



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 November 21, 2013

Location: Iowa State Capitol Room 116
1007 E. Grand Ave
Des Moines, IA 50319

Time: 8:30 a.m. – 4:30 p.m.

Final Agenda

1. Welcome & Introductions
 - a) Committee Members and Staff
 - b) Approval of the minutes
2. Update
 - a) Annual P&T Committee Chairperson and Vice Chairperson Elections
 - b) Preferred Drug List (PDL)
 - c) Medicaid Drug Rebate Issues
 - d) Prior Authorization Criteria/Pro-DUR edits
 - e) Legislation
 - f) 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 and 3 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 4 and 5 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 6 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 7 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

Next scheduled meeting: April 17, 2014 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

Organization (List additional on the back of the form.)	Role/Relationship (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.

- 1) ACE and Thiazide Combo's
- 2) ACE Inhibitors
- 3) ACE Inhibitors and CA Channel Blockers
- 4) Acne Products: Isotretinoin
- 5) Agents for Fabrys Disease
- 6) Agents for Gaucher Disease
- 7) Agents for Pheochromocytoma
- 8) Alcohol Deterrents
- 9) Alpha-Proteinase Inhibitor
- 10) ALS Drug
- 11) Alzheimer – Cholinomimetics
- 12) Amino Glycosides
- 13) Analgesics – Misc.
- 14) Anaphylaxis Therapy
- 15) Androgens / Anabolics
- 16) Androgens-Topical
- 17) Anorectal – Misc.
- 18) Anthelmintics
- 19) Anti-Infective Combo's – Misc.
- 20) Antianginals
- 21) Antianginals – Isosorbide Nitrate
- 22) Antiarrhythmics
- 23) Antiasthmatic – 5-Lipoxygenase Inhibitors
- 24) Antiasthmatic – Adrenergic Combos
- 25) Antiasthmatic – Anti-Cholinergics
- 26) Antiasthmatic – Anti-Inflammatory Agents
- 27) Antiasthmatic – Beta-Adrenergics
- 28) Antiasthmatic – Leukotriene Receptor Antagonists
- 29) Antiasthmatic – Misc. Respiratory Inhalants
- 30) Antiasthmatic – Mixed Adrenergics
- 31) Antiasthmatic – Mucolytics
- 32) Antiasthmatic – Nasal Misc.
- 33) Antiasthmatic – Steroid Inhalants
- 34) Antiasthmatic – Xanthines
- 35) Antibiotics – Misc.
- 36) Anti-Cataplectic Agents
- 37) Anticoagulants
- 38) Anticonvulsants
- 39) Antidepressants- MAO Inhibitors
- 40) Antidepressants- Selected SSRI'S
- 41) Antidepressants- Tri-Cyclics
- 42) Antidotes
- 43) Antidotes – Chelating Agents
- 44) Antiemetic – 5-HT3 Receptor Antagonists/Substance P Neurokinin

