



**DIVISION OF MEDICAID AND LONG-TERM CARE**  
**PHARMACEUTICAL AND THERAPEUTICS COMMITTEE MEETING**  
**MINUTES**

**February 10, 2010, 9 am**  
**Mahoney State Park, Peter Kiewit Lodge**  
**Ashland, NE**

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Members Present

Claire Baker M.D.  
Kristi Bohac, Master of Divinity  
Yvonne Davenport M.D.  
Allison Dering-Anderson Pharm.D.  
James Dube' Pharm.D.  
Gary Elsasser Pharm.D.  
Linda Farho Pharm.D.  
Jeff Gotschall M.D.  
Mark Hutchins M.D.  
Joyce Juracek Pharm.D.  
Michele Marsh M.D.  
Grace Mims Ph.D.  
Kevin Reichmuth M.D.  
Eileen Rock M.D.  
Ken Saunders Pharm.D.  
Christopher Sorensen Pharm.D.  
Eric Thomsen M.D.  
Thomas Tonniges M.D.  
Angie Ward R.Ph.

Members Absent:

Chris Caudill M.D. (excused)

DHHS Staff

Jenny Minchow Pharm.D.  
Barb Mart R. Ph.  
Candace Hupp PDL Coordinator

First Health Contract Staff (Absent)

Barbara Dowd R.Ph,  
NE Clinical Account Manager

- I. Call to Order: The meeting was called to order at 9:00 am. The agenda was posted on the Nebraska Medicaid Pharmacy First Health web site on January 7, 2010. A copy of the Open Meetings Act was posted on the wall at the back of the meeting room.
- II. Roll Call: see list above.
- III. Conflict of Interest: No new conflicts of interest were reported.
- IV. Approval of minutes: The minutes of the September 24, 2009 meeting were approved as written.

V. Other information:

A. Departmental changes in recommendations from 9/24/09 meeting: Dr. Minchow reported that all Committee recommendations were accepted except:

- 1) Concerta® was made preferred
- 2) Provigil® was made preferred
- 3) Insulin pens were designated non-preferred.

Committee members were curious why their recommendations were not taken and requested an explanation in writing from the Director of Medicaid and Long-Term Care.

B. Testimony guidelines were changed to only accept testimony from representatives of medications recommended to be non-preferred. If a motion is made during the therapeutic class reviews to change the original recommendation from preferred to non-preferred, an opportunity to testify will be given to preregistered speakers.

C. Several committee members voiced concerns about the quality of the Therapeutic Class Reviews and did not feel that they always contained the most up to date information.

VI. Public Testimony

Speaker	Affiliation	Topic
Nathan Weedin	North American Pharmaceuticals	Nucynta
Annick Bitz	Astra Zeneca	Nexium
James Wilson	GlaxoSmithKline	Treximet
James Wilson	GlaxoSmithKline	Avodart
Dana Meier	Novartis	Extavia
Donna King	Pfizer	Genotropin
Edward Grotjan	Shire	Lialda
Michele Puyear	Amgen	Neulasta

VII. THERAPEUTIC CLASS REVIEWS

A. Acne Agents, Topical

A motion was made and seconded to approve the class as follows:

PREFERRED DRUGS	NON-PREFERRED DRUGS	CRITERIA FOR USE OF NON-PREFERRED
AZELEX (azelaic acid) BENZACLIN (clindamycin/benzoyl peroxide) benzoyl peroxide generic OTC benzoyl peroxide generic Rx CLINAC BPO (benzoyl peroxide) clindamycin phosphate DIFFERIN (adapalene) EPIDUO (adapalene/benzoyl peroxide) erythromycin	ACANYA (clindamycin and benzoyl peroxide) ACZONE (dapsons) AKNE-MYCIN (erythromycin) ATRALIN (tretinoin) BENZEFOAM (benzoyl peroxide) CLARIFOAM EF (sulfur and sulfacetamide) CLINDAGEL (clindamycin) clindamycin/benzoyl peroxide DUAC	Treatment failure with three preferred products.

