

WYDUR Board Meeting Minutes
Thursday, May 25, 2006
Casper, Wyoming
11a.m.-3p.m.

Members Present: Bill Harrison, Steve Brown, Dean Winsch, Roxanne Homar, Scott Johnston, Richard Johnson, Linda Martin, Becky Drnas, Antoinette Brown, Aimee Lewis, Kurt Hopfensperger, Deb Devereaux

Members Excused: Mike Carpenter, Bill Keenan

By teleconference: Kevin Robinett, Kendra Grande

Guests: Barbara Felt (GlaxoSmithKline), Bert Jones (GlaxoSmithKline), Shaun Pichler (Sepracor), Ed Huckabone (Forest), Jeff Jenkins (Merck), Rick Hesse (Merck), Anna Stroble (Forest), Don McNaul (Elan), Don McCaffry (TAP), Jay Jennings (Sanofi-Aventis), Pierre Thomasin (Amgen), Teme Livingston (Novartis), Matt Johnson (Takeda), Barbara Boner (Novartis), Lori Howarth (Berlex)

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

Introductions and Announcements

Deb Devereaux has resigned as Wyoming DUR Manager at the University of Wyoming School of Pharmacy effective June 29, 2006. She will be a Senior Consultant for the Gorman Health Group.

Minutes of March 2006

The minutes of the March 30, 2006 meeting were approved as presented.

Department of Health

Medicare Part D implementation has been going fairly smoothly

Smart PA implementation on May 4 went well. The Department will be piloting a program called Cyber Access which will allow providers to log on to a web based program to look at the profiles of their Medicaid patients. They have targeted 25 providers to participate at the outset.

The criteria for the utilization of the anticonvulsant category will be considered for approval at the July meeting—they were sent out previously.

For the PPI category: remove the pregnancy contraindication since Protonix is B-rated.

Some pharmacy claims are actually DME (durable medical equipment) so DME providers will be expanded because of access issues. Surveys are currently being sent out.

A 90 day supply of stimulants will be approved through the automated PA system. If the current claim is greater than or equal to a 34 day supply, the system will look to see if there have been 102 days of therapy for the same drug

once before and approve. Current patients have been grandfathered. Effective date is July 1.

The Board revised previously approved Xopenex criteria for both inhalers and solution. The criteria now reads, "Has patient had previous Rx claim for albuterol, bitolterol or metaproterenol?" If so, use of Xopenex is approved. Dr. Johnston commented that a recent Medical Letter review said Xopenex is no more effective than albuterol and not safer. On the issue of albuterol shortages, a survey of 27 pharmacies indicated spot shortages (16-no, 9-yes, 2-low inventory). The effective date for the criteria implementation is July 1. If supplies are a problem, the PA can be suspended.

The PDLAC meeting on April 12 reviewed triptans, over-active bladder agents and antihistamines (including usage in pediatric patients). Triptan utilization will continue to be monitored. No new criteria for OAB agents was needed. The preferred agents are Ditropan XL, Detrol and oxybutynin. The detrusor overactivity criteria was removed. For antihistamines, there is a PA exemption for under 2 year olds.

New Business

The Board discussed Advair utilization. There appears to be a gap in application of treatment guidelines. The Board agreed on the need for education. The use of Advair in bronchitis is marginally appropriate. A joint program with APS to include patient and provider education and a pulmonologist point person will be pursued. Barbara Felt from GSK provided some comments.

The Board agreed that a discussion of Lexapro vs. Celexa should be tabled and referred to the Preferred Drug List Advisory Committee.

The pre-diabetes program with APS is moving along.

The Board discussed the draft criteria for step therapy for ACEIs and ARBs. The third criteria (use in combination with ace inhibitor) was deleted. Terri Livingston from Novartis provided comments. Richard Hesse from Merck provided comments. Jay Jennings from Sanofi-Aventis provided comments. The Board approved the revised criteria in draft form and will be forwarding to cardiologists for comment.

Proposed Criteria for Use of Angiotensin II Receptor Blockers WY-DUR Board 5-25-06

Angiotensin II Receptor Blockers (A2RB): candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan.

A2RB combinations: candesartan/hydrochlorothiazide, eprosartan/hydrochlorothiazide, olmesartan/hydrochlorothiazide, telmisartan/hydrochlorothiazide, valsartan/hydrochlorothiazide.

- Trial and failure of two ACE inhibitors
- Intolerance, adverse reaction or allergic reaction to two ACE inhibitors

The Board agreed on a new policy for submission of materials about agenda items. ***“Written materials (18 copies) regarding meeting agenda items must be submitted to the WYDUR office no later than 10 days prior to the meeting. The WYDUR manager will determine if the material should be circulated to the entire Board prior to the meeting. There will be no opportunity for formal testimony during the meetings.”***

Old Business

A. Mental Health project

Steve Brown and Kevin Robinett will review the 48 patient profiles of the patients taking 2 or more atypical antipsychotics. Of the 322 patients on two atypical antipsychotics, what is the prevalence of quetiapine low dose use? Kendra will review NPC information for comparative data from other MK programs. The Board discussed education needed for non-psychiatrist providers. What is the status of the state hospital psychiatric consultative service?

B. Hypertension-Kendra will review 100 random hypertension patient profiles and report at the July meeting.

C. Pregabalin (Lyrica)-will continue to monitor

Other

APS sent materials to Dr. Harrison which he will review and share with the Board. APS has reported on the high utilizers they case manage. APS will report on cost savings for 2005 at either the July or September meeting.

PAG meeting: the DOH will complete and submit the grant for academic detailing support. Other insurers are looking at it and we may partner with them.

Newsletter suggestions: HTN, multiple antidepressant use to get patients into remission.

Dr. Johnston will revise the high dose narcotic letter to include “greater than 200 mg. morphine equivalent = sleep apnea. He will abstract the article for the newsletter.

There were no open comments.

The Board met to review alert revisions, provider responses and patient profiles. There being no further business the meeting was adjourned at 2:50p.m.

Respectfully Submitted,

Debra S. Devereaux MBA, R.Ph.
WYDUR Manager