

## **Alabama Medicaid DUR Board Meeting Minutes October 22, 2008**

**Members Present:** Gurinder Doad, Paula Thompson, Rhonda Harden, Kevin Green, Bernie Olin, Clemice Hurst, Kelli Littlejohn, Kevin Royal, Tiffany Minnifield, Christina Faulkner, Robert Moon, Paul Nagrodzki, Daniel Mims, Jimmy Jackson

**Members Absent:** Michael Gosney, Denyse Thornley-Brown

Kevin Royal, Chairman, called the meeting to order at 1:00pm.

**Review and Adoption of Minutes of July 23, 2008 meeting:** Kevin Royal asked if there were additions, deletions, or changes to the minutes of the July 23, 2008 meeting. No changes were brought to the attention of the Board. Kevin Royal asked for a motion to approve the minutes as presented. Paula Thompson made a motion to accept the minutes. The motion was seconded by Gurinder Doad. A voice vote was unanimous to accept the minutes as presented.

**Election of Vice Chair:** Tiffany Minnifield announced that the Board would vote on Vice Chair. She informed the Board that Daniel Mims, Bernie Olin and Rhonda Harden were eligible for the position. Tiffany instructed board members to mark their ballots. She stated that the results of the vote would be announced at the end of the meeting.

**Prior Authorization and Overrides Update:** Christina Faulkner began the Prior Authorization and Overrides Update with the Monthly Manual Prior Authorizations and Overrides Report for the month of June. She reported 8,355 total requests. The Monthly Help Desk Report for the same month showed the average time per incoming call remaining steady at approximately three and a half minutes. Citing the Prior Authorization and Override Response Time Ratio Report, also for June, Christina noted that 75.65% of total overrides, 75.22% of manual prior authorizations and 75.65% of manual overrides were responded to in less than eight hours. A short discussion took place regarding the effect of interchange on response times. In response to a question from the Board, Christina agreed to clarify the drugs included in the miscellaneous category at the next meeting.

Christina continued the Prior Authorization Update with the July Monthly Manual Prior Authorizations and Overrides. She reported 7,917 total requests. From the Monthly Electronic Prior Authorizations and Overrides Report for the month of July, she reported 15,156 requests. The Monthly Help Desk Report showed an average time for incoming calls of approximately three minutes. From the Prior Authorization and Override Response Time Ratio Report for July, Christina reported 84% of manual prior authorizations responded to in less than eight hours.

For the month of August, from the Monthly Manual Prior Authorizations and Overrides Report, Christina reported 8,338 requests. For the month of August, from the Monthly Electronic Prior Authorizations and Overrides Report, Christina reported 15,139 requests. From the August Monthly Help Desk Report, Christina reported an average call time of three minutes 40 seconds. From the Prior Authorization and Override Response Time Ratio Report for August, Christina noted an increase in the number of PAs responded to in less than eight hours to 88%.

**Dispense as Written Edit-Update:** Christina briefly reviewed the Dispense as Written (DAW) Edit and called the board members' attention to the codes to be used by physicians on pages 31 and 32 of the meeting packet. She also pointed out that medical justification and a completed MedWatch form are required when a provider requests a DAW-1 override. Christina called the members' attention to the example MedWatch form on page 33 of the meeting manual. She noted that not all drugs are included in the DAW Edit. Drugs not included are carbamazepine, levothyroxine, phenytoin, warfarin, and pancreatic enzymes. Digoxin is also currently excluded from the edit due to a Class I recall of the generic products.

Christina reviewed the Generic Drug Variability article on page 35 of the meeting manual. She summarized a study that was conducted on the first 224 post Waxman Hatch Amendment drugs to evaluate the differences between brand name and generic drugs. The study concluded that the mean bioavailability varied only 3.5%.

**Prescription Drug Monitoring Program:** Christina presented a Power Point presentation on the Prescription Drug Monitoring Program (PDMP). She briefly explained the history of the PDMP and how it functions in the state of Alabama to assist providers and law enforcement in monitoring possible abuse and misuse of prescription drugs.

**Proposed Future Interventions/RDUR Criteria:** Christina briefly reviewed the set of criteria presented for use in future interventions. She noted that criteria #22 and #23 have been updated from the last meeting. After reviewing the criteria set, Tiffany Minnifield asked board members to mark their ballots. Marked ballots were turned in and tabulated. The set of 23 criteria was approved by unanimous vote.

