P&T Committee
Minutes

Date: December 2, 2004

Chair: Michael Flaum, M.D.

Time: 9:35 a.m. to 4:30 p.m.

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

Committee Members Present: Bradley J. Archer, M.D.; Cheryl Clarke, R.Ph., CDM; William R. Doucette, Ph.D.; Michael A. Flaum, M.D.; Carole A. Frier, D.O.; Hayley L. Harvey, DDS, MS; Susan Purcell, R.Ph, CGP; and Priscilla Ruhe, M.D.

Iowa DHS Staff Present: Susan Parker, Pharm.D., DHS Pharmacy Consultant; and Daniel W. Hart, Attorney General's Office

IME Staff Present: Thomas Kline, D.O., Iowa Medicaid Medical Director; Tim Clifford, M.D.; John Grotton, R.Ph.; Andi Dykstra, R.N., CPHQ; Sandy Pranger, R.Ph.; and Julie Bueno, R.Ph.

Dr. Flaum called the meeting to order.

I. Dr. Flaum welcomed the newest P & T committee member, Carole Frier.

II. Dr. Flaum asked that each committee member, DHS, and IME staff introduce themselves to the public.

III. Dr. Flaum announced that Dr. Clifford has been delayed in arriving at the meeting.

IV. The minutes from October 27 and October 28 open sessions were reviewed. Dr. Flaum commented on Cheryl Clarke's question on V of the October 27 minutes where it reads that, "Cheryl Clarke asked to have Dr. Flaum serve out a one-year term since he was acting as chairperson." Cheryl Clarke clarified that she had asked if it was in the bylaws that Dr. Flaum could serve the next term since this current term is only a partial term, to which the AG had said yes. Several committee members commented on the lengthiness of the minutes. Cheryl Clarke made the motion to approve the minutes with the minor correction on V. Dr. Ruhe seconded the motion. All committee members approved with none opposing or abstaining.

V. Dr. Kline provided an update on the PDL training sessions highlighting attendance and attendees, the posted Q & A on the website, and meeting with physician groups. Dr. Flaum recommended that a monthly report be provided to the committee members on the tracking of any provider questions after the

training sessions are completed and also the implementation process of this, along with the actual attendance numbers by provider type. Cheryl Clarke asked if the website would be updated with the PDL listing, product information, and other information. John Grotton replied that it would be updated. John Grotton also thanked Dr. Kline and Julie Bueno for their hard work on these training sessions.

VI. Dr. Frier asked if there was a way to look at the top 10% or 20% providers or programs affected by the PDL across the state and contact them individually to offer help in getting them ready for January 15. Dr. Kline responded yes, that it could be done.

VII. Susan Purcell asked about the type of notification of any changes, if any. Dr. Kline replied that he was unsure if it would be by e-mail or mailings. John Grotton asked Susan Parker what the State's policy was on mailings. Susan Parker replied that for minor changes there would be no mailings but it would be on the website, and for major changes there would be mailings. Susan Purcell asked what information the patients will receive. Susan Parker replied that the recipient letters would go out shortly, and also that the IM workers receive the new information prior to the recipient mailings so that they will know how to respond.

VIII. Dr. Flaum commented that the website comments were good and useful, and hopes that it will continue.

IX. Mary Winegardner wanted clarification of distinction between the PDL and the RDL and what RDL drugs are to be allowed on the PDL. She also wanted clarification about the anti-neoplastics. Dr. Flaum reminded the Committee that the issues to be discussed today should be about the PDL, RDL, etc. John Grotton said that on the RDL, there are the same issues of what is on the PDL, basically brand and generic. In order to collect supplemental rebates and get savings from these rebates, a drug must have a preferred status. If Zoloft is called preferred vs. recommended then the State could collect a supplemental rebate for the Zoloft. Another example discussed was Paxil. By the brand, Paxil, being preferred over the generic, Fluoxetine, the State could collect a supplemental rebate for the Paxil and see savings. Dr. Flaum stated that the main issue the Committee would look at today is the psychiatric clause in the legislation, which he then recited to the Committee from Susan Parker's copy. John Grotton recommended that the Committee wait for Dr. Clifford to elaborate on this.

X. Dr. Flaum led a discussion pertaining to the Committee's understanding on the interpretation of the language of mental health generic vs. brand drug compounds. It was agreed that given the chemical equivalency, then mental health drugs could be part of the PDL. The question arose then of whether every mental health drug will be classified in all four categories of Preferred, Non-Preferred, Recommended, and Non-Recommended. John Grotton answered that in looking at 250,000 NDC numbers, only 16,000 are used in any one period of time and out

of the 200,000, there are only 80,000 that are active. Further discussion ensued on preferred, non-preferred, brand, and generic drugs. Susan Parker stated that if there was not a significant variation between the therapeutic or side effect profiles within a therapeutic class, then a RDL drug could become part of the PDL. Susan Parker explained that the decision would be up to the P&T Committee. Susan Parker read to the Committee the Attorney General's opinion on mental health drugs, and then explained what she had just read. Dr. Flaum clarified that the only time a mental health drug will be placed on the PDL is if there is a generic equivalent available.

