



STATE MEDICAID P&T COMMITTEE MEETING
THURSDAY, December 17, 2009
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 114



MINUTES

Committee Members Present:

Ellie Brownstein, M.D.
Brandon Jennings, PharmD.
Raymond Ward, M.D.
Jerome Wohleb, PharmD.

Michael Flynn, M.D.
Duane Parke, R.Ph.
Karen Gunning, PharmD.

Board Members Excused:

Kort DeLost, R.Ph.

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

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

Lisa Hulbert, R.Ph.
Rick Sorenson, R.N.

University of Utah Drug Information Center Staff Present:

Chris Beckwith, PharmD.

Megan Dryer, PharmD.

Other Individuals Present:

Guli Tefferi, Eisai
Laura Miars, U of U

Ann Gustafson

Meeting conducted by: Karen Gunning, Pharm.D., Co-Chairperson.

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1. Minutes for November 2009 were reviewed, corrected, and approved. Dr. Ward moved to approve the minutes. Brandon Jennings seconded the motion. The motion was approved unanimously by Karen Gunning, Dr. Ward, Duane Parke, Jerome Wohleb, and Brandon Jennings.
 2. DUR Board Update: Lisa Hulbert addressed the Committee. The DUR Board has been addressing the Suboxone PA for the past 3 months, and finally came to an agreement on criteria during the last meeting. Additionally, the DUR Board has approved PA criteria for Embeda and Sabril. In February, the new gout treatment products will be reviewed, PA for PPIs will be looked at, and PAs for Synera and Samsca will be reviewed.

Duane Parke stated that he has a favorable bid for Suboxone. The P&T Committee felt that Duane could go ahead and contract, since it is the only agent in its class.
 3. Low Molecular Weight Heparins: Dr. Megan Dryer from the University of

Utah Drug Information Service reviewed the criteria reviewed document prepared by the U of U DIS.

Duane Parke asked Rick if the biggest use of low molecular weight heparins was in pregnancy. Rick stated that pregnancy was probably a lower percentage than the other more acute uses.

The Committee asked if the patients in the trials cited in the review were placed on Coumadin after surgery. Dr. Dryer stated that most of the patients were transitioned to Coumadin in these trials.

Karen Gunning asked Dr. Dryer if it was appropriate to consider the class as a whole, or if fondaperinux needed to be considered separately. Dr. Dryer thought that it was more appropriate to consider fondaperinux separately.

Karen Gunning asked Lisa and Rick to verify that all of the drugs under review today are under a clinical PA, and that there are some differences between the clinical PA criteria for the agents in this class. This is, indeed, the case.

Dr. E.J. Milas of GlaxoSmithKline addressed the P&T Committee in favor of the drug Arixtra (fondaperinux) that is the only agent in its class.

Dr. Ward did not feel that there were any significant differences in the safety and efficacy in the agents in the class, but felt that enoxaperin should be included due to usage patterns, and that fondaperinux should be included because it is in its own pharmacologic class.

Karen Gunning added that tinzaperin, because it is not available in pre-measured syringes, is not appropriate and safe for patients to draw up on their own. She also felt that enoxaperin should be included due to the limited but favorable data supporting its use in pediatrics and pregnancy. Fondaperinux, in addition to being its own pharmacologic class, has some contraindications for renal patients and should therefore not be a stand-alone on the PDL. Last of all, switching medications could cause safety problems for patients.

Jerome Wohleb added that because of some safety concerns with tinzaperin in the elderly (70 +) it should not be compared with others in the class. Karen also thought that the way the drug is supplied makes it more prone to errors.

Karen also clarified that there is a lot of data for daltaperin in the oncology community, but all of the agents are well used in that population.

Dr. Ward moved that there are no significant differences in safety and efficacy. He recommended that enoxaperin be included based on its current usage patterns and safety data supporting its use in pregnancy and pediatrics. Because fondaperinux is in a different pharmacologic category and should be included for that reason. Dr. Flynn seconded the motion. The motion was approved unanimously by Karen Gunning, Dr. Ward, Duane Parke, Jerome

Wohleb, Dr. Flynn, Dr. Brownstein, and Brandon Jennings.

4. Housekeeping: Tim Morley addressed the Committee. The Legislative Fiscal Analyst has suggested to the Legislature to remove the mental health restriction on the PDL. The Division Director of Medicaid has asked that Medicaid propose an amended agenda for P&T Consideration in the event that this passes in the Legislative session.

Next Meeting Set for Thursday, February 18, 2010
Meeting Adjourned.

Minutes prepared by Jennifer Zeleny