**Medicaid Pharmacy Update:** Tiffany Minnifield began the Pharmacy Update by stating that HID was awarded the Pharmacy Administrative Services contract issued this year, and the presenter for the DUR Board would remain the same. Tiffany informed the Board that the three requirements of the tamper resistant prescription pad requirement took effect on October 1. She stated that more information could be found on the Medicaid Agency website. She reminded members to review the Alerts and the current PDL update contained in their packets. She asked members to complete and turn in travel vouchers. She announced that Daniel Mims was selected by the Board to be the new vice-chair.

Kelli Littlejohn stated that the Medicaid Agency is continuing the work on the State MAC and the Cost of Dispensing Survey projects and will keep the Board informed of the status.

**P & T Update:** Clemice Hurst provided a brief update of the P & T Committee. She informed the Board that at the last meeting in September the committee reviewed the second half of cardiovascular drugs. Relenza and Tamiflu were added back to the PDL for the duration of the flu season. Clemice announced that the next P & T meeting will be held on December 10<sup>th</sup> at 9am.

**New Business:** Kelli Littlejohn announced that the Medicaid Agency now has web conferencing capability and asked the Board of their interest to conduct DUR Board meetings via web conferencing. After a brief discussion, it was agreed that the Board would move forward with preparation to have the January DUR meeting via web conference (in addition to the live meeting location in Montgomery) if at all possible. The Agency will send instructions via email to the board members with more information.

**Next Meeting Date:** Tiffany announced that the next DUR meeting would be held on January 28, 2009.

Kevin Royal asked if there was any more new business to be brought before the Board. There being none, the meeting was adjourned at 2:20pm.

Respectfully submitted,



Christina Faulkner, PharmD.

# ALABAMA MEDICAID RETROSPECTIVE DRUG UTILIZATION REVIEW CRITERIA RECOMMENDATIONS TALLY

*Recommendations*

*Approved    Approved    Rejected*  
*As*  
*Amended*

**1. Etravirine / Antiarrhythmics**

\_\_\_\_\_√\_\_\_\_\_

Alert Message: The concurrent use of Intelence (etravirine) and certain antiarrhythmic agents may result in decreased plasma concentrations of the antiarrhythmic agent. If coadministration of these agents is warranted, monitor the plasma concentrations of the antiarrhythmic agent.

Conflict Code: DD – Drug/Drug Interactions

Drug/Disease:

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Etravirine	Amiodarone Disopyramide Flecainide Mexiletine Propafenone Quinidine	

References:

Intelence Prescribing Information, Jan. 2008, Tibotec Therapeutics.  
Facts & Comparisons, 2008 Updates.

**2. Etravirine / Warfarin**

\_\_\_\_\_√\_\_\_\_\_

Alert Message: The concurrent use of Intelence (etravirine) and warfarin, a CYP2C9 substrate, may result in increased warfarin plasma concentrations due to the inhibition by etravirine of warfarin CYP2C9-mediated metabolism. If the agents are used concomitantly, monitor the patient's INR closely and adjust warfarin dosage if necessary.

Conflict Code: DD – Drug/Drug Interactions

Drug/Disease:

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Etravirine	Warfarin	

References:

Intelence Prescribing Information, Jan. 2008, Tibotec Therapeutics.  
Facts & Comparisons, 2008 Updates.

**3. Etravirine / Anticonvulsants**

\_\_\_\_\_√\_\_\_\_\_

Alert Message: Intelence (etravirine), a CYP3A4 substrate, should not be used in combination with the anticonvulsants, carbamazepine, phenobarbital, and phenytoin. These anticonvulsants are CYP3A4 inducers and concurrent use with etravirine may result in a significant decrease in the plasma concentrations of etravirine and loss of antiretroviral effect.

Conflict Code: DD – Drug/Drug Interactions

Drug/Disease:

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Etravirine	Carbamazepine Phenytoin Phenobarbital	

References:

Intelence Prescribing Information, Jan. 2008, Tibotec Therapeutics.  
Facts & Comparisons, 2008 Updates.

