

STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

Time: 9:30 a.m. – 4:30 p.m.

Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting March 13, 2008

Final Agenda

Location: Clive Aquatic Center 1801 N.W. 114th Street Clive, Iowa 50325

- 1. Welcome & Introductions
 - a) Committee Members and Staff
 - b) Approval of the minutes
- 2. Update
 - a) Legislation
 - b) Preferred Drug List (PDL)
 - c) Prior Authorization Criteria/Pro-DUR edits
 - d) Review of P & T Committee Policy and Procedure Manual (Revision of By-laws)
 - e) Medicaid Drug Rebate Issues
- 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 (Open Session)
- 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.lowaMedicaidPDL.com

For more information contact Sandy Pranger at spranger@ghsinc.com or (515) 725-1272 IOWA MEDICAID ENTERPRISE - 100 ARMY POST ROAD - DES MOINES, IA 50315

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. | | |
|--|--|--|
| | (within the last 12 months) financial arrangement or affiliation have a direct interest in the business before the Iowa Medicaid | |
| | ation or am employed by an organization that may have a direct ne Iowa Medicaid P&T Committee | |
| \square I refuse to state my affiliations | S | |
| Organization (List additional on the back of the form.) | Role/Relationship (List additional on the back of the form.) | |
| | | |
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| | | |
| | (print name) | |
| (signature) | (date) | |

Attachment 2 <u>lowa Medicaid Preferred Drug List</u>

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. Acthar HP recommend change status on the PDL to non-preferred
- 2. Aldactazide 25/25mg recommend change status on the PDL to non-preferred
- Augmentin 200-28.5mg Suspension recommend to change status on the PDL to non-preferred and recommend Amoxil Clavulanate 200-28.5mg Suspension to preferred since it became more cost effective
- 4. Betaseron recommend change status on the PDL from draft preferred to preferred
- 5. Brimonidine Ophthalmic Solution 0.2% recommend to change status on the PDL to preferred since it became more cost effective
- 6. Cefzil 250mg Suspension recommend to change status on the PDL to non-preferred and recommend Cefprozil 250mg Suspension to preferred since it became more cost effective
- 7. Cleocin T 1% Lotion recommend to change status on the PDL to non-preferred and recommend Clindamycin Phosphate Lotion 1% to preferred since it became more cost effective
- 8. Cleocin T 1% Solution recommend to change status on the PDL to non-preferred
- 9. DesOwen 0.05% Ointment recommend to change status on the PDL to non-preferred
- 10. Diprolene 0.05% Ointment recommend to change status on the PDL to non-preferred
- 11. Dostinex recommend to remove from the PDL because the manufacturer discontinued production of the drug and recommend cabergoline to change status on the PDL to preferred.
- 12. Erygel recommend to change status on the PDL to non-preferred

- 13. Ethmozine recommend to remove from PDL because manufacturer discontinued production of drug
- 14. Exubera recommend to remove from PDL because manufacturer discontinued production of drug
- 15. Garamycin Ophthalmic Ointment recommend to change status on the PDL to nonpreferred
- 16. Glucagon Emergency Kit recommend status on the PDL to non-preferred and GlucoGen Hypo Kit recommend status on the PDL as preferred since it became more cost effective
- 17. Haldol 0.5mg and 1mg recommend to remove from PDL because manufacturer discontinued
- 18. Haldol Lactate Concentrate recommend to change status on the PDL to nonpreferred
- 19. Hepsera recommend to change status on the PDL to preferred due to current American Association for the Study of Liver Diseases (AASLD) guidelines
- 20. Inderal LA recommend to change status on the PDL to non-preferred
- 21. Kayexalate recommend to change status on the PDL to non-preferred
- 22. Lamisil 250mg recommend to change status on the PDL to non-preferred and recommend Terbinafine 250mg to preferred since it became more cost effective
- 23. Lo-Ovral recommend to change status on the PDL to non-preferred and recommend Norgestrel and Ethinyl Estradiol 0.3mg-30mcg to preferred since it became more cost effective
- 24. Metrocream 0.75% recommend to change status on the PDL to non-preferred and recommend Metronidazole Cream 0.75% to preferred since it became more cost effective
- 25. Penicillin G 250mg (Brand name Penicillin 250mg) recommend to change status on the PDL to non-preferred
- Phenergan 12.5mg Suppositories recommend to change status on the PDL to nonpreferred

- 27. Quinapril recommend to change status on the PDL to preferred since it became more cost effective
- 28. Rocephin 1 gram recommend to change status on the PDL to non-preferred and change Ceftriaxone to preferred since it became more cost effective.
- 29. Terconazole 0.4% Vaginal Cream recommend to change status on the PDL to preferred since it became more cost effective
- 30. Tizanidine 2mg recommend to change status on the PDL to preferred since it became more cost effective
- 31. Toprol XL recommend to change status on the PDL to non-preferred and recommend Metoprolol Succinate ER to preferred since it became more cost effective
- 32. Tyzeka recommend change status on the PDL to non-preferred due to current AASLD guidelines
- 33. Ultravate Cream 0.05% recommend to change status on the PDL to non-preferred and recommend Halobetasol Propionate Cream 0.05% to preferred since it became more cost effective
- 34. Urso 300mg recommend to change status on the PDL to non-preferred
- 35. Zemplar recommend change status on the PDL to preferred

Attachment 3 Newly Released Drugs

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- 1. Azor Recommend status on PDL as non-preferred
- 2. Bystolic- Recommend status on the PDL as non-preferred
- 3. Calomist Recommend status on PDL as non-preferred
- 4. Chantix- Recommend status on the PDL as preferred with conditions
- 5. Combigan Recommend status on PDL as non-preferred
- 6. Isentress- Recommend status on the RDL as recommended

Attachment 4 Newly Released Generic Drugs and New Dosage Forms

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| NEWLY RELEASED GENERIC DRUGS | | | |
|------------------------------|------------------------------------|-------------------------|--|
| Drug Name | Brand Name/Status on PDL/RDL | PDL/RDL Recommendation | |
| Balsalazide | Colazal/Preferred | Non-Preferred | |
| Ciclopirox | Penlac/Non-Preferred | Non-Preferred | |
| Famciclovir | Famvir/Non-Preferred | Non-Preferred | |
| Glipizide/Metformin | Metaglip/Non-Preferred | Non-Preferred | |
| Granisetron | Kytril/Non-Preferred | Non-Preferred | |
| Ipratropium/Albuterol Sol. | DuoNeb/Preferred | Non-Preferred | |
| Moexipril and HCTZ | Uniretic/Preferred | Non-Preferred | |
| Oxcarbazepine | Trileptal/Preferred | Non-Preferred | |
| Pantoprazole | Protonix/Preferred with Conditions | Non-Preferred | |
| Propranolol CR | Inderal LA/Non-Preferred | Preferred | |
| Ramipril | Altace/Preferred | Non-Preferred | |
| NEW DOSAGE FORMS | | | |
| Drug Name | Name/Status on PDL/RDL | PDL/RDL Recommendation | |
| Extina Foam | Ketoconazole/Preferred | Non-Preferred | |
| Flector Patch | Diclofenac Sodium/Preferred | Non-Preferred | |
| Pulmicort 1mg Respules | Pulmicort/Preferred < 8 years old | Preferred < 8 years old | |
| Sanctura XR | Santura/Preferred | Preferred | |
| Zemplar Capsules | Zemplar/Preferred | Preferred | |