



# STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES  
CHARLES J. KROGMEIER, DIRECTOR

## Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting September 10, 2009

**Location: Iowa State Capitol Room 22  
1007 E. Grand Avenue  
Des Moines, Iowa 50319**

**Time: 9:30 a.m. – 1:00 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) Annual Completion of Conflict of Interest and Confidentiality Forms
  - c) Preferred Drug List (PDL)
  - d) Prior Authorization Criteria/Pro-DUR edits
  - e) Medicaid Drug Rebate Issues
  - f) Legislation
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
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)
9. Review of Newly Released Generic Drugs, Dosage Forms or 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, Dosage Forms or Strengths

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

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

Next scheduled meeting is November 12, 2009

For more information contact Erin Halverson at ehalver@dhs.state.ia.us or (515) 725-1214  
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.**

**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.)

\_\_\_\_\_  
(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. Recommend to change the status of Symbyax to non-preferred to maximize cost savings to the program and grandfather existing users.

### **Manufacturer Discontinuations and Withdrawals**

1. Recommend removing Accutane from the PDL since it has been discontinued by the manufacturer and change the status of isotretinoin to preferred with conditions. Brand Accutane will continue to pay for current prior authorizations until the supply is exhausted by the pharmacy.
2. Recommend removing Monopril HCT from the PDL since it has been discontinued from the manufacturer.

### **Changes because of State MAC or FUL additions or deletions**

1. Recommend to change the status of cefdinir to preferred on the PDL to maximize cost savings to the program. Omnicef is already preferred on the PDL.
2. Recommend to change the status of Cellcept to non-recommended and require a Selected Brand Name Drug PA to maximize cost savings to the program. (Mycophenolate is being added as recommended, see Attachment 4.)
3. Recommend to change the status of Prilosec OTC to non-covered and legend Omeprazole to preferred on the PDL, effective November 1, 2009, to maximize costs savings to the program.
4. Recommend to change the status of Neoral to non-recommended and require a Selected Brand Name Drug PA to maximize cost savings to the program. (Cyclosporine modified is already listed as recommended.)
5. Recommend adding a Selected Brand Name Drug PA requirement to Retrovir (non-recommended) to maximize cost savings to the program and clarify PA requirement. (Zidovudine is already listed as recommended.)
6. Recommend to change the status of stavudine to recommended and Zerit to non-recommended and require a Selected Brand Name Drug PA 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. Cimzia (prefilled Syringe)- Recommend status on the PDL as non-preferred with conditions
2. Nucynta- Recommend status on the PDL as non-preferred
3. Nuvigil- Recommend status on the PDL as non-preferred with conditions
4. Samsca- Recommend status on the PDL as non-preferred
5. Savella- Recommend status on the PDL as non-preferred with conditions with recommendation for Drug Utilization Review (DUR) Commission to develop criteria.
6. Simponi- Recommend status on the PDL as non-preferred with conditions
7. Ulesfia Lotion- Recommend status on the PDL as non-preferred

#### Attachment 4

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

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 GENERIC DRUGS**

<b>Drug Name</b>	<b>Brand Name/Status on PDL/RDL</b>	<b>PDL/RDL Recommendation</b>
Bicalutamide	Casodex/Recommended	Non-Recommended
Calcitonin-Salmon Spray	Miacalcin/Preferred	Non-Preferred
Carbamazepine ER	Tegretol XR/Preferred	Non-Preferred
Liothyronine	Cytomel/Preferred	Non-Preferred
Malathion	Ovide/Non-Preferred	Non-Preferred
Mycophenolate	Cellcept/Recommended	Recommended
Next Choice	Plan B/Preferred	Non-Preferred
Risperidone ODT	Risperdal M Tab/Non-Preferred with Conditions	Non-Preferred with Conditions

#### **NEW DRUG DOSAGE FORMS**

Lamictal XR	Lamotrigine/Preferred	Non-Preferred with Conditions
Vectical	Calcitriol/Preferred	Non-Preferred

#### **NEW DRUG STRENGTHS**

LoSeasonique	Seasonique/Non-Preferred	Non-Preferred
--------------	--------------------------	---------------