



**MINUTES**  
Utah Department of Health  
Pharmacy and Therapeutics Committee

**Thursday, December 17, 2015**  
**7:15 a.m. to 8:45 a.m.**  
**Cannon Health Building**  
**Room 128**

**Committee Members Present:**

Bryan Larson, PharmD  
Clinton Sheffield, MD  
Clayton Grace, RPh

Beth Young, PharmD  
Keith Tolman, MD

**Committee Members Excused:**

Ellie Brownstein, MD  
Jameson Rice, PharmD

Susan Siegfried, MD  
Beth Johnson, RPh

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

Robyn Seely, PharmD  
Merelynn Berrett, RN  
Megan Schlappi, CPhT

Chad Hope, PharmD  
Heather Santacruz, RN

**University of Utah Drug Regimen Review Center Staff Present:**

Vicki Frydrych, UofU

**Other Individuals Present:**

Gary Oderda, UofU  
Corinne Glock, Relypsa  
David Malmrose, UofU  
Sushma Patel, AstraZeneca

Joanita Lake, UofU  
Cody Ball, Select Health  
Kelly Ponce, AstraZeneca  
Michelle Bice, Gilead Sciences

Meeting conducted by: Clinton Sheffield, MD

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1. **Welcome & Housekeeping:** Clinton Sheffield opened the meeting. Bryan Larson welcomed Dr. Susan Siegfried as a new member of the committee.
2. **Review and Approval of November Minutes:** Clinton Sheffield made a motion to approve the minutes from November. Elizabeth Young seconded the motion. All in favor except Keith Tolman who abstained because he was absent from the meeting.
3. **Drug Utilization Review (DUR) Board update:** The DUR board reviewed lidocaine products and quantity limits at the last meeting. The next DUR meeting will review Movantik.

4. **Opioid Induced Constipation:** Vicki Frydrych presented a review of two drugs for Opioid Induced Constipation. She presented peer-reviewed research regarding the safety and efficacy of each agent, clinical trials, disease-state treatment guidelines and Utah Medicaid utilization data.
5. **Other States Reports:** Bryan Larson presented information from other States, with their Preferred Drug List listings for the two Opioid Induced Constipation drugs. He pointed out that different states have these drugs listed in different categories which is unusual.
6. **Public Comments:** Sushma Patel from AstraZeneca presented. She stated that these drugs are the only FDA approved PAMORA drugs on the market indicated for the use of OIC. She said that AstraZeneca asks that these drugs be placed on the preferred list.
7. **Board Discussion**
  - a. Keith Tolman asked Vicki Frydrych what her sense was of how these drugs would be used.
  - b. Vicki Frydrych said that the utilization data made her think that people tried them but that they were not effective and were not continued. However, since it was 50% effective in trials, and constipation is multifactorial, in the patients that it actually helped, these drugs will offer a great advantage to the patient's quality of life and daily living.
  - c. Keith Tolman said he believes that methylnaltrexone (Relistor) will be used for acute situations, like an emergency room visit for a quick fix. Movantik will become the routine in the pain clinics. He stated that neither of them are very good drugs.
  - d. Elizabeth Young asked if there were any PA guidelines for either of these drugs in Utah. Bryan Larson stated that currently there are not, but that the drugs will be evaluated in the next DUR meeting.
  - e. Keith Tolman stated it is going to be hard to come up with a preferred drug as the two drugs are used for different things.
  - f. Elizabeth Young expressed her concerns with inappropriate use and inappropriate prescribing as she has seen this drug prescribed in the hospital for people who are not on any opiates. Everyone agreed, but Bryan Larson reminded them that this is more of a DUR issue and will be discussed at the next DUR meeting.
  - g. Chad Hope stated that the committee can vote that these medications are safe, but not effective if they choose. He reminded them that they do not have to recommend either product for inclusion on the PDL.
  - h. Vicki Frydrych stated that both drugs show efficacy if you can control them and make patients go through all the hoops before they take them. She believes they should be available to the public with well-built controls. She suggested adding them to the formulary. Chad Hope reminded her that Medicaid does not have a formulary, but rather a preferred drug list.
  - i. Clinton Sheffield asked the committee if putting drugs on the preferred drug list increases utilization because providers assume that Medicaid believes these drugs are the better drugs.
  - j. Bryan Larson responded and said that it can sometimes steer utilization of the drug which is why we have these meetings to make sure that all agents are equally safe and effective knowing that when the decision is made to make one drug preferred and one not, that is, generally speaking, steering patients to that specific drug.

- k. Bryan Larson stated that he would like to make a motion that these drugs are equally safe and effective for placement on the preferred drug list, but only until prior authorization criteria are put in place for the drugs. Elizabeth Johnson indicated that she liked that idea.
- l. Merelynn Berrett indicated that PA criteria are already in place for methylnaltrexone.
- m. Clinton Sheffield stated that he believes these drugs are equally safe and ineffective. He believes that by putting them on the preferred list we will imply that these are good, effective drugs to treat a certain condition.
- n. Chad Hope wanted to combine both Bryan Larson and Clinton Sheffield's ideas by putting both drugs as non-preferred on the PDL until PA criteria is made, then later make a decision regarding which medication(s) should be preferred.
- o. Keith Tolman made a motion to add the presented class as equally safe and effective, but each agent should be non-preferred on the preferred drug list until PA criteria are in place for that drug. Clinton Sheffield seconded the motion. All in favor.

## **8. Meeting Adjourned**

- 9. Next meeting is scheduled for January 21, 2016. PCSK-9 Inhibitors will be discussed.

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Minutes prepared by Megan Schlappi

Recording available upon request, send email to [medicaidpharmacy@utah.gov](mailto:medicaidpharmacy@utah.gov)