**Recommendations**

**Approved Approved Rejected**  
**As**  
**Amended**

**4. Etravirine / Posaconazole**

\_\_\_√\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Alert Message: The concurrent use of Intelence (etravirine) and Noxafil (posaconazole) may result in increased etravirine plasma concentrations due to inhibition by posaconazole of etravirine CYP3A4-mediated metabolism. If etravirine is used concomitantly with posaconazole monitor the patient for etravirine-related adverse effects.

Conflict Code: DD – Drug/Drug Interactions

Drug/Disease:

Util A                      Util B                      Util C  
Etravirine                      Posaconazole

References:

Intelence Prescribing Information, Jan. 2008, Tibotec Therapeutics.  
Facts & Comparisons, 2008 Updates.

**5. Etravirine / Fluconazole**

\_\_\_√\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Alert Message: The concurrent use of Intelence (etravirine) and Diflucan (fluconazole) may result in increased plasma concentrations of etravirine due to inhibition by fluconazole of etravirine CYP2C9-mediated metabolism. If etravirine is used concomitantly with fluconazole monitor the patient for etravirine-related adverse effects.

Conflict Code: DD – Drug/Drug Interactions

Drug/Disease:

Util A                      Util B                      Util C  
Etravirine                      Fluconazole

References:

Intelence Prescribing Information, Jan. 2008, Tibotec Therapeutics.  
Facts & Comparisons, 2008 Updates.

**6. Etravirine / Itraconazole & Ketoconazole**

\_\_\_√\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Alert Message: The concurrent use of Intelence (etravirine) with itraconazole or ketoconazole may result in increased etravirine plasma concentrations and decreased antifungal plasma concentrations. Both antifungal agents are potent inhibitors as well as substrates of CYP3A4 and etravirine is a CYP3A4 substrate and inducer. If these agents are used concomitantly, monitor the patient for etravirine-related adverse events and loss of antifungal effect. Dosage adjustment of the antifungal may be necessary.

Conflict Code: DD – Drug/Drug Interactions

Drug/Disease:

Util A                      Util B                      Util C  
Etravirine                      Itraconazole  
   Ketoconazole

References:

Intelence Prescribing Information, Jan. 2008, Tibotec Therapeutics.  
Clinical Pharmacology, 2008 Gold Standard.  
Facts & Comparisons, 2008 Updates.

**Recommendations**

**Approved Approved Rejected**  
**As**  
**Amended**

**7. Etravirine / Voriconazole**

\_\_\_\_\_√\_\_\_\_\_

Alert Message: The concurrent use of Intelence (etravirine) with Vfend (voriconazole) may result in increased plasma concentrations of both etravirine and voriconazole. Etravirine is a substrate of CYP2C19, CYP3A4 and CYP2C9 and an inhibitor of CYP2C19 and CYP2C9. Voriconazole is a CYP2C19 substrate and inhibitor of CYP3A4, CYP2C9 and CYP2C19. If these agents are used concomitantly, monitor patients for drug-related adverse effects. Dosage adjustment of voriconazole may be necessary. Conflict Code: DD – Drug/Drug Interactions

Drug/Disease:

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Etravirine	Voriconazole	

References:

Intelence Prescribing Information, Jan. 2008, Tibotec Therapeutics.  
Clinical Pharmacology, 2008 Gold Standard.  
Facts & Comparisons, 2008 Updates.

**8. Etravirine / Clarithromycin**

\_\_\_\_\_√\_\_\_\_\_

Alert Message: The concurrent use of Intelence (etravirine) and clarithromycin may result in decreased clarithromycin exposure and overall reduced activity against Mycobacterium avium complex (MAC). If no contraindications are present, consider alternatives to clarithromycin, such as azithromycin, for the treatment of MAC.

Conflict Code: DD – Drug/Drug Interactions

Drug/Disease:

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Etravirine	Clarithromycin	

References:

Intelence Prescribing Information, Jan. 2008, Tibotec Therapeutics.  
Clinical Pharmacology, 2008 Gold Standard.  
Facts & Comparisons, 2008 Updates.

