

WY P&T Committee Meeting Minutes
Thursday, August 30, 2012
Cheyenne, WY
9 a.m. – 1 p.m.

Members present: Steen Goddik, Joe Horam, Scott Johnston, Robert Monger, Scot Schmidt, David Sy, Dean Winsch, Tonja Woods

Excused: Becky Drnas, Kevin Robinett, Maria Kidner

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

Guests: Sara Howe (GHS/WYDUR), Nikki Yost (GHS), Kerri Powell (GHS), Brenda Stout, Sandra Deaver, Maggie Grooms (PharmD candidate)

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

Introductions were made.

Approval of Minutes

The minutes of the May 17, 2012 meeting were approved as written.

Department of Health

A. Pharmacy Program Manager Report: The Department is reviewing the child psychiatry second opinion process, looking to close the loop on follow-up. The Department is also working to expand the process to adult patients with a provider-centered focus.

B. Medical Director Report: None

C. DUR Manager Report: Through retrospective review of Suboxone patients, it was noted that concomitant use of narcotics was frequent. In response, a lettering program has begun to alert prescribers that the patient is on Suboxone and also receiving narcotics. GHS is currently working on the programming to proactively stop concurrent use of narcotics with Suboxone.

Old Business

A. Narcotic Management: The Committee reviewed claims for more than 500 tablets of any narcotic, use of oxycodone 30 mg and the information from the Opioid MUE tool. The lock-in program was discussed as well. There was a motion, second and all were in favor of the following:

Oxycodone immediate release products will be limited to a maximum dose of 90 mg/day. Anything above this amount will require prior authorization.

In addition to concomitant use of Suboxone and narcotics, it was noted that Suboxone users often have claims for other medications with high abuse potential including carisoprodol, benzodiazepines and stimulants. There was a motion, second and all were in favor of the following:

Prior authorization will be required for concomitant use of Suboxone and narcotics, carisoprodol, short-acting benzodiazepines and short-acting stimulants.

The Committee discussed Suboxone duration of therapy and gaps in therapy. Greg Hoke (Reckitt-Bensicker) clarified the company's stance on duration which is that therapy should continue as long as the physician thinks the patient should be treated. The Committee agreed that the current limit of two years duration of therapy is appropriate and tapering should occur within that two years. Further, if there is any gap in therapy, treatment should be allowed to start again as this is very common with addictive disorders.

B . Consecutive duplication of ADHD medications: The Committee reviewed the use of two or more long-acting or two or more short-acting stimulant medications. The use of the combo occurs in only one patient who has been flagged for review with the adult second opinion review process. The use of more than one tablet of a long-acting medication was also reviewed. Use of long-acting medications twice daily is common and the Committee thought this was acceptable. The use of three or more tablets per day will be presented at the next meeting.

B. Transdermal delivery of compound medications: In May, the Committee requested that additional information be brought back regarding the evidence supporting transdermal delivery of topically compounded agents. There is little to no evidence to support these agents.

Dr. Johnston provided some information on appropriate use of antibiotics. He noted the "pollyanna phenomenon" which refers to the evidence showing that the antibiotics that work the best work about as well as those that work the least. Antibiotic utilization information and diagnosis information will be provided for more in-depth review of use in Wyoming.

New Business

A. PA Criteria

1. Determine need for criteria

i. New Drugs were reviewed.

a. Zetonna was reviewed. Roy Lindfield (Sunovion) provided public comment. This is a dry formulation that has a very low volume and is used once daily. It may be beneficial for those patients who have post-nasal drip or a wet-type of allergic rhinitis. It also treats ocular symptoms. There were a few instances of nasal perforation in short-term studies but none in long-term studies. It was noted by

the Committee that many of the nasal steroids are considered to help with ocular symptoms.

b. Qnasl was also reviewed. Deborah Profant (Teva) provided public comment. There are no head to head or comparative studies for Qnasl and no negative studies. She requested that we add Qnasl to the PDL.

Both drugs were considered in relation to the existing preferred agents. There was a motion, second and all were in favor of the following:

There is no clear advantage in safety or efficacy for Zetonna or Qnasl over the existing preferred agents.

2. Review existing criteria:

i. Latuda currently requires trial of all atypical antipsychotics at max doses with the exception of clozapine. Manny Garcia (Sunovion) provided public comment. He noted that the life expectancy of a male with schizophrenia is 58 years. Latuda has proven efficacy. It is contraindicated for use with CYP450 inhibitors. Metabolic changes are minimal, it has no Qtc effects and is a category B agent.

There was discussion regarding the dosage used as well as the potential for use in bipolar disorder. Latuda is approved up to 160 mg per day. Though Latuda is not approved for use in bipolar disorder, there are two studies in bipolar depression which were positive. The Committee felt that their initial concerns had been addressed and it made sense to allow Latuda as a first line agent for schizophrenia and bipolar disorder. There was a motion, second and all were in favor of this change.

ii. Saphris has the same prior authorization criteria as Latuda currently. Shawn Carlson (Merck) provided public comment, requesting that Saphris be made preferred for schizophrenia and bipolar disorder. The Committee felt that their initial concerns had been addressed and voted in favor of making Saphris preferred for schizophrenia and bipolar disorder.

iii. Fanapt also shares the prior authorization criteria of Latuda and Saphris. Julie Porter (Novartis) provided public comment. A study has shown improvement when patients are switched from one atypical to Fanapt. The Committee voted in favor of making Fanapt preferred for schizophrenia and bipolar disorder.

The Committee requested additional information from the manufacturers regarding use at doses higher than approved, particularly in terms of EPS side effects.

iv. Cymbalta for low back pain was discussed. Briana Buckley (Lilly) provided public comment. Two studies reached their efficacy end-points for efficacy while one did not. Additional studies have shown efficacy out to 52 weeks. Studies have been completed which show lower rates of opiate use when Cymbalta is added for this indication as well as positive economic measures. Cymbalta currently is non-preferred with a trial of two preferred agents. It is approved for peripheral

neuropathy and osteoarthritis of the knee. Scot mentioned a patient he had worked with that had been able to cut oxycodone use in half with the addition of Cymbalta. There was a motion, second and all were in favor of allowing Cymbalta for patients with chronic low back pain.

3. Dose limits for the antidepressants and benzodiazepines were discussed. A retrospective review of psychotropic use in adults was conducted and identified significant use of high dose antidepressants and benzodiazepines while there was minimal use in atypical antipsychotics and stimulants where dose limits are in place. There was a motion, second and all were in favor of setting dose limits at 150% or less of FDA-approved maximum dose. The Department of Health will review further to determine the appropriate levels.

C. Other: Prior authorization requests for Elidel and Protopic in children who have not tried a high potency steroid continue to be received. There was a motion, second and all were in favor of lessening the requirement to a trial of a low and intermediate potency steroid prior to Elidel or Protopic approval in kids under the age of two.

Open Comments: Dr. Bush discussed the issue of drug-drug interactions in light of a patient who had died. Aimee will work with the Department of Health to identify the worst interactions and determine whether they should never be used together, require monitoring or are not clinically relevant. Those that should never be used together will require prior authorization with a form indicating that the physician is aware and has completed informed consent. Those that require monitoring may be handled retrospectively and those that are not clinically relevant will not be considered for higher levels of intervention.

Dr. Johnston asked that we review use of quinine sulfate in light of a new warning regarding hepatic injury. Additional information will be provided at the next meeting.

There being no further business, the open portion of the meeting adjourned at 11:00 a.m.

The Committee met in closed session to conduct their annual planning meeting.

Respectfully submitted,

Aimee Lewis
WYDUR Manager