

WYDUR Board Meeting Minutes
Thursday, July 30, 2009
Cheyenne, WY
11 a.m. – 3 p.m.

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

By phone: Tonja Woods

Excused: Scott Johnston

Ex-officio: Donna Artery, Antoinette Brown, James Bush, Roxanne Homar, Linda Martin

Guests: Dr. Danae Stampfli, Robb Host (Cephalon), Pam Sardo (Abbott), Tony Molchon (Abbot), Joe Hansen (Forest), Brad Hamm (Pfizer), Todd Rodehevor (Pfizer), Mike Dunn (Pfizer), Gary Bailey (Forest), Tim Hynek (Lilly), Pat Wiseman (MedImmune), Anne Marie Licos (MedImmune), Tony Lecciso (MedImmune), Joe Riedl (Boehringer Ingelheim), John Stockton (Genentech), Don McCaffrey (Takeda)

Dr. Hopfensperger called the meeting to order at 11:07 a.m.

Introductions were made.

Minutes of May 2009

The minutes of the March 28, 2009 meeting were approved as presented.

Department of Health

A. State pharmacist report: The last Psychiatry Advisory Board meeting was held in June at the Wyoming Medical Society meeting. At this meeting, the group approved a mental health management framework which is based on an example provided by Washington. The Board continues to look at outliers, specifically too young, too many and too high doses. The Department of Health will hire a child psychiatrist to help with profile reviews and with the legal process involved in placement of children in residential treatment centers. The group also agreed that access to psychiatrists through a phone line would be beneficial for primary care providers who are treating difficult patients. The Department has discussed this type of support line for adults with the State Hospital.

The Mental Health and Substance Abuse Division has a contract with TA Ranch to provide some education elements. They have contacted Aimee and she will work with them to ensure that DUR policies are accurately represented in presentations.

B. Pharmacy Program Manager Report: The switch to GHS was successful. There were, as expected, a few bumps along the way, however they have been fixed, including the softening of some of the DUR edits. ADAP was having some budget issues resulting in some pharmacies not being paid. This problem has been fixed by the Department of Health Fiscal people. A survey will be sent to pharmacies in October to

get feedback on the process with GHS. Pharmacists will also be able to provide input on communication methods. Now communication occurs via blast fax as it goes directly to the pharmacy. Antoinette and Aimee went to Maine to review SSDC rebate offers in June. In September, we will present recommendations for expanded PDL based on these offers.

As a result of the budget issues currently faced by the State, the Medicaid Pharmacy Program has been asked to increase cost containment measures. More information will be brought forward on new initiatives will be presented in the next few meetings.

C. Psychiatry Advisory Board Report: Dr. Robinett echoed the comments provided by Roxanne in the State Pharmacist report.

Old Business

A. PA Criteria:

1. No comments were received on the fibrates. There was a motion, second and all were in favor of approving as written.

Final criteria for fibrates

Preferred: gemfibrozil, Tricor

Non-preferred: Antara, Fenoglide, Lofibra, Triglide

Criteria for approval of non-preferred: 90 day trial of one preferred agent.

2. Comments were reviewed for the new drugs. There was a motion, second and all were in favor of approving as written.

Apriso: Trial and failure of Asacal required.

Eliphos: Trial and failure of Eliphos required.

Ryzolt: Trial and failure of Ultram ER required. Maximum dose limits of 300 mg daily will apply.

3. Comments were reviewed for ophthalmic drugs. There was a motion, second and all were in favor of approving as written.

Ophthalmic Antibiotics

Preferred agents: ciprofloxacin, ofloxacin, Vigamox, Zymar

Non-preferred agents: Azasite, Ciloxan, Ocuflax, Quixin, Iquix

Criteria for approval of non-preferred: Minimum of five day trial of each of preferred agents. Azasite will be approved for pregnancy.

Ophthalmic anti-inflammatories

Preferred agents: Acular/LS/PF, flurbiprofen, diclofenac

Non-preferred agents: Nevanac, Xibrom, Durezol

Criteria for approval of non-preferred: Minimum five day trial of each agent.

Ophthalmic Glaucoma agents

Beta blockers:

Preferred agents: Betaxolol, carteolol, levobunolol, metipranolol, timolol

Non-preferred agents: Betagan, Betimol, Betoptic S, Istalol, Optipranolol, Timoptic

Criteria for approval of non-preferred: 30 day trial of preferred agents. Betoptic S will be approved for those with heart and lung conditions.

