WY P&T Committee Meeting Minutes
Thursday, August 19, 2010
Cheyenne, WY
9 a.m. – 3 p.m.

Members present: Becky Drnas, Steen Goddik, Joe Horam, Scott Johnston, Richard Johnson, Robert Monger, Scot Schmidt, Dean Winsch, Tonja Woods

Excused: Kurt Hopfensperger, Kevin Robinett

Guests: Nikki Yost (GHS), Kerri Powell (GHS), Donna Artery, Dr. Tim Clifford (GHS), Anne Marie Licos (Med Immune), Jim Graves (BMS), Betty Iverson (J&J), Mary Colburn (J&J), Gary Bailey (Forest), Michael Dunn (Pfizer), Laura Nichols (GSK), Joe Busby (Lilly), Karen Bielenberg (Lilly), Dr. Paisley MD (Fort Collins)

Ms. Drnas called the meeting to order at 9:03 a.m.

Introductions were made. Aimee announced that the School of Pharmacy had received the DUR contract once again. As a part of this contract, Sara Howe, Pharm.D. was hired for 8 hours per week to provide support to the DUR program. Sara also works for GHS which will benefit the DUR program in terms of more current utilization data and cost information net of rebate.

Approval of Minutes

The minutes of the August 19, 2010 meeting were approved as written.

Department of Health

A. Pharmacy Program Manager Report: None

Bob Hilt, M.D., Psychiatrist from the University of Washington and Seattle Children's Hospital presented an overview of the planned consultation programs via teleconference. There are two separate programs that are of interest to DUR: mandatory 2nd opinions and the Prescriber Access Line.

B. Psychiatrist Advisory Board Report: Minutes were provided at the meeting.

Old Business

A. PA Criteria

1. Psychotropic polypharmacy: Aimee provided data regarding the number of affected recipients when this policy is implemented. If we prior authorize the 5th drug, 372 recipients and 337 providers will be affected. 135 recipients and 161 providers will be affected by a prior authorization at the 6th drug. It was agreed that the prior authorization should occur at the 6th drug. There was a motion, second and all were in favor.

2. Zirgan: Responses to the Zirgan inquiry letter were reviewed. Zirgan will be covered without prior authorization and utilization will be monitored for appropriateness.

3. Synagis: Based on public comment received prior to the meeting, the dates will be changed to allow prior authorizations beginning November 1st for the season starting November 15th.

Dr. Jan Paisley, neonatologist from Fort Collins, provided comments by phone. She indicated that their admissions doubled last year over the previous five years with a significant number of admissions in April and May (after the season is generally considered to be over). She is particularly concerned about the guidelines regarding babies born at 32 to 35 weeks gestational age. She recommended that any 32 to 35 week baby born on October 1 or after be allowed prophylaxis for the entire season. She also asked the Committee to pay attention to seasonality and allow extra doses if the season is extending into April and May. Dr. Paisley has been on the speaker bureau for MedImmune, but was not receiving any compensation for her comments.

Dr. Horam noted that Dr. Rosenberg from Denver Children's recommends that all 32 to 35 week babies who are 6 months of age or younger at the start of the season be prophylaxed for the whole season. He asked Dr. Paisley how many of the admissions could have been avoided if the more conservative guidelines (up to 10 weeks chronological age) were adopted. Dr. Paisley felt that all eight of the late preterm admissions could have been avoided. Only one of their 85 admissions had received Synagis. In Cheyenne, Dr. Horam noted that 8/63 admissions had received Synagis prophylaxis.

Dr. Bush mentioned that he had talked to the medical director in Texas where they have implemented the 2009 AAP guidelines. This medical director indicated that they did not have adverse outcomes.