- 45) Antiemetic – Anticholinergic / Dopaminergic
- 46) Antiemetic – Tetrahydrocannabinol (THC) Derivatives
- 47) Antifungals – Assorted
- 48) Antihistamines – Non-Sedating
- 49) Antihistamines – Non-Sedating / Decongestants
- 50) Antihistamines – Other
- 51) Antihistamines/Decongestants
- 52) Antihyperlipidemics
- 53) Antihypertensive Combos
- 54) Antihypertensives – Central
- 55) Antileprotic
- 56) Antimalarial Agents
- 57) Antimycobacterials / Antituberculosis
- 58) Anti-Parkinsonian Drugs
- 59) Antiprotozoal Agents
- 60) Anti-Psoriatics – Non-Biologicals
- 61) Antipsychotics- Atypicals
- 62) Antipsychotics- Special Atypicals
- 63) Antipsychotics- Typical
- 64) Antispasmodics
- 65) Antispasmodics – Long Acting
- 66) Antithyroid Therapies
- 67) Anxiolytics-Benzodiazepines
- 68) Anxiolytics- Long Acting
- 69) Anxiolytics- Misc.
- 70) ARB/CCB
- 71) ARB/CCB Plus Diuretics
- 72) ARB's
- 73) ARB's and Diuretics
- 74) Arthritis – Misc.
- 75) Artificial Saliva / Stimulants
- 76) Beta Blockers – Alpha / Beta
- 77) Beta Blockers – Cardio Selective
- 78) Beta Blockers – Non-Selective
- 79) Beta Blockers and Diuretic Combo's
- 80) Beta – Lactams / Clavulanate Combo's
- 81) Biologic Immunomodulators
- 82) BPH
- 83) Calcium Channel Blockers – Amlodipines
- 84) Calcium Channel Blockers – Diltiazems
- 85) Calcium Channel Blockers – Felodipines
- 86) Calcium Channel Blockers – Isradipines
- 87) Calcium Channel Blockers – Nifedipines
- 88) Calcium Channel Blockers – Nisoldipine
- 89) Calcium Channel Blockers – Verapamils
- 90) Carbapenems
- 91) Cardiac Glycosides
- 92) Carnitine Replenisher – Agents
- 93) CCB / Lipid
- 94) Central Precocious Puberty Agents
- 95) Cephalosporins
- 96) Chelating Agents
- 97) Cholesterol – Bile Sequestrants
- 98) Cholesterol – Fibric Acid Derivatives
- 99) Cholesterol – HMG COA + Absorb Inhibitors
- 100) Cholesterol – HMG COA + Absorb Inhibitors: High Potency Drugs/Combinations
- 101) Cholesterol – HMG COA + Absorb Inhibitors: Low Potency Drugs/Combinations

- 102) Cholinergic
- 103) Compounding Materials
- 104) Contraceptives – Bi-Phasic Combinations
- 105) Contraceptives – Emergency Contraceptives
- 106) Contraceptives – Injectable
- 107) Contraceptives – Monophasic Combination O/C's
- 108) Contraceptives – Multi-Phasic Combinations
- 109) Contraceptives – Patches / Vaginal Products
- 110) Contraceptives – Progestin Only
- 111) Contraceptives – Tri-Phasic Combinations
- 112) Cough / Cold – Antitussive – Expectorant
- 113) Cough / Cold – Systemic Decongestants
- 114) Cox 2 Inhibitors – Selective
- 115) Cystic Fibrosis Agents
- 116) Cyto-Megalovirus Agents
- 117) Dental Products
- 118) Diabetic – AlphaglucoSIDase
- 119) Diabetic – Insulin
- 120) Diabetic – Insulin Penfills
- 121) Diabetic – Meglitinides
- 122) Diabetic – Non-Insulin Injectables
- 123) Diabetic – Oral Biguanides
- 124) Diabetic – Oral Sulfonylureas
- 125) Diabetic – Other
- 126) Diabetic – Sulfonylurea / Biguanide
- 127) Diabetic – Thiazol
- 128) Diabetic – Thiazol / Biguanide Combo
- 129) Diagnostic Biologicals
- 130) Diagnostic Drugs
- 131) Direct Renin Inhibitors
- 132) Diuretics
- 133) Dopamine Receptor Agonists
- 134) Ear
- 135) Electrolytes / NutritionalS
- 136) ErythropoeiS Stimulating Agents
- 137) Estrogen Combo's
- 138) Estrogens – Patches
- 139) Estrogens – Tabs
- 140) Fluoroquinolones
- 141) GI – Anti-Flatulents / GI Stimulants
- 142) GI – Antidiarrheal / Antacid – Misc.
- 143) GI – Antiperistaltic Agents
- 144) GI – Digestive Enzymes
- 145) GI – H2-Antagonists
- 146) GI – Inflammatory Bowel Agents
- 147) GI – Irritable Bowel Syndrome Agents
- 148) GI – Misc.
- 149) GI – Misc. Anti-Ulcer
- 150) GI – Prostaglandins
- 151) GI – Proton Pump Inhibitor
- 152) GI – Proton Pump Inhibitor / NSAID Combo
- 153) GI – Ulcer Anti-Infective
- 154) Glucocorticoids – Corticotropin
- 155) Glucocorticoids – Mineralocorticoids
- 156) Gout
- 157) Granulocyte CSF
- 158) Growth Hormone