**9. Etravirine / Rifampin & Rifapentine**

\_\_\_\_\_√\_\_\_\_\_

Alert Message: Intelence (etravirine) should not be used with rifampin and rifapentine. Both antimycobacterial agents are potent inducers of CYP450 enzymes and the concurrent use with etravirine (a substrate of CYP3A4, CYP2C9 and CYP2C19) may result in significant decreases in etravirine plasma concentrations and the loss of antiretroviral effect.

Conflict Code: DD – Drug/Drug Interactions

Drug/Disease:

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Etravirine	Rifampin	
	Rifapentine	

References:

Intelence Prescribing Information, Jan. 2008, Tibotec Therapeutics.  
Facts & Comparisons, 2008 Updates.

**Recommendations**

**Approved As Rejected**  
**Amended**

**10. Etravirine / Rifabutin**

\_\_\_\_\_√\_\_\_\_\_

Alert Message: If Intelence (etravirine) is not co-administered with a protease inhibitor boosted by ritonavir then rifabutin may be used concurrently with etravirine at a dose of 300 mg per day. If etravirine is coadministered with darunavir/ritonavir or saquinavir/ritonavir, rifabutin should not be co-administered due to the potential for significant reductions in etravirine exposure.

Conflict Code: DD – Drug/Drug Interactions

Drug/Disease:

Util A

Util B

Util C

Etravirine

Rifabutin

References:

Intelence Prescribing Information, Jan. 2008, Tibotec Therapeutics.

**11. Etravirine / Diazepam**

\_\_\_\_\_√\_\_\_\_\_

Alert Message: The concurrent use of Intelence (etravirine) and diazepam may result in increased diazepam plasma concentrations and risk of diazepam-related adverse effects. If these agents are used concomitantly a decrease in the diazepam dose may be necessary.

Conflict Code: DD – Drug/Drug Interactions

Drug/Disease:

Util A

Util B

Util C

Etravirine

Diazepam

References:

Intelence Prescribing Information, Jan. 2008, Tibotec Therapeutics.

Clinical Pharmacology, 2008 Gold Standard.

**12. Etravirine / Dexamethasone**

\_\_\_\_\_√\_\_\_\_\_

Alert Message: The concurrent use of Intelence (etravirine) and systemic dexamethasone may result in decreased etravirine plasma concentrations and loss of antiretroviral effect. Systemic dexamethasone should be used with caution or an alternative should be considered particularly for long-term use.

Conflict Code: DD – Drug/Drug Interactions

Drug/Disease:

Util A

Util B

Util C

Etravirine

Dexamethasone

References:

Intelence Prescribing Information, Jan. 2008, Tibotec Therapeutics.

Clinical Pharmacology, 2008 Gold Standard.

**13. Etravirine / Lovastatin & Simvastatin**

\_\_\_\_\_√\_\_\_\_\_

Alert Message: The concurrent use of Intelence (etravirine) and lovastatin or simvastatin may result in decreased plasma concentrations of the HMG CoA reductase inhibitor due to the induction by etravirine of the CYP3A4-mediated metabolism of lovastatin and simvastatin. Dosage adjustment of the antihyperlipidemic agent may be necessary when coadministered with etravirine. No interaction is expected between etravirine and pravastatin or rosuvastatin.

Conflict Code: DD – Drug/Drug Interactions

Drug/Disease:

Util A

Util B

Util C

Etravirine

Lovastatin

Simvastatin

References:

Intelence Prescribing Information, Jan. 2008, Tibotec Therapeutics.

Facts & Comparisons, 2008 Updates.

**Recommendations**

**Approved    Approved    Rejected**  
**As**  
**Amended**

**14. Etravirine /Fluvastatin**

\_\_\_\_\_√\_\_\_\_\_

Alert Message: The concurrent use of Intelence (etravirine) and fluvastatin may result in increased plasma concentrations of fluvastatin due to inhibition by etravirine of fluvastatin CYP2C9-mediated metabolism. Dosage adjustment of fluvastatin may be necessary if coadministered with etravirine. No interaction is expected between etravirine and pravastatin or rosuvastatin.

Conflict Code: DD – Drug/Drug Interactions

Drug/Disease:

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Etravirine	Fluvastatin	

References:

Intelence Prescribing Information, Jan. 2008, Tibotec Therapeutics.  
Facts & Comparisons, 2008 Updates.

