WY P&T Committee Meeting Minutes
Thursday, May 20, 2010
Cheyenne, WY
9 a.m. – 3 p.m.

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

Ex-officio: Antoinette Brown, Melissa Hunter, Linda Martin

Guests: Nikki Yost (GHS), Kerri Powell (GHS), Brenda Stout, Scott Hylla (Sepracor), Ray Andrews (UCB), Sarah Kennedy, Stephanie Verrall (US Bioservices), Michelle Fazio (US Bioservices), Joe Busby (Lilly), Daren Bielenberg (Lilly), Aimee Redhair (Merck), Michael Dunn (Pfizer), Joe Predl (Boehringer), Taylor Haynes MD, Anne Marie Licos (MedImmune), Lori Howarth (Bayer), Michael Comeaux (Allos), Paul Loskors (Ortho McNeil), Pat Wispman (MedImmune), Gary Bailey (Forest).

Dr. Hopfensperger called the meeting to order at 9:11 a.m.

Introductions were made.

Approval of Minutes

The minutes of the February 18, 2010 meeting were approved with the following corrections:

- On page 2, 150% dose for Zyprexa should be 30 mg (not 45 mg).
- On page 2, adult maximum for Geodon should be 160 mg (not 120 mg).

Announcements

Aimee announced that Joe Farrell had resigned due to continuous scheduling conflicts with his work schedule. The School of Pharmacy submitted a proposal for continuing to manage the DUR program. Scott Johnston was published in March 15, 2010 issue of American Family Physician.

Department of Health

A. State pharmacist report: None
B. Pharmacy Program Manager Report:

The Request for Proposals for DUR services is due Friday May 21, 2010. An announcement will be made on June 4th regarding who will manage the DUR program for the next three years.

There is a group from the Department of Health working with the Governor's office on determining the impact of Health Care Reform in Wyoming. The major unknown for the pharmacy program is the effect on rebate dollars received by the State. There a lot of unknowns and the State is waiting for guidance from CMS. Antoinette and Aimee will

be going to the SSDC meeting in Maine in June to review the first round of supplemental bids for 2011. GHS will assist us in taking full advantage of our PDL with expected changes to rebate for this year and next year

CMS has made several recent announcements regarding changes to coverage of items such as electrolytes and pancreatic enzymes. As a result, many of these products will no longer be covered through the pharmacy program. In addition, Implanon is no longer covered by the pharmacy program (will have to go through medical side). Prior authorization will be required for fluoxetine and minocycline tablets (as they are much more expensive than the capsules).

Pharmacies should have received a bulletin with information on the SMAC program including the dispute process.

C. Psychiatrist Advisory Board Report: Minutes were provided at the meeting. The PAB met twice since the February P&T meeting. The first meeting included an update on the status of the Provider Access Line from Washington. The Department of Health is looking to contract with this group to provide child psychiatric consults and second opinions for cases falling outside of parameters set by the PAB and P&T Committee. Dr. Monger asked how much this would cost. Aimee will follow up with Dr. Bush to answer this question.

The second meeting discussed the issue of patients coming out of the State Hospital on medications that would not be approved through the outpatient prescription drug program. Contact will be made to the State Hospital specifically regarding use of gabapentin in bipolar disorder. The PAB also discussed use of many psychotropics across several drug classes. Aimee will pull data on clients using more than for psychotropic medications for PAB review.

Old Business

A. Proposed PA criteria for Immune modulators were reviewed. There was a motion, second, and all were in favor of the following criteria.

Targeted Immune Modulator
Prior authorization criteria

Preferred Agents: Enbrel 25 mg only, Humira, Cimzia (Crohn's only)

- Sixty (60) day trial and failure of methotrexate required prior to Enbrel and Humira for rheumatoid arthritis.
- Diagnosis for approved indication (as follows) required for preferred agents.
  - Enbrel 25 mg: ankylosing spondylitis (AS), juvenile idiopathic arthritis (JIA), plaque psoriasis (PP), psoriatic arthritis (PA), rheumatoid arthritis (RA)
  - Humira: AS, Crohn's, JIA, PP, PA, RA
  - Cimzia: Crohn's only

Criteria for non-preferred agents:

- Trial and failure of one preferred agent.
- Remicade will be allowed without preferred trial for diagnosis of ulcerative colitis.
- Diagnosis for approved indication (as follows).
  - Remicade: AS, Crohn's, PP, PA, RA, Ulcerative colitis
  - Simponi: AS, PA, RA
  - Tysabri: Crohn's – additional PA criteria may apply as with MS.
  - Orencia: JIA, RA
  - Raptiva: PP
  - Rituxan: RA
  - Amevive: PP
  - Cimzia: RA only
  - Kineret: RA

B. Long-term use of sleep agents was discussed. Data regarding the diagnoses associated with long-term use as well as a literature review conducted by Melissa Hunter was presented. As there is no evidence of harm from long-term use, no action was taken.