Anne Marie Licos (MedImmune) provided public comment. The study population for Synagis included babies up to 35 weeks old and the older preterms had an 80% decrease in RSV infection. She noted that WY had already seen a 27% decrease in Synagis use with the criteria implemented for the 2009/2010 season. She asked that the Committee adopt the FDA labeling and allow prophylaxis through the season. She pointed out that there is no evidence to date showing that the regimen recommended in the 2009 AAP guidelines is safe and effective.

The Committee agreed to change the criteria to adopt the new dates, allow prophylaxis for 32 – 35 week 6 day babies who are less than or equal to six months of chronological age at the start of the season for the entire season. The risk factors were removed from the criteria as pediatricians should be well aware of these. Dr. Johnston voiced opposition to this as he believes we are looking at one side of the story. Since the Committee does not meet again prior to the start of the season he thinks these criteria should be adopted. There was a motion, second, eight members were in favor, Dr. Johnston abstained.

C:04.10

FAX completed form to
Goold Health Systems (GHS)
1-866-964-3472

Wyoming Medicaid – Pharmacy Services Program
MULTIPLE USE**
PRIOR AUTHORIZATION REQUEST FORM

PHONE:
(For questions or inquiries ONLY)
1-877-207-1126

SYNAGIS®

Provider must fill in all information below. It must be legible, correct and complete or the form will be returned.

Client ID #: |____|____|____|____|____|____|____|____|____|____|

Client's Full Name: _____ DOB: _____

Prescriber NPI: |____|____|____|____|____|____|____|____|____|____|

Prescriber's Full Name: _____ Phone: _____

Prescriber Address: _____ Fax: _____

Pharmacy NPI: |____|____|____|____|____|____|____|____|____|____|

Pharmacy Name: _____ Phone: _____

Wyoming EqualityCare will approve Synagis® PA requests for clients that meet the guidelines below. Requests will be approved for a max of 5 doses at a dosing interval not less than 28 days between injections. Requests will be accepted November 1st for the start date of 11/15/10.

MEDICAL NECESSITY DOCUMENTATION *(Please check all that apply):*

☐ **CHRONIC LUNG DISEASE:** Client is ≤ 24 months of age at start of therapy and has chronic lung disease of prematurity (i.e. bronchopulmonary dysplasia) requiring medication (bronchodilator, diuretic, or chronic corticosteroid therapy) or oxygen within 6 months of the start of RSV season.

☐ **CONGENITAL HEART DISEASE:** Client is ≤24 months of age at start of therapy and has hemodynamically significant congenital heart disease and one or more of the following: (Please check all that apply)

- ☐ Is receiving medication to control congestive heart failure
- ☐ Has a diagnosis of moderate to severe pulmonary hypertension
- ☐ Has a diagnosis of cyanotic heart disease.

☐ **PREMATURITY:**

- ☐Client is ≤12 months of age at start of RSV season and born at **≤28 weeks, 6 days** gestational age.
- ☐Client is ≤12 months of age at start of RSV season and born at **34 weeks, 6 days or less** gestational age and has either severe neuromuscular disease or congenital abnormalities, either of which compromise handling of respiratory secretions.
- ☐Client is ≤ 6 months of age at start of RSV season and born between **29 weeks, 0 days** and **35 weeks, 6 days** gestational age.

☐ **OTHER:** _____

Please indicate if the client has received a previous Synagis® dose in an inpatient setting. If yes, please provide the date(s) of administration:

*☐No ☐Yes Administration Date(s):*_____

****Please submit (by fax) the same PA form per client per season. After the initial PA has been approved, additional doses require ONLY the strength, date and weight to be filled in below.**

SYNAGIS®	STRENGTH	DAYS SUPPLY	ADMINISTRATION DATE	CLIENT'S WEIGHT		PROVIDER OR PROVIDER'S AGENT'S INITALS
1st Dose		28		Lbs	oz.	
2nd Dose		28		Lbs	oz.	
3rd Dose		28		Lbs	oz.	
4th Dose		28		Lbs	oz.	
5th Dose		28		Lbs	oz.	

