Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting
March 12, 2009

Location: The Des Moines Botanical Center –Willow Room
909 Robert D. Ray Drive
Des Moines, Iowa 50316

Time: 9:30 a.m. – 3:00 p.m.

Final Agenda

1. Welcome & Introductions
    a. Committee Members and Staff
    b. Approval of the minutes
2. Update
    a. Preferred Drug List (PDL)
    b. Prior Authorization Criteria/Pro-DUR edits
    c. Medicaid Drug Rebate Issues
    d. Discussion of Drugs Prescribed for Mental Illness
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 a.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. Thomas Kline
    (See attachment 3 for order of discussion)
8. Final Recommendations by the P & T Committee on Newly Released Drugs
9. Review of Newly Released Generic drugs and New Dosage Forms and Strengths by Dr. Thomas Kline
    (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

Disclaimer: Executive Sessions may be necessary during the deliberation process

www.IowaMedicaidPDL.com

Next scheduled meeting is June 11, 2009

For more information contact Sandy Pranger at sprange@dhs.state.ia.us or (515) 725-1272

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)

Rev. 9/07

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. Recommend to change the status of Accuneb to non-preferred on the PDL and change Albuterol Sulfate Inhalation Solution 0.63mg/3ml to preferred to maximize the costs savings to the program

2. Recommend to change the status of Altace to non-preferred on the PDL and switch Ramipril to preferred to maximize cost savings to the program

3. Recommend to change the status of Amoxil 400mg/5ml suspension and Amoxil 500mg tablets to non-preferred on the PDL to maximize cost savings to the program

4. Recommend to change the status of Atrovent Solution to non-preferred on the PDL to maximize the cost savings to the program

5. Recommend to remove Aygestin from the PDL since it has been discontinued by the manufacturer

6. Recommend to change the status of Bactroban Ointment to non-preferred on the PDL and Mupirocin Ointment to preferred to maximize cost savings to the program

7. Recommend to remove Bicitra from the PDL since it has been discontinued by the manufacturer and make Sodium Citrate and Citric Acid preferred

8. Recommend to change the status of Bleph 10 ophthalmic drops to non-preferred on the PDL to maximize the cost savings to the program

9. Recommend to change the status of Cefzil 250mg/5ml suspension to non-preferred on the PDL and Cefprozil 250mg/5ml suspension to preferred to maximize the cost savings to the program

10. Recommend to change the status of Ceftin tablets to non-preferred on the PDL to maximize cost savings to the program

11. Recommend to remove Cipro Cystitis from the PDL since it has been discontinued by the manufacturer

12. Recommend to add OTC Cetirizine 5mg tablet, OTC Cetirizine 10mg tablet and OTC Cetirizine 1mg/ml solution as preferred on the PDL and remove Zyrtec since it has been discontinued by the manufacturer

13. Recommend to change the status of Clarithromycin 500mg tablets to preferred on the PDL to maximize costs savings to the program

14. Recommend to change the status of Cogentin to non-preferred on the PDL to maximize costs savings to the program

15. Recommend to remove Compazine Injection 5mg/ml from the PDL since it has been discontinued by the manufacturer and change the status of Prochlorperazine Injection 5mg/ml to preferred

16. Recommend to remove Cortisporin Ophthalmic Suspension from the PDL since it has been discontinued by the manufacturer and change the status of Neomycin-Polyxin-HC Ophthalmic Suspension to preferred on the PDL

17. Recommend to change the status of DDAVP to non-preferred with conditions on the PDL and switch Desmopressin Acetate to preferred with conditions to maximize cost savings to the program

18. Recommend to remove Dextrostat from the PDL since it has been discontinued by the manufacturer

19. Recommend to change the status of Diprosone Cream to non-preferred on the PDL to maximize costs savings to the program

20. Recommend to change the status of Elimite to non-preferred on the PDL to maximize cost savings to the program

21. Recommend to change the status of Elocon Cream to non-preferred on the PDL and switch Mometasone Furoate Cream to preferred to maximize cost savings to the program

22. Recommend to add Epinephrine Racemic Solution 2.25% (Racepinephrine) as preferred on the PDL for immediate access for the diagnosis of croup

23. Recommend to remove Eskalith and Eskalith CR from the PDL since it has been discontinued by the manufacturer

24. Recommend to change the status of Humatin to non-preferred to maximize cost savings to the program

25. Recommend to remove Kantrex from the PDL since it has been discontinued by the manufacturer

26. Recommend to remove Lariam from the PDL since it has been discontinued by the manufacturer and change the status of Mefloquine HCL to preferred

27. Recommend to remove LEVA-Pak from the PDL since it has been discontinued by the manufacturer

28. Recommend to change the status of Lotrisone cream to non-preferred on the PDL to maximize cost savings to the program

