

WY P&T Committee Meeting Minutes  
Thursday, May 17, 2012  
Cheyenne, WY  
9 a.m. – 1 p.m.

Members present: Becky Drnas, Steen Goddik, Kurt Hopfensperger, Joe Horam, Scott Johnston, Maria Kidner, Robert Monger, Kevin Robinett, David Sy, Dean Winsch, Tonja Woods

Excused: Scot Schmidt

Ex-officio: Melissa Hunter, Linda Martin, James Bush, Cori Cooper

Guests: Sara Howe (GHS/WYDUR), Nikki Yost (GHS), Kerri Powell (GHS), Brenda Stout, Sandra Deaver, Paul Engel (Pfizer), Jim Graves (BMS), Michele Puyear (Amgen), Casey Eastman (UCB), Kerri Miller (J & J), Roy Lindfield (Sunavian), Michelle Mattox (Vertex), Aimee Redhair (Merck), Deron Grothe (Teva)

Dr. Hopfensperger called the meeting to order at 9:05 a.m.

Introductions were made.

Approval of Minutes

The minutes of the February 16, 2012 meeting were approved as written.

Department of Health

A. Pharmacy Program Manager: The Department of Health continues to look at budget cuts. The Pharmacy Program will be changing reimbursement methodologies, specifically moving away from the AWP benchmark. As a part of this process, a cost of dispensing survey was sent to all retail pharmacies in the state.

B. DUR Manager Report: The narcotic use in pregnancy project continues to move forward. Sandra, Sara and Aimee have been working to improve the process and identify pregnant women earlier in their pregnancy to increase effectiveness of the program.

C. Medical Director Report: The Total Health Record (THR) continues to move forward. There are 31,000 patients in the THR currently including all Medicaid patients. There are currently 37 physicians in 17 clinics and 5 public health nursing offices using the program. The RFP for the CHIPRA grant is out with a care management component focusing on children with severe mental health issues.

Old Business

None

New Business

#### A. PA Criteria

##### i. New Drugs were reviewed.

a. Oxecta is an abuse-deterrent immediate release oxycodone.

**Prior authorization will be required with a history of or high risk for opiate abuse necessary for approval.**

b. Kalydeco is approved for cystic fibrosis in those with the G551D genetic mutation. Prior authorization will be required with all requests being referred to Dr. Bush for review and management.

c. Rectiv is a nitroglycerin ointment approved for treatment of moderate to severe pain associated with chronic anal fissure. **Trial and failure of the commercially available generic nitroglycerin ointment is required prior to approval.**

d. Korlym **will require prior authorization with a diagnosis of hyperglycemia secondary to hypercortisolism in adult patients with type 2 diabetes or glucose intolerance who have failed surgery or are not surgery candidates.**

ii. The literature for the use of compounded topical morphine products was reviewed. Because of limited utilization, no action will be taken on these products. The literature for the use of neuropathic pain compounds including a variety of ingredients was reviewed. All but ketoprofen have no data or negative data and should **require prior authorization with a referral to Dr. Bush for review.** Topical ketoprofen has data that supports its efficacy, however, was removed from European markets for a time due to severe cutaneous reactions. **All requests for topical ketoprofen should be referred to other commercially available topical NSAIDs.**

iii. A provider requested that the Committee consider allowing Moxeza for children down to 6 months of age. The Committee felt that the preferred products have been used in infants for some time without issue. No changes were made.

iv. Several prior authorization requests for Ciprodex have been received for children with burst ear drums or tubes. The Committee agreed that there were preferred options that could be used in these instances. No changes were made.

#### B. PDL Class Reviews

1. The Committee reviewed the report for Ophthalmic Prostaglandins. There was no evidence that required a change in the current preferred drug list. **Zioptan has the benefit of being preservative free and will be allowed for patients who cannot tolerate the products with preservatives.**

2. The Committee reviewed the updated DERP report. There was no evidence that supported a change to the current preferred drug list.

C. Narcotic Management was discussed at length. It was requested that the limits on acetaminophen doses (at four grams per day) be implemented in the system. Additional information will be provided for further discussion at the August meeting,

including the number of clients receiving for than 500 tablets of any narcotic in one month.

D. Other: It was noted that during profile reviews there were many patients who were receiving multiple daily dosing of the long-acting medications as well as using two or more long-acting or short-acting stimulant medications. Utilization will be reviewed and information brought back to the Committee in August.

The importance of identifying and taking action on drug-drug interactions was discussed by Dr. Bush based on a recent case which was very alarming. The prospective DUR edits will notify the pharmacies of potential drug-drug interactions, though it is up to the pharmacy to take action.

The mandatory second opinion process for children under five requiring a stimulant for ADHD was discussed. It was requested that pediatricians be exempted from this process as it is a regular part of their practice. The Committee and the Department of Health does not exempt any providers from prior authorization or other policies as a general rule.

Dr. Johnston noted that he identified potentially inappropriate use of antibiotics when he was reviewing the asthma data. Additional data will be provided for analysis and presented at the August meeting.

Dr. Hopfensperger has accepted a new professional opportunity and submitted his resignation to the Committee. During closed session, nominations were taken and the Committee voted for Dr. Monger to become Chair of the P&T Committee.

Open Comments: There were no open comments.

There being no further business, the open portion of the meeting adjourned at 11:24 a.m. The Committee met in closed session to review patient profiles and conduct other Committee business.

Respectfully submitted,

Aimee Lewis  
WYDUR Manager