Provider Signature:_____ **Date(s) of Submission:** _____ _____ _____ _____ _____

**MUST MATCH PROVIDER LISTED ABOVE* *1ST DOSE* *2ND* *3RD* *4TH* *5TH*

American Academy of Pediatrics-Website: http://aapredbook.aappublications.org/cgi/content/full/2009/1/3.110

B. Cough and cold: A list of cough and cold products to be covered was provided. The Committee agreed that this list was appropriate. There was a motion, second, and all were in favor.

Cough and Cold Product
Coverage Recommendations
August 19, 2010

Benzonatate Cap 100 MG
Benzonatate Cap 200 MG
Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML
Brompheniramine & Pseudoephedrine Elixir 1-15 MG/5ML
Brompheniramine & Pseudoephedrine Syrup 4-45 MG/5ML
Chlorphen Tan-Pyrilamine Tan-PE Tan Susp 2-12.5-5 MG/5ML
Chlorphen-PE-Methscopolamine Syrup 2-10-0.625 MG/5ML
Chlorpheniramine & Phenylephrine Liquid 1-2.5 MG/5ML
Chlorpheniramine & Phenylephrine Syrup 4-12.5 MG/5ML
Chlorpheniramine Maleate Tab 4 MG
Chlorpheniramine-PE-Methscopolamine Chew Tab 2-10-1.25 MG
Chlorpheniramine-PE-Methscopolamine Syrup 2-8-0.75 MG/5ML
Dextromethorphan Polistirex Liquid CR 30 MG/5ML
Dextromethorphan-Guaifenesin Granules Packet 5-100 MG
Dextromethorphan-Guaifenesin Liquid 10-100 MG/5ML
Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML
Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML
Dextromethorphan-Guaifenesin Tab 20-400 MG
Diphenhydramine Citrate Tab Disp 19 MG
Diphenhydramine HCl Cap 25 MG
Diphenhydramine HCl Cap 50 MG
Diphenhydramine HCl Elixir 12.5 MG/5ML
Diphenhydramine HCl Liquid 12.5 MG/5ML
Diphenhydramine HCl Oral Strip 12.5 MG
Diphenhydramine HCl Tab 25 MG
Diphenhydramine HCl Tab 50 MG
Guaifenesin Granules Packet 100 MG
Guaifenesin Granules Packet 50 MG
Guaifenesin Liquid 100 MG/5ML
Guaifenesin Tab 400 MG
Guaifenesin-Codeine Soln 100-10 MG/5ML
Guaifenesin-Codeine Tab 300-10 MG
Hydrocod Polst-Chlorphen Polst Cap SR 12HR 5-4 MG
Hydrocodone-GG Syrup 5-100 MG/5ML
Phenyleph-Chlorphen w/ Hydrocodone Syrup 5-2-2.5 MG/5ML
Phenylephrine-Chlorphen-Dihydrocodeine Syrup 7.5-2-3 MG/5ML
Phenylephrine-Promethazine w/ Codeine Syrup 5-6.25-10 MG/5ML
Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML
Promethazine w/ Codeine Syrup 6.25-10 MG/5ML
Promethazine-DM Syrup 6.25-15 MG/5ML
Pseudoephed-Bromphen-DM Elixir 15-1-5 MG/5ML
Pseudoephed-Chlorphen-Dihydrocodeine Syrup 15-2-7.5 MG/5ML
Pseudoephed-Chlorphen-DM Liq 15-1-5 MG/5ML
Pseudoephedrine HCl Cap SR 12HR 120 MG
Pseudoephedrine HCl Liq 15 MG/5ML
Pseudoephedrine HCl Liq 30 MG/5ML
Pseudoephedrine HCl Syrup 30 MG/5ML
Pseudoephedrine HCl Tab 30 MG
Pseudoephedrine HCl Tab 60 MG
Pseudoephedrine HCl Tab SR 12HR 120 MG
Pseudoephedrine HCl Tab SR 24HR 240 MG
Saline Nasal Spray 0.65%
Triprolidine & Pseudoephedrine Tab 2.5-60 MG

