

WYDUR Board Meeting Minutes
Thursday, July 17, 2008
Cheyenne, 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, Tonja Woods, Dean Winsch

Excused: Joe Farrell

Ex-officio: Donna Artery, Antoinette Brown, Melissa Hunter, Roxanne Homar, James Bush, Joe Horam

Guests: Bert Jones (GSK), Riley O'Neil (GSK), Terry Ahlers (Pfizer), Tim Hynek (Lilly), Kriten Dial (Lilly), John Rembold (Pfizer), Terri Craig (Pfizer), James Gaustad (Purdue), Kendra Prince (Purdue), Ranky Hodgou (GSK), Mark Russell (SOP student), Mitch (SOP student), Dr. Lauren Biczack (GHS), Katie Powell (CRMC resident), Kim Nicholas (medical student)

Dr. Harrison called the meeting to order at 11:05 a.m.

Aimee announced that Dr. Joe Horam will be joining the DUR Board in the role of pediatric consultant.

Introductions were made.

Minutes of May 2008

The minutes of the May 29, 2008 meeting were approved as presented.

Department of Health

A. State pharmacist report: No report

B. Pharmacy Program Manager Report: The antidepressant step therapy will be implemented in the claims system on August 1st. The RFP for MMIS/pharmacy/dental was completed. Goold Health Systems (GHS) was selected for the pharmacy claims processor. ACS will continue to do the MMIS and dental portions. Once the contract is complete, the transition to GHS will begin and is expected to be complete around February 2009. CMS has instructed the state that no new systems changes can be made until the transition is complete. This means that any policies approved by the DUR Board will not be implemented until approximately February 2009.

C. Psychiatry Advisory Board Report: During its last call, the PAB discussed the use of multiple antipsychotic medications concurrently. Future topics include use of psychostimulants in the very young (under age 5) and use of cholinesterase inhibitors in children.

Old Business

A. Mandatory generic policy: The Board reiterated that there is no reason to start a patient on a Brand name. However, it is appropriate to allow continued use of brand name

medications at the request of the prescriber. A policy will be drafted for approval at the next meeting. Supporting evidence will be requested from Dr. Wheeler and the Epilepsy Association.

New Business:

- A. PA Criteria: Aimee gave a brief summary of the PDLAC recommendation regarding triptans. The preferred medications will be Imitrex (all forms), Maxalt and Maxalt MLT. Dr. Hopfensperger indicated that there is some rationale for using the longer acting triptan medications, Frova and Amerge, in those with menstrual migraine and migraines of long duration. However, he felt that these cases would be easily managed through the prior authorization process. Antoinette provided examples of other states' criteria. It was determined that the current quantity limits should remain for the class. The Board would like to review utilization of the triptans between the labeled maximum dose and the quantity limits (currently set at 150% of labeled maximum). A draft of the prior authorization criteria will be provided for approval in September.

Aimee gave a brief summary of the PDLAC recommendation regarding angiotensin II receptor blockers. The preferred medications will be Cozaar, Diovan, Benicar, Micardis and Avapro. The existing requirement of failure of an ACE inhibitor prior to use of an ARB will remain in place. All preferred medications must be tried and failed before use of a non-preferred will be approved. Those currently on non-preferred medications will be grandfathered.

Aimee gave a brief overview of PDLAC recommendation regarding the long acting opioids. The existing preferred medication is morphine sulfate. It was recommended that Brand name Duragesic be added. There was extensive discussion regarding the effect on pharmacies of stocking the brand name medication. This discussion will continue at the meeting in September.

The use of Zanaflex capsules was discussed. There is no evidence that these work differently from the Zanaflex tablets or generic version, however they are significantly higher priced. Prior authorization will be required for the use of Zanaflex capsules. The motion was made, seconded and all were in favor.

- B. Asthma Review: Dr. Johnston provided an update to the asthma review that was done several years ago. There was an improvement over the last review, however, approximately 1/3 of patients had less than optimal care (not meeting existing guidelines). Dr. Bush will check with APS regarding case management in the asthmatic population.
- C. Smoking Cessation: Antoinette and Aimee have been working with Terri Craig (Pfizer) on methods to evaluate the effectiveness of smoking cessation coverage. A provider survey was provided for review. Dr. Bush ask that the issue be tabled so he can discuss some options for collaboration with APS Healthcare.
- D. Cymbalta for fibromyalgia: Kristen (Lilly) gave an overview of Cymbalta and its use for fibromyalgia. Dr Hopfensperger mentioned that when pregabalin was approved, anticonvulsants were not routinely used for fibromyalgia, so this was a novel treatment.

However, antidepressants have been used commonly for this condition for quite some time, so this is not a novel treatment option. Dr. Johnston indicated that the majority of evidence in fibromyalgia is in amitriptyline and cyclobenzaprine. There is also a potential for QT interval prolongation with both drugs which may be concerning when used in high doses together. The Board will have further discussion regarding a general approach to new FDA approved indications.

Other:

- A. Overview of Supplemental Rebate program: The Office of Pharmacy Services has joined the Sovereign States Drug Consortium (SSDC) which is a pool of states joining together for the purpose of negotiating supplemental rebates from pharmaceutical manufacturers. Goold Health Systems (GHS) is the vendor who was selected to manage the program for the SSDC. Dr. Laureen Biczak gave an overview of the supplemental rebate program. GHS has a clinical team who works on the supplemental rebate program, so everything is clinical first. With the SSDC, states maintain complete flexibility in their PDL development. Slides are available upon request.

Aimee reminded the Board that the supplemental rebate program will not affect the current PDL process, which uses evidence as its base, followed by cost when appropriate.

The Board asked that reports be made on a regular basis regarding the cost of managing the program vs. savings generated. Dr. Biczak said that the costs are generally small relative to the savings and GHS can definitely provide aggregate savings data for the Board.

- B. Annual report: A portion of the CMS annual report including Board activities and Program Evaluation/Cost Savings were provided to the Board.

Open comments

There were no open comments.

The Board met for their annual planning meeting. The meeting adjourned at 3:00 p.m.

Respectfully submitted,

Aimee Lewis
WYDUR Manager