WY P&T Committee Meeting Minutes
Thursday, February 16, 2012
Cheyenne, WY
9 a.m. – 3 p.m.

Members present: Becky Drnas, Kurt Hopfensperger, Joe Horam, Scott Johnston, Maria Kidner, Robert Monger, Kevin Robinett, Scot Schmidt, Dean Winsch, Tonja Woods

Ex-officio: Donna Artery, Melissa Hunter

Guests: Sara Howe (GHS/WYDUR), Nikki Yost (GHS), Stephanie Bassett (student), Paul Sparks (Dyax Corp), Tim Graves (Bristol-Myers Squibb), Lori Howarth (Bayer), Aimee Redhair (Merck), Roy Lindfield, Barbara Felt (GSK), Laura Nichols (GSK), Julie Porter (Novartis), Barbara Boner (Novartis), Gary Kang (Novartis)

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

Introductions were made.

Aimee announced that Antoinette has resigned from her position with the Wyoming Department of Health.

Approval of Minutes

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

Department of Health

A. The Pharmacy Program Manager position is being advertised and interviews will begin in the next couple of weeks. The Department would like to have someone in that position by mid-March if possible. The legislative budget session has started and the Medicaid budget is being closely scrutinized. If there are impacts that affect physicians and pharmacists, we will share that information as soon as we know something. It's also a good idea to keep in touch with your provider association re: legislative activities. Drug shortages are occurring in the state. Donna receives calls frequently from patients looking for medications, though none from Medicaid patients yet.

B. DUR Manager Report: A letter was sent regarding the less common drugs of abuse to all school administrators and school nurses in the state. Aimee continues to work on a new retrospective profile review process and hopes to have something in place by the end of the year.

Old Business

A. WA Psychotropic limits: Utilization of duplicate ADHD medications and duplicate antidepressants was reviewed. There is not a significant amount of use and the Committee felt that no action was necessary.

B. Long-acting Blood Pressure medications: Prior authorization criteria is needed to handle requests for use of these medications more frequently than labeled dosing. The Committee agreed that the limit should be increased to labeled dosing plus one tablet. Further, any request for a dose that cannot be achieved using the labeled frequency will be approved.

New Business

A. PA Criteria

i. New Drugs were reviewed.

a. Ferriprox is approved for transfusional iron overload due to thalassemia syndromes when current chelation therapy is inadequate. There was a motion, second and all were in favor of the following criteria:

Ferriprox will be limited to patients with transfusional iron overload due to thalassemia syndromes.

b. Onfi is a benzodiazepine approved for Lennox-Gastaut syndrome. There was a motion, second and all were in favor of the following criteria:

Onfi will be limited to patients with Lennox-Gastaut syndrome.

c. Edarbyclor is a combination hypertension agent with chlorthalidone instead of hydrochlorothiazide. The Committee noted that chlorthalidone is more potent than hydrochlorothiazide, however, it is significantly less costly to add it as a single agent. Edarbyclor will be non-preferred.

ii. The various forms of zolpidem (Edluar, Zolpimist, Intermezzo) are currently non-preferred, however, can be filled following a trial of the generic zolpidem. There is no known benefit to these forms over the oral outside of speed of onset. There was a motion, second and all were in favor of the following criteria:

Edluar, Zolpimist, Intermezzo will require prior authorization and will be approved for those who are unable to swallow zolpidem tablets.

iii. Berinert and Firazyr are both self-injectable drugs used for hereditary angioedema. Aimee consulted with a local immunologist who recommended a lab-confirmed diagnosis followed by 6 – 12 months of receiving treatments in the physician's office prior to receiving a self-injectable. There was a motion, second and all were in favor of the following criteria:

Berinert and Firazyr will require prior authorization and will be approved only with lab-confirmed diagnosis and following 6 – 12 months of treatment in the physician's office.

iv. GHS is receiving prior authorization requests for the topical immunomodulators from physicians not wanting to use corticosteroids on the face or in children under two. The Committee felt that there were plenty of preferred corticosteroid options that could be safely used. They did not feel there was a need to change the prior authorization criteria.

v. Ivermectin is approved for strongyloidiasis of the intestinal tract, onchocerciasis and is used off-label for resistant head and body lice. It should be taken as a single dose that may be repeated in 7 to 10 days depending on indication. There has been some chronic, daily use occurring for a non-parasitic off-label indication. There was a motion, second and all were in favor of the following criteria:

Ivermectin will require prior authorization and will be approved in patients with strongyloidiasis of the intestinal tract, onchocerciasis and resistant head and body lice.

B. PDL Class Reviews

1. The Committee agreed that the updated information for this class did not substantiate a need to change the current status of the long-acting opioid class.

2. The Committee agreed that the updated information for the ADHD class did not support a need to change the current status.

C. The Committee discussed a concern presented by a pediatrician that patients using Focalin products seem to be coming back frequenty needing another agent. However, based on the current drugs available on the PDL (all except for generic Adderall XR, Metedate CD and Ritalin LA) the Committee felt like there were plenty of other options that could be used first-line.

D. Barbara Felt (GSK) provided comment on Avodart. She asked the Committee to make Avodart preferred, or, at the very least, grandfather current users. She presented one randomized controlled study and four retrospective analyses that showed Avodart superior to finasteride in symptoms, incidence of acute urinary retention and hospitalization and lower medical costs. She also noted that two studies showed equal efficacy between Avodart and finasteride and one study that has only been published in abstract showed equal efficacy but higher withdrawal rates in the Avodart group. There was a question regarding the potential increased risk of death in patients with aggressive prostate cancer. Barbara indicated that those numbers came from a cancer study and Avodart is not indication for prevention or treatment of prostate cancer.

The Committee did not feel that Avodart should be preferred, however, did agree that prior authorization requests for patients who are currently on Avodart should be approved.

Other: The Committee had a discussion regarding potential newsletter topics going forward. Suggested topics include conversion from metoprolol succinate to metoprolol tartrate, new anticoagulants, serotonin syndrome, Stevens-Johnson syndrome, MRSA, antibiotic selection.

Dr. Johnston provided information regarding the asthma intervention that was done in 2009. In the most recent data reviewed, patients with mild asthma received no inhaled steroid 58% of the time, 12% received one 50% of the time and only 1% received one 100% of the time. The numbers in the moderate group were 47%, 23% and 4% respectively and 44%, 20% and 7% in the severe group. He also noted that Serevent, Brovana and Foradil were used rarely as single agents. Ipratropium was used in 15% of patients though they are not effective past the first day of acute asthma. And use of antibiotics was very common and more likely to be a third generation antibiotic. The Committee agreed that this was an intervention that needed to be completed again.

The Committee reviewed results of the PDL from 2011.

The Committee acknowledged Barbara Felt (GSK) for her thoroughness in answering the Committee's public comment questions. Barbara's testimony is a great example of what the Committee is expecting from pharmaceutical companies wanting to provide public comment.

Open Comments: There were no open comments.

There being no further business, the open portion of the meeting adjourned at 10:50 a.m. The Committee met in closed session to review patient profiles and conduct other Committee business.

Respectfully submitted,

Aimee Lewis
WYDUR Manager