**15. Etravirine / Atorvastatin**

\_\_\_\_\_√\_\_\_\_\_

Alert Message: Intelence (etravirine) and Lipitor (atorvastatin) may be used concurrently, however, the dose of atorvastatin may need to be altered based on clinical response. No interaction is expected between etravirine and pravastatin or rosuvastatin.

Conflict Code: DD – Drug/Drug Interactions

Drug/Disease:

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Etravirine	Atorvastatin	

References:

Intelence Prescribing Information, Jan. 2008, Tibotec Therapeutics.  
Facts & Comparisons, 2008 Updates.

**16. Etravirine / Immunosuppressants**

\_\_\_\_\_√\_\_\_\_\_

Alert Message: The concurrent use of Intelence (etravirine) and a systemic immunosuppressant (e.g., cyclosporine, sirolimus, and tacrolimus) may result in altered plasma concentrations of the immunosuppressant. If these agents are used concomitantly dosage adjustment of the immunosuppressant may be necessary.

Conflict Code: DD – Drug/Drug Interactions

Drug/Disease:

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Etravirine	Cyclosporine	
	Sirolimus	
	Tacrolimus	

References:

Intelence Prescribing Information, Jan. 2008, Tibotec Therapeutics.  
Facts & Comparisons, 2008 Updates.

**Recommendations**

**Approved    Approved    Rejected**  
**As**  
**Amended**

**17. Etravirine / Methadone**

\_\_\_\_\_√\_\_\_\_\_

Alert Message: Patients receiving Intelence (etravirine) and methadone concurrently should be monitored for methadone withdrawal symptoms as methadone maintenance therapy may need to be adjusted in some patients.

Conflict Code: DD – Drug/Drug Interactions

Drug/Disease:

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Etravirine	Methadone	

References:

Intelence Prescribing Information, Jan. 2008, Tibotec Therapeutics.

Clinical Pharmacology, Gold Standard Media, 2008.

Facts & Comparisons, 2008 Updates.

**18. Fluoroquinolones / Black Box Warning**

\_\_\_\_\_√\_\_\_\_\_

Alert Message: Fluoroquinolones are associated with an increased risk of tendinitis and tendon rupture. This risk is further increased in those over 60, in kidney, heart, and lung transplant recipients, and with use of concomitant steroid therapy. Patients should be advised to stop the fluoroquinolone at the first sign of tendon pain, swelling, or inflammation, to avoid exercise and use of the affected area, and to promptly contact the prescriber about changing to a non-fluoroquinolone antimicrobial drug.

Conflict Code: TA – Therapeutic Appropriateness (Black Box Warning)

Drug/Disease:

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Ciprofloxacin		
Gemifloxacin		
Levofloxacin		
Moxifloxacin		
Norfloxacin		
Ofloxacin		

References:

MedWatch: The FDA Safety Information and Adverse Reporting Program, 2008.

**19. Conventional Antipsychotics / Black Box Warning**

\_\_\_\_\_√\_\_\_\_\_

Alert Message: Conventional antipsychotics are not approved for the treatment of dementia-related psychosis. The FDA has determined through epidemiological studies that elderly patients with dementia-related psychosis treated with conventional antipsychotics are at an increased risk of death compared to placebo.

Conflict Code: TA – Therapeutic Appropriateness (Black Box Warning)

Drug/Disease:

<u>Util A</u>	<u>Util B</u>	<u>Util C (Negating)</u>
Prochlorperazine		Schizophrenia
Haloperidol		Bipolar Disorder
Loxapine		
Thioridazine		
Molindone		
Thiothixene		
Pimozide		
Fluphenazine		
Trifluoperazine		
Chlorpromazine		
Perphenazine		

Age Range: 65 year of age or older

References:

MedWatch: The FDA Safety Information and Adverse Reporting Program, 2008.

**Recommendations**

**Approved Approved Rejected**  
**As**  
**Amended**

**20. Atypical Antipsychotics / FDA Approved Indications**

\_\_\_\_\_√\_\_\_\_\_

Alert Message: The atypical antipsychotics are not approved for the treatment of behavioral disorders in elderly patients with dementia. The FDA has determined that patients with dementia treated with atypical antipsychotics are at an increased risk of death compared to placebo. In analysis of seventeen placebo-controlled studies of four drugs in this class, the rate of death for those elderly patients with dementia was about 1.6 to 1.7 times that of placebo.