- 159) Hemostatic
- 160) Hepatitis B Only
- 161) Hepatitis C Agents
- 162) Hereditary Angioedema Agents
- 163) Hereditary Tyrosinemia Type 1 (HT-1) Treatment – Agents
- 164) Herpes Agents
- 165) Hyperparathyroid Treatment – Vitamin D Analogs
- 166) Hyperparathyroid Treatment – Vitamin D Analogs and Calcimimetics
- 167) Immune Serums
- 168) Influenza Agents
- 169) K Removing Resins
- 170) Lincosamides / Oxazolidinones / Leprostatics
- 171) Lithium
- 172) Macrolides / Erythromycin's / Ketolides
- 173) Metabolic Modifiers-Lysosomal Storage Disorder Treatments
- 174) Migraine – Ergotamine Combinations
- 175) Migraine – Ergotamine Derivatives
- 176) Migraine – Selective Serotonin Agonists (5HT) – Injectables
- 177) Migraine – Selective Serotonin Agonists (5HT) – Tabs
- 178) Migraine-Selective Serotonin Agonist-(5HT) Combinations
- 179) Minerals
- 180) Mouth – Anesthetics Topical Oral
- 181) Mouth – Steroids
- 182) Mouth Anti-Infectives
- 183) Mouth Antiseptics
- 184) Mucopolysaccharidosis
- 185) Multiple Sclerosis Agents
- 186) Multiple Sclerosis Agents-Interferons
- 187) Multiple Sclerosis Agents-Non-Interferons
- 188) Muscle Relaxant – Combinations
- 189) Muscle Relaxants
- 190) Narcotic – Antagonists
- 191) Narcotics – Misc.
- 192) Narcotics – Selected
- 193) Narcotics – Long Acting
- 194) Nasal Steroid/Antihistamine Combos
- 195) Nasal Steroids
- 196) Neurologics – Misc.
- 197) Neuromuscular Blocking Agents
- 198) Nicardipines
- 199) Nicotine Replacement Therapy
- 200) Nitro – Ointment / Cap / CR
- 201) Nitro – Patches
- 202) Nitro – Sublingual / Spray
- 203) NSAIDS
- 204) Op. Antiallergics-Antihistamines
- 205) Op. Antiallergics-Mast Cell Stabilizers
- 206) Op. Antibiotics
- 207) Op. Antiinflammatory / Steroids Opth
- 208) Op. Beta-Blockers
- 209) Op. Carbonic Anhydrase Inhibitors / Combo
- 210) Op. Cycloplegics
- 211) Op. Miotics – Direct Acting
- 212) Op. Misc.
- 213) Op. NSAID's
- 214) Op. Prostaglandins
- 215) Op. Quinolones

