

WYDUR Board Meeting Minutes  
Thursday, May 31, 2007  
Casper, Wyoming  
11 a.m. – 3 p.m.

Members present: Steve Brown, Becky Drnas, Bill Harrison, Kurt Hopfensperger, Richard Johnson, Scott Johnston, Bill Keenan, Kevin Robinett, Dean Winsch

Members excused: Mike Carpenter

Ex-officio: Donna Artery, Antoinette Brown, James Bush

By teleconference: Roxanne Homar, Arthur Merrell

Guests: Michael Schultz (Forest), Joe Hansen (Forest), Kelley Digby (J&J), Jennifer Stoffel (J&J), Betty Iverson (Wyeth), Tim Hambacher (Abbott Diabetes Care), Johnna Nelson (Eli Lilly), Tim Hynek (Eli Lilly), Joe Busby (Eli Lilly), Jeff Jenkins (Merck), Terri Craig (Pfizer), Bryan Zaccardi (Pfizer), Matt Johnson (Takeda), Jay McLaren (Schering-Plough), Slater Sparks (Sciele Pharam, Inc), Larry Plemmons, Michelle Kinbrook, Erin Meister (2<sup>nd</sup> year Pharmacy student)

Dr. Harrison called the meeting to order at 11:01 a.m.

Introductions were made.

Aimee announced that the University of Wyoming School of Pharmacy has won the contract for DUR services following response to the Request for Proposals released by the Department of Health.

Minutes of March 2007

The minutes of the March 29, 2007 were approved as presented.

Department of Health

Roxanne Homar gave an overview of the Mental Health Quality Prescribing Initiative. A Psychiatry Advisory Board is being developed as a part of this initiative. This Board will provide support to the DUR Board on mental health policy and issues. In addition, the Board will provide peer to peer education and support for non-specialists in the state who provide mental health services.

Old Business

Public comment on the ADHD prior authorization criteria was reviewed. A discussion of the preferred medications were tabled until the closed portion of the meeting. The results of this discussion will be presented at the July meeting. The following criteria were approved as final:

Final Criteria for ADHD medications  
WYDUR Board  
5/31/07

Client must have a diagnosis for ADD or ADHD

Client must be three years old

Claims will be denied if clients have a history of the following:

- Arteriosclerosis (Amphetamine products only)
- Cardiac Arrhythmias
- Glaucoma
- Untreated hyperthyroidism
- Untreated hypertension
- Substance abuse (specific to cocaine and amphetamines)
- MAO inhibitor use, within the last 14 days

Clients with a diagnosis related to swallowing difficulty may receive a non-preferred available in an appropriate dosage form.

The following dose-related limits will also apply (150% of labeled max):

Amphetamine salts (including Adderall)	90 mg/day
Adderall XR	45 mg/day
Concerta	135 mg/day
d-amphetamine SA	45 mg/day
d-amphetamine	90 mg/day
Daytrana	45 mg/9 hours
Dexedrine/Dextro-stat	60 mg/day
Focalin/Focalin XR	30 mg/day
Methylphenidate, Methylin, Methylin ER, Ritalin, Ritalin SR	135 mg/day
Ritalin LA	90 mg/day
Strattera	150 mg/day
Metadate CD	90 mg/day

Public comment on the carisoprodol criteria was reviewed. The following criteria were approved as final:

Final Criteria for carisoprodol  
WYDUR Board  
5/31/07

Claims for carisoprodol will be approved if:

Client is at least twelve years old, AND

Claim is for less than or equal to 84 (350 mg) tablets.

One course of treatment (up to 84 tablets) will be approved every 365 days. Additional courses will require prior authorization.

For clients who have been using carisoprodol chronically, 18 tablets will be authorized for a 9 day taper.

APS Update: Dr. Bush gave an overview of the Total Health Record.

ADHD Treatment/Diagnoses Guidelines: There are no published guidelines regarding diagnosis and treatment of ADHD in adults. This issue will be tabled until further information is available.

#### New Business

The draft proposed antidepressant criteria were reviewed. Dr. Plemmons provided comments on the proposed criteria. Dr. Plemmons was concerned that the Drug Effectiveness Review Project executive summary of the antidepressant report made inaccurate claims regarding the safety of fluoxetine. It was requested that the full report be provided to Dr. Plemmons.

The proposed preferred drugs will be fluoxetine, Effexor, Effexor XR, mirtazipine, trazodone, bupropion, and bupropion SR. Additional discussion regarding the preferred drugs was tabled until the closed portion of the meeting. The results of this discussion will be presented at the July meeting. Tricyclic antidepressants will not be affected by this policy. The following criteria have been proposed:

Proposed Criteria for Antidepressants  
WYDUR Board  
5/31/07

Claims for a non-preferred will be approved if:

A 30 day trial of a preferred agent has been completed within the last five years.

Cymbalta will be approved with a diagnosis of diabetic neuropathy in the last 365 days.

These criteria will be sent out for public comment to be reviewed at the July meeting.

Zelnorm has been removed from the market completely, so no action is necessary.

The discussion on Aloxi has been tabled until the July meeting.

Off-label utilization of Provigil was discussed. An education letter will be drafted regarding the appropriate utilization. Utilization will be reassessed to determine response to the educational program.

Ketek has received a new black box warning. At this time, it does not appear that action is necessary. Claims for the most recent three months will be reviewed and utilization will continue to be monitored to determine if there is an issue.

Invega is the 9-hydroxy derivative of Risperdal. There are questions about a difference in safety and efficacy between the two drugs. Available studies regarding the medications will be presented in July.

Open comments

No open comments were presented.

The Board met to review alert revisions, provider responses and patient profiles. In addition, cost differences for the antidepressant and ADHD medications were discussed. Changes made to the preferred medications as a result of this discussion are reflected in these minutes.

Alert revisions

    Methadone criteria will be changed to doses greater than 60 mg.  
    Delete criteria regarding Geodon and hypertension.

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

Respectfully submitted,

Aimee Lewis  
WYDUR Manager