

WYDUR Board Meeting Minutes
Thursday, January 29, 2009
Cheyenne, Wyoming
11 a.m. – 3 p.m.

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

By phone: Becky Drnas

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

Guests: Pam Sardo (Abbott), Tony Molchan (Abbot)t, Robb Host (Cephalon), Art Korsel (Sepracor), Dyan Alexander (AstraZeneca), Michael Dunn (Pfizer), Terri Craig (Pfizer), L. Bryan Baccardi (Pfizer), Don McCaffrey (Takeda), Roy Lindfield (Schering), Nathan Wood (Schering), Jay Liggott (Pfizer), Konnie McNutt (Pfizer), Janette Collins (SoP student), Olalekan Ajayi (SoP student), Amber Grogan (SoP student), Paul Geu (SoP student), Lefe Ellerbeck (SoP student)

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

There were no announcements.

Introductions were made.

Minutes of November 2008

The minutes of the November 20, 2008 meeting were approved as presented.

Department of Health

A. State pharmacist report: Senate File 106 adds resources to the current medication donation program and adds a medication disposal component. House Bill 164, regarding prescription drug fraud, makes it a felony to forge a controlled substance prescription. Both bills are being monitored as they move through the process.

B. Pharmacy Program Manager Report: The focus in the Department is the transition to GHS. It is still scheduled to go-live on April 1. On March 31, claims will not be able to be processed and the help desk will not be available. Service should be much better and faster after the transition takes place.

C. Psychiatry Advisory Board Report: The use of antipsychotics in children was reviewed on the last call. There are 11 children under age 5 receiving antipsychotics. Based on the limited use in this age group, it is not felt that prior authorization or limits are necessary at this time. An informal survey will be conducted to get a better perspective on use in preschoolers. Representatives from the Mental Health and Substance Abuse Division provided some information regarding their current activities. The next group to be reviewed will be children under age 10. Data to be reviewed will include diagnosis, doses, and multiple concurrent use.

Old Business

A. PA Criteria:

1. The Board reviewed public comment submitted regarding the proposed narcotic limits. It was agreed that with the variety of dosage combinations available on the market, patients should be able to achieve the desired narcotic dose without routinely exceeding dosing limits on acetaminophen and ibuprofen. It was also agreed that the number of patients failing other appetite stimulants and requiring Marinol is quite small and can be reasonably handled through the prior authorization process. There was a motion, second and all were in favor of approving the criteria as published.

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**

2. The Board reviewed public comment regarding the proposed Cymbalta criteria. Doses of 120 mg have been studied, however, they have not shown to be more effective than doses of 60 mg in the included populations. There was a motion, second, and all were in favor of approving the criteria as published.

Claims for Cymbalta will require prior authorization for:

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

3. There was no public comment regarding Versa Foam. There was a motion, second, and all were in favor of approving the criteria as published.

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**

4. There was no public comment regarding Atopiclair. There was a motion, second, and all were in favor of approving the criteria as published.

Claims for Atopiclair will be approved if:

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

New Business:

A. PA Criteria:

1. The preferred medications for the ADHD class will be Adderall XR, amphetamine salts combination, dextroamphetamine, Vyvanse, Concerta, Focalin XR, dexamethylphenidate, methylphenidate, methylphenidate ER, and Strattera. The draft criteria were reviewed. Additional information was requested for further discussion in March.

2. Trilipix was reviewed under the new drug policy. A Medline search was conducted January 24, 2009, revealing no head to head studies. Pam Sardo (Abbott) provided public comment. Trilipix is unique as it is indicated as combination therapy with statins. It also has fewer drug interactions than other fibrates and has not caused rhabdomyolysis. This may address an unmet need. Studies in combination with statins included more than 2600 patients. All primary endpoints were met. The FDA required looking at Trilipix with statins compared to high dose statin monotherapy.

The Board felt that the issue with using other fibrates with statins occurs at higher statin doses. The Trilipix studies failed to look at the drug in combination with high dose statins, which is often how fibrates are used in practice.

There was a motion, second and all were in favor of requiring a prior authorization on Trilipix until additional safety information is available.

3. The discussion regarding Alvesco was tabled as it will be reviewed by the Preferred Drug List Advisory Committee in February.

4. It was proposed that Vytorin require a prior authorization in favor of the use of simvastatin and ezetimibe (Zetia). _____ (Schering-Plough) provided public comment. Vytorin patients are much more likely to see a decrease of more than 50% LDL and are also more likely to reach an LDL goal of <70. The Board asked that further information regarding the cost implications be provided in closed session. Following this discussion, the Board agreed that it was reasonable to require use of the two separate agents prior to the combination product.