- 216) Op. Quinolones-Fourth Generation
- 217) Op. Selective Alpha Adrenergic Agonists
- 218) Osteoporosis
- 219) Oxytocics
- 220) Parkinsons – Anticholinergics
- 221) Parkinsons – COMT Inhibitors
- 222) Parkinsons – Selected Dopamine Agonists
- 223) Peripheral Vasodilators
- 224) Phenylketonuria
- 225) Phosphate Binders
- 226) Phosphodiesterase Inhibitors
- 227) Platelet Aggr. Inhibitors / Combo's – Misc.
- 228) Platelet Aggregation Inhibitors
- 229) Powders
- 230) Pressors
- 231) Progestins
- 232) Psychotherapeutic Combination
- 233) Pulmonary Anti-Hypertensives
- 234) Pulmonary Anti-Hypertensives-Endothelin Receptor Antagonist
- 235) Purine Analog
- 236) Restless Leg Syndrome Agents
- 237) Rheumatoid Arthritis – Non-Biologicals
- 238) RSV Prophylaxis
- 239) Sedative / Hypnotics – Barbiturate
- 240) Sedative / Hypnotics – Benzodiazepines
- 241) Sedative / Hypnotics – Non-Benzodiazepines
- 242) Smoking Cessation (Oral)
- 243) Somatostatic Agents
- 244) Stimulants
- 245) Stimulants- Amphetamines- Long Acting
- 246) Stimulants- Amphetamines- Short Acting
- 247) Stimulants- Methylphenidate
- 248) Stimulants- Methylphenidate- Long Acting
- 249) Stimulants- Other Stimulants/ Like Stimulants
- 250) Tetracyclines
- 251) Thrombopoietin Receptor Agonists
- 252) Thyroid Hormones
- 253) Tissue Plasminogen Activator
- 254) Topical – Acne Preparations
- 255) Topical – Antibiotic
- 256) Topical – Antifungals
- 257) Topical – Antineoplastics
- 258) Topical – Antipruritics
- 259) Topical – Antiseborrheics
- 260) Topical – Antiseptics / Disinfectants
- 261) Topical – Antivirals
- 262) Topical – Astringents / Protectants
- 263) Topical – Burn Products
- 264) Topical – Cauterizing Agents
- 265) Topical – Corticosteroids
- 266) Topical – Emollients
- 267) Topical – Enzymes / Keratolytics / Urea
- 268) Topical – Genital Warts
- 269) Topical – Immunomodulators
- 270) Topical – Local Anesthetics
- 271) Topical – Nasal Antibiotics
- 272) Topical – Scabicides and Pediculicides

- 273) Topical – Steroid Combinations
- 274) Topical – Steroid Local Anesthetics
- 275) Topical – Tretinoids
- 276) Urea Cycle Disorder – Agents
- 277) Urological – Misc.
- 278) Vaccines
- 279) Vaginal – Antifungals
- 280) Vaginal – Antibacterials
- 281) Vaginal – Estrogens
- 282) Vaginal – Other
- 283) Vasopressins
- 284) Vitamins
- 285) Vitamins – Misc.

Attachment 3
Iowa Medicaid Preferred Drug List Changes

1. Recommend to change Auvi-Q to Non-Preferred to maximize cost savings to the program.
2. Recommend to change Combivent Respimat to Preferred to maximize cost savings to the program.
3. Recommend to change Pulmicort Flexhaler to Preferred to maximize cost savings to the program.
4. Recommend to change Pulmicort 1mg inhalation solution to Non-Preferred to maximize cost savings to the program (multiples of 0.5mg dose will remain preferred).
5. Recommend to change enoxaparin to Non-Preferred and Lovenox to Preferred to maximize cost savings to the program.
6. Recommend to change Coumadin to Preferred to maximize cost savings to the program (warfarin will remain preferred).
7. Recommend to change divalproex er tablets to Non-Preferred and Depakote ER to Preferred to maximize cost savings to the program (grandfather existing users with seizure diagnosis).
8. Recommend to change carbamazepine oral suspension to Non-Preferred to maximize cost savings to the program (grandfather existing users with seizure diagnosis). Tegretol oral suspension will remain preferred.
9. Recommend to change Vimpat to Preferred with electronic step edit to maximize cost savings to the program.
10. Recommend to change Nardil to Non-Preferred and phenelzine to Preferred to maximize cost savings to the program.
11. Recommend to change Emsam to Non-Preferred to maximize cost savings to the program (grandfather existing users).
12. Recommend to change escitalopram oral solution to Preferred and Lexapro oral solution to Non-Preferred to maximize cost savings to the program.
13. Recommend to change Anafranil to Preferred and clomipramine to Non-Preferred to maximize cost savings to the program.
14. Recommend to change griseofulvin and Grifulvin V tablets to Non-Preferred with Conditions to maximize cost savings to the program.

