WY P&T Committee Meeting Minutes
Thursday, May 16, 2013
Cheyenne, WY
9 a.m. – 1 p.m.

Members present: Steen Goddik, Joe Horam, Maria Kidner, Robert Monger, Scot Schmidt, Brent Sherard, David Sy, Dean Winsch, Tonja Woods, Pat Yost

By phone: Becky Drnas, Scott Johnston

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

Guests: Sara Howe (GHS/WYDUR), Nikki Yost (GHS), Amy Stockton (GHS), Brenda Stout, Sandra Deaver, Donna Artery, Lindsay Schilling, Sandy Jensen (Xerox CQS), Heather Preston, Jim Graves (Bristol-Myers Squibb), Emese Dian (Biogen), Robyn Lawson (Biogen), Kathy Karnik (Janssen), Karen Bielenberg (Lilly), Jessica Jensen (Boehringer Ingelheim), Bert Jones (GSK), Ted Sheedy (GSK), Deron Grothe (Teva), Anne Marie Licos (MedImmune LLC)

Dr. Monger called the meeting to order at 9:03 a.m.

Introductions were made.

Announcements

Aimee announced that Dr. Yost accepted the position on the Board. We are still looking for a psychiatrist and a pharmacist for positions opening in October.

Approval of Minutes

Donna Artery was inadvertently left off the list of attendees from the last meeting. The minutes of the March 7, 2013 meeting were approved as amended.

Department of Health

A. Pharmacy Program Manager Report: There have been several personnel changes. Kerri Powell has moved to another account with GHS. Sara Howe is now the Wyoming Account Manager and Amy Stockton is the Clinical Pharmacy Manager with GHS. The DUR contract with the UW School of Pharmacy will be extended for three months while the Request for Proposal (RFP) process is completed.

B. DUR Manager Report: The data concerns with retrospective letter module have been resolved. We will focus on diabetes again this quarter for retrospective profile reviews and letters.

C. Medical Director Report: The Cyberformance reports are ready for use and we will resume quarterly meetings with Xerox CQS as we work toward collaboration between the medical case management program and pharmacy.

Old Business

A. Narcotic Management: The plan for Narcotic Management was presented to the Physician's Advisory Group with no significant comments. The next step is to put the plan out for public comment.

Dr. Johnston brought up a potential conflict whereby emergency room and hospital-employed physicians are given customer satisfaction ratings for pain management. In some instances, any patient with any kind of pain is given narcotics, presumably for customer satisfaction in pain management. This has the potential to create an issue for those physicians who prescribe narcotics which are ultimately limited by DUR policy. Dr. Sherard suggested that the issue of giving narcotics to all patients should be addressed at the medical staff level. Dr. Horam mentioned that there are three hospital-employed physicians at the table. Hospitals use a CMS-based scoring system. Emphasis needs to be given to separating acute and chronic pain. Dr. Bush will run the plan through the Hospital Advisory Groups.

New Business

A. PA Criteria

1. Determine need for criteria

i. New Drugs were reviewed.

a. Invokana: Kathy Karnik (Janssen) gave public comment. It is contraindicated in patients with a GFR < 45. There is head to head data against glimepiride which shows a small, statistically significant benefit for Invokana. Long-term cardiovascular monitoring continues via the CANVAS study. There was a preliminary signal for stroke which is likely due to an anomaly in the placebo group who had fewer strokes than expected based on other studies. The average HbA1c lowering is dose dependent and ranges from 0.6 – 1.06, similar to other newer diabetic agents. Similarly, cost is expected to be similar to the newer agents.

There was a motion, second, and all were in favor of the following criteria:

A 90 day trial and failure of metformin is required prior to use of Invokana.

b. Tecfidera: Emese Dian (Biogen) provided comment. Tecfidera has shown good efficacy and has no boxed warnings or REMS requirements. Long-term monitoring will follow patients for five years, with up to four years currently on record, all consistent with phase III study results. The conflict in two-year relapse rates between the two submitted studies are related to differing primary endpoints as well as the placebo group not experiencing the expected frequency of disability and disease progression in the second study.

There was a motion, second and all in favor of making Tecfidera non-preferred.

2. Review existing criteria:

i. Non-managed anticonvulsants – Utilization of the anticonvulsants that are not currently limited by indication was reviewed. Most utilization was appropriate, however, there is significant off-label use of clonazepam, valproate, carbamazepine and phenytoin. As a result, all anticonvulsants will be limited to labeled indications. Clonazepam will also be allowed for post-traumatic stress disorder and valproate will be allowed for all forms of bipolar disorder. There was a motion, second and all were in favor of the above.

ii. Anticonvulsants for migraine (oxcarbazepine, zonisamide, gabapentin, levetiracetam): The evidence supporting use of these medications for migraine prevention was reviewed as a result of frequent prior authorization requests. Evidence supporting their use is minimal and use is not supported by existing treatment guidelines. As a result, these medications will not be approved for use in migraine.

iii. Adderall XR for kids to age 3: At the last meeting, generic amphetamine salts were approved for patients down to age 3. Several requests have been received asking for use of the long-acting formulation. There was a motion, second and all were in favor of allowing Adderall XR in patients down to age 3. Further, Dr. Bush will discuss the use of the other ADHD agents in young children with Dr. Hilt at Seattle Children's Hospital to determine if it makes sense to lower our age limits for ADHD medications in general.

B. Other:

1. Synagis use: This year's RSV season went very smoothly with 489 claims for 107 patients. The only change that may occur for next year is a delay in the start of the season based on epidemiological reports of RSV activity in our area.

Open comments: Dr. Johnston mentioned that we should emphasize evidence-based medicine over giving people what they want. Much of our discussion is often around what people want to do without discussing the evidence to support it. We should be very clear that our process is evidence-based.

There being no further business, the open portion of the meeting adjourned at 10:40 a.m.

Aimee Lewis
WYDUR Manager