XI. The Committee talked more about the recommended status versus non-recommended status, exemption of drugs on the list, prior approvals, programming issues, presentation issues, cancer drugs, training on RDL, and co-pay (Dr. Clifford to talk later about co-pay).

XII. John Grotton talked about public comments and questions at the provider training sessions regarding the report on generics, MAC situation, and labeler levels. Susan Parker gave an update on the State's perspective regarding the MAC issue.

XIII. Dr. Flaum reviewed the "Emerging Trends in the Use of Psychiatric PDLs" handout. This handout will be distributed to medical directors for review and updating. Dr. Flaum will keep the Committee informed of the progress on this.

XIV. Cheryl Clarke made a motion to take a ten-minute break and Dr. Harvey seconded it.

The meeting resumed at 11:00 a.m. whereupon Dr. Flaum welcomed Dr. Clifford to the meeting.

XV. Dr. Clifford reviewed the co-pay analysis handout. A discussion followed Dr. Clifford's review. Susan Purcell made a motion for Department of Human Services to re-evaluate the State's plan legislation, the state plan amendment, to request a change in the co-pay terminology from brand/generic to preferred/non-preferred. Cheryl Clarke seconded the motion. Committee members held further discussion. Susan Purcell amended her motion that this Committee recommends that the Department of Human Services and the Iowa legislature re-evaluate the Medicaid co-payment program to reflect the change from brand name and generic to preferred/non-preferred drugs. Cheryl Clarke added to the motion to ensure parity to a patient for products that are equivalent so the patient is not disadvantaged because they must pay a higher co-pay for the preferred brand. All committee members were in favor with none opposing or abstaining.

XVI. Susan Purcell motioned to go to closed session and Mary Winegardner seconded the motion. A roll call vote was taken and all were in favor.

Open session reconvened at 12:37 p.m.

XVII. Dr. Flaum called the afternoon session to order.

XVIII. Dr. Flaum told Dr. Clifford of the Committee's earlier interpretation of the legislation with exception to the mental health drugs in terms of chemical equivalency and that the Committee was fairly comfortable with generic brand issues going on the PDL but that there was consensus that the Committee was not comfortable extending beyond that. Dr. Clifford responded that it would be okay to go ahead and vote as the Committee has interpreted which drugs should be considered preferred and non-preferred and recommended and non-recommended. Mary Winegardner asked about taking action on drugs for which there is no generic as the legislation exemption applies and move down to either all recommended or all preferred. Dr. Flaum responded that he did not think the Committee needed to take action and that it could be dealt with category by category, that the minutes reflect that was the will of the group, and he wouldn't expect that there would be exceptions to that.

XIX. Dr. Clifford reviewed the three anti-depressant categories on the RDL. Both of the MAO Inhibitors are being recommended. Under the Selected SSRI's, Wellbutrin brand will be preferred and the generic non-preferred for both the short and long-acting 100mg and 150mg. The Wellbutrin 200mg SR tab would be recommended. Wellbutrin XL 150mg and 300mg would be recommended. Celexa and Lexapro would be recommended. Cymbalta and Effexor XR are non-recommended due to substantially higher net cost relative to the SSRI's. The key issue on the Fluoxetines in which generics are preferred is to avoid two situations: Fluoxetine 40mg caps use the 20mg multiples instead with substantial savings, and with the Fluoxetine 20mg tab, the tablets are much more expensive; need to try to direct people to the caps instead. On the Fluvoxamines, the generic would be preferred. The Maprotilines would be recommended. The more expensively priced Mirtazapine Orally Disintegrating Tab would be non-preferred and the brand would be preferred over the generics. The Nefazodone generic would be preferred where the brands have pretty much disappeared. For Paxil, the brand is preferred and the generic (Paroxetine) is non-preferred. All strengths of the Paxil CR are recommended as well as all strengths of Zoloft. The generics are preferred for the Trazodones. Under the Tri-Cyclic Antidepressants, the generic Amitriptyline is preferred. Amoxapines would be recommended. The generic Clomipramines are preferred. Desipramine is preferred over the brand Norpramin. The Doxepin is preferred and brand Sinequan is non-preferred. The generic Imipramine is preferred over the brand Tofranil. With the Tofranil PM, there is a significant pricing difference to be non-recommended on this particular product. The Nortriptylines generics are preferred over the brand. Vivactil and Surmontil are recommended. Dr. Doucette asked Dr. Clifford what his experience is in using the non-recommended designation in Maine. Dr. Clifford answered that their legislation does not put any handicaps on them. Dr. Doucette asked what the expectations were regarding the change in utilization from non-recommended drugs to recommended drugs and Dr. Clifford answered that there

will be some effect on utilization and that the expectation would be that if the economy does not improve, the legislation will have to revisit the issue. The Committee held more discussion. Dan Hart clarified that voting on PDL mental health drugs is in effect a recommendation, and that there is no significant variation of therapeutic profile or side effect profile based on the prior discussion of generic equivalency. Dr. Flaum brought up a question from the closed session regarding what happens at the level of the pharmacy when someone writes Fluoxetine 40mg capsules. Will the doctor get notification along with the pharmacist? Susan Parker replied that the pharmacist will get the notification and the pharmacist is to notify the doctor that the prescription would need to be changed to the Fluoxetine 20mg capsules with a doubling of the dose. Susan Purcell made a motion that the categories of the Anti-Depressants MAO Inhibitors, Selected SSRI's, and the Tri-Cyclics be accepted. Dr. Doucette seconded the motion. All were in favor with none opposing. Mary Winegardner abstained.

