

WY P&T Committee Meeting Minutes
Thursday, May 19, 2011
Cheyenne, WY
9 a.m. – 3 p.m.

Members present: Steen Goddik, Kurt Hopfensperger, Joe Horam, Scott Johnston, Richard Johnson, Maria Kidner, Robert Monger, Dean Winsch

Excused: Becky Drnas, Kevin Robinett, Scot Schmidt, Tonja Woods

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

Guests: Kerri Powell (GHS), Brenda Stout, Sara Howe, Aimee Redhair (Merck), Jack Putman (Merck), Barry Scott (Merck), Paul Engel (Pfizer), Caroline Huffman (Pfizer), Carol Curtis (AstraZeneca), Julie Porter (Novartis), Todd Paulsen (NovoNordisk), Roy Lindfield (Sunovion)

Dr. Hopfensperger called the meeting to order at 9:01 a.m.

Introductions were made.

Approval of Minutes

The minutes of the February 17, 2011 meeting were approved as written.

Department of Health

A. Pharmacy Program Manager Report: The Department of Health is undergoing reorganization. Medicaid will remain in the Department, however, the Office of Pharmacy Services will be separated into different sections of a new Division of Healthcare Financing. Roxanne Homar and Linda O'Grady will be Deputy State Medicaid Agents. There will be no impact on the Committee as Antoinette will continue to oversee the Pharmacy Program. Colleen Jones has moved on to a new position with a company called AdvanceMed.

B. DUR Manager Report: A letter regarding the less common drugs of abuse was sent to pharmacies, NPs, PAs and all family practice physicians and general practitioners. In addition, in collaboration with the Board of Medicine and Workers' Comp, a book regarding responsible prescribing of opioids was sent to all physicians and PAs in the state. Nurse practitioners received a copy of the book through the Board of Nursing previously.

Old Business

A. Gilenya: Requiring a trial of Tysabri before Gilenya doesn't make much sense. There was a motion and second to approve the following criteria and all were in favor.

Gilenya: Trial and failure of interferon and Copaxone.

B. Atypical Antipsychotic dose optimization: Due to the recent receipt of five quarters of rebate information from CMS, this topic was tabled to allow for an updated cost analysis. Use of low-dose Seroquel was discussed. Roughly 38% of our total Seroquel utilization is for subtherapeutic doses of Seroquel (≤ 100 mg). A letter was sent to prescribers to request diagnosis information. The Committee felt that use of Seroquel for sleep alone was not appropriate. There was a motion, second and all were in favor of the following criteria.

Seroquel: Prior authorization will be required for use of doses at or below 100 mg for greater than 30 days.

C. Clonidine use in hypertension: Retrospective review of the use of clonidine revealed that four adults with a hypertension diagnosis were using clonidine alone, approximately 55 patients were using clonidine alone with no supporting diagnosis on file. This issue will continue to be monitored. A newsletter article will be drafted concerning the use of clonidine in hypertension and sent in letter form to physicians using it in this manner.

New Business

A. PA Criteria

i. New Drugs were reviewed.

a. Aluvea: Urea products will be placed on the PDL. The Committee had no concerns or preference for specific products.

b. Daliresp: This medication should not be used first-line, it is intended to be an adjunct for severe COPD. There was a motion, second and all were in favor of the following criteria:

Daliresp: Prior authorization will be required. Concurrent use of a long-acting anti-muscarinic required.

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

Horizant: Two month trial and failure of dopamine agonists and gabapentin prior to approval. Diagnosis of restless leg syndrome required. Dose will be limited to 600 mg per day.

d. Virasal: Virasal is the only prescription salicylic acid product that is prescription-only. There was a motion, second and all were in favor of requiring prior authorization for this product with the following criteria

Virasal: Trial and failure of two over-the-counter salicylic acid products.

ii. Makena: This is an injectable product that is approved for pre-term

labor and should not be billed through the pharmacy program. There has been no coverage determination on the medical side.

iii. Omega-3 and DHA prenatal vitamins: A literature review was conducted regarding the efficacy of Omega-3 and DHA in prenatal vitamins. A letter was sent to prescribers requesting feedback regarding making these products non-preferred with no negative responses. Prenatal vitamins will be placed on the PDL based on cost. There was a motion, second and all were in favor of the following criteria.

Omega-3 and DHA prenatal vitamins: Allowed for patients at high risk for pre-term labor.

iv. Long-acting blood pressure medications (multi-daily dosing): 2.5% of utilization is for 3+ doses per day. Maria has discussed this with the cardiologists in her practice and they are doing research regarding this issue. She will bring their results to the meeting in August for further discussion.

B. PDL Class Review

1. Antidepressants: There was no public comment on the class. There are no changes to the evidence and no need to change the current status of the antidepressants.

