

WYDUR Board Meeting Minutes  
Thursday, September 29, 2005  
Cheyenne, Wyoming  
11a.m.-3p.m.

Members Present: Antoinette Brown, Mike Carpenter, Kevin Robinett, George Zaharas, Bill Harrison, Kurt Hopfensperger, Steve Brown, Richard Johnson, Dean Winsch, Kendra Grande, Becky Drnas, Bill Keenan, Scott Johnston

Members Excused: Roxanne Homar

Guests: Kem Krueger, Bert Jones (GSK), Betty Iverson (Wyeth), Tim Hynek (Lilly), Lori Howarth (Berlex), Christi Genke (Forest), Jeff Jenkins (Merck), Dyan Alexander (Astra Zeneca), Paul Pereira (TAP), Matt Johnston (Takeda), Ashley Hunkins (GSK), Dan Anderson (Purdue)

The meeting was called to order by Chair Bill Harrison at 11:10a.m. The minutes of the July 28, 2005 meeting were approved as presented.

#### Department of Health

The Preferred Drug List Advisory Committee meeting is scheduled for Wednesday October 5 in Cheyenne. The order of review for ACEIs and PPIs has been exchanged.

Antoinette distributed information on the percent utilization of preferred agents. The usual non preferred skeletal muscle relaxant is carisoprodol. The estimated start date for the smart PA system is February 2006.

Antoinette updated the Board on Medicare Part D transition of dual eligibles. Wyoming will “wrap-around” coverage for benzodiazepines, barbiturates and OTCs (except for LTC). Also the lock-in program will remain in effect for dual eligibles. The DOH is working to get the word out and educate the duals on what to expect and how to enroll. Wyoming has 5400 duals that are about 54% of the current MK drug budget. Wyoming’s clawback payment is still not known. There may be some wrap around to cover co-pays for the ADAP patients. Antoinette asked for Board feedback on a form which will be sent to providers to get formulary changes made for the dual eligibles ahead of time. The medicare.gov website has a “Part D and Me” section for patients.

Rozerem 8mg qd is approved for long term use and will not be subject to quantity limits in prospective DUR. Kendra will investigate the indications and recommendations for the use of Ambien CR.

The Board requested that DOH keep Board members better informed about changes/additions to the PDL list (Kadian and diltiazem are recent additions). The Board requested that PDLAC look at adding Duragesic patches because there is no literature which addresses switching from a transdermal patch to the preferred long acting opioids.

Dr. Robinett will be added to the PA appeal group that looks at calcium channel blockers, ACEIs and statins. Dr. Hopfensperger will be added to the group that looks at NSAIDs, PPIs, long acting opioids and skeletal muscle relaxants.

Zofran criteria comments were circulated. Over active bladder agents criteria comments were circulated. The Board recommended sending a thank you to those providers who responded. In addition, the request for feedback needs to be clearer so that the comments are not simply checks to existing boxes.

Defer Xopenex discussion to next meeting.

## New Business

Dr. Johnston will respond to the provider about the Actiq communication.

The atypical antipsychotic black box warning will be sent out to providers who have written prescriptions for patients over 70 yo and will be an article in an upcoming newsletter. The Board discussed the feasibility of information where no other good options exist.

Newsletter suggestions: increased risk of bleeding with SSRIs and NSAIDs, Cymbalta (only Lyrica and Cymbalta approved for diabetic neuropathy).

The Board asked for information about the economic/cost savings impact of the APS programs broken down by project.

The Board discussed and asked that a review of the mental health drugs over the most recent 12 month period be compared to utilization 5 years ago. It would be instructive to know the type of provider as well as the county information. We will also get the same data extracted from dual eligible information.

Dr. Johnston will look at patients at the highest doses of narcotics and craft an educational letter to providers about the maximal limit for narcotic benefit.

Dr. Brown asked that stimulant utilization in pediatric patients be reviewed for possible increase to a 90 day supply instead of a 30 day supply.

The Board suggested that we send letters yearly to those providers of patients who are seeing more than three providers concurrently. The profile information is useful.

## DUR

Criteria 108 and 452 are virtually identical and should be combined. For criteria 00889 what is the marker? (hypercholesterolemia, hyperlipidemia, diabetes?) Suppress criteria 0094 antihypertensives and antipsychotics causing excess sedation.

There being no further business the meeting was adjourned at 3:00p.m.

Respectfully Submitted,

Debra S. Devereaux  
WYDUR Manager