XX. Dr. Clifford reviewed category Anxiolytics – Benzodiazepines. On Alprazolam, the generic is preferred over the brand. The generic Chlordiazepoxide is preferred, along with all generic strengths of Clorazepate being preferred. Tranxene-SD is not recommended. Diazepam concentrate is recommended. Diazepam injection is preferred. Diazepam solution is recommended. Diazepam tablets are preferred. Lorazepam Concentrate is preferred. The Lorazepam injection 2mg and 4mg are preferred. Lorazepam tablets are preferred. The generic is preferred over brand on Oxazepam. Dr. Clifford then went on to review the Long-Acting Anxiolytic category with the recommendation for non-preferred. Dr. Clifford then reviewed the Anxiolytics – Miscellaneous. Generic is preferred on Buspirone except the Buspirone 30mg which is non-preferred because of the net pricing. People should be directed to using the multiples of the 15mg instead for substantial savings. On the Hydroxyzine HCLs, the generic solutions are preferred, the generic syrup is preferred, and the HCL tabs with the exception of 10mg would be non-preferred to increase utilization into the Hydroxyzine Pamoates category. With the Hydroxyzine Pamoates, generic is preferred over brand. Dr. Clifford continued on with reviewing the RDL under Meprobamate that has a brand/generic issue but at this point it is being recommended as non-preferred strictly from a clinical point of view. The Committee discussed the brand/generic issue mentioned by Dr. Clifford. Dr. Doucette made a motion that the Committee accept as written the categories Anxiolytics – Benzodiazepines, Anxiolytics – Long Acting, and Anxiolytics – Miscellaneous with the change of Alprazolam SR to non-recommended. Dr. Flaum added to the motion to change both strengths of Meprobamate to preferred. Susan Purcell recommended that Hydroxyzine HCL be moved from the RDL to the PDL under the antihistamine category. Cheryl Clarke made a friendly amendment to also take Hydroxyzine Pamoate off of the RDL and place it on the PDL under the antihistamine category. Dr. Flaum restated the motion on the table with the three changes: Alprazolam SR to non-recommended status, making both strengths of Meprobamate preferred, and taking the Hydroxyzine HCL and

Pamoate out of this category and put on the PDL. Mary Winegardner seconded the motion. All were in favor of the motion with none opposing or abstaining.

XXI. Dr. Clifford continued his review with the category of Lithium. Both brand and generic are preferred for Lithium 150mg Carbonate caps. For Lithium Carbonate cap 300mg, the generic is preferred. For Lithium Carbonate cap 600mg, the brand is preferred. The generic is preferred for Lithium Carbonate tab 300mg. For Lithium Carbonate tab CR 300mg and 450mg, the brands of Lithobid and Eskalith CR are preferred over the generics. The generic is preferred for Lithium Citrate syrup. Under the Psychotherapeutic Combination category, the generic is preferred for Chlordiazepoxide – Amitriptyline. The Symbyax combination of Olanzapine – Fluoxetine is not recommended. Not all the Perphenazine-Amitriptylines were available in the generic version, but in the strengths that were available as generic, they were specifically preferred and the brand forms were also recommended. Under the Sedative/Hypnotics – Barbiturate category, the Butabarbital Sodiums are recommended. The Chloral Hydrates are not recommended. The Chloral Hydrate syrup (generic syrup) is preferred. The Mebarals are all being recommended. The generics are preferred for the Phenobarbital Elixirs. The Luminal and Phenobarb injections for the Phenobarbital Sodiums are not recommended. There are two changes for the Phenobarbital tablets 15mg and 30mg where all the generics are currently non-preferred; regardless of the strength, Phenobarbitals would be preferred. For the Secobarbital Sodium Class, Seconal caps are not recommended. Under the Sedative/Hypnotics – Benzodiazepines category, the generics are preferred for the Estazolams and the Flurazepams. For Midazolam, the generic injection and syrup should be changed to preferred status. Doral (Quazepam) is recommended. The generics are preferred for the Temazepams and the Triazolams. The Committee held a discussion. Cheryl Clarke made a motion to approve the categories of Lithium, Psychotherapeutic Combination, Sedative/Hypnotics – Barbiturate with Phenobarbital 15mg and 30mg tablets being preferred, and Sedative/Hypnotics – Benzodiazepines with the changes of Restoril 7.5mg capsules to non-recommended status. After further discussion by the Committee, Susan Purcell seconded the motion. All were in favor with none opposing or abstaining.

