



STATE MEDICAID P&T COMMITTEE MEETING  
THURSDAY, August 16, 2009  
7:00 a.m. to 8:30 a.m.  
Cannon Health Building  
Room 125



## MINUTES

**Committee Members Present:**

Ellie Brownstein, M.D.  
Michael Flynn, M.D.  
Duane Parke, R.Ph.  
Jerome Wohleb, PharmD.

Kort DeLost, R.Ph.  
Karen Gunning, PharmD.  
Raymond Ward, M.D.

**Board Members Excused:**

Koby Taylor, PharmD.

**Dept. of Health/Div. of Health Care Financing Staff Present:**

Jennifer Zeleny, CPhT., MPH  
Tim Morley, R.Ph.

Lisa Hulbert, R.Ph.

**University of Utah Drug Information Center Staff Present:**

Chris Beckwith, PharmD.

Elyse MacDonald

**Other Individuals Present:**

Ann Gustafson, GSK  
Lori Howarth, Bayer

Brett Brewer, EMD Serono  
Kyle Fox, U of U Student

Meeting conducted by: Raymond Ward, M.D., Co-Chairperson.

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1. Minutes for July 2009 were reviewed, corrected, and approved. Duane Parke moved to approve the minutes. Kort DeLost seconded the motion. The motion was approved with unanimous votes by Dr. Flynn, Dr. Wohleb, Duane Parke, Dr. Warde, Dr. Gunning, Kort DeLost, and Dr. Brownstein.
2. P&T Committee Update: Duane Parke named generic alendronate and Actonel as preferred agents for the osteoporosis class; both forms of Interferon as preferred agents for the Hepatitis C class; carbidopa/levodopa generic, ropinerole generic, and selegiline generic for the anti-Parkinson's class.
3. DUR Board Update: Lisa Hulbert addressed the Committee. At the last DUR Board meeting, the Board considered the disease state Fibromyalgia and associated drugs, including Savella. Other items that were postponed for lack of time included insulin quantity limits and Cancidas. In September, the DUR Board will review the PA's for Avastin, 17-p, Lamisil, and Nucynta.

4. Cephalosporins, 3<sup>rd</sup> Generation, Oral: Dr. Christina Beckwith from the University of Utah Drug Information Service, and presented a report prepared by the University of Utah on the topic.

There was no public comment.

Karen Gunning stated that from a public health perspective, cefixime must be included because it is the only oral first-line agent for gonorrhea. The issues of timely use in the treatment of STD's are so important. It seems that cefditoren, because it is not indicated for children and has no suspension would not be a good fit for a one-drug PDL. Also, taste is an important issue, so cefpodoxime would not be a good fit, since Medicaid would end up paying for two drugs instead of one if the child does not like the flavor.

Dr. Ward commented that at the present time 99% of the utilization is with cefdinir, and there is no utilization of cefpodoxime.

Dr. Brownstein commented that Omnicef is probably the most widely used drug for children who are allergic to penicillin. She also stated that there is a high rate of resistance to Septra.

Karen Gunning moved that cerfixime must be included on the PDL due to the indication for gonorrhea. Dr. Flynn seconded the motion. The motion was approved with unanimous votes by Dr. Flynn, Dr. Wohleb, Duane Parke, Dr. Warde, Dr. Gunning, Kort DeLost, and Dr. Brownstein.

Karen Gunning moved that from a safety and tolerability standpoint, the PDL should not include cefditoren or cefpodoxime as exclusive agents – at least another agent must be included. Dr. Flynn seconded the motion. The motion was approved with unanimous votes by Dr. Flynn, Dr. Wohleb, Duane Parke, Dr. Warde, Dr. Gunning, Kort DeLost, and Dr. Brownstein.

Karen Gunning commented that the major safety issue with this class would be delay to therapy. With the utilization for this class being so skewed, it will not be an issue. However, with other classes, that may be a safety issue for the P&T Committee to consider.

Next Meeting Set for Thursday, September 17, 2009  
Meeting Adjourned.

Minutes prepared by Jennifer Zeleny