Carbonic Anhydrase Inhibitors:

Preferred agents: dorzolamide

Non-preferred agents: Azopt, Trusopt

Criteria for approval of non-preferred: 30 day trial of preferred agents.

Parasympathomimetics:

Preferred agents: Carbachol, isopto carbachol, phospholine iodide, pilocarpine

Non-preferred agents: Isopto Carpine, Pilopine HS

Criteria for approval of non-preferred: 30 day trial of preferred agents.

Sympathomimetics:

Preferred agents: Alphagan P, brimonidine, dipivefrin

Non-preferred agents: Alphagan, Propine

Criteria for approval of non-preferred: 30 day trial of preferred agents.

Combination agents:

Preferred agents: dorzolamide/timolol

Non-preferred agents: Cosopt, Combigan

Criteria for approval of non-preferred: 30 day trial of preferred agents.

4. No comments were received for Asthma/Allergy/COPD drugs. There was a motion, second and all were in favor of approving as written.

Nasal Corticosteroids

Preferred agents: fluticasone, Nasacort AQ, Veramyst

Non-preferred agents: Beconase AQ, flunisolide, Flonase, Nasalide, Nasarel, Nasonex, Rhinocort Aqua

Criteria for approval of non-preferred: 30 day trial of preferred agents. Rhinocort will be approved for pregnancy.

Ophthalmic antihistamines/mast cell stabilizers

Preferred agents: cromolyn, Elestat, ketotifen, Optivar, Pataday, Patanol

Non-preferred agents: Alamast, Alaway, Alocril, Alomide, Alrex, Crolom, Emadine, Opticrom, Zaditor OTC

Criteria for approval of non-preferred: 30 day trial of two preferred agents. Emadine, Alomide and Alocril will be approved for pregnancy. Alomide will be approved for children under age 3.

Asthma agents

Leukotriene Modifiers

Preferred agents: Singulair

Non-preferred agents: Accolate, Zylflo

Criteria for approval of non-preferred: 30 day trial of preferred agent.

Inhaled corticosteroids

Preferred agents: Asmanex, Azmacort, budesonide, Flovent HFA, Flovent diskus, Pulmicort

Non-preferred agents: Aerobid, Aerobid-M, Alvesco, Qvar

Criteria for approval of non-preferred: 30 day trial of preferred agents. Alvesco will be approved for those with a history of oral thrush.

Long-acting bronchodilators:

Preferred agent: Serevent

Non-preferred agent: Foradil

Criteria for approval of non-preferred: 30 day trial of preferred agent.

Corticosteroid/bronchodilator combinations:

Preferred agents: Advair, Advair HFA, Symbicort

Non-preferred agents: None

Short-acting bronchodilators (MDI):

Preferred agents: Maxair, Proair HFA, Ventolin HFA

Non-preferred agents: Alupent, Proventil HFA, Xopenex HFA

Criteria for approval non-preferred: 30 day trial of a preferred agent.

Short-acting bronchodilators (nebulizer solutions):

Preferred agent: albuterol

Non-preferred agents: Accuneb, Brovana, metaproterenol, Perforomist, Proventil, Xopenex

Criteria for approval of non-preferred: 30 day trial of preferred.

Inhaled Anticholinergics

Anticholinergic bronchodilators:

Preferred agents: Atrovent HFA, ipratropium, Spiriva

Non-preferred agents: None

Anticholinergic/Beta agonist combinations:

Preferred agents: albuterol/ipratropium, Combivent

Non-preferred agents: Duoneb

Criteria for approval of non-preferred: 30 day trial of preferred.

5. Comments were reviewed for fibromyalgia criteria. The Board discussed the addition of Lyrica to prior authorization criteria given that current guidelines recommend Lyrica, Cymbalta and Savella as second-line agents after amitriptyline or cyclobenzaprine. The criteria for Cymbalta and Savella will be implemented immediately. The addition of Lyrica will occur after a public comment period. There was a motion, second and all were in favor of approving the criteria as written with the addition of Lyrica. The Board also recommended limiting use of Savella to a diagnosis of fibromyalgia.

The Board discussed utilization of an SSRI with an SNRI. There seems to be little reason to use the two medications concurrently. The Board recommended requiring prior authorization for the combination.

B. Coverage of vitamins for ocular disorders was discussed. Antoinette reviewed the cost of these medications. While they are not excessively expensive, none of the products are considered rebateable under federal guidelines. As the Department is asked to take action to contain costs, it is not reasonable to add coverage of a new class of medications at this time.