Scott Hylla (Sepracor) provided comment regarding Lunesta. Lunesta is the only sedative hypnotic with a study looking at nightly use for twelve months. This study showed no tolerance and persistence of effect over the full twelve months.

Dr. Hopfensperger reminded the room that studies supporting public comment must be provided in writing per the public comment policy at least ten business days prior to the meeting so all material can be reviewed by the Committee prior to the meeting. The public comment policy will be updated to reflect that studies may not be referred to in public comment if they were not submitted in writing per the existing policy.

<u>New Business</u>

A. Synagis was discussed. The change in policy for this last season resulted in greater than 27% savings in expenditures over the previous RSV season. A few issues were identified resulting in development of the following form and tightened criteria. Dr. Horam indicated that coming to the office each month prior to the dose for weighing and then expecting the baby to come back for the dose is inefficient. The Committee agreed that it would be ok for the physician (but not the pharmacy) to make an estimate for the next dose based on percentile weights for the baby. There is a change in number of doses for babies born between 32 and 35 weeks gestation. The new criteria would allow three doses instead of five per the AAP guidelines. Dr. Horam indicated that five doses may be necessary due to Wyoming's altitude. The Board asked for additional information on this point. Dr. Horam thought that a Dr. Rosenberg out of Denver may have some data.

Sarah Schroeder,MSN, RN from the Cheyenne Childrens' Clinic gave an overview of their Synagis program. They start early identifying children and making sure the documentation is prepared for submission when the season begins. This year their numbers increased to 63 patients however, as a result of Sarah's work, no-show rates decreased leading to much less waste. Of those who were approved for doses, they had 8/63 who tested positive for RSV. Most had only an overnight hospital stay, however, one baby who had been approved but never showed to receive the dose ended up in the hospital in Denver due to severe illness.

The draft form was provided to Sarah. She did not feel that updating the bottom portion after the initial prior authorization was authorized would be a huge deviation from their existing process with their pharmacy.

A question was raised about exempting good Synagis protocols from prior authorization. This is a good idea for the future. It is felt that one more year is needed to determine appropriate utilization in terms of diagnosis before this is considered.

Michelle Fazio (US Bioservices) provided comment on their process. They are in constant contact with all clinics. They do not have auto-shipping and do due diligence in making sure doses are given and needed prior to shipping. The Committee asked how much waste they expected in a season. She indicated that most waste was a result of "no-show babies" which they work on through case management.

There was a motion, second and all were in favor of the proposed criteria and the form on the following page.

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 mid November for the start date of 12/01/10.

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 (ie. 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 **31 weeks, 6 days** gestational age.
- ☐ Client is ≤ 3 months of age or born during RSV season and born between **32 weeks, 0 days** and **34 weeks, 6 days** gestational age and either attends daycare or lives with ≥ 1 sibling who is < 5 yrs of age. (Limited to 3 doses or until client reaches 90 days of age, whichever comes first)

☐ **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	
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 products are a group of drugs that are largely optional in coverage for Medicaid programs. The cost of these drugs differs significantly though the ingredients are quite similar. A total of almost $1.2 million was spent on these drugs since January 1, 2009. There is questionable efficacy in all ages, and specific concerns regarding safety in children under six years of age. Aimee and Antoinette will continue to work on this issue, bringing a list of proposed covered products back in August.

C. Narcotic utilization, specifically inappropriate utilization, continues to be a concern. There is a task force meeting at the state level with a variety of stakeholders to determine the best way to manage this issue. In the mean time, the DUR program will be doing some education around standards of care and those patients who are falling outside of these standards. Aimee will contact the Board of Medicine to see how we can participate in provider education around this issue. The Committee felt that this was a serious issue that needs to be reviewed with serious consideration for limits. Aimee received information on the programming of acetaminophen maximum doses from North Dakota. The Department of Health will continue to work with GHS on this edit.

D. Psychotropic limits were discussed during the PAB report.

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
May 20, 2010

Rapaflo (silodosin): Non-preferred. 30 day trial and failure of preferred agents required prior to approval.

Tirosint (levothyroxine): Prior authorization required.

Zirgan (ganciclovir ophthalmic gel) will require prior authorization until additional information may be ascertained from Wyoming ophthalmologists regarding its place in therapy.

Open Comments:

Antoinette provided updated PDL results.

Dr. Johnston indicated concern for those who are preparing to be ineligible for Medicaid and are on thousands of dollars of medications due to brand names on the PDL.

Dr. Horam voiced concern over the Intuniv criteria, specifically relaying feedback from other providers requesting the removal of the trial of short-acting guanfacine. The short-acting product does not work and they would like to go straight to Intuniv. There is some indication that patients can stop their atypical antipsychotics when they start on Intuniv. Aimee will conduct a Medline review prior to the August meeting to see if information regarding the short-acting vs. the long-acting formulations is available.

The Committee met in closed session to review patient profiles. There being no further business, the meeting adjourned at 2:00 p.m.

Respectfully submitted,

Aimee Lewis
WYDUR Manager