XXII. Dr. Clifford reviewed the category of Stimulants – Amphetamines – Long Acting. Based on the changes from this morning, Adderall XR would become recommended. For Dextroamphetamine caps, the brand Dexedrine would become preferred over the generic. Regarding the Amphetamines and Adderall, the brand Adderall would be preferred over the generic. Under the Stimulants – Methylphenidate category with the shorter-acting versions, Focalin would be recommended. The generics would be preferred for the Methylphenidates and brand Ritalin would be non-preferred. Under the category of Stimulants – Methylphenidate – Long Acting, Metadate CDs are recommended and Ritalin LAs are not recommended. For Methylphenidate CRs, the generic would be preferred over the brand. All strengths of Concerta would be recommended. Under the category of Stimulants – Other Stimulants/Like Stimulants, Strattera is

not recommended as a first line therapy for ADHD. Provigil (which already requires prior authorization) is also not recommended. For Pemoline, the brand Cylert is preferred over the generic Pemoline. The Committee held a discussion. Dr. Flaum made a motion to approve the Stimulant categories with changes of (1) all of the Adderall XR be changed from preferred to recommended; (2) Dexedrine 5mg, 10 mg, and 15mg capsules be preferred; (3) Metadate CD capsules be changed from preferred to recommended in 10mg, 20mg, and 30mg and Ritalin LA capsules in all strengths be changed from non-preferred to non-recommended; (4) Concerta in all strengths be changed from preferred to recommended; and (5) Cylert 18.75mg be changed from non-preferred to preferred. Cheryl Clarke seconded the motion. All were in favor with none opposing or abstaining.

XXIII. Dr. Clifford recommended that the Committee table the unaddressed categories in the RDL due to earlier deliberations on brand/generic issues, the major categories have been addressed, and time constraints that the Committee go over the PDL categories, which will have the most significant impact on the budget.

XXIV. Dr. Clifford began the review of the highlighted drugs in the PDL (pages 2-22), being either new to the category or changed since the last review. In the category of Ace and Thiazide Combo's, the generic for Quinaretic is available but neither is well priced, so the generic is non-preferred. In the category of Amino Glycosides, Amikin and Amikacin are preferred. Gentamicin injections are preferred while Garamycin is non-preferred. The Kanamycins, Paromomycins, Streptomycin, and Tobramycins are preferred. In the category of Anthelmintics, the brand Mintezol for Thiabendazole is preferred. In the category of Anti Infective Combinations – Miscellaneous, Pediazole is non-preferred. Primaxin is being recommended as non-preferred but needs to be relocated to its proper category, the Carbapenem class. In the category of Antiarrhythmics, Ethmozine is being recommended as non-preferred as it does not have a good side effect profile. In the category of Antiasthmatic – Miscellaneous Respiratory Inhalants, Broncho Saline is preferred. In the category of Antiasthmatic – Mixed Adrenergics, generic Epinephrine injections 0.1mg are preferred and the generic Epinephrine injection 1mg is preferred over the brand. In the category of Antiasthmatic – Mucolytics, both the generic and brand are preferred as there was not much difference in pricing. In the category of Antiasthmatic – Xanthines, Dilor for Dyphylline is not preferred. Theophylline Elixir 80mg/15ml is changed to preferred. In the category of Antibiotics – Miscellaneous, Azactam injectables are preferred. The Metronidazole injectable solution is preferred. The Pentamidine injection is preferred. The Polymyxin powders are not preferred. The Sulfadiazine tablets are preferred. Dr. Flaum made the motion to approve the recommendations with the exception of changing Elixophyllin Elixir 80mg/15ml to preferred status. Dr. Doucette seconded the motion. All were in favor with none opposing or abstaining.

XXV. Dr. Clifford reviewed pages 26-31 of the PDL. In the category of Anticonvulsants, Peganone tablet is not preferred. Cerebyx injection, a pro-drug

for Phenytoin injectable, is not used often and is not preferred. There is an update in the widely used single source Anticonvulsants in that all are preferred except Topamax (Keppra, Trileptal, and everybody else are on board). Topamax will remain non-preferred. Existing Topamax patients will be grandfathered, and all new patients will need to have a diagnosis of seizure disorder. The Phenytoin injectables are preferred. Valproate Sodium injection is recommended to be changed to preferred. Zonegran capsules are changed to preferred. In the category of Antidotes, Desferal is preferred. In the category of Antidotes – Chelating Agents, Chemet is preferred. In the category of Antiemetic – Anticholinergic/Dopaminergic, Antivert 50mg is not preferred as it is more cost-effective to use multiples of the 25mg. For Scopolamine, Scopace tablets are not preferred. In the category of Antifungals – Assorted, there is a brand generic situation between Fungizone and Amphotericin where the brand Fungizone is preferred. Ambisome for the Liposome version of Amphotericin is preferred as opposed to the Cancidas, which would be non-preferred. The Diflucan injectables are all preferred. For Flucytosine, Ancobon is preferred. The injectable form of VFend (Voriconazole) is preferred. The Committee held a discussion. Dr. Frier recommended making Cancidas preferred to be used for severe cases in patients with Fluconazole resistance. Dr. Ruhe made a motion to accept the recommendations with the addition of making Cancidas preferred. Susan Purcell seconded the motion. All were in favor with none opposing or abstaining.