PREFERRED DRUGS	NON-PREFERRED DRUGS	CRITERIA FOR USE OF NON-PREFERRED
NUOX (benzoyl peroxide and sulfur) RETIN-A MICRO (tretinoin) tretinoin	(clindamycin/benzoyl peroxide) erythromycin-benzoyl peroxide EVOCLIN (clindamycin ) INOVA (benzoyl peroxide) sodium sulfa-sulfur-meratan sulfacetamide/sulfur (generic for Sulfacet-R) sulfacetamide TAZORAC (tazarotene) ZACLIR (benzoyl peroxide) ZIANA (clindamycin and tretinoin)	

Votes as follows:

Baker-yes, Bohac-yes, Caudill-absent, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes.

**Motion carried.**

Utilization records indicated that treatment does not appear to follow the standard of care. Retinoids are recommended as the foundation of treatment per 2009 guidelines developed by the Global Alliance to Improve Outcomes in Acne. There was higher utilization of benzoyl peroxide and topical clindamycin in 2009 third quarter claims. The committee recommended that the Drug Utilization Review Board look at these utilization patterns.

**B. ANALGESICS, LONG ACTING NARCOTICS**

A motion was made by Dering-Anderson and seconded by Dube' to approve the class as follows and to change the class name to Analgesics, Long Acting Opiates:

PREFERRED DRUGS	NON-PREFERRED DRUGS	CRITERIA FOR USE OF NON-PREFERRED
AVINZA (morphine) fentanyl patches KADIAN (morphine) methadone morphine ER oxycodone ER OXYCONTIN (oxycodone ER)	DURAGESIC (fentanyl) DURAGESIC MATRIX(fentanyl) EMBEDA (morphine/naltrexone) OPANA ER (oxymorphone) RYZOLT (tramadol extended release) tramadol extended release ULTRAM ER (tramadol extended release)	Non-preferred agents will be approved for patients meeting the following criteria: <ul style="list-style-type: none"> <li>• Documented failure of at least a 30 day trial of two Preferred agents within previous 6 months</li> </ul>

Votes as follows:

Baker-yes, Bohac-yes, Caudill-absent, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes.

**Motion carried.**

**C. ANALGESICS, SHORT ACTING NARCOTICS**

A motion was made by Dering-Anderson and seconded by Saunders to approve the class as follows and to change the class name to Analgesics, Short Acting Opiates:

PREFERRED DRUGS	NON-PREFERRED DRUGS	CRITERIA FOR USE OF NON-PREFERRED
<b>ORAL</b>		
codeine hydrocodone/APAP hydrocodone/ibuprofen hydromorphone morphine IR oxycodone IR oxycodone/APAP oxycodone/aspirin tramadol ZAMICET(hydrocodone/acetaminophen)	acetaminophen/codeine aspirin/codeine DARVON N (propoxyphene) DILAUDID LIQUID (hydromorphone) dihydrocodeine/ APAP/caffeine (generic for Panlor DC) IBUDONE (hydrocodone/ibuprofen) levorphanol meperidine NUCYNTA (tapentadol) OPANA (oxymorphone) oxycodone/ibuprofen (generic for Combunox) PANLOR DC (dihydrocodeine/APAP/caffeine) pentazocine/APAP pentazocine/naloxone propoxyphene propoxyphene/APAP REPREXAIN (hydrocodone/ibuprofen) tramadol/APAP –generic for Ultracet (note: separate ingredients preferred)	Non-preferred agents will be approved only after documented failure of 3 preferred agents.  Note: Nucynta only approved for short term use.  Propoxyphene allowed without treatment failures in pregnant women.
<b>BUCCAL/TRANSMUCOSAL</b>		
	ACTIQ (fentanyl) fentanyl transmucosal FENTORA (fentanyl) ONSOLIS (fentanyl)	Diagnosis of cancer. Current use of long-acting opiate. NOT approved for acute pain, migraine, or fibromyalgia.

Votes as follows:

Baker-yes, Bohac-no, Caudill-absent, Davenport-no, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahren-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-no, Rock-no, Saunders-no, Sorensen-no, Thomsen-yes, Tonniges-yes, Ward-yes.