5. Effective 4/1/09, the preferred proton pump inhibitors will be Protonix, Prilosec OTC and Prevacid. Due to the expansion of preferred agents, the criteria will be simplified to require only trial and failure of preferred agents. It was moved, seconded and all were in favor of approving this change.

6. Effective 4/1/09, the preferred agents for NSAIDs will include diclofenac, etodolac IR, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketorolac, naproxen, oxaprozin, sulindac, ketoprofen, meclofenamate, mefenamic acid, nabumetone, and tolmetin. As a result, the criteria will be simplified to require only trial and failure of two preferred agents. All quantity limits and clinical edits for individual agents will remain in place. It was moved, seconded and all were in favor of approving this change.

7. Effective 4/1/09, the preferred ace inhibitors will be benazepril, captopril, enalapril, fosinopril, lisinopril, quinapril, ramipril, andtrandolapril. All HCTZ combination products of these agents will also be preferred. As a result, the criteria will be simplified to require only trial and failure of a preferred agent. It was moved, seconded and all were in favor of approving this change.

8. Effective 4/1/09, all calcium channel blockers will be preferred. There will no longer be any prior authorization criteria on these agents.

9. Effective 4/1/09, the preferred agents for the insomnia agents will be zolpidem IR, zaleplon and Lunesta. No change to prior authorization criteria is necessary.

10. Effective 4/1/09, the preferred antihistamines will be cetirizine, cetirizine/pseudoephedrine, fexofenadine, loratadine, and loratadine/pseudoephedrine. As a result, the criteria will be simplified to require only trial and failure of a preferred agent. It was moved, seconded and all were in favor of approving this change.

11. Effective 4/1/09, the preferred statins will be Lescol, Lescol XL, pravastatin, lovastatin, simvastatin and Lipitor. As a result, the criteria will be simplified to require only trial and failure of a preferred agent. It was moved, seconded and all were in favor of approving this change.

12. Effective 4/1/09, the preferred triptans will be sumatriptan, Maxalt, Maxalt MLT, and Relpax. No change to prior authorization criteria is necessary.

13. Effective 4/1/09, the preferred overactive bladder agents will be Detrol LA, oxybutynin, oxybutynin ER, Enablex, Sanctura, Sanctura XR and Vesicare. As a result, prior authorization criteria will be simplified to include trial and failure of preferred agents or difficulty swallowing. It was moved, seconded and all were in favor of approving this change.

B. The current policy regarding prior authorization in pediatrics was reviewed. Currently, criteria are only applied in drug classes in which pediatric evidence has been reviewed. However, many drugs are used in the pediatrics based on evidence in the adult population. Therefore, it seems reasonable to apply the same prior authorization in pediatric and adult populations with necessary allowances for children.

C. The Board reviewed proposed criteria for somatotropin agents. Terri Craig (Pfizer) mentioned that the Pfizer product Genotropin has a patient support program called Bridges which she could research and provide information on. The Board approved the following proposed criteria to be released for public comment.

**Proposed criteria for Somatotropin
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All somatotropin agents:

- **Prior authorization is required for use outside of FDA-approved indications.**
- **Evaluation by an endocrinologist is preferred.**
- **Clinical evidence of improved growth will be required on a yearly basis to support ongoing utilization.**
- **Clinical evidence of need for growth hormone will be required for adult growth hormone deficiency and pediatric growth failure due to inadequate endogenous growth hormone.**

Preferred agents: Genotropin and Nutropin

Trial and failure of a preferred agent will be required for the following indications:

Pediatric: Growth failure due to inadequate endogenous growth hormone, Prader-Willi syndrome, children born small for gestation. Turner syndrome,

idiopathic short stature, short stature homeobox-containing gene

Adult: Replacement for those with growth hormone deficiency

D. A local practitioner requested that the policy for coverage of vitamins used to treat ocular disorders be reviewed. Currently, only prenatal vitamins, calcium and iron supplements are covered for adults. Donna Artery provided information regarding these agents for review. Further discussion will occur in March.

Other:

Dr. Goddik noted that the Invega criteria has been updated to allow up to 12 mg per day, however, it is restricted to one tablet per day. It is not possible to take 12 mg without taking two tablets. It was moved, seconded and all were in favor of removing the limit of one tablet per day to allow for up to 12 mg per day of Invega.

Open Comments:

There were no additional comments.

The Board met to review alert revisions, provider responses and patient profiles. The meeting adjourned at 2:30 p.m.

Respectfully submitted,

Aimee Lewis
WYDUR Manager