XXVI. Dr. Clifford reviewed pages 32-46 of the PDL. In the category of Antihypertensive Combos, Enduronyl is non-preferred. The generic Hydralazine & Hydrochlorothiazide is preferred. The Methyldopa & Hydrochlorothiazide generic is preferred. For Prazosin & Polythiazide, Minizide is non-preferred. In the category of Antihypertensives – Central, Clonidine tabs are preferred. The Catapres patches are preferred. Guanabenz is non-preferred. Guanfacine is preferred over the brand Tenex. Hydralazine generics are preferred. The Methyldopa generics are preferred. The Minoxidil generics are preferred. The Prazosin generics are preferred. Reserpine is preferred. In the category of Antimycobacterials/Antituberculosis, the Pyrazinamides are preferred. In the category of Antiprotozoal Agents, there is relocation here for Mepron and Alinia suspension is preferred. In the category of Anti-Psoriatics, the biological Raptiva is non-preferred requiring a prior authorization to look for a trial of UVA therapy. In the category of Antispasmodics, for Hyoscyamine tablets, both drugs are preferred. In the category Arthritis – Miscellaneous, for Gold protection Myochrysine injection is preferred. Rheumatrex 2.5mg tabs are non-preferred, however, the other versions of Methotrexate generic would be preferred. In the category of Beta-Lactams/Clavulanate Combo's, Dispermox form of Amoxicillin Trihydrate would be made non-preferred. The Unasyn injectables would be preferred. Geocillin is preferred. The varieties of Nafcillin injectables are preferred. The Oxacillin injectables are preferred. The Oxacillin Sodium in Dextrose injection should be changed to preferred. For the Penicillin and Benzathine injections, all drugs are preferred. Timentin is preferred. The Committee held a discussion. Mary Winegardner made a motion to approve the

categories discussed on pages 32-46 with the exception to make Clonidine tablets preferred over patches. Susan Purcell noted the change on page 45 to make Bactocill preferred. Dr. Doucette seconded the motion. All were in favor with none opposing or abstaining.

XXVII. Dr. Clifford reviewed pages 51-59 of the PDL. In the category of Carbapenems, Primaxin would be placed over here as non-preferred making available Invanz and Merrem as preferred. In the category of Cephalosporins, the long-acting Cefaclor ERs would be non-preferred. The Maxipime and Claforan injectables are all preferred. The Fortaz injectable 1 gram is preferred. Zinacef injectables are preferred. Velosef caps are non-preferred. In the category of Cholesterol – Fibric Acid Derivatives, Lofibra is non-recommended as offer disappeared, and if the class were to continue the available preferred would be Tricor, the Gemfibrozil generics, and also the Niaspan product. In the category of Cholesterol – HMG COA + Absorb Inhibitors, Pravigard is non-preferred. In the category of Compounding Materials, Placebos are listed as preferred which is a brand product. The Budesonide Powders and Coenzyme Q10 are non-preferred as these are products that would otherwise be subject to prior authorization elsewhere or more cost effective elsewhere. In the category of Contraceptives – Injectable, Lunelle injection is non-preferred. In the category of Contraceptives – Monophasic Combinations O/C's, Seasonale is non-preferred because it's available for three months at a time. The Committee held a discussion. Susan Purcell made a motion to accept categories Carbapenems, Cephalosporins, Cholesterol – Fibric Acid Derivatives, Cholesterol – HMG COA + Absorb Inhibitors, Compounding Materials, Contraceptives – Injectable, and Contraceptives – Monophasic Combinations O/C's with the exception of the change on page 55 to make Lofibra non-preferred. Dr. Ruhe seconded the motion. All were in favor with none opposing or abstaining.

XXVIII. Dr. Clifford talked about pages 60-71 of the PDL on how there were a lot of tremendous price variations in all the categories of Cough/Cold. He also talked about how decisions were made on the product choices and pricing in this category. The Committee looked over these pages and then held discussion. Cheryl Clarke made a motion to accept the Cough/Cold categories with the addition of a sugar-free/alcohol-free cough syrup alternative. Dr. Ruhe seconded the motion. All were in favor with none opposing or abstaining.

XXIX. The Committee took a ten-minute break.

The meeting resumed at 2:50 p.m.

XXX. Dr. Clifford reviewed pages 72-85 of the PDL. In the category of Cyto-Megalovirus Agents, Vistide and Foscavir are preferred. In the category of Diabetic – Oral Biguanides, the Riomet solution is non-preferred and the long-acting Fortamet is non-preferred. In the category of Diabetic – Other, the hyperglycemic reaction products are all preferred. In the category of Diabetic –

