

WYDUR Board Meeting Minutes  
Thursday, January 31, 2008  
Cheyenne, Wyoming  
11 a.m. – 3 p.m.

Members present: Joe Farrell, Steen Goddik, Bill Harrison, Kurt Hopfensperger, Richard Johnson, Scott Johnston, Bill Keenan, Kevin Robinett, Tonja Woods, Dean Wunsch

By phone: Becky Drnas

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

Guests: Michael Dunn (Pfizer), Art Karsel (Sepracor), Terri Craig (Pfizer), John Rembold (Pfizer), Pierre Thoumsin (Amgen), Charles McGinness (Wyeth), Chris Jones (Wyeth), Randy Hogdon (Glaxo Smith Kline), John Pawlowski (Glaxo Smith Kline), Tim Hynek (Lilly), Jason Hladik (Takeda), Amy Benken (Takeda), Elizabeth Kuhn (Takeda), David Ratner (Takeda), Molly Jay (UW Pharmacy student), William Clark (UW Pharmacy student), Brian Oland (UW Pharmacy student).

Dr. Harrison called the meeting to order at 11:06 a.m.

Introductions were made. Aimee announced the appointment of Joe Farrell, the new physician assistant member.

Minutes of November 2007

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

Department of Health

No report

Old Business

Public comments were reviewed for the insomnia medications. David Ratner (Takeda) provided oral comments on Rozerem. Due to its positive efficacy and safety profiles, he requested that the Board reconsider placement of the drug on the Preferred Drug List. The following criteria were approved.

Final criteria for insomnia medications  
WYDUR  
1/31/08

Preferred medications will be zaleplon and zolpidem immediate release.

Claims for non-preferred medications will be approved if:

A 14 day trial of a preferred medication was completed  
Rozerem will be approved with a history of substance abuse.

The Psychiatry Advisory Board requested that the Board consider changing the final antidepressant criteria. Their specific requests were that the immediate release versions of bupropion and venlafaxine be removed from the step therapy. They also asked the Board to consider moving Effexor XR to step 1 or 2.

Additional public comment was provided by Charlie McGinnis (Wyeth) and Ian D'Souza (Forest) regarding Effexor XR and Lexapro respectively. In addition, Dr. Hunter provided comments related to his clinical experience with Cymbalta. The Board had extensive discussion regarding the benefits of placing an agent with norepinephrine coverage on step one. It was moved, seconded and all were in favor of approving the following criteria.

Final step utilization for antidepressants  
WY-DUR Board  
1/31/08

**Step 1 for all clients:** Citalopram (all strengths)  
Fluoxetine (all strengths)  
Bupropion SR (all strengths)

**Step 2 for all clients:** Sertraline (all strengths)

Paroxetine (all strengths)

Bupropion XL 300mg and Wellbutrin XL 150mg

Mirtazapine (all strengths, not including rapid dissolve tablets or brand name)

Effexor XR

**Step 3 for all clients:** Cymbalta (all strengths)  
\*PA will **NOT** be required for a diagnosis of diabetic peripheral neuropathy

Lexapro (all strengths)

**Medications not requiring PA:**

Trazadone and Nefazadone (generics)  
MAO Inhibitors (generics)  
Tricyclic Antidepressants (generics)  
Bupropion (generic)  
Fluvoxamine (generic)  
Immediate Release Bupropion & Venlafaxine

**Medications****Requiring PA:**

Mirtazapine rapid dissolve tablets  
All Brand Name versions of generics listed above

**FOR TREATMENT NAÏVE PATIENTS, THERE WOULD NEED TO BE A TRIAL OF ONE (1) STEP 1 DRUG LASTING 6 WEEKS BEFORE MOVING TO A STEP 2 DRUG. THERE WOULD NEED TO BE A TRIAL OF AT LEAST TWO (2) DIFFERENT STEP 2 DRUGS LASTING 6 WEEKS EACH BEFORE MOVING TO A STEP 3 DRUG.**

**A DRUG TRIAL OF A GIVEN DRUG WILL BE CONSIDERED COMPLETE IF THE PATIENT EXPERIENCES AN ADVERSE REACTION OR INTOLERABLE SIDE EFFECT DURING THE SIX WEEK TRIAL.**

These criteria will be implemented as approved. Prior authorization requests will be monitored to determine if additional changes should be made.

The issue of newly approved medications was tabled until the March meeting.

New Business:

Information regarding the new warning regarding the risk of hyponatremia and seizures in children using desmopressin intranasal spray for nocturnal enuresis was presented to the Board. The Board agreed that targeted education was the most appropriate strategy at this time. Utilization information will be presented in March.

The Cancer Center in Casper requested that the Board consider cancer-related neuropathic pain as an approved indication for Lyrica. Brian Oland, Pharm.D. candidate presented information regarding this use. There was a motion and second to approve this indication. All members were in favor.

Other:

The Board approved the final conflict of interest form pertaining to members. It was requested that this requirement be added to the bylaws.

Open comments

Questions regarding billing of injectables using NDCs were discussed.

The Board met to review alert revisions, provider responses and patient profiles. The meeting adjourned at 3 p.m.

Respectfully submitted,

Aimee Lewis  
WYDUR Manager