

WYDUR Board Meeting Minutes
Thursday, March 27, 2008
Laramie, Wyoming
11 a.m. – 3 p.m.

Members present: Becky Drnas, Joe Farrell, Bill Harrison, Scott Johnston, Tonja Woods, Dean Winsch

Members excused: Steen Goddik, Kurt Hopfensperger, Richard Johnson, Bill Keenan, Kevin Robinett

By phone: Roxanne Homar; Donna Artery

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

Guests: Michael Dunn (Pfizer), Jamison Liggett (Pfizer), Don McCaffrey (TAP), Ron Linfield (Schering), Jordan Clapp (GlaxoSmithKline), Randy Hodgdon (GlaxoSmithKline), Tony Mochan (Abbott), Allison Malesky (Teva Specialty), Randy Owens (BMS), Shane Hartson (Lilly), Joan Solem (Lilly), Kerry McNutt (Pfizer), Anne Thorpen (GlaxoSmithKline), Bryanne Meyers (UW Pharmacy student), Jessica Meyer (UW Pharmacy student), Sean Averill (UW Pharmacy student)

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

Introductions were made. There were no announcements.

Minutes of January 2008

The minutes of the January 31, 2008 meeting were approved as presented.

Department of Health

A. State pharmacist report: No bills were discussed at the 2008 legislative session that will significantly affect the Medicaid Pharmacy Program. A bill regarding doctor shopping was passed. The pharmacy program was fully funded by the legislature. A significant amount of the pharmacy budget was given back to the Medicaid budget due to efficient utilization of pharmacy funds.

B. Pharmacy Program Manager Report (given by Aimee in Antoinette's absence): The tamper-resistant policy will be implemented April 1. Information is available on the Department of Health website. Information on combination drugs was provided. It was determined that combination drugs do not pose a problem due to limited utilization and/or similar cost to the individual products.

C. Psychiatry Advisory Board Report (given by Aimee): The psychiatrists made a few recommendations during their last call:

- Add unspecified mood disorders (296.9x) to the criteria for lamotrigine and oxcarbazepine. (This is simply a housekeeping issue to clean up the current criteria.)
- Delete major depressive disorders (296.2 and 296.3) for lamotrigine and oxcarbazepine. (This is another housekeeping issue to clean up the current criteria.)
- Add diagnosis of schizoaffective disorder (but not schizophrenia) to lamotrigine only.

It was moved, seconded and all were in favor of accepting all three recommendations for the antiepileptic agents.

Old Business

A. DDAVP utilization: Information was provided on the utilization of desmopressin. It was determined that a targeted education letter would be sent regarding the use of the nasal spray for nocturnal enuresis. In addition, letters will be sent to providers whose patients are taking lithium as this may cause diabetes insipidous.

New Business:

A. PA Criteria:

- i. Changes to antiepileptic criteria concerning mood disorders: This was handled above under the Psychiatry Advisory Board report.
- ii. Changes to the insomnia preferred agents: For supplemental rebate to be most effective, GHS has recommended that the Medicaid pharmacy program consider changing the preferred agents to zolpidem alone, or zolpidem plus Lunesta. Dr. Johnston mentioned that while Sonata has its place in therapy, there probably isn't a lot of utilization as most people will need a longer acting agent. The program may be better served by having Lunesta. The others agreed with adding Lunesta and removing Sonata from the preferred agents.
- iii. The quantity limits for zolpidem (currently 15 per 30 days) will be removed when the preferred drug list policy is implemented.

B. Protonix suspension: Since brand name Protonix is no longer the preferred agent, the suspension formulation will be placed on prior authorization until pricing information is available. Currently, Prevacid liquid and soltabs are available for children under 8 years old and those with swallowing difficulties.

C. Soma 250 mg will be placed on prior authorization under the skeletal muscle relaxant criteria when it is available.

D. Asthma review: This was tabled until the May meeting.

E. Zoladex and Lupron for endometriosis: A local provider has asked that we consider adding these two medications for the use of endometriosis. The Board asked that the provider submit some evidence (including his personal experience) supporting the use of these medications for the indication.

F. Baclofen: It was requested that baclofen be placed on preferred status as it is an antispasmodic as opposed to a skeletal muscle relaxant. The Board was supportive of this request.

G. Promethazine use in kids over 24 months: A local provider requested that promethazine be made available for kids over 24 months as he often uses it following tonsillectomy. The Board felt that this should be handled on a case by case basis through the PA system. As tonsillectomy is typically an elective procedure, it was suggested that the request could be submitted prior to the surgery to ensure availability when needed.

Other:

A. The Board requested that the criteria concerning the drug interaction between birth control and antibiotics be deleted. Also that the maximum dose for sertraline be increased to 300 mg per day.

B. The Board approved the public comment policy effective immediately.

Open comments

There were no open comments.

The Board met to review alert revisions, provider responses and patient profiles. The meeting adjourned at 1:20 p.m.

Respectfully submitted,

Aimee Lewis
WYDUR Manager