Penfills, the products are non-preferred and require prior authorization. Although all are non-preferred with prior authorization, preference would be given to Novolin products. In the category of Diuretics, Naturetin is non-preferred. Chlorothiazide injections IV are non-preferred. Thalitone 15mg tablets are non-preferred. In the category of Ear Products, the Ear-Gesic generic is preferred over the brand, and the Cortane-B lotion is non-preferred. In the category of Electrolytes/Nutritionals, for Amino Acid Infusion 10%, the Travasol product would be preferred. On the 15% solution, the Abbott Laboratories Aminosyn II is non-preferred. All products for the Oral Electrolyte solutions are preferred. The Lactated Ringers solution, Potassium Chloride, Sodium Chloride injectables, and the Dextrose injections are all preferred. For the Fat Emulsions, Intralipid generic is preferred over Liposyn. Non-utilized products include non-preferred Polycose. Potassium Chloride in various mixtures and Lactated Ringers solution are all preferred. In the category of Estrogen – Tabs, Depo-Estradiol injectable is preferred. Gynodiol tablets 1.5mg are preferred. The Estriol powder and the Estrone powder are non-preferred. Dr. Ruhe made a motion to accept the categories discussed on pages 72-85 with change on page 82 to make Aminosyn preferred. Dr. Doucette seconded the motion. All were in favor with none opposing or abstaining.

XXXI. Dr. Clifford reviewed pages 93-101 of the PDL. In the category of GI – Inflammatory Bowel Agents, biological Remicade was added to this category as non-preferred requiring prior authorization. In the category of Glucocorticoids – Mineralocorticoids, the Celestone Injection Soluspan is non-preferred. Both strengths of the Kenalog injection are preferred. In the category of Gout, the Sulfinpyrazone tablets are preferred. In the category of Growth Hormone, the Protropin is added as non-preferred as there is already a preferred growth hormone with the supplemental rebate deal. In the category of Hepatitis C Agents, Infergen is non-preferred. Although there is hardly any utilization, Rebetron is also listed as preferred. In the category of Immune Serums, there is one change in the Hepatitis B Immune Globulin where the generic version Nabi-BH would become preferred. For the other Immune Globulins, the generic versions available are preferred. Cheryl Clarke made the motion to approve the categories of GI – Inflammatory Bowel Agents, Glucocorticoids – Mineralocorticoids, Gout, Growth Hormone, Hepatitis C Agents, and Immune Serums with the change of Nabi-HB being preferred. Dr. Doucette seconded the motion. All were in favor with none opposing or abstaining.

XXXII. Dr. Clifford reviewed pages 102 – 110 of the PDL. In the category of Influenza Agents, Relenza Inhaler needs to be added as preferred. In the category of Irrigation Solutions, all products are preferred. In the category of Lincosamides/ Oxazolidinones/Leprostatics, Chloramphen powder and injectable are non-preferred and subject to prior authorization. The Cleocin injectables are preferred. The Cubicin and Lincocin are non-preferred. In the category of Minerals, there are number of preferred generics for the Ferrous Fumarate, Gluconate and Sulfate products. The Iron Sucrose injectable, Venofer, is non-

preferred requiring prior authorization. Magnesium Sulfate injection is preferred. The combination of Magnesium-Calcium-Folic Acid is preferred. The Polysaccharide Iron Complexes of 150mg strength are all preferred. The Potassium Bicarbonate & Chloride Effervescent tablets are non-preferred. For Potassium & Sodium Phosphates Powder Pack, the brand Neutra-Phos is preferred over the generic. For Potassium Acetate injection, the generic is preferred. For Potassium Bicarbonate Effervescent tablets, the generic is non-preferred at 50 mEqs but there are 25 mEq versions that are available in generic form. For Potassium Chloride, Klor-Con M15 is non-preferred. For Potassium Chloride oral liquid, Rum-K 15% SF liquid is non-preferred but there are other liquids available as preferred. The Klor-Con-25 mEq powder is non-preferred, but there are other potassium versions available that are preferred. There is a change in the Potassium Iodide syrups where the Pima syrup would be preferred. For Potassium Phosphate Dibasic injection, at least one of the generics will be preferred. For Potassium Phosphate Powder Pack, Neutra-Phos is preferred. The Selenious Acid is non-preferred. For the Sodium Acetate injection, the generics will be preferred. The Sodium Bicarbonate injection 8.4% will be preferred. For the Sodium Fluoride solution, one particular solution with practically no utilization will be non-preferred. There will be a change for the Sodium Phosphate injection where at least one of the generics will be listed as preferred. For Trace Minerals, the M.T.E. 7 will be non-preferred and the Multitrace-5 injectable has one preferred generic. The Zinc Sulfate injection is preferred. Mary Winegardner made a motion to approve the categories of Influenza Agents, Irrigation Solutions, Lincosamides/Oxazolidinones/Leprostatics, and Minerals. Susan Purcell seconded the motion. All were in favor with none opposing or abstaining.

