

WYDUR Board Meeting Minutes
Thursday, September 28, 2006
Cheyenne, Wyoming
11 a.m. – 3 p.m.

Members present: Michael Carpenter, Becky Drnas, Bill Harrison, Kurt Hopfensperger, Richard Johnson, Scott Johnston, Bill Keenan, Kevin Robinett, Dean Winsch, Antoinette Brown, Roxanne Homar

Excused: Steve Brown

By teleconference: Deb Devereaux, Kendra Grande, Linda Martin, Brian Menkhaus, Ben Vavra

Guests: Larry Demar (Sepracor, Inc), Jeff Jenkins (Merck), Terry Ahlers (Pfizer), Tim Hambacher (Abbott Diabetes Care), Tim Sanford (Pfizer), Eric Weninger (Pfizer), Tim Hynek (Lilly), Richard Leslie (Wyoming Epilepsy Association), Don McNaul (Elan Pharmaceuticals), Don McCaffey (TAP)

Dr. Harrison called the meeting to order at 11:10.

Minutes of July 2006

The minutes of the July 20, 2006 meeting were approved as presented.

Department of Health

The Department is still waiting to hear about the Attorney General and the DRA transformation grants. Both grants contain Academic Detailing pieces. The DRA grant also contains funding for payment for pharmacist intervention payments.

Effective November 1, 2006, a two day trial of an anti-nausea agent will be required prior to approval of a Zofran claim.

A new refill too soon policy will be implemented. The Refill Too Soon edit will post when a refill is requested at **80 percent** or less of the day supply of the previous fill, and when there is a **15 day** accumulation of the drug over a 180 day look back period. For **narcotics**, the new policy will require an edit to post when a refill is requested at **90 percent** or less of the day supply of the previous fill, and when there is **7 days** accumulation of the drug over a 180 day look back period. The application of this edit requires that the day supply information assigned to a claim be accurate. If you received a denied claim for Refill Too Soon (Edit 79) you must now call the ACS Prior Authorization Call Center at 1-866-556-9320. If the following criteria are met, the Prior Authorization Call Center will enter the override via a prior authorization system. They will inform you if the override has been entered. You can then resubmit the claim that denied for Refill Too Soon. An override may be provided due to a dosage change. One lost prescription may be provided for each client per year.

The Office of Healthcare Financing has received good feedback on the CyberAccess program. The program will be rolled out statewide to all providers beginning in October.

Old Business

The Board discussed off-label usage of anticonvulsants. Responses from providers regarding the proposed criteria were reviewed. Dr. Robinett suggested that the criteria be sent to additional psychiatrists that were not on the original mailing list. In addition, post-herpetic neuralgia was added to gabapentin, and bipolar depressive disorder was added to lamotrigine for clarity. The criteria will be tabled until the November 2006 meeting to allow additional time for provider input.

The Board discussed the proposed criteria for Xopenex. Responses from providers regarding the criteria were reviewed. The potential for a shortage was discussed. Bill Keenan indicated that the shortage is real, but the HFA is available in sufficient quantities at this time.

The antipsychotic profile review will be tabled until the November 2006 meeting. Pharmacy students, Brian Menkhous and Ben Vavra, provided an overview of the quetiapine utilization. The evidence for utilization of low-dose quetiapine is limited. There is evidence for its use in fibromyalgia, Tourette's syndrome, sleep in Parkinson's disease and a sleep aid in health subjects. A total of 601 profiles will be reviewed for a total of 2,551 prescriptions and a total cost of \$361,000. The results of the profile review will be presented at the November 2006 meeting.

Deb provided an overview of the projects currently ongoing with APS (pre-diabetes and MS).

New Business

The Board discussed criteria for coverage of smoking cessation medications. The following criteria were approved:

Proposed Criteria for Smoking Cessation Products WY-DUR Board 9-28-06

ZYBAN and DIRECT GENERIC EQUIVALENT OF BUPROPION:

Course of therapy should not exceed 84 days or 168 tablets.

CHANTIX:

Course of therapy should not exceed 84 days or 168 tablets.

NICOTINE POLACRILEX (GUM):

Course of therapy should not exceed 84 days or 735 pieces for the 2mg and 4 mg strengths, as well as for the lozenges.

NICOTINE TRANSDERMAL:

Course of therapy for Nicotrol or generic equivalent: 15 mg patches should not exceed 42 days or 42 patches, 10 mg patches should not exceed 42 days or 42 patches, and the 5 mg patches should not exceed 14 days or 14 patches.

Course of therapy for Nicoderm or generic equivalent: 21mg patches should not exceed 42 days or 42 patches, and the 14 mg and 7 mg patches should not exceed 14 days or 14 patches each.

***Zyban or its generic equivalent can be used in conjunction with one course of a nicotine replacement product (i.e. gum or patches).

***Only one course of therapy is allowed in a 365 day period for each client. If a client tries to refill an above mentioned product once the maximum days supply or quantity has been used, the claim will deny. The client will then have to provide proof that he/she is receiving some behavior modification counseling or working with the Wyoming Department of Health Substance Abuse program's QuitNet or Quit Line before another course of treatment will be authorized.

Other

A new format for the newsletter was approved. Beginning in February of 2007, the newsletter will be sent six times per year with the new format.

Dates for meetings in 2007 were approved: January 25 (Cheyenne), March 29 (Laramie), May 31 (Casper), July 19 (Laramie), September 27 (Cheyenne), November 29 (Casper)

Open Comments

Terry Ahlers (Pfizer) reminded the Board that Chantix should not be used in combination with nicotine replacement therapy.

Larry Demar (Sepracor) asked for reconsideration on PA for Xopenex during a changing market.

The Board met to review alert revisions, provider responses and patient profiles. There being no further business, the meeting was adjourned at 2:30 p.m.

Respectfully Submitted,

Aimee Lewis, PharmD
WYDUR Manager