

Wyoming Drug Utilization Review

New Pharmacy Benefit Management (PBM) Vendor

The Office of Pharmacy Services (OPS) for Wyoming EqualityCare is extremely pleased to announce that we have contracted with a new Pharmacy Benefit Management (PBM) vendor. Effective Thursday, May 28, 2009, the new PBM contractor is Goold Health Systems (GHS).

Please also be aware that there have been several new updates / clarifications to policies affecting the Wyoming EqualityCare Pharmacy program, effective May 28, 2009. The new policies can be found in the Wyoming EqualityCare Pharmacy Provider manual that is posted on the Wyoming EqualityCare website at <http://www.wyequalitycare.org>. In addition, an updated Preferred Drug List (PDL) can be found at the Wyoming EqualityCare website. Additional preferred drugs have been added in many classes as a result of comparable pricing agreements. No preferred drugs have been removed, so there should be minimal impact as a result of these

changes. Please note that updates to the PDL will be posted at the beginning of each month. Please be sure to check the Wyoming EqualityCare website monthly for updates.

Below is the new contact information for GHS effective **May 28, 2009**. Providers should continue to contact ACS with any issues regarding client eligibility.

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Aimee Lewis, PharmD

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Please contact WY-DUR at 307-766-6750 if you would like to have your name added or removed from our mailing list, or if you need to have your address updated. The WY-DUR newsletter is also available on-line at www.uwyo.edu/DUR/newsletters.

Equivalency of Generic Versus Brand Name Medications

Angela Christense, PharmD

Wyoming Law

Wyoming's laws stipulate that, in order to substitute a generic for a brand name medication, there must be an equivalent medication with an AB rating or higher from the "Approved Drug Products with Therapeutic Equivalence Evaluations".¹

The Orange Book

Background

The Food and Drug Administration (FDA) compiled the "Approved Drug Products with Therapeutic Equivalence Evaluations" or the Orange Book for a reference to compare generic and brand name medications. The Orange Book is published yearly and updated monthly. The Orange Book can be accessed at <http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm>. The Orange Book evaluates therapeutic equivalence, efficacy, and safety of interchanging medications. The reference was designed for the use of the public, health agencies, prescribers, and pharmacists to select drug products and help contain costs of health care due to medications.²

Definitions

1. Pharmaceutical Equivalence
 - Products with the same active ingredients, dosage form, route, and strength.
 - Can vary in other characteristics such as releasing mechanism, color, preservatives, excipients, etc.
2. Pharmaceutical Alternative
 - Medications that have same therapeutic action but differ in the salts, complexes, esters, or strengths.
3. Bioavailability
 - The rate and extent the active ingredients are absorbed and available for the body to utilize.
4. Bioinequivalent
 - Significant difference in the bioavailability of pharmaceutical products.

Use of Codes for Rating

The Orange Book uses codes to compare the medications. The first character of the code determines whether compared products are therapeutically equivalent (A rated) or not therapeutically equivalent (B rated). An AA rated medication is the best rating, because there are no bioequivalent problems suspected. An AB rated medication means potential therapeutic problems have been resolved through studies. Medications are rated B because of actual problems, potential problems, insufficient evidence, or under regulatory review. The second character of the code is usually the dosage form. The third character of the code (a number) is used when one product has multiple reference medications for the same strength. All three characters have to be the same to be considered therapeutically equivalent.² Please see the table³ on page 3.

Accuracy of the Rating

In order to meet criteria for bioequivalence, the innovator drug and generic medication need to be identical and delivered at the same rate. The standard studies used include two treatment crossover study

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Wyoming Quit Tobacco Program Transition

The Wyoming Quit Tobacco Program has gone through a Request For Proposal (RFP) process and a new vendor has been awarded the contract for the July 1, 2009 – June 30, 2012 fiscal period. During the transition time until July 1, 2009, vouchers for financial assistance will not be available through the program; however, counseling will still be offered through the program: 1-800-QUIT-NOW (1-800-784-8669) or by web at <http://wy.quitnet.com>. We appreciate your patience as we undergo this transition.

WY-DUR

Board Meeting Update

The DUR Board met for its bimonthly business meeting on May 28, 2009. Highlights of this meeting include:

ACS was selected to provide their Total Health Record product for Medicaid. This will serve as a method for e-prescribing, health information exchange and may be used as an electronic health record if medical practices choose to use it as such. The contract is still in negotiation and details regarding implementation of this new program are to be determined.

The Board approved final prior authorization criteria for ADHD medications, Uloric, Moxatag and Astepro.

Prior authorization criteria were approved to be released for public comment on Cymbalta and Savella for fibromyalgia, Ryzolt, Apriso, Eliphos,

fibrates, ophthalmic agents, asthma agents, nasal corticosteroids, inhaled anticholinergics and ophthalmic antihistamines.

All proposed prior authorization criteria will be posted for public comment. Comments may be sent by email to alewis13@uwyo.edu or by mail to: Wyoming Drug Utilization Review Board, Dept. 3375, 1000 E. University Avenue, Laramie, WY 82071. Comments should be received prior to July 16th for Board review.

The next DUR Board meeting will be held July 30, 2009 in Cheyenne. Topics for discussion will include Relistor, use of mirtazapine in children under age 15, as well as continued discussion on the proposed prior authorization criteria listed above. An agenda will be posted approximately two weeks prior to the meeting at www.uwyo.edu/DUR.

Equivalency of Generic Versus Brand Name Medications

designs or a four period replicate design crossover study. The concentration of medication level in the blood over time is compared using area under the curve (AUC). The parameter boundaries are 80-125% with the mean rate being close to 100%. The average observed difference between brand versus generic is 3.47% for AUC and 4.29% for Cmax. Generic products have less than a 5% chance of being inequivalent to the reference medication.²

Medicaid Requiring Generic Substitution

Medicaid is trying to contain cost where possible, and one way is by utilizing the FDA equivalency rating. Changing from brand to generic medications does not compromise the effectiveness and safety of therapy for most patients. Practitioners should use their professional judgment when therapeutic equivalent medications may make a difference in a patient's therapy such as an allergy to an excipient.

References

1. Wyoming State Board of Pharmacy. Title 33 Chapter 24 Wyoming Pharmacy Act. State of Wyoming Pharmacy Laws. 33-24-147-149. Available from: <http://pharmacyboard.state.wy.us/laws/TI-TLE33CHAPTER24.pdf>. Accessed: April 20, 2009.
2. US Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research Office of Pharmaceutical Science Office of Generic Drugs. Approved Drug Products with Therapeutic Equivalence Evaluations. 29th ed.
3. The Medical Letter. October 14, 2002. 44(W1141C): 89—90.

Code	Definition
A codes	Therapeutic equivalent products.
AA	Inherently unlikely to have bioequivalence problems.
AB	Bioequivalence has been demonstrated in human bioavailability studies.
B codes	Have not been demonstrated to be bioequivalent in human studies.
Number Code	Numbers are added at end of code when more than one reference medication. Example: AB1 and AB1 are equivalent; AB2 and AB1 are not equivalent

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June 2009

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