron Oral Soln	Zofran Oral Soln/Preferred	Non-Preferred
Ondansetron Tablets	Zofran Tablets/Preferred	Non-Preferred
Oxandrolone Tablets	Oxandrin/Preferred	Non-Preferred
Oxybutynin ER	Ditropan XL/Preferred for children under 12 years old; non-preferred for all others	Non-Preferred
Trandolapril	Mavik/Non-Preferred	Non-Preferred
Zolpidem	Ambien/Non-Preferred	Preferred
<b>NEW DOSAGE FORMS</b>		
<b>Drug Name</b>	<b>Brand Name/Status on PDL/RDL</b>	<b>PDL/RDL Recommendation</b>
Coreg CR	Coreg/Preferred	Non-preferred