New Business:

A. PA Criteria:

1. New products/formulations were reviewed.
 - i. Nucynta: The Board recommended a 14 day trial of another short-acting C-II medication prior to approval.
 - ii. Nuvigil: The Board recommended a 14-day trial of Provigil prior to approval.
 - iii. Multaq: The Board requested that a letter be sent to cardiologists and other prescribers of amiodarone to determine the clinical importance of this new medication.

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

2. Utilization of Relistor was reviewed. Only one client has received this medication in the first half of 2009. Aimee will continue to monitor utilization.

3. Utilization of Nirvam was reviewed. Although utilization is fairly low at this time, the cost difference between Niravam and other forms of alprazolam is very significant. The Board recommended prior authorization for the use of Niravam. A letter will be sent to current prescribers requesting that they switch to another form of alprazolam. There was a motion, second and all were in favor.

B. The use of mirtazapine in children under the age of 15 was reviewed. The Board requested that the placement of mirtazapine in the step therapy be re-evaluated. Cost will be evaluated and discussed in September.

C. A provider letter was submitted requesting reconsideration of the placement of Lexapro in the step therapy in light of its new indication for adolescents. Forest provided comments on the new indication in addition to information in a recent publication which indicated that Lexapro stands out from other antidepressants. The Board felt that it would be reasonable to allow Lexapro first-line for this age group (12 – 17 year olds). Lexapro will remain on Step 3 for all other age groups. There was a motion, second and all were in favor.

D. The use of Cymbalta and Lyrica for neuropathy was reviewed. A summary of the current literature was provided. The Board felt that the use of these medications for peripheral neuropathy was reasonable given their positive data in diabetic peripheral neuropathy. The efficacy in central neuropathy, including radicular back pain and that caused by spinal cord injury, is not well-established, so will continue to require prior authorization. There was a motion, second and all were in favor.

The PBM call center has been receiving requests for the use of Cymbalta in patients with depression and pain. The Board did not think it was reasonable to allow Cymbalta first-line for this reason.

E. Use of gabapentin for vasomotor symptoms was reviewed. A summary of the current literature was provided. The Board felt that there was reasonable data to support these symptoms in women with menopausal symptoms with a contraindication to estrogen as well as men with similar symptoms as a result of prostatic cancer.

The use of gabapentin for mood disorders was reviewed in response to a verbal request from a prescriber. A summary of the current literature was provided. The data does not support the use of gabapentin for the diagnosis of mood disorder or bipolar disorder.

F. The use of Synagis was reviewed. Pharmacy claims for Synagis nearly doubled between the 2007 and 2008 RSV seasons. This is partially due to a shift from medical claims. The AAP released new guidelines in the last few weeks. Dr. Danae Stampfli, Pediatrician from Cheyenne, spoke to her clinic's experience with Synagis. She asked that the Board not enforce the new guidelines, specifically the new recommendation allowing treatment of 32 – 35 week babies with a maximum of 3 doses or until 90 days of age. Analysis of utilization shows that administration of Synagis is falling outside of the CDC-defined season (mid-December to mid-March). In addition, the average number of doses is approximately 6.5 as opposed to the maximum of 5 doses recommended in AAP guidelines. The Board recommended requiring prior authorization for doses falling outside of the RSV season (CDC and local surveillance tools will be

used to monitor the start of the season) and for more than five doses per child in any season. There was a motion, second and all were in favor.

Other:

GHS requested clarification on the number of preferred ADHD medications that should be tried before the approval of a non-preferred. Two preferred medications (each from a different class) will be required prior to approval of a non-preferred medication.

As a result of recent FDA warnings on propoxyphene, utilization was reviewed. Approximately 30% of propoxyphene use exceeds the maximum recommended dose. Propoxyphene products will be limited to the maximum dose of propoxyphene or acetaminophen, whichever is lower.

In order to better monitor use of skeletal muscle relaxants and long-acting opioids, when a prior authorization is approved for these medications, any previous prior authorizations will be cancelled. For example, if Duragesic was previously approved, and a new prior authorization for Oxycontin is approved, the Duragesic prior authorization will be cancelled.

Open Comments:

There were no additional comments.

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

During the annual planning session, education priorities for the next year were identified as review of narcotic guidelines and targeted asthma education. Other priorities will be identified as the year goes on. Cost-effectiveness of requiring tablet splitting in specific drug classes will be reviewed in September.

Respectfully submitted,

Aimee Lewis
WYDUR Manager