15. Recommend to change ketoconazole tablets to Non-Preferred due to the FDA MedWatch safety alert.
16. Recommend to change fluconazole 50mg tablets to Preferred with Conditions to maximize cost savings to the program.
17. Recommend to change Dovonex cream to Preferred to maximize cost savings to the program.
18. Recommend to change Invega Sustenna to Non-Preferred with step therapy to maximize cost savings to the program (grandfather existing users).
19. Recommend to remove current age edit on oxybutynin er to maximize cost savings to the program.
20. Recommend to change Avapro to Non-Preferred with Conditions and irbesartan to Preferred with Conditions to maximize cost savings to the program.
21. Recommend to change Benicar and Benicar HCT to Non-Preferred with Conditions to maximize cost savings to the program.
22. Recommend to change valsartan-hctz to Preferred with Conditions and Diovan HCT to Non-Preferred with Conditions to maximize cost savings to the program.
23. Recommend to change Inderal LA to Preferred and propranolol er to Non-Preferred to maximize cost savings to the program.
24. Recommend to change alfuzosin to Preferred to maximize cost savings to the program.
25. Recommend to require a step therapy edit for Zetia. No manual PA will be required if a HMG-CoA reductase inhibitor is found in the member's pharmacy claims history in the past 12 months.
26. Recommend to change Starlix to Non-Preferred and nateglinide to Preferred to maximize cost savings to the program.
27. Recommend to change metformin er (generic Fortamet) to Non-Preferred with Conditions to maximize cost savings to the program.
28. Recommend to change glipizide er to Preferred to maximize cost savings to the program.
29. Recommend to change tolbutamide to Non-Preferred to maximize cost savings to the program.

30. Recommend to change Tradjenta to Non-Preferred with Conditions to maximize cost savings to the program.
31. Recommend to change Jentadueto to Non-Preferred with Conditions to maximize cost savings to the program.
32. Recommend to change glipizide-metformin to Preferred to maximize cost savings to the program.
33. Recommend to change fluocinolone acetonide (otic) to Preferred to maximize cost savings to the program.
34. Recommend to change Cipro HC to Preferred to maximize cost savings to the program.
35. Recommend to change Coly-Mycin S to Preferred to maximize cost savings to the program.
36. Recommend to change glycopyrrolate injection to Non-Preferred to maximize cost savings to the program.
37. Recommend to change Pancreaze to Non-Preferred to maximize cost savings to the program.
38. Recommend to change Pylera to Preferred to maximize cost savings to the program.
39. Recommend to change Helidac to Non-Preferred to maximize cost savings to the program.
40. Recommend to change Norditropin to Preferred with Conditions to maximize cost savings to the program.
41. Recommend to change Nutropin AQ to Non-Preferred with Conditions to maximize cost savings to the program.
42. Recommend to change ribavirin 200mg tablets to Preferred to maximize cost savings to the program.
43. Recommend to change Hectorol to Non-Preferred to maximize cost savings to the program (grandfather existing users).
44. Recommend to change Zemplar to Non-Preferred to maximize cost savings to the program (grandfather existing users).
45. Recommend to change Rebif to Preferred to maximize cost savings to the program.

