

WYDUR Board Meeting Minutes
Thursday, September 27, 2007
Cheyenne, Wyoming
11 a.m. – 3 p.m.

Members present: Mike Carpenter, Kurt Hopfensperger, Richard Johnson, Scott Johnston, Bill Keenan, Kevin Robinett, Dean Winsch

Excused: Steve Brown, Becky Drnas, Bill Harrison

Ex-officio: Roxanne Homar, Antoinette Brown, James Bush, Melissa Hunter

Guests: Betty Iverson (Wyeth), Terry Ahlers (Pfizer), Roy Lindfield (Shering), Jeff Jenkins (Merck), James Gaustad (Purdue), Christi Garke (Forest), Tim Hynek (Lilly), Rose Mullen (Lilly), Joan Solem (Lilly), Kelly Digby (Johnson and Johnson), Adam Sosa (Ortho – McNeil Janssen), Kerri McNutt (Pfizer), Jamison Liggett (Pfizer), Brad Hamm (Pfizer), Dave Picard (Phrma), Kevin Bohnenblust (Board of Medicine), Steven Smedley (DOH Intern), Jessica Meyer (DIC Intern)

Aimee called the meeting to order at 11:07 a.m.

Introductions were made.

Minutes of July 2007

The minutes of the July 19, 2007 meeting were approved as presented.

Department of Health

Antoinette gave an update on the regulation requiring the use of tamper resistant prescription pads which may be postponed for six months pending presidential signature.

The Wyoming Department of Health has selected GHS as the vendor for supplemental rebate services.

Old Business

A new set of antidepressant criteria were presented in the form of step therapy. Lilly asked the Board to consider putting Cymbalta on tier 2. Dr. Johnston moved to accept without changes and Dr. Robinett seconded the motion. All in favor. The following criteria will be sent for public comment and brought back for final review at the November meeting:

Proposed step utilization for antidepressants
WY-DUR Board
9/27/2007

Step one for all clients requires a 6 week trial of one of the following medications:

Citalopram (all strengths)
Fluoxetine (all strengths)

Step two for all clients requires a six week trial of at least two different of the following medications:

- Sertraline (all strengths)
- Paroxetine (all strengths)
- Bupropion (all strengths and dosage forms for generic, and Wellbutrin XL)
- Venlafaxine (all strengths and dosage forms for generic immediate release, including Effexor XR)
- Mirtazapine (all strengths, excluding rapid dissolve tablets)

Step three for all clients allows the following medications once client meets requirements for Step one and two:

- Cymbalta (all strengths)
- Lexapro (all strengths)

Tricyclic antidepressants, trazodone, fluvoxamine and nefazadone will not require PA.

Aimee conducted a review of recipients receiving multiple SSRIs or multiple SNRIs. Duplicate antidepressant therapy is happening on a very limited basis. A targeted education letter will be sent regarding the recipients receiving more than one SSRI or more than one SNRI.

The prior authorization criteria for Invega was reviewed. The maximum dose was increased from 6 mg per day to 9 mg per day. Dr. Johnston moved to accept and Dr. Robinett seconded. All in favor. The following criteria will be sent for public comment and brought back for final review in November:

Proposed criteria for Invega
WY-DUR Board
9/27/2007

Claims for Invega will be approved if:

- Patient is \geq 18 years of age
- In past two years, patient has a diagnosis of:
 - Schizophrenia
 - Bipolar disorder
 - Psychotic disorder
- Daily dose is \leq 9 mg per day
- Requested quantity is for \leq 1 tablet per day

A provider education letter regarding fibromyalgia will be sent out in conjunction with a client education letter from APS.

New Business

Aimee conducted a review of haloperidol utilization as a result of the recent black box warning. Most utilization is within the normal range. A targeted education letter will be sent regarding use of haloperidol above recommended doses as well as IV use.

Open comments

No open comments were presented.

The Board met to review alert revisions, provider responses and patient profiles.

Respectfully submitted,

Aimee Lewis
WYDUR Manager