**Motion carried.**

**D. Antibiotics, Gastrointestinal**

A motion was made by Dering-Anderson and seconded by Sorensen to approve the class as follows:

PREFERRED DRUGS	NON-PREFERRED	CRITERIA
metronidazole neomycin TINDAMAX (tindazole) VANCOCIN HCL (oral) (vancomycin)	ALINIA (nitazoxanide)	Alinia-if giardiasis; require treatment failure with metronidazole or tindazole. If cryptosporidium: no treatment failure required with other agent.

PREFERRED DRUGS	NON-PREFERRED	CRITERIA
	FLAGYL <b>ER</b> (metronidazole)  XIFAXAN (rifaximin)	Flagyl <b>ER</b> : require trial on metronidazole or tindazole. Xifaxan- Diagnosis of travelers diarrhea resistant to quinolone. Diagnosis of hepatic encephalopathy and treatment failure with neomycin or lactulose.

Votes as follows:

Baker-yes, Bohac-yes, Caudill-absent, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes.

**Motion carried.**

**E. Antimigraine Drugs, Triptans**

A motion was made by Rock and seconded by Dube' to approve the class as follows:

PREFERRED DRUGS	NON-PREFERRED	CRITERIA
<b>ORAL</b>		Non-preferred agents will be approved only if patient has tried and failed therapy with all preferred agents.
IMITREX (sumatriptan)	AMERGE (naratriptan)	
MAXALT (rizatriptan)	AXERT (almotriptan)	
MAXALT MLT (rizatriptan)	FROVA (frovatriptan)	
sumatriptan generic oral	RELPAK (eletriptan)	
	TREXIMET (sumatriptan/naproxen)	
	ZOMIG (zolmitriptan)	
	ZOMIG ZMT(zolmitriptan)	
<b>NASAL</b>		
IMITREX (sumatriptan)	sumatriptan generic nasal	
	ZOMIG (zolmitriptan)	
<b>INJECTABLE</b>		
IMITREX (sumitriptan)	sumatriptan generic injection	

Votes as follows:

Baker-yes, Bohac-yes, Caudill-absent, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes.

**Motion carried.**

**F. Benign Prostatic Hyperplasia (BPH) Treatments**

A motion was made by Elsasser and seconded by Dube' to approve the class as follows:

PREFERRED DRUGS	NON-PREFERRED	CRITERIA
<b>ALPHA BLOCKERS</b>		Treatment failure with one preferred agent.
doxazosin (generic for Cardura) FLOMAX (tamsulosin) terazosin (generic for Hytrin) UROXATRAL (alfuzosin)	CARDURA XL (doxazosin) RAPAFLO (silodosin)	
<b>5-ALPHA-REDUCTASE (5AR) INHIBITORS</b>		
PROSCAR (finasteride)	AVODART (dutasteride) finasteride-generic for Proscar	

Votes as follows:

Baker-yes, Bohac-yes, Caudill-absent, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes.

**Motion carried.**

VIII. ADJOURNMENT TO EXECUTIVE SESSION:

A motion was made and seconded to dismiss to closed session for the discussion of confidential contractual prices. The committee dismissed to a working lunch at 12:00 pm. Vote was unanimous. Cost questions were discussed in the closed session. The consensus among members was that it would be helpful to have a closed session cost discussion first thing in the morning, before the morning classes are discussed.

IX. THERAPEUTIC CLASS REVIEWS

Open session was called to order at 1:15 pm.

**G. Colony Stimulating Factors**

A motion was made by Hutchins and seconded by Rock to approve the class as follows:

PREFERRED DRUGS	NON-PREFERRED	CRITERIA
LEUKINE (sargramostim) NEUPOGEN (filgrastim)	NEULASTA (pegfilgrastim)	Entire class requires place of service determination.

Votes as follows:

Baker-yes, Bohac-yes, Caudill-absent, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes.

**Motion carried.**

**H. Erythropoiesis Stimulating Proteins**

A motion was made by Rock and seconded by Hutchins to approve the class as follows:

PREFERRED DRUGS	NON-PREFERRED	CRITERIA
ARANESP (darbepoetin) EPOGEN (rHuEPO) PROCRIT (rHuEPO)		Entire class requires place of service determination

Votes as follows:

Baker-yes, Bohac-yes, Caudill-absent, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes.