46. Recommend to change Extavia to Preferred to maximize cost savings to the program.
47. Due to the FDA notice, prescription acetaminophen combination products containing more than 325mg acetaminophen will be removed from coverage effective January 14, 2014. <http://www.regulations.gov/#!documentDetail;D=FDA-2011-N-0021-0001>
48. Recommend to change Suboxone to Preferred with Conditions to maximize cost savings to the program.
49. Recommend to change bacitracin ophthalmic ointment to Non-Preferred to maximize cost savings to the program.
50. Recommend to change trifluridine to Preferred and Viroptic to Non-Preferred to maximize cost savings to the program.
51. Recommend to change neomycin-bacitracin-polymyxin ophthalmic ointment to Non-Preferred to maximize cost savings to the program.
52. Recommend to change neomycin-polymyxin-gramicidin ophthalmic solution to Non-Preferred to maximize cost savings to the program.
53. Recommend to change Nevanac to Preferred to maximize cost savings to the program.
54. Recommend to change Phoslyra to Preferred to maximize cost savings to the program.
55. Recommend to change Renvela to Non-Preferred to maximize cost savings to the program.
56. Recommend to change Plavix 300mg to Non-Preferred to maximize cost savings to the program.
57. Recommend to change ticlopidine to Non-Preferred to maximize cost savings to the program.
58. Recommend to change Adcirca to Non-Preferred with Conditions to maximize cost savings to the program (grandfather existing users).
59. Recommend to change Procentra to Non-Preferred with Conditions to maximize cost savings to the program.
60. Recommend to change amphetamine-dextroamphetamine tablets to Non-Preferred with Conditions to maximize cost savings to the program (brand Adderall remains preferred with conditions).

61. Recommend to change methylphenidate tablets to Preferred with Conditions to maximize cost savings to the program (brand Ritalin remains co-preferred with conditions).
62. Recommend to change ciclopirox shampoo to Non-Preferred to maximize cost savings to the program.
63. Recommend to change ciclopirox solution to Preferred to maximize cost savings to the program.
64. Recommend to change Loprox gel to Preferred to maximize cost savings to the program.
65. Recommend to change Naftin cream and gel to Non-Preferred to maximize cost savings to the program.
66. Recommend to change ketoconazole foam to Non-Preferred to maximize cost savings to the program.
67. Recommend to change nystatin-triamcinolone to Non-Preferred to maximize cost savings to the program.
68. Recommend to change desonide to Non-Preferred to maximize cost savings to the program.
69. Recommend to change fluocinolone acetonide topical oil to Non-Preferred to maximize cost savings to the program.
70. Recommend to change Ulesfia to Preferred with Conditions to maximize cost savings to the program.
71. Recommend to change permethrin 5% cream to Non-Preferred to maximize cost savings to the program.
72. Recommend to change Atralin to Preferred with Conditions to maximize cost savings to the program.
73. Recommend to change Retin-A to Preferred with Conditions to maximize cost savings to the program (generic will remain co-preferred with conditions).
74. Recommend to change Hiprex to Non-Preferred to maximize cost savings to the program.
75. Recommend to change nitrofurantoin oral suspension to Preferred and Furadantin to Non-Preferred to maximize cost savings to the program.

76. Recommend to change Macrochantin to Non-Preferred to maximize cost savings to the program (nitrofurantoin macrocrystal remains preferred).
77. Recommend to change Prenate Plus, Vol-Nate 28-1mg, Trinatal RX1, Trinatal Ultra, Trinatal GT to Preferred and M-Vit 27-1, Completenate Chew Tab, Tricare 27-1 to Non-Preferred to maximize cost savings to the program.