XXXIII. Dr. Clifford reviewed pages 121-132 of the PDL. In the category of Neurologics – Miscellaneous, Ergoloid Mesylates would be added as preferred. In the category of Op. Antibiotics, the generic Ciprofloxacn solutions are all preferred. The Terramycin ointment is preferred. In the category of Ophthalmic Anti-Inflammatory/Steroids Ophthalmic, Maxidex suspension is non-preferred. The FML Forte suspension is preferred. The Gentamicin-Prednisolone combinations are non-preferred. For Medrysone, HMS Liquiflm suspension is preferred. For Neomycin-Polymyxin-Prednisolone, Poly-Pred is non-preferred. The Prednisolone Sodium Phosphate, mild version Inflamase, is non-preferred. In the category of Op. Beta-Blockers, the generic Metipranolol is preferred over the brand. In the category of Op. Cycloplegics, Cyclomydril is non-preferred. In the category of Op. Miotics – Direct Acting, Phospholine solution would be added as preferred. In the category of Op. Miscellaneous, the generics AK-Con and Naphazoline are preferred. The AK-Dilate is preferred. At least one of the Phenylephrines 2.5% will be preferred. The Phenylephrine solution 2.5% is non-preferred. For the Proparacaines, the generics are preferred. The Muro 128 ophthalmic ointment is preferred. Tetracaine solution is preferred. Dr. Flaum made a motion to approve the discussed categories. Cheryl Clarke seconded the motion. All were in favor with none opposing or abstaining.

XXXIV. Dr. Clifford reviewed pages 133-139 of the PDL. In the category of Other Antihistamines, Brovex is non-preferred. Histex and Carbinoxamine caps, liquids, and tabs are non-preferred. The Histex PD suspension is non-preferred. There is relocation of the Cyproheptadine, both preferred. Benadryl injection is non-preferred. Poly-Histine elixir is non-preferred. In the category of Oxytocics, Methergine is preferred. In the category of Peripheral Vasodilators, the varieties of generic Papaverines are all preferred. In the category of Pressors, Ephedrine Sulfate injection is non-preferred. The brand Proamatine is preferred over the generics. In the category of Purine Analog, the Azasan tablets were added as preferred. Susan Purcell made a motion to recommend approving the discussed categories. Mary Winegardner seconded the motion. All were in favor with none opposing or abstaining.

XXXV. Dr. Clifford reviewed pages 143-158 of the PDL. In the category of Topical – Acne Preparations, the Benzashave creams were identified as non-preferred. A Benzoyl Peroxide Gel 7% is identified as non-preferred. Brevoxyl-8 is identified as non-preferred. Brevoxyl Lotion 4% is non-preferred while the preferred version is available in slightly different strengths. Brevoxyl-8 Lotion is non-preferred. Zoderm Cream is non-preferred. The brand Plexion SCT cream is preferred over the generic. Both the Avar products are non-preferred. Rosula gel is non-preferred. In the category of Topical – Antibiotic, at least one of the generics will be preferred for the Bacitracin Zinc ointments. One of the generics will be preferred for the Gentamicin Sulfate cream, ointment, and powder. In the category of Topical – Antifungals, the Clioquinol powder is non-preferred. The Zeasorb-AF lotion is non-preferred. The Desenex powder and Micro Guard are non-preferred. The Nystatin (Bulk) powder is non-preferred, but the Miconazole Nitrate cream is preferred. The Tinactin aerosol and powder are preferred. In the category of Topical – Antiseborrheics, Ovace gel is non-preferred. The Sulfacetamide Sodium liquid versions are preferred. The Carmol Scalp lotion is non-preferred. In the category of Topical – Antiseptics/Disinfectants, the Formaldehyde Aerosol solutions are non-preferred. In the category of Topical – Antineoplastics, Solaraze gel is preferred. In the category of Topical – Astringents/Protectants, the Acid Mantle cream and the Proshield cream are non-preferred. In the category of Topical – Burn Products, the Sulfamylons are non-preferred. In the category of Topical – Corticosteroids, Clobetasol Propionate powder is non-preferred. The Cordran products are non-preferred. For the Hydrocortisone Acetate powders, one of the generic Hydrocrotisone Acetates will be recommended as preferred. The Pandel cream is non-preferred. The Hydrocortisone creams are non-preferred, but there are generics available that are preferred. For the Hydrocortisone Micronized powders, one of the generics will be made preferred. The Hydrocortisone solution 2.5% is non-preferred. In the category of Topical – Emollients, Lactic Acid cream generic is preferred. In the category of Topical – Enzymes/Keratolytics/Urea, a preferred generic would be available for Papain-Urea-Chlorophyllin ointments. Both the Podocon and the Occusal-HP will be preferred. In the category of Topical – Local Anesthetics,

Americaine gel is non-preferred. The Marcaine injection is preferred. The Cocaine 4% solution is non-preferred. The Lidocaine Epinephrine injection is preferred. The Lidocaine powder is preferred. The Carbocaine injection and the Tetracaine powder are non-preferred. The category of Topical – Retinoids, which is used for cosmetic purposes, is non-preferred. In the category of Topical– Wound/Decubitus Care, the Wound Dressing gels are non-preferred. The Lidocaine-Collagen-Aloe Vera-Vitamin E gel is non-preferred. Mary Winegardner made the motion to accept categories Topical – Acne Preparations, Topical – Antibiotic, Topical – Antifungals, Topical – Antiseborrheics, Topical – Antiseptics/Disinfectants, Topical – Antineoplastics, Topical – Astringents/ Protectants, Topical – Burn Products, Topical – Corticosteroids, Topical – Emollients, Topical – Enzymes/Keratolytics/Urea, Topical – Local Anesthetics, Topical – Retinoids, and Topical – Wound/Decubitus Care with changes on Nystatin powder being preferred. Cheryl Clarke seconded the motion. All were in favor with none opposing or abstaining.