Conflict Code: TA -Therapeutic Appropriateness (Black Box Warning)

Drug/Disease:

<u>Util A</u>	<u>Util B</u>	<u>Util C (Negating)</u>
Clozapine		Schizophrenia
Risperidone		Bipolar
Olanzapine		
Quetiapine		
Ziprasidone		
Aripiprazole		

Age Range: 65 year of age or older

References:

MedWatch: FDA Safety Information and Adverse Event Reporting Program, 2005.

Micromedex Healthcare Series, DrugDex Drug Evaluations, 2008.

Physicians' Desk Reference, Micromedex Healthcare Series, 2008.

**21. Erythropoiesis Stimulating Agents / Black Box Warning**

\_\_\_\_\_√\_\_\_\_\_

Alert Message: Erythropoiesis stimulating agents (ESAs) are not indicated for patients receiving myelosuppressive therapy when the anticipated outcome is cure. ESAs have been shown to shorten the overall survival and time to tumor progression in patients with breast, non-small cell lung, head and neck, lymphoid and cervical cancers. To minimize this risk, use ESAs only for the treatment of anemia due to concomitant myelosuppressive chemotherapy, at the lowest dose needed to avoid red blood cell transfusions, and discontinue after completion of the chemotherapy course.

Therapy should not be initiated in these patients at hemoglobin levels  $\geq$  10 g/dL.

Conflict Code: TA – Therapeutic Appropriateness (Black Box Warning)

Drug/Diseases:

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Aranesp	Breast Cancer	
Epogen/Procrit	Non-small Cell Lung Cancer	
	Head and Neck Cancer	
	Lymphoid Cancers	
	Cervical Cancer	

References:

MedWatch - The FDA Safety Information and Adverse Event Reporting Program, 2008.

Procrit Prescribing Information, March 2008. Ortho Biotech Products, L.P.

Epogen Prescribing Information, March 2008, Amgen.

Aranesp Prescribing Information, March 2008, Amgen.

**Recommendations**

**Approved Approved Rejected  
As  
Amended**

**22. Etravirine / Protease Inhibitors**

\_\_\_\_√\_\_\_\_

Alert Message: Intelence (etravirine) should not be co-administered with protease inhibitors (PI) without low-dose ritonavir. Concurrent use of these agents without low-dose ritonavir may cause a significant alteration in the plasma concentrations of the protease inhibitor.

Conflict Code: DD – Drug/Drug Interactions

Drug/Disease:

<u>Util A</u>	<u>Util B</u>	<u>Util C (Negating)</u>
Etravirine	Saquinavir Indinavir Nelfinavir Darunavir	Ritonavir

References:

Intelence Prescribing Information, Jan. 2008, Tibotec Therapeutics.  
Facts & Comparisons, 2008 Updates.

**23. Etravirine / Protease Inhibitors**

\_\_\_\_√\_\_\_\_

Alert Message: Intelence (etravirine) should not be co-administered with certain protease inhibitors (tipranavir, atazanavir and fosamprenavir) with or without low-dose ritonavir due to significant alterations in the plasma concentrations of one or both drugs. Etravirine may be used concurrently with the other PIs but the PI must always be boosted with low-dose ritonavir.

Conflict Code: DD – Drug/Drug Interactions

Drug/Disease:

<u>Util A</u>	<u>Util B</u>	<u>Util C</u>
Etravirine	Tipranavir Atazanavir Fosamprenavir	

References:

Intelence Prescribing Information, Jan. 2008, Tibotec Therapeutics.  
Facts & Comparisons, 2008 Updates.

The minutes of the October 22, 2008 DUR Board Meeting have been reviewed and approved as submitted.

<u>Carol H. Steckel</u> Carol H. Steckel, Commissioner	<input checked="" type="checkbox"/> Approve ( ) Deny	<u>12/4/08</u> Date
<u>Kathy Hall</u> Kathy Hall, Deputy Commissioner	<input checked="" type="checkbox"/> Approve ( ) Deny	<u>11/24/08</u> Date
<u>R. Moon, M.D.</u> Robert Moon, M.D., Medical Director	<input checked="" type="checkbox"/> Approve ( ) Deny	<u>11-25-08</u> Date