Attachment 4

Iowa Medicaid Recommended Drug List

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- 1) Antihemophilic Agents
- 2) Antineoplastics – Alkylating Agents
- 3) Antineoplastics – Androgen Biosynthesis Inhibitor
- 4) Antineoplastics – Antiadrenals
- 5) Antineoplastics – Antiandrogens
- 6) Antineoplastics – Antibiotics
- 7) Antineoplastics – Antiestrogens
- 8) Antineoplastics – Antimetabolites
- 9) Antineoplastics – Aromatase Inhibitors
- 10) Antineoplastics – Cardiac Protective Agents
- 11) Antineoplastics – Combinations
- 12) Antineoplastics – Estrogen Receptor Antagonist
- 13) Antineoplastics – Estrogens
- 14) Antineoplastics – Folic Acid Antagonists Rescue Agents
- 15) Antineoplastics – Imidazotetrazines
- 16) Antineoplastics – Interleukins
- 17) Antineoplastics – LHRH Analogs
- 18) Antineoplastics – Misc.
- 19) Antineoplastics – Mitotic Inhibitors
- 20) Antineoplastics – Nitrogen Mustards
- 21) Antineoplastics – Nitrosoureas
- 22) Antineoplastics – Progestins
- 23) Antineoplastics – Protein-Tyrosine Kinase Inhibitors
- 24) Antineoplastics – Selective Retinoid X Receptor Agonists
- 25) Antineoplastics – Topoisomerase I Inhibitors
- 26) Antineoplastics – Urinary Tract Protective Agents
- 27) Antiretrovirals
- 28) Antiretroviral Combinations
- 29) Antiretrovirals – Fusion Inhibitors
- 30) Antiretrovirals – Protease Inhibitors
- 31) Antiretrovirals – RTI-Non-Nucleoside Analogues
- 32) Antiretrovirals-RTI-Nucleoside Analogues-Purines
- 33) Antiretrovirals-RTI-Nucleoside Analogues-Pyrimidines
- 34) Antiretrovirals-RTI-Nucleoside Analogues-Thymidines
- 35) Antiretrovirals-RTI-Nucleotide Analogues
- 36) Immunosuppressants

Attachment 5
Recommended Drug List Changes

- 1) Recommend to change Abraxane to Recommended due to the expanded indications for use.

Attachment 6
Newly Released Drugs

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1. Breo Ellipta- Recommend status on the PDL as Non-Preferred
2. Cometriq- Recommend status on the PDL as Non-Recommended
3. Mekinist- Recommend status on the PDL as Non-Recommended
4. Ravicti- Recommend status on the PDL as Non-Preferred
5. Rescula- Recommend status on the PDL as Non-Preferred
6. Sirturo- Recommend status on the PDL as Non-Preferred
7. Tafinlar- Recommend status on the PDL as Non- Recommended
8. Tivicay- Recommend status on the PDL as Non- Recommended

Attachment 7

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

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NEWLY RELEASED GENERIC DRUGS		
Drug Name	Brand Name/Status on PDL/RDL	PDL/RDL Recommendation
Acamprosate Calcium	Campral / Preferred	Non-Preferred
Adefovir Dipivoxil	Hepsera / Preferred	Non-Preferred
Buprenorphine/Naloxone	Suboxone / Preferred with Conditions	Non-Preferred with Conditions
Candesartan	Atacand/ Non-Preferred with Conditions	Non-Preferred with Conditions
Epinephrine Injection	EpiPen / Preferred	Non-Preferred
Riluzole	Rilutek / Preferred with Conditions	Non-Preferred
Temozolomide	Temodar / Recommended	Non- Recommended

NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS		
Acitretin	Soriatane / Non-Preferred	Non-Preferred
Adrenacllick	EpiPen / Preferred	Non-Preferred
Astagraf XL	Prograf / Recommended	Non- Recommended
Brisdelle	Paroxetine / Preferred	Non-Preferred
Clindesse	Clindamycin Vaginal Cream / Preferred	Non-Preferred
Diclegis	Pyridoxine 25mg / Preferred Doxylamine / Not Covered	Non-Preferred
Esomeprazole	Nexium / Non- Preferred with Conditions	Non-Preferred with Conditions
Fabior	Tazorac / Preferred with Conditions	Non-Preferred with Conditions
Nymalize	Nimodipine / Non-Preferred	Non-Preferred
Quartette	Natazia / Non-Preferred	Non-Preferred
Repaglinide	Prandin / Non-Preferred	Non-Preferred
Zubsolv	Suboxone / Preferred with Conditions	Preferred with Conditions