

WYDUR Board Meeting Minutes  
Thursday, May 29, 2008  
Casper, Wyoming  
11 a.m. – 3 p.m.

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

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

Guests: Don McCaffrey (TAP), Felicia Fuller (Biogenidec), Rob Byron (Merck), Lori Howarth (Bayer), Bert Jones (GSK), Richard Leslie (Wyoming Epilepsy), Michael Dunn (Pfizer), Amand Beref (TAP), Camille Kern (Allergan), Tim Hynek (Lilly), Pierre Thoumosin (Amgen)

Dr. Harrison called the meeting to order at 11:03 a.m.

Introductions were made. There were no announcements.

Minutes of March 2008

The minutes of the March 27, 2008 meeting were approved as presented.

Department of Health

A. State pharmacist report: No report

B. Pharmacy Program Manager Report: The tamper-resistant policy will be amended to reflect a change in the requirement to write out quantities on non-controlled substance prescriptions.

Donna gave an update on “me-too” drugs. Utilization is being monitored to determine if policy needs to be created. The Medicaid Preferred Drug List is available free of charge through Epocrates. Instructions for use are available on the DUR and Department of Health websites.

C. Psychiatry Advisory Board Report: Aimee presented the minutes from the last PAB call. The psychiatrists reviewed and made recommendations regarding the use of Seroquel XR. Dr. Robinett suggested that the DUR Board consider postponing actions until after the review of the antipsychotic class of drugs in October.

Old Business

A. Newly approved medications: Not a lot of utilization of the drugs reviewed by Donna (above). Current policy is to place a new drug on prior authorization if it is part of a class that is on the preferred drug list until further evidence can be reviewed by the Preferred Drug List Advisory Committee.

B. Gonadotropin discussion: Growth hormone products currently require prior authorization for those aged 18 and older. Dr. Shamley submitted a request for reconsideration of Lupron and Zoladex for endometriosis. A list of all approved indications for the class of drugs was provided for review. A motion was made to

approve all drugs in the class for labeled indications with the exception of those prohibited by law (fertility-related). The move was seconded and all in favor.

C. Insomnia criteria: The criteria were presented for approval again due to a change in preferred medications at the March 2008 meeting. It was recommended that dosing limits (150% of labeled maximum) be placed as well as restrictions on concurrent utilization of sleep agents. A motion was made and seconded to approve the criteria with the above changes. All were in favor.

#### New Business:

A. Mandatory generic policy (Trileptal and Zonegran): Dr. Wheeler requested exemption of Trileptal and Zonegran due to adverse effects with conversion to generic with these agents. Richard Leslie (Wyoming Epilepsy Association) made public comment and requested that all anticonvulsants being used for seizure be exempt from the mandatory generic policy. The Board asked for data supporting his request. Richard indicated that he will provide information at the next meeting.

Dr. Hopfensperger indicated that this is an emotionally charged issue. There is no rationale for starting a patient on a brand name (with a generic equivalent) if the patient has not been on the drug before. If there was an increased risk of allergic reaction, it would be seen in other populations who use the medications as well. If the epileptic is stable on brand name, there is a possibility that seizures could occur due to bioavailability variance in generics. Dr. Hopfensperger recommended exemption of epileptics who are currently on brand name medications.

Dr. Robinett and Dr. Goddik agreed with this assessment. They have not seen problems in psychiatric use of the generic agents.

A final decision will be held until additional data can be provided. Appeals for brand name anticonvulsants with multi-source generics will be approved for clients with a diagnosis of epilepsy who have a history of brand name use.

B. Potential new policy for marketing of off-label drugs: Aimee provided an article regarding the potential for FDA action allowing off-label marketing of drugs.

C. Aricept: An update on Aricept utilization in pediatrics was provided. Utilization has not changed significantly since the last review. Dr. Hopfensperger indicated that there is no long-term safety data available for the medication. There is some evidence for use in neurologic or quasi-neurologic states, such as post-head injury and MS. Dr. Robinett suggested that if they are being used for psychiatric conditions, it would be appropriate for the Psychiatrist Advisory Board to review the issue.

D. Suboxone utilization: Utilization of Suboxone was reviewed. At this time most utilization is supported by diagnosis.

E. Seroquel XR: Discussed previously.

F. Invega (revisit criteria): The current policy denies Invega dosages > 9mg or one tablet per day. The maximum dose per the prescribing information is 12 mg. At higher doses, the side effect profile approaches that of a typical antipsychotic such as haloperidol. The pharmacokinetics of the medication do not support more than once daily dosing. It was moved and seconded that those currently on 12 mg be grandfathered. All were in favor. It was recommended that no change be made to the current policy. This class of drugs will be reviewed by the PDLAC in October. .

Open comments

There were no open comments.

The Board met to review alert revisions, provider responses and patient profiles. The meeting adjourned at 1:30 p.m.

Respectfully submitted,

Aimee Lewis  
WYDUR Manager