St Luke's Children's Hospital

August 9, 2010

Pharmacy & Therapeutics Committee
3232 Elder St.
Boise, ID 83705

To whom it may concern,

As the director of the Cystic Fibrosis Center of Idaho and a pediatric gastroenterologist it is my recommendation to the Pharmacy and Therapeutics Committee that all three FDA approved brands of pancreatic enzymes Creon, Pancreaze and Zenpep be approved for reimbursement by Idaho Medicaid. No two people are alike; therefore no one drug will be suitable for all patients in need of pancreatic enzyme replacement therapy.

Thank you for your consideration in this matter, should you have any questions that I may assist in answering please feel free to contact me at (208) 381-7310.

Sincerely,

Henry R. Thompson, MD
Idaho Pediatric Gastroenterology, PA
Director, Cystic Fibrosis Center of Idaho

Dermatology & Laser Center of Canyon County

Gavin R. Powell, MD
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August 10, 2010

Pharmacy & Therapeutics Committee
State of Idaho
Attn: Tami Eide, PharmD
3232 Elder Street
Boise, ID 83705

Dear Ms. Eide:

This letter is in regards to your upcoming review of the medication adalimumab, marketed under the name Humira, for the treatment of psoriasis and psoriatic arthritis.

The advent of the biologic medications for the treatment of moderate to severe plaque psoriasis and psoriatic arthritis has revolutionized the care of these debilitating, chronic diseases. I am concerned in regards to the costs of these medications, therefore I do give very careful consideration, and use these medications judiciously, only after other less expensive modalities have been pursued to the utmost.

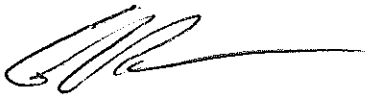
For patients with moderate to severe psoriasis and psoriatic arthritis that fail to respond to topical therapy, photo therapy, as well as oral immunosuppressive agents, such as methotrexate, the biologics, and in particular Humira, have greatly improved the quality of life for my patients. This medication is exceedingly well tolerated, and does have an excellent safety record with large-scale use in both psoriasis as well as rheumatoid arthritis.

Based on this, I would like to see adalimumab remain in a preferred position for biologic treatment of these conditions.

Please feel free to contact me if I can provide you any further information in regards to this matter.

Of note, I have received no compensation from Abbott Laboratories, and have no conflict of interest in regards to this letter.

Sincerely,



Gavin R. Powell, M.D.
Diplomate of the American Board of Dermatology

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