**Motion carried.**

**I. Growth Hormone**

A motion was made by Tonniges and seconded by Baker to approve the class as follows:

PREFERRED DRUGS	NON-PREFERRED	CRITERIA
NORDITROPIN (somatropin) NUTROPIN (somatropin) NUTROPIN AQ (somatropin) SAIZEN (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) OMNITROPE (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin) ZORBTIVE (somatropin)	Grandfathering: Existing prior authorizations at the time of implementation will be honored for the duration of the original approval. Change to a preferred agent will be expected on all requests for renewal.

Votes as follows:

Baker-yes, Bohac-yes, Caudill-absent, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes.

**Motion carried.**

**J. Hepatitis C Treatments**

A motion was made by Sorensen and seconded by Dube' to approve the class as follows:

PREFERRED DRUGS	NON-PREFERRED	CRITERIA
<b>INTERFERON</b>		See clinical criteria.
PEGASYS (pegylated interferon alfa-2a) PEG-INTRON (pegylated interferon alfa-2b)	INFERGEN (interferon alfacon-1)	
<b>RIBAVIRIN</b>		
ribavirin		

Votes as follows:

Baker-yes, Bohac-yes, Caudill-absent, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes.

**Motion carried.**

**K. Impetigo Drugs, Topical**

A motion was made by Gotschall and seconded by Tonniges to approve the class as follows:

PREFERRED DRUGS	NON-PREFERRED	CRITERIA
mupirocin ointment (generic for Bactroban)	ALTABAX (retapamulin) BACTROBAN CREAM (mupirocin)	Non-preferred agents will be approved only after documented failure of the preferred agent, or clinical reason the mupirocin ointment can not be used.

Votes as follows:

Baker-yes, Bohac-yes, Caudill-absent, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes.

**Motion carried.**

**L. Multiple Sclerosis Drugs**

A motion was made by Dube' and seconded by Tonniges to approve the class as follows:

PREFERRED DRUGS	NON-PREFERRED	CRITERIA
AVONEX (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE (glatiramer)	EXTAVIA (interferon beta-1b) REBIF (interferon beta-1a)	Non-preferred agents will be approved only after documented failure of one preferred agent.  With Grandfathering of current patients (prior to 3/29/2010).

Votes as follows:

Baker-yes, Bohac-yes, Caudill-absent, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes.

**Motion carried.**

**M. Otic Antibiotics**

A motion was made by Dube' and seconded by Rock to approve the class as follows:

PREFERRED DRUGS	NON-PREFERRED	CRITERIA
CIPRODEX (ciprofloxacin/dexamethasone) COLY-MYCIN S (neomycin/hydrocortisone/colistin) CORTISPORIN TC (neomycin/hydrocortisone/colistin) neomycin/polymyxin/hydrocortisone (generic for Cortisporin) ofloxacin (generic for Floxin)	CETRAXAL (ciprofloxacin) CIPRO HC (ciprofloxacin/hydrocortisone)	Non-preferred agents will be approved for patients failing to respond to one preferred agent.



Votes as follows:

Baker-yes, Bohac-yes, Caudill-absent, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes.

**Motion carried.**

**N. Proton Pump Inhibitors**

A motion was made by Baker and seconded by Ward to approve the class as follows:

PREFERRED DRUGS	NON-PREFERRED	CRITERIA
omeprazole	ACIPHEX (rabeprazole) KAPIDEX (dexlansoprazole) lansoprazole (generic for Prevacid) NEXIUM (esomeprazole) NEXIUM SUSPENSION (esomeprazole) pantoprazole (generic for Protonix) PREVACID Rx (lansoprazole) PREVACID SOLU-TAB PRILOSEC (omeprazole)	See existing prior authorization criteria.

Votes as follows:

Baker-yes, Bohac-yes, Caudill-absent, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-no, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Rock-yes, Saunders-no, Sorensen-yes, Thomsen-no, Tonniges-yes, Ward-yes.