29. Recommend to remove Prevacid Naprapak from the PDL since it has been discontinued by the manufacturer

30. Recommend to remove Mucomyst from the PDL since it has been discontinued by the manufacturer

31. Recommend to remove Nimotop from the PDL since it has been discontinued by the manufacturer

32. Recommend to change the status of Nitrostat Sublingual 0.4mg to preferred on the PDL because of large CMS rebates

33. Recommend to remove Orencia from the PDL since the drug requires intravenous infusion

34. Recommend to change the status of Ortho Micronor to preferred on the PDL to maximize cost savings to the program

35. Recommend to remove Ortho Novum 1/50 from the PDL since it has been discontinued by the manufacturer

36. Recommend removal of drug products that contain papain (Accuzyme, Allanfill, Allanzyme, Ethezyme, Gladase, Kovia, Panafil, Pap Urea, and Ziox Ointments) in a topical dosage form because no product currently has FDA approval.

37. Recommend to change the status of Prevpac to non-preferred with conditions to maximize cost savings to the program

38. Recommend to change the status of Prialt to non-preferred on the PDL to maximize cost savings to the program

39. Recommend to change the status of Proamatine to non-preferred on the PDL and change the status of Midodrine to preferred to maximize cost savings to the program

40. Recommend to remove Relafen from the PDL since it has been discontinued by the manufacturer

41. Recommend to change the status of Remeron tablets to non-preferred on the PDL to maximize cost savings to the program

42. Recommend to change the status of Reyataz to recommended on the PDL because of updated guidelines by the DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents

43. Recommend to change the status of Risperdal to non-preferred on the PDL and change the status of Risperidone to preferred to maximize cost savings to the program

44. Recommend to remove Rocaltrol from the PDL since it has been discontinued by the manufacturer and change the status of Calcitriol to preferred with conditions

45. Recommend to change the status of Seasonale to preferred on the PDL to maximize cost savings to the program

46. Recommend to remove Sorbitol from the PDL since there are no longer any rebatable NDC numbers available and because the drug is available OTC

47. Recommend to remove Tri-Levlen from the PDL since it has been discontinued by the manufacturer and change the status of Levonorgestrel-Ethinyl Estradiol to preferred

48. Recommend to change the status of Toprol XL to preferred on the PDL in addition to the generic being preferred since there has been inconsistency in the generic availability

49. Recommend to remove Urispas from the PDL since it has been discontinued by the manufacturer and change the status of Flavoxate to preferred

50. Recommend to change the status of Vistaril 50mg to non-preferred on the PDL to maximize cost savings to the program

51. Recommend to change the status of Xodol to non-preferred on the PDL to maximize cost savings to the program

52. Recommend to change the status of Zithromax 200mg/5ml suspension to non-preferred on the PDL and Azithromycin 200mg/5mls suspension to preferred to maximize cost savings to the program

53. Recommend to change the status of Zithromax Z-Pak to non-preferred on the PDL to maximize cost savings to the program

54. Recommend to change the status of Zmax to non-preferred on the PDL to maximize cost savings to the program

55. Recommend to change the status of Zonegran to non-preferred and grandfather existing users with seizure diagnosis and switch Zonisamide to preferred to maximize cost savings to the program

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. Alvesco - Recommend status on the PDL as non-preferred
2. Banzel - Recommend status on the PDL as non-preferred
3. Durezol - Recommend status on the PDL as non-preferred
4. Nplate - Recommend status on the PDL as non-preferred
5. Promacta - Recommend status on the PDL as non-preferred

Attachment 4

Newly Released Generic Drugs and New Dosage Forms

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.

NEWLY RELEASED GENERICS DRUGS		
Drug Name	Brand Name/Status on PDL/RDL	PDL/RDL Recommendation
Budesonide	Pulmicort Inhaled Suspension/Preferred for ages zero to 7 and Non-Preferred for ages 8 and older	Non-Preferred
Divalproex ER	Depakote ER/Preferred	Non-Preferred
Dorzolamide	Trusopt/Preferred	Non-Preferred
Epoprostenol	Flolan/Preferred with Conditions recommend to change the status to Non-preferred with Conditions	Preferred with Conditions
Risperidone Solution	Risperdal Solution/Preferred	Non-Preferred
Levetiracetam	Keppra/Preferred	Non-Preferred
Stavudine	Zerit/Recommended	Non-Recommended
Sumatriptan	Imitrex/Preferred with Conditions	Non-Preferred with Conditions
Venlafaxine	Effexor/Preferred	Non-Preferred
NEW DRUG NAMES,DOSAGE FORMS OR STRENGTHS		
Drug Name	**Name/Status on PDL/RDL**	**PDL/RDL Recommendation**
Astepro	Astelin/Non-Preferred with Conditions	Non-Preferred with Conditions
Reprexain	Hydrocodone & Ibuprofen/Non-Preferred	Non-Preferred
Trilipix	Tricor/Preferred	Non-Preferred
Twinject	Epipen/Preferred	Non-Preferred
Veripred	Prednisolone Solution/Syrup/Preferred	Non-Preferred