

WY-DUR
Wyoming Drug Utilization Review Board
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Aimee Lewis, Pharm.D.
DUR Manager
Kurt Hopfensperger, M.D., J.D.
Chair
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Vice Chair

October 1, 2009

Dear Prescriber:

The Wyoming Drug Utilization Review Board is charged with development of prior authorization criteria to address the utilization of medications in the Wyoming Medicaid program. Recently, the Board reviewed Hepatitis C agents. As a part of this process, the Board is asking you to participate in an effort to enlist the expertise of practitioners affected by the following criteria recently drafted by the Board.

Hepatitis C agents criteria
WY-DUR
September 24, 2009

Preferred: Pegasys

Non-preferred: Peg-Intron

Criteria for approval of non-preferred: Trial and failure of Pegasys. Peg-Intron will be approved for pediatric patients (aged 18 and under), for retreatment, and for dosage adjustments that cannot be achieved with Pegasys.

Please provide comments on the listed criteria by October 30, 2009 to my attention at the University of Wyoming School of Pharmacy address provided above. Your participation and guidance to the WY-DUR Board are invaluable and I would like to thank you for taking the time to review the information.

Sincerely,

Aimee Lewis

Aimee Lewis, Pharm.D.
WY-DUR Program Manager