XXXVI. Dr. Clifford reviewed pages 159-166 of the PDL. In the category of Urological – Miscellaneous, the Urimax tablets are non-preferred. Regarding Nalidixic Acid, the Neggram is non-preferred. The alternatives do not cost as much. The K-Phos tabs are preferred. The brand Polycitra-K powder is changed to preferred for Potassium Citrate & Citric Acid Powder Pack. The Urocit-K5 tabs are preferred. The Thiola tabs are non-preferred. In the category of Vaginal – Other, the Acetic Acid-Oxyquinoline gels are non-preferred. One of the generics would be preferred for the Amino Acid-Urea Cervical creams. In the category of Vitamins, Calcijex injection is non-preferred. DHT is non-preferred. Dr. Clifford talked about a substantial loss of savings with the DHT if it is listed as preferred. The Pyridoxines and Thiamines are preferred. In the category of Vitamins – Miscellaneous, under the B-Complex & Folic Acids, some were made preferred with tablets as opposed to capsules. The B-Complex & Folic Acid 5mg tabs are non-preferred. The Niferex-150 Forte cap is non-preferred, because there are other IM combinations that have vitamin C that are available for less than the Niferex. The same applies for the Chromogen caps, which are even more expensive. Under the Multiple Vitamin injections, the brand M.V.I.-12 injection is preferred over the generic. The generic is preferred for the Multiple Vitamins with Minerals tablets. Under the Pediatric Multiple Vitamins with Fluoride Chew tabs, some of the generics are preferred at the .25mg, .5mg, and 1mg. The generics are preferred for Solution Folsa. Under the Vitamins ACD with Fluoride solutions, there are preferred generic versions available. Under the Prenatal Vitamins, the Carenate is preferred. There are some preferred versions that have the Fumarate. There are some preferred generic versions of Iron Carbonyl. One of the Prenatal Iron Fumarate products will be preferred. There is a generic chewable version available for the Prenatal Vitamins with Iron Fumarate. There are some preferred generics available for the different strengths of the Iron Fumarate, particularly the 27 gram version. There are also some preferred generics available for the 65 gram strengths. Some of the unusual versions of the prenatal vitamins with Ferrous Fumarate and Bysglycinate such as Vinate II and

Duet chewable are non-preferred. On the Prenatal Vitamins with various forms of iron, some of the preferred versions are Iron Carbonyl, and Iron Cuberate with Selinium which also has preferred generics. The Iron Carbonyl and Cuberate, and some with stool softener, are non-preferred. The Iron Fumarate with Vitamin B12 Ferotrinsic caps are preferred. The other versions with different combinations are non-preferred. For Folic Acid with Vitamin B6 and B12, The Folgard RX brand is preferred. For the Iron Polysacch Complexes that have Vitamin B12, there will be some preferred generics. The Committee held a discussion. Dr. Flaum made a motion to approve the categories of Urological – Miscellaneous, Vaginal – Other, Vitamins, and Vitamins – Miscellaneous with the changes of Polycitra to be preferred. Dr. Harvey seconded the motion. All were in favor with none opposing or abstaining.

XXXVII. Dr. Clifford talked about the non-parenteral Vasopressin drug Stimate, which still requires a prior authorization. John Grotton talked about Actiq, which is presently non-preferred and requires a prior authorization. Dr. Clifford recommended picking Actiq first and grandfathering Duragesic for six months and then revisiting the issue. The committee held a further discussion on prior authorization and criteria. Dr. Clifford said that in Maine the Actiq utilization dropped 80%, and the prior authorizations deal with cancer. The Committee discussed the number of doctors who would write prescriptions, not managing pain, and controlling/notification of prescriptions. Cheryl Clarke made the motion on making Actiq non-preferred with prior authorization. Dr. Harvey seconded the motion. All were in favor with none opposing or abstaining.

XXXVIII. The Committee discussed Duragesic. Dr. Flaum proposed to have Duragesic as non-preferred with grandfathering for a limited time to be determined. Mary Winegardner expressed cautions on misuse. Cheryl Clarke proposed that the temporary grandfathering should be one way or the other, either do or not do it. Mary Winegardner commented that most patients would not be around in six months. The Committee held more discussion. Dr. Ruhe made a motion to temporarily grandfather Duragesic. Mary Winegardner seconded the motion. All were in favor except Cheryl Clarke and Dr. Flaum, who abstained, and Dr. Harvey, who was not in the room at this time.

XXXIX. The Committee discussed the issue of processors and prior authorizations. John Grotton gave an update. Susan Purcell talked about the current policy criteria. Susan Parker said that there was a 3-day emergency supply, and that a report from the current fiscal agent was being sent to DHS on a daily basis regarding those prior authorizations remaining at the end of the day.

XL. Mary Winegardner made a motion for the meeting to be adjourned and Susan Purcell seconded it. All were in favor with none opposing or abstaining.

The meeting adjourned at 4:25 p.m. The next scheduled meeting will be March 3, 2005.