

WYDUR Board Meeting Minutes  
Thursday, March 26, 2009  
Via phone due to inclement weather  
11 a.m. – 3 p.m.

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

Excused: Joe Farrell

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

Guests: Krista Tafoya, SoP student; Wendy Pollard, SoP student, Jeff Fetters, Takeda

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

Introductions were made.

Aimee announced that Dr. Harrison has unfortunately resigned from the Board. As a result a new Chair needs to be elected.

Dr. Hopfensperger was nominated and unanimously voted in as the new Chair.

Minutes of January 2009

The minutes of the January 29, 2009 meeting were approved as presented.

Department of Health

A. State pharmacist report: House Bill 164 passed the legislature which put the felony charge back in statute for fraud and diversion of controlled substances. Senate File 106 added a disposal component to the medication donation program, added just over \$128,000 and a full-time pharmacy technician position. The Cheyenne location has been very successful. The 2008 retail value of dispensed medication was over \$252,000. Donated medications for the year totaled more than \$442,000. House Bill 294 provided \$80,000 funding to create an online portal for the Prescription Drug Monitoring Program. The Board of Pharmacy is looking for additional grant funding, which may be available through the Division of Criminal Investigation's economic stimulus funding.

B. Pharmacy Program Manager Report: The transition of claims processing from ACS to GHS has been postponed until further notice due to difficulties with communication between the two systems.

C. Psychiatry Advisory Board Report: The Board continues to review use of atypical antipsychotics in children. On the last call, use in the 5 – 9 age range was reviewed including duplicate therapy, diagnosis, high dose. Dr. Robinett asked for feedback about the process so far. Dr. Horam indicated a need to continue monitoring for adverse effects including extrapyramidal symptoms. He sees some weight gain with these agents, but has not yet seen Type 2 diabetes. Dr. Goddik indicated that a six month report on height and weight would be appropriate in these patients. It was suggested that there be a mechanism of payment to physicians who collect and provide this information. Dr. Hopfensperger indicated that he sees more and more movement disorders and he supports continued observation of utilization. No limits on antipsychotic medications are suggested by the PAB

at this point. Dr. Robinett mentioned that it is unknown what psychotropics do to the developing brain. Dr. Horam agreed and said the environmental (home, school, etc) impact of using these drugs in children is also unknown. A telemedicine bill was just passed which may provide a resource for non-psychiatrists who are treating these patients. Again, it was suggested that a method of payment be developed for this. Dr. Johnston indicated that the School Districts collect data in the schools. There may be a way to integrate this information with Medicaid data. He is going to contact the School Board in Campbell County and the State Superintendent of Schools.

### Old Business

#### A. PA Criteria:

1. The Board reviewed public comment regarding the proposed growth hormone criteria. There was an error in the initial draft: "Short stature homeobox-containing gene" should be replaced with "growth associated with renal insufficiency". There was a motion and second to approve the criteria with the above change. All were in favor.

### **Final criteria for Somatotropin**

#### **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, growth failure associated with renal insufficiency**

**Adult: Replacement for those with growth hormone deficiency**

2. The Board reviewed utilization of ADHD medications in children under the age of six. Dr. Goddik was pleased with the higher utilization of Strattera as it does not have the potential to slow growth. There was discussion about why children under five are diagnosed and prescribed these medications. Dr. Horam indicated that it is the exception to treat children under five. It is often related to successful treatment in a sibling or young children who tend to be risk takers on top of ADHD symptoms (it is a safety issue). A psychiatry consult may be beneficial in these children. Also, a height/weight log should be kept to monitor growth. The proposed criteria were changed to require prior authorization in children under the age of five.

Utilization of greater than one Strattera daily was reviewed. Utilization more than once daily is reasonably done to decrease side effects or to reach a dose that is not otherwise

attainable. The half-life is long enough that it does not need to be given more than once daily otherwise. The criteria will be changed to include a limit of one Strattera per day.

There was a motion, second and all were in favor of releasing the criteria for public comment.

**Client must have a diagnosis for ADD or ADHD**

**Client must be five years old**

**Claims will require prior authorization if clients have a history of the following:**

**Arteriosclerosis (Amphetamine products only)**  
**Cardiac Arrhythmias**  
**Glaucoma**  
**Untreated hyperthyroidism**  
**Untreated hypertension**  
**Substance abuse (specific to cocaine and amphetamines)**  
**MAO inhibitor use, within the last 14 days**

**Clients with a diagnosis related to swallowing difficulty may receive a non-preferred available in an appropriate dosage form.**

**The following dose-related limits will also apply (150% of labeled max):**

<b>Amphetamine salts (including Adderall)</b>	<b>90 mg/day</b>
<b>Adderall XR</b>	<b>45 mg/day</b>
<b>Concerta</b>	<b>135 mg/day</b>
<b>d-amphetamine SA</b>	<b>45 mg/day</b>
<b>d-amphetamine</b>	<b>90 mg/day</b>
<b>Daytrana</b>	<b>45 mg/9 hours</b>
<b>Dexedrine/Dextro-stat</b>	<b>60 mg/day</b>
<b>Focalin/Focalin XR</b>	<b>30 mg/day</b>
<b>Methylphenidate, Methylin, Methylin ER, Ritalin, Ritalin SR</b>	<b>135 mg/day</b>
<b>Ritalin LA</b>	<b>90 mg/day</b>
<b>Strattera</b>	<b>150 mg/day</b>
<b>One tablet per day</b>	
<b>Metadate CD</b>	<b>90 mg/day</b>
<b>Vyvanse</b>	<b>105 mg/day</b>

B. Coverage of vitamins for ocular disorders was tabled until the May meeting.

New Business:

A. PA Criteria:

1. Prior authorization criteria for Trilipix was discussed. The Board felt that a three month trial of gemfibrozil and Tricor is reasonable except for those with a specific contraindication to use. Specific criteria will be presented in May.
2. New products/formulations were reviewed.

i. Uloric is a new agent used to treat gout. The Board felt that it was reasonable to require a three month trial of allopurinol prior to approval of Uloric.

ii. Moxatag is a once daily amoxicillin formulation. The Board feels that this medication should require prior authorization.

iii. Astepro is a new formulation of Astelin nasal spray. A three month trial of Astelin will be required prior to approval of Astepro.

iv. Ryzolt is a new tramadol extended release formulation. The Board asked that Aimee request additional information from Forest regarding this medication.

v. Savella is a new drug approved for fibromyalgia. A review of fibromyalgia agents will be conducted in May.

There was a motion, second and all were in favor of the above recommendations.

B. The PDLAC recommended that education be done regarding appropriate use of Singulair. A newsletter article will be done followed additional targeted education as needed. This should be linked to the National Asthma Guidelines.

Other:

A. A review of the pay for performance was provided.

B. Banzel, a new anticonvulsant, was discussed. It will be included in the existing anticonvulsant criteria which will limit use to its approved indication. Another anticonvulsant, lacosamide, is coming and will also be included in the anticonvulsant policy. Aimee also indicated that Toviaz, a new overactive bladder agent, will be non-preferred until the class is reviewed again.

Open Comments:

There were no additional comments.

The Board met to review alert revisions, provider responses and patient profiles. The meeting adjourned at 12:45 p.m.

Respectfully submitted,

Aimee Lewis  
WYDUR Manager