WY P&T Committee Meeting Minutes
Thursday, November 14, 2013
Cheyenne, WY
9 a.m. – 1 p.m.

Members present: Steen Goddik, Joe Horam, Maria Kidner, Robert Monger, Garry Needham, Scot Schmidt, Brent Sherard, David Sy, Dean Winsch, Tonja Woods, Pat Yost

Excused: Stephen Brown

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

Guests: Sara Howe (GHS), Nikki Yost (GHS), Amy Stockton (GHS), Brenda Stout, Sandra Deaver, Heather Preston, Lindsey Schilling, Lori Howarth (Bayer), Chris Davidson (Bayer), Brian Streng (GSK), Paul Bonham (Novo Nordisk), Stacy Strasser (Xerox CQS), Cody Sorenson (UW Pharmacy), Paul Goerdt (Novartis), Pat Wiseman, David Stumps, Jamison Liggett (Pfizer), Karen Bielenberg (Lilly), Don McCaffrey (Vertex), Natasha Nielson, Tawnya Wrede, Vicki Parsans (Xerox), Kole Thornton

Dr. Monger called the meeting to order at 9:03 a.m.

Introductions were made. Aimee announced that the University had been awarded the contract for DUR services for three years with the option of an additional two-year extension. Maria Kidner is resigning from the Committee effective immediately so that she can take advantage of an incredible opportunity in Rwanda.

Approval of Minutes

The minutes of the August 22, 2013 meeting were approved as submitted.

Department of Health

A. Pharmacy Program Manager Report: Cori is working on getting the DUR contract through the signature process on her end and expects it to be complete by the end of the year.

B. Medical Director Report: No report.

C. DUR Manager Report: No additional report beyond the contract.

Old Business

A. ADHD age limits: It was noted during PDL review that Kapvay was the only ADHD medication that did not have age and diagnosis limits. There was a motion, second and all were in favor of **limiting Kapvay to patients aged 4 years and older with a diagnosis of ADHD, in addition to its current clinical criteria**.

New Business

A. PA Criteria

1. Determine need for criteria

i. Xyrem is indicated for excessive daytime sleepiness and cataplexy associated with narcolepsy. It has significant potential for adverse effects. There was a motion, second and all were in favor of the following criteria:

Approval of Xyrem will require diagnosis of cataplexy and/or excessive daytime sleepiness associated with narcolepsy, confirmed by a sleep study performed by a sleep specialist. Trial and failure of modafanil and methylphenidate or dextroamphetamine at maximum recommended dose is required.

ii. Antipsychotics in young children was tabled until February.

iii. The TOBI Podhaler was reviewed. Paul Goerdt (Novartis) provided public comment. No difference in efficacy was identified between the Podhaler and the nebulizer solution. Despite the small cystic fibrosis population in Wyoming, the difference in cost between the two products is very significant. As a result, **the Podhaler will require prior authorization**.

2. Review existing criteria:

i. Effient was removed from the agenda.

ii. Clonazepam was limited to FDA-approved indications plus PTSD at the last Committee meeting. The majority of prior authorization requests are for anxiety. It is not known whether the requests are for anxiety secondary to a primary mood disorder or for anxiety alone. To ensure that patients aren't taken off of the drug abruptly, patients currently taking it will be grandfathered. New patients will be reviewed per existing prior authorization criteria. Those using clonazepam for anxiety secondary to another primary mood disorder being treated with first-line agents will be approved.

It was requested that valproate and Depakote be allowed for schizoaffective disorder as this is a mood disorder. There was a motion, second, and all were in favor of adding this diagnosis.

2. New Drugs

i. Breo is a once daily corticosteroid, long-acting beta agonist combination product approved for COPD. Brian Streng (GSK) provided public comment. Three studies have been completed comparing to Advair, with two showing similar efficacy and one showing Breo was superior to Advair. There is a class-wide increase in pneumonia and fractures. As there is no evidence of a difference in efficacy between Breo and the existing products, the Committee voted to **limit the drug to those with COPD and make it non-