

WY P&T Committee Meeting Minutes  
Thursday, February 17, 2011  
Cheyenne, WY  
9 a.m. – 3 p.m.

Members present: Becky Drnas, Steen Goddik, Kurt Hopfensperger, Joe Horam, Scott Johnston, Richard Johnson, Maria Kidner, Robert Monger, Kevin Robinett, Scot Schmidt, Dean Wunsch

Excused: Tonja Woods

Ex-officio: James Bush, Antoinette Brown, Donna Artery

Guests: Kerri Powell (GHS), Brenda Stout, Sara Howe

Dr. Hopfensperger called the meeting to order at 9:06 a.m.

Introductions were made. There were no announcements.

Approval of Minutes

The minutes of the November 18, 2010 meeting were approved as written.

Department of Health

A. Pharmacy Program Manager Report: The Department is watching several bills in the legislature including the “Spice” bill, Controlled Substance Acts Amendments, marijuana bill and Department of Health reorganization bills. There will be a new Director, Tom Forslund, who will begin mid-March. Dr. Sherard will be moving to the Governor’s office.

The second opinion line was implemented and six reviews have been completed. They are being referred from the PA Help Desk, Department of Health, Department of Family Services and from the Provider Access Line (PAL). Dr. Bush reported that the feedback on the PAL has been very positive and beneficial to those utilizing the service.

Pharmacy providers were reviewed in relation to the Wyoming Medicaid Service Area rule. Several pharmacies were enrolled with no specialty services that are located in New York, Pennsylvania, etc. Twenty-six pharmacies’ provider agreements will be terminated as a result.

Compounds continue to be billed incorrectly. Nikki Yost, GHS Program Integrity Pharmacist, did a lot of outreach in attempt to alert pharmacies to the problems and the correct way to bill. The Department is beginning to do recovery on those claims that are billed improperly as of February 1st.

Old Business

A. A letter was received from University of Colorado, Denver, regarding the prior authorization criteria for Gilenya. This was an unsolicited letter with no conflict of interest declarations. Four neurologists in Wyoming have agreed that the current criteria is acceptable. Due to concerns regarding potential conflict of interest, it was requested

that the public comment request form be sent for completion for any unsolicited comments received.

## New Business

### A. PA Criteria

#### i. New Drugs were reviewed.

Transmucosal fentanyl products will now include quantity limits and age limits were adjusted to match labeling of individual products. All continue to be approved only for cancer break-through pain.

- Abstral: Age 18 and limited to 8 doses per day.
- Actiq: Age 16 and limited to 8 doses per day.
- Fentora: Age 18 and limited to 12 doses per day.
- Onsolis: Age 18 and limited to 4 doses per day.

**Cycloset: 90 day trial and failure of metformin prior to approval.**

**Neudexta: Will be approved for diagnosis of pseudobulbar affect.**

Nexiclon is a new form of clonidine. There is concern over use of clonidine as a single agent. It should be used in combination with other agents as a second or third-line add-on. Utilization information will be provided at the next meeting to determine whether education needs to be done in this area.

**Clonidine (all forms approved for hypertension) will require prior authorization. Must be on at least one other blood pressure agent. Current users will be grandfathered.**

**Kapvay: 14 day trial and benefit of immediate release clonidine prior to approval.**

**Natroba: Trial and failure of permethrin and lindane prior to approval.**

**ii. Freshkote eye drops: 14 day trial and failure of two different over-the-counter agents.**

iii. Suboxone utilization was reviewed, including diagnosis data. There has been some creep in diagnosis since the last review with fewer patients having a diagnosis of opioid dependence or abuse.

Greg Hoke (Reckitt Benckiser) provided public comment regarding what other states are doing to support appropriate Suboxone utilization. He recommended allowing use only for opioid dependence, prescribers should have an X-DEA number, max dose should be set at 24 mg per day. It is used illegally on the street to “bridge” heroine doses to avoid withdrawal. There should be a treatment protocol beyond the medication to include counseling. The Suboxone film is less divertable than tablets. The package is harder to get into which also decreases the chances for pediatric poisoning.

**Suboxone: Requires diagnosis of opioid dependence. Prescriber must have X-DEA number. Maximum dose of 24 mg/day will be allowed. Approvals will be for 24 months, after which the provider must justify continued use and provide a treatment plan. Narcotic use with Suboxone will be allowed one time for a maximum of five days.**

**Subutex: Same criteria as Suboxone. Will only be allowed for pregnant or nursing women, or with a documented allergy to naloxone.**

iv. Duplicate benzodiazepine utilization was reviewed. An alert letter will be sent regarding patients who are receiving benzodiazepines from multiple prescribers.

v. Benzaclin utilization in young children was reviewed. A survey was sent to prescribers using the medication in very young children and one response was reviewed.

**Benzaclin: Prior authorization required for patients under the age of 12. Diagnosis of acne required.**

#### B. PDL Class Review

1. The updated NSAID report was discussed. There is no new evidence which would change the previous conclusion regarding the class.

C. Potential opportunities for dose optimization of the atypical antipsychotics were provided. These will be further defined and ranked according to cost benefit for discussion at the next meeting.

D. The antidepressant step therapy will be condensed into two steps (preferred and non-preferred).

**Preferred Antidepressants: bupropion ER/SR/XL, citalopram, fluoxetine, mirtazapine 15, 30 and 45 mg, paroxetine IR/CR, sertraline, venlafaxine ER tablets.**

**Non-preferred agents will require a 6 week trial of two preferred agents. Venlafaxine ER capsules require prior authorization with direction to use the tablets.**

E. Strattera is currently limited to only one dose per day unless on a dose that cannot be met with one tablet. However, the package insert allows for twice daily dosing. The criteria were adjusted to allow twice daily dosing, particularly for doses above 40 mg/day.

Other: Two responses were received regarding the Aricept criteria finalized at the November meeting. No action was necessary.

A provider requested the ability to use lamotrigine and topiramate for bipolar disorder without prior authorization. Lamotrigine is currently allowed for mood disorder. The

evidence for topiramate does not support its use for this condition and will not be allowed.

Open Comments: There is concern over certain generic methylphenidate 10 mg products. It is specific to one manufacturer. Medicaid has no control over which generic manufacturer is used by the pharmacies. It was recommended that the specifics be noted and a Medwatch form submitted to the FDA.

The open portion ended at 11:43 am and the Committee met in closed session to review patient profiles.

There being no further business, the meeting adjourned at 1:15 p.m.

Respectfully submitted,

Aimee Lewis  
WYDUR Manager