**Motion carried.**

**O. Sedative Hypnotics**

A motion was made by Saunders and seconded by Thomsen to approve the class as follows:

PREFERRED DRUGS	NON-PREFERRED	CRITERIA
<b>BENZODIAZEPINES</b>		
estazolam (generic for ProSom) temazepam 15mg, 30mg (generic for Restoril)	flurazepam (generic for Dalmane) temazepam 7.5mg, 22.5mg (generic for Restoril) triazolam (generic for Halcion)	Non-preferred agents will be approved for patients failing to respond to one preferred agent.  All <b>BRAND NAME</b> benzodiazepines are not covered by NE Medicaid.
<b>OTHERS</b>		
chloral hydrate (generic for Noctec) zolpidem (generic for Ambien)	AMBIEN CR (zolpidem) EDLUAR (zolpidem sublingual) LUNESTA (eszopiclone) ROZEREM (ramelteon) zaleplon (generic for Sonata)	Non-preferred agents will only be approved if patient has tried and failed therapy with generic zolpidem within the last 6 months.

Votes as follows:

Baker-yes, Bohac-yes, Caudill-absent, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes.

**Motion carried.**

**P. Skeletal Muscle Relaxants**

A motion was made by Hutchins and seconded by Gotschall to approve the class as follows:

PREFERRED DRUGS	NON-PREFERRED	CRITERIA
baclofen (generic for Liorisal) chlorzoxazone (generic for Parafon) cyclobenzaprine (generic for Flexeril) methocarbamol (generic for Robaxin) tizanidine tabs (generic for Zanaflex)	AMRIX (cyclobenzaprine) carisoprodol (generic for Soma) carisoprodol compound dantrolene (generic for Dantrium) FEXMID (cyclobenzaprine) orphenadrine (generic for Norflex) orphenadrine compound SKELAXIN (metaxalone) SOMA (carisoprodol) ZANAFLEX (tizanidine) (brand name tablets and capsules)	The non-preferred agents will be approved for patients with documented failure of at least a one week trial each of two preferred agents. For carisoprodol: <ul style="list-style-type: none"> <li>• use will be limited to no more than 34 days</li> <li>• additional authorization will not be granted for at least six months following the last day of the previous course of therapy</li> <li>• approval will not be granted for patients with a history of meprobamate use in the previous two years</li> </ul> Concurrent use with opioids requires prior authorization  AMRIX, FEXMID: Clinical reason regular release can not be used. Only for short term use. ZANAFLEX: Clinical reason generic can not be used.  Dantrolene: no treatment failures required for traumatic brain or spinal cord injury.

Votes as follows:

Baker-yes, Bohac-yes, Caudill-absent, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes.

**Motion carried.**

**Q. Ulcerative Colitis Drugs**

A motion was made by Tonniges and seconded by Rock to approve the class as follows:

PREFERRED DRUGS	NON-PREFERRED	CRITERIA
<b>ORAL</b>		Treatment failure with one preferred agent.  Grandfathering of patients stabilized on non-preferred agent prior to 3/29/2010.
APRISO (mesalamine) ASACOL (mesalamine) 400MG balsalazide (generic for Colazal) PENTASA (mesalamine) sulfasalazine (generic for Azulfidine)	ASACOL <b>HD</b> 800mg (mesalamine) DIPENTUM (olsalazine) LIALDA (mesalamine)	
<b>RECTAL</b>		
CANASA (mesalamine)	mesalamine SFROWASA (mesalamine)	

Votes as follows:

Baker-yes, Bohac-yes, Caudill-absent, Davenport-yes, Dering-Anderson-yes, Dube'-no, Elsasser-no, Fahren-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes.

**Motion carried.**

- X. Dr. Reichmuth announced that he will be on active military duty during the August 2010 meeting. Ken Saunders will assume the position of Chairperson for that meeting. Jeff Gotschall was unanimously elected to serve as Vice-chairperson during the time Dr. Reichmuth is gone.
- XI. A motion was made and seconded to adjourn the meeting.  
Voting was unanimous.  
Meeting adjourned at 3:00 pm.
- XII. Next meeting: Wednesday, March 10, 2010, 9 am at Mahoney State Park.

Recorded by:

Jenny Minchow R.Ph., Pharm.D. , Pharmacy Consultant, Nebraska Medicaid

***APPROVED: MARCH 10, 2010***