

WYDUR Board Meeting Minutes
Thursday, November 20, 2008
Casper, Wyoming
11 a.m. – 3 p.m.

Members present: Becky Drnas, Steen Goddik, Bill Harrison, Kurt Hopfensperger, Richard Johnson, Scott Johnston, Bill Keenan, Kevin Robinett, Dean Winsch, Tonja Woods

Excused: Joe Farrell

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

Guests: Colleen Jones (DOH), Steve Babineaux (Eli Lilly), Tim Hynek (Eli Lilly), Mary Daniels (Merck), Jamie Street (Astra Zeneca), Karen Theesen (GSK), Tracy Brown (Astra Zeneca), Linda Craig (Astra Zeneca), Christi Geuke (Forest), Aaron Huwe (Gilend Sciences), Robert Spivock (Gilend Sciences), David Poole (Gilend Sciences), Todd Redeheauer (Pfizer), Terri Craig (Pfizer), Randy Hodgdon (GSK), Claire Sotelo (UWSOP), Kristin Bauneis (UWSOP), Michael Dun (Pfizer), Leslie Murdagh (Practitioner), Angela Christensen (UWSOP), Dr. Quinn (Physician), Lafe Ellerbeck (UWSOP), Kristine Pippitt (UWSOP)

Dr. Harrison called the meeting to order at 11:08 a.m.

There were no announcements.

Introductions were made.

Minutes of September 2008

The minutes of the September 25, 2008 meeting were approved as presented.

Department of Health

A. State pharmacist report: No report

B. Pharmacy Program Manager Report: The new PBM, Goold Health Systems (GHS) is scheduled to be implemented on April 1, 2009. GHS is searching for pharmacists for account management and to manage the call center. The call center will be housed in Cheyenne and staffed by local pharmacists and pharmacy technicians. Customer service is expected to improve with this transition.

C. Psychiatry Advisory Board Report: The Board has had two conference calls since the September DUR meeting. Cymbalta was discussed at the first meeting. Antipsychotics were discussed at the most recent call. This was a very preliminary discussion where the psychiatrists identified areas of concern including age of therapy initiation (specifically children under 5 years of age), use of high doses, and use of multiple antipsychotics. The PAB will continue discussions and will engage a pediatric psychiatrist in these discussions.

Old Business

A. PA Criteria:

i. The Board reviewed public comment submitted regarding the triptan criteria. Dr. Hopfensperger agrees that long acting forms are helpful in specific cases. Generally patients are started on the two preferred medications. There was a motion, second and all were in favor of approving the triptan criteria as published.

Preferred medications are: Imitrex (all forms) and Maxalt and Maxalt MLT.

Claims of non-preferred medications will be approved if:

- **Documentation of trial and failure of both preferred medications.**

ii. There were no public comments on the ARB criteria. There was a motion, second and all were in favor of approving the ARB criteria as published.

Preferred medications are: Cozaar, Diovan, Benicar, Micardis, and Avapro.

Claims of non-preferred medications will be approved if:

- **Documentation of trial and failure of all preferred medications.**

Clients currently on non-preferred medications will be grandfathered.

iii. The Board reviewed public comment regarding Versa Foam products. The following draft criteria were approved to be released for further public comment:

Claims for Versa Foam products will be approved if:

- **Recipient has tried and failed two other vehicles (cream, ointment, etc)**
- **Recipient is unable to tolerate other vehicles**
- **Recipient has diagnosis of scalp psoriasis or alopecia areata**

B. The brand name preferred when generic available discussion was tabled for the closed session as specific cost and market share information was necessary.

C. Coverage of Atopiclair was discussed. There were two issues of follow-up from the last meeting: The manufacturer has indicated that it is approved as a medical device instead of a drug due to the lack of an active drug ingredient. The manufacturer also indicated that it is a prescription only product due to the need for the targeted condition to be monitored. The Board discussed the relative lack of data regarding this drug showing that it is effective or safe over the long-term. The following draft criteria were approved to be released for public comment:

Claims for Atopiclair will be approved if:

- **Recipient is under the age of 6.**

New Business:

A. PA Criteria:

i. Preferred ADHD drugs were not available for discussion at this meeting. Draft criteria have not been changed since the last discussion in May 2007. There was some discussion regarding other legitimate uses for stimulants in neurology. The Board also recalled from previous discussions that Metadate CD was not considered to be truly long-acting and that the generic sustained release amphetamine-type products did not last long enough to go all day. Concerta and Adderall XR were previously discussed as truly once daily formulations. It was stated that anyone over 16 years of age can use the generic as the mid-day school dosing is the major concern. Further discussion was tabled until January 2009 when preferred medications will be presented.

B. A list of the current maintenance medications were presented for review. Maintenance medications can be filled for a 90 day supply instead of the standard 34. The Board agreed that proton pump inhibitors should be added to this list.

C. The Board reviewed a draft of proposed narcotic limits. The Board felt that if we limit one, recipients will end up using two, three or four different agents to fit their needs. There is an article by Jane Ballantyne (NEJM, 2003) which indicates that doses above a morphine equivalent of 200 mg have not been adequately studied. Additional data indicates that very high doses of narcotics are harmful. There was significant conversation regarding the issues in Wyoming and the Board agrees that it is very frustrating. However, it is difficult to determine from claims data whether or not a patient is legitimately using narcotics and whether their pain is adequately controlled. The Board agreed that the following limits were reasonable:

Claims for the following will require prior authorization:

- **Acetaminophen doses greater than 4 grams per day (for all acetaminophen-containing products)**
- **Ibuprofen doses greater than 3200 mg of ibuprofen per day (for all ibuprofen-containing products)**
- **More than one butorphanol nasal inhaler per month**
- **Any narcotic utilization in combination with buprenorphine**
- **More than sixty pentazocine/naloxone tablets per month**
- **Fentanyl patches applied more frequently than every 72 hours**
- **Marinol doses above 20 mg per day and for diagnoses except for AIDS and cancer**

D. Cymbalta utilization was reviewed. There is a significant amount of utilization at the 120 mg dose despite a lack of evidence of efficacy of doses greater than 60 mg and some evidence indicating that adverse events increase with doses greater than 60 mg. Dr. Robinett gave an overview of the PAB discussion concerning this issue. The PAB recommends the following criteria:

Claims for Cymbalta will require prior authorization for:

- **Initial doses greater than 60 mg**
- **Doses of 120 mg and higher**

Lilly provided comment indicating that the patients who receive Cymbalta in Wyoming are more likely to be treatment-resistant due to the step therapy which is already in place.

Data available is for initial users of the drugs and does not consider patients who have already failed three other drugs. Wyoming Medicaid may be self-selecting treatment-resistant patients in the Cymbalta group.

The Board approved the draft criteria listed above to be released for public comment.

E. The prior authorization criteria for celecoxib were reviewed to ensure it remained clinically up to date. The Board did not request any changes.

Open Comments:

A. Leslie Murtagh, a local nurse practitioner, asked about the ADHD process and whether Strattera will be preferred. The PDLAC did request Strattera as it is the only available nonstimulant.

B. Steve Babineaux (Lilly) asked if there was a way to monitor the Cymbalta prior authorization. The PA process for all drugs is continuously monitored.

The Board met to review alert revisions, provider responses and patient profiles. The meeting adjourned at 3:00 p.m.

Respectfully submitted,

Aimee Lewis
WYDUR Manager