2. Asthma medications:

Public Comment:

Barbara Felt (GSK) presented comments on Flovent and Advair. She asked the Committee to keep both products on the preferred drug list. Flovent has been shown to have less affect on growth velocity than other inhaled corticosteroids. GSK is not aware of evidence showing superiority of the other products to Flovent. A Cochrane review showed no differences between Advair and Symbicort, and she is not aware of any evidence to the contrary. Flovent and Advair both come in two devices and multiple strengths allowing for significant dosing flexibility.

Jack Putman (Merck) provided comments on Asmanex and Dulera. Asmanex is the only inhaled corticosteroid with once-daily dosing and is approved down to age 4. It provides flexible dosing and carries similar precautions and warnings as others. It is a dry powder inhaler that does not require a spacer. Dulera is approved in patients aged 12 and older. It has shown sustained efficacy over a 12-month period. It has similar side effects as others.

Committee Discussion: Singulair and Accolate have fewer side effects than Zyflo. There are few requests for the non-preferred medications and there is no reason to change based on the evidence.

3. Diabetes medications: This is an update for all classes with the exception of DPP-4 and GLP-1 medications, which have not been reviewed previously.

Public Comment:

Todd Paulsen (NovoNordisk) provided comments on Victoza. There is less potential for hypoglycemia and typically see weight loss. It is 90% similar to endogenous hormone and is given once daily without regard to food. It has shown superiority to exenatide in HbA1c, fasting blood glucose levels and reaching ADA goals. He recommended use after metformin.

Jack Putman (Merck) provided comments on Januvia and Janumet. It is a DPP-4 inhibitor and can be used as triple therapy with metformin and thiazolidinediones, and has been approved for use with insulin. Dosing adjustments are needed in patients with renal dysfunction. Hypersensitivity reactions have been reported as well as cases of acute renal failure. The American College of Endocrinology guidelines recommend DPP-4 inhibitors as initial therapy or add-on to metformin.

Committee discussion: No evidence to support change in current recommendations. Metformin should be used first-line.

DPP-4s: No outcomes data on these agents. Available evidence shows no significant difference between the two medications.

GLP-1s: Available evidence shows no significant difference between two agents in the class.

Non-preferred agents will require a 90 day trial of metformin and then preferred agents. Victoza will remain non-preferred and will require a 90 day trial of metformin and then Byetta.

C. Alzheimer's Agents in autism, multiple sclerosis and traumatic brain injury: A literature search was conducted reviewing the evidence for the use of the alzheimer's agents in these disease states. The evidence for all is very limited and not compelling. These diagnoses will not be added to the prior authorization criteria for the class.

D. Latuda: This topic will be tabled for further discussion until Dr. Robinett is present. Dr. Goddik asked that we allow it for pregnant women because it is the only Category B agent in the class. There was a motion, second and all were in favor of amending the prior authorization criteria for Latuda to allow it for pregnant women.

Other: Responses were reviewed for the Suboxone and Freshkote criteria approved in February. The Committee did not feel that any substantiated changes to the criteria as previously approved.

Stimulant doses were discussed. There was a change in the Adderall maximum dose to allow it up to 60 mg for ADHD and 90 mg for narcolepsy. This is a fairly recent change in the claims system, which seems to have caused some confusion.

There is currently a 10-day time limit to provide information on a prior authorization, after which the claim is denied. A request was made to increase this, and it was agreed that if more than 10 days is required, a request for more time may be submitted.

There was discussion regarding the retrospective profile reviews, which identified many 5-year olds who are receiving ADHD medications. Because the Committee has reviewed this issue, there is no need to send letters on these cases.

Donna gave an update on the DERP collaboration. Previously, DERP reports are available to anyone, and there are a large number and variety of organizations that use them. Effective June 1, this will change and products will not be available publicly. DERP will be looking for other sources of income including selling the reports individually. Prison officials are considering joining the consortium as there are currently few Preferred Drug List policies in prison systems.

Dr. Bush gave a report on the Total Health Record: it continues to be installed and used in some medical offices. They are currently testing the second release and are planning on hooking into other systems in the 4th release. The telehealth program is ongoing and they have had successful cardiac consults. It is available statewide. The immunization program will change the universal status of four vaccines (flu, Menactra, HPV and Hep A) due to budget constraints. For children eligible for the Vaccines for Children program there will be no change, which includes approximately half of the state. For those not eligible, physicians will have to order vaccines themselves and charge appropriate patients. This is expected to only be for the next fiscal year (July 1, 2011 – June 30, 2012).

Open Comments: There were no open comments.

The open portion ended at 11:20 am and the Committee met in closed session to review patient profiles.

There being no further business, the meeting adjourned at 12:00 p.m.

Respectfully submitted,

Aimee Lewis
WYDUR Manager