

WYDUR Board Meeting Minutes
Thursday, September 25, 2008
Laramie, Wyoming
11 a.m. – 3 p.m.

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

By phone: Scott Johnston

Excused: Tonja Woods

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

Guests: Laureen Biczak (by phone), Pam Sardo (Abbott), Marty Daniels (Merck), Christy Wilson (Pharmacy resident CRMC), Jessica Perez (WDH), Kimberly Rogers (WDH), John Stockton (Genentech), Jeff Himmelberg (GSK), Riley O'Neil (GSK), Tim Hynek (Lilly), Joann Ginal (BMS), Mike Dunn (Pfizer), Jim Liggett (Pfizer), Terri Craig (Pfizer)

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

There were no announcements.

Introductions were made.

Minutes of May 2008

The minutes of the July 17, 2008 meeting were approved as presented.

Department of Health

- A. State pharmacist report: No report
- B. Pharmacy Program Manager Report: No report
- C. Psychiatry Advisory Board Report: No report

Old Business

A. PA Criteria:

i. The Board reviewed utilization of more than one triptan medication as well as high dose triptans. There was no utilization of two or more triptans. The majority of high dose triptan use is with Imitrex 100 mg. The Board approved the draft criteria as submitted.

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.**

The criteria will now be released for public comment.

ii. The Board approved the draft ARB criteria as submitted. It will be released for public comment.

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.

B. New drugs/modified formulations policy. The Board approved the policy as submitted.

Following introduction to the market, new drugs, new formulations of existing drugs and new indications will require prior authorization until published literature is available through standard literature review processes. Exceptions to this rule will be handled on a case by case basis.

C. Anticonvulsants (generic mandatory policy). The Board heard public comment from Pam Sardo (Abbott) regarding a couple of studies submitted for review. These articles show that there is an increased risk of injury and breakthrough seizures when switching between brand and generic. The risk was not different for switching from brand to generic or from generic to brand. The Board approved the policy as submitted.

Continued use of a brand name anticonvulsant following introduction of a generic version will be allowed if the recipient has an epilepsy diagnosis and has been on the brand name in the previous year. If the recipient has not been on the brand name within the previous year, the generic mandatory policy will be enforced (requiring efficacy trial of generic or documentation of adverse effect from generic formulation).

D. Brand name preferred when generic available. Bill Keenan provided an overview of feedback he has collected from pharmacies regarding this issue. The particular concerns include:

- Increased Crime Risk (with narcotic agents)
- Higher carrying cost to pharmacy
- Potential for decreased incentive payments
- Potential for lower profit margins with Brand names
- Need to educate the public on the difference in Medicaid costs

This issue will be considered by the Department of Health and brought back for discussion in November.

New Business:

A. PA Criteria (need for criteria): The Board reviewed an evidence summary for cosmetic products containing Versa Foam. A letter will be sent to dermatologists and prescribers of these agents to determine if there is any clinical experience that does not support prior authorization of these products.

B. PPI Liquid formulations: Tabled until November

C. The Board reviewed an evidence summary for the use of Atopiclair. Atopiclair is approved as a medical device, not a drug, so should be sent through the Durable Medical Equipment (DME) program. The Department of Health will research the feasibility and impact of moving this product out of the pharmacy program. Aimee will research why this product is not approved as a drug. Further discussion will occur in November.

Other:

A. Kim Rogers gave an overview of the Pain Commission.

B. 2009 meeting dates were reviewed with no current conflicts.

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