C. Intuniv: Aimee performed a literature search and found no studies comparing generic guanfacine to Intuniv. Dr. Johnston noted that the half-lives were essentially the same and the area under the curve is only slightly less with Intuniv compared to guanfacine. GHS is receiving one or two requests per week for Intuniv, most of which meet the criteria with the exception of trial and benefit of guanfacine. After completing the trial, they are coming back and requesting Intuniv again. The Committee agreed that it was appropriate to continue to monitor the issue.

New Business

A. Health care reform and the PDL: Dr. Tim Clifford, GHS, gave a presentation on the affect of health care reform on the cost of drugs for Medicaid. States are waiting for final guidance from CMS regarding how they will interpret and enforce the legislation. There is potential for significant impact on drugs defined as "line extension" drugs. Aimee noted that this may have an impact on the 2011 PDL which will be presented in November.

B. Suboxone for pain: Utilization of Suboxone was reviewed for inappropriate use for pain diagnosis without any type of substance abuse diagnosis. Utilization continues to be reasonable so we will continue to monitor. The approval of Butrans (buprenorphine patch) with an indication for pain may have an impact on our Suboxone use.

C. Saphris update: Lyle Laird (Merck) provided public comment. There are now seven publications supporting use of Saphris, six of which are positive. The six positive studies were active-control studies, though not head-to-head. The six positive studies showed Saphris to be similar to haloperidol or olanzapine with fewer EPS side effects than haloperidol and fewer metabolic side effects than olanzapine. There was one negative study in which Saphris did not separate from placebo, however, this is common with the psychotropic drugs. He asked the Committee to add Saphris to the PDL without restrictions or to decrease the number of trials prior to approval.

The Committee felt that this was not new information, but more of the same data. GHS is not seeing frequent prior authorization requests. The Committee felt it was reasonable to continue monitoring. It was noted that there are a few generics coming to the market, which may change the way the class is managed. It would not be prudent to add new brand names to the PDL that may later be removed.

D. Ondansetron in children: A provider requested that the prior authorization criteria be revisited for infants and children under age two as the current alternatives are not appropriate for this age group. The Committee felt that anti-emetics in general should be used very cautiously for young children and identified this as a topic for education. It was recommended that the prior authorization criteria be changed to allow a one-day supply for children under age 12 without a cancer diagnosis. For children and adults over age 12, no restrictions will apply. There was a motion, second and all were in favor.

E. PA Criteria

i. New Drugs were reviewed. There was a motion, second, and all were in favor of the following criteria.

New drug/formulation criteria
August 19, 2010

Orbivan (butalbital/acetaminophen/caffeine): 30 day trial and failure of all other headache agents required prior to approval.

Oravig (miconazole buccal tablet): Limit utilization to diagnosis of oral candidiasis AND diagnosis of head and neck cancer or HIV.

Ulesfia (benzyl alcohol): Trial and failure of lindane and permethrin prior to approval.

Jalyn (dutasteride and tamsulosin): Trial and failure of preferred single agents.

It was also noted that Zyclara will be non-preferred with Aldara being preferred. Lovaza is non-preferred for treatment of high triglycerides, with fibric acid derivatives being preferred.

Open Comments:

There were no open comments.

The Committee met in closed session to review patient profiles and conduct the annual planning session.

During the planning session, the CVs submitted for the open Committee position were reviewed and a new candidate chosen. This candidate will be announced upon acceptance of the position at the November meeting. The bylaws were updated to better reflect the current Committee make-up and the change in name from DUR Board to P&T Committee. Education priorities for 2011 were discussed.

There being no further business, the meeting adjourned at 3:00 p.m.

Respectfully submitted,

Aimee Lewis
WYDUR Manager