

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

Members present: Kurt Hopfensperger, Joe Horam, Richard Johnson, Maria Kidner, Robert Monger, Kevin Robinett, Scot Schmidt, Dean Winsch

By phone: Becky Drnas, Scott Johnston, Tonja Woods

Ex-officio: Antoinette Brown, Melissa Hunter (by phone)

Guests: Sara Howe (GHS), Nikki Yost (GHS), Brenda Stout (WDH), Gary Karg (Novartis), Eric Byrnes (Alcon), Barbara Felt (GSK), Laura Nichels (GSK), Aimee Redhair (Merck), Barbara Boner (Novartis), Julie Porter (Novartis)

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

Introductions were made.

Approval of Minutes

The minutes of the August 18, 2011 meeting were approved as written.

Department of Health

A. Pharmacy Program Manager Report: Antoinette provided some Medicaid Outpatient Pharmacy program statistics: PA/PDL Savings were \$5.1 million in State Fiscal Year (SFY) 2011 (July 1, 2010 – June 30, 2011) and have reached \$11.1 million total since 2009. Generic utilization is at 81%. In SFY 2011, Medicaid pharmacy expenditures were \$40.5 million pre-rebate with over 500,000 claims processed and 16,000 unique clients served. Between SFY 2010 and SFY 2011 expenditures decreased by 14%, net of rebates. Savings from the State Maximum Allowable Cost (SMAC) program are over \$3 million annually, totaling \$9.2 million since 2009. Mental Health remains a large portion of pharmacy expenditures, accounting for 35% of the total budget.

B. Medical Director Report: Antoinette reported for Dr. Bush. Within the Total Health Record, rules are created to alert prescribers to potential patient issues. The rule for bipolar management was disseminated to the Committee for review. Dr. Robinett recommended that the document be sent to other psychiatrists in the state for review and comment. Dr. Horam noted that in pediatrics they tend to use the mood disorder diagnosis instead of bipolar disorder. Not all of the outlined rules are followed in pediatrics as many are treated as bipolar patients in evolution. Dr. Horam recommended that a separate rule be created for pediatric patients. Dr. Robinett further indicated that there are a lot of inconsistencies in diagnosis and the rule seems to have a negative implication for the use of atypical antipsychotics. He is concerned that providers will feel boxed into using older drugs with more adverse effects that they may be less

comfortable with. Maria asked how the system interacts with other electronic medical records that are in use in prescriber offices. Eventually, the goal is to have the Total Health Record interface with all electronic medical records in the state. Right now it is a stand-alone system that receives its information from Medicaid claims data. Dr. Horam recommended that the rule be sent to the Seattle Children's Hospital for review and comment from the pediatric psychiatry perspective. The Committee was not comfortable endorsing the proposed rule without further review and feedback from others.

C. DUR Manager Report: A letter was sent regarding the use of narcotics in pregnant women, a project completed in conjunction with Sandra Deaver, C.PhT., Pharmacy Case Manager.

#### Old Business

A. WA Psychotropic limits: At the August meeting, the Committee requested a summary of the psychotropic limits in place in Washington as well as comparative expenditure information from other states. WY has the 5<sup>th</sup> lowest expenditure, out of 15 responding states, in terms of average claim cost and 2<sup>nd</sup> lowest expenditure, out of 13 responding states, in terms of average cost per claimant receiving an atypical antipsychotic. The WA limits were reviewed and the Committee requested WY utilization information be provided at the February meeting.

#### New Business

##### A. PA Criteria

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

a. Arcapta was reviewed. Julie Porter (Novartis) provided public comment. It is a long-acting beta-2 agonist approved for COPD maintenance therapy. It is the first once daily product approved. It should be used in those with moderate COPD and is not indicated for acute exacerbations or asthma. It has a rapid onset and 24 hour duration.

It was noted that there is no real advantage for once daily versus twice daily in the medical literature. The onset of action is not important in a medication that is used every day. It was further noted that smokers were excluded in many of the studies that are published, making the results less applicable to the majority of the COPD population. There was a motion, second, and all were in favor of the following criteria:

**Arcapta will be approved for patients over the age of 40 with a COPD diagnosis.**

b. Firazyr is approved for treatment of acute attacks of hereditary angioedema. This is a very high cost, self-administered medication for a very rare disease. It was noted that despite its high cost, if it avoids an ICU or hospital admission, it creates savings for the program. The medication will require a manual PA to monitor use and allergists will be contacted for comment. The Committee recommended that patients be required to undergo a training program that meets the standards set by the manufacturer. There was a motion, second and all were in favor of the above recommendations.

c. Gralise is a long-acting gabapentin approved for post-herpetic neuralgia. There was a motion, second and all were in favor of the following criteria:

**Approval of Gralise will require a 60-day trial and documented response to immediate release gabapentin with a credible reason for need of the once daily formulation. The dose will be limited to 1800 mg per day.**

ii. Cialis for BPH: Cialis has recently been approved for benign prostatic hyperplasia (BPH) and BPH with erectile dysfunction. There is no real advantage over the other agents for BPH and is much more expensive. There was a question about the use in hypotension when you don't want to use alpha blockers. It was noted that Cialis would also inhibit the use of nitrates in cardiac patients. There was a motion, second and all were in favor of the following criteria:

**Approval of Cialis will require a 90-day trial and failure of all other medications for BPH.**

#### B. 2012 Draft PDL

Pradaxa is listed on the draft PDL because of a supplemental rebate offer. However, the manufacturer will not allow the rebate offer with the criteria requiring relative contraindications to warfarin. The Committee was uncomfortable allowing the manufacturer dictate our clinical criteria while holding financial benefits in reserve. The criteria will stand with an addition of "non-valvular" to the atrial fibrillation.

Xarelto will also be updated to allow for a diagnosis of non-valvular atrial fibrillation.

A manual prior authorization will be required for Incivek, non-preferred phosphate binders, and Tracleer. Requests for these medications will be reviewed on a case-by-case basis.

There was a motion, second and all were in favor of the above changes.

Step therapy was discussed for the topical immunomodulators, Elidel and Protopic. There was a motion, second and all were in favor of the following criteria:

**Elidel and Protopic will be approved following a 21-day trial and failure of both a medium and high potency preferred topical corticosteroid.**

Further discussion on the pulmonary antihypertensives indicated that additional clinical criteria needed to be included. There was a motion, second and all were in favor of the following criteria:

**Letairis and Tracleer will require a diagnosis of pulmonary hypertension with documented right-heart catheterization validating the diagnosis.**

Other: Dr. Robinett pointed out that, though the Committee approved Latuda for use in women of child-bearing age, it was not clear on the draft PDL. This will be updated to more accurately reflect current policy.

It was noted that we should consider making escitalopram a preferred agent once the generic is available and pricing comes down, particularly given the concerns over the heart effects with high dose citalopram.

Paul Engel provided comment on a study regarding the impact of PA policies on Lyrica. He noted that in those states where Lyrica was blocked, patients used more narcotic medications and total healthcare costs increased. The Committee did not feel that the current criteria for Lyrica should be changed.

Julie Porter (Novartis) clarified that the registration trials for Arcapta did not exclude smokers, in fact approximately 40% of patients in these studies were smokers.

Open Comments: There were no open comments.

There being no further business, the meeting adjourned at 10:28 a.m.

Respectfully submitted,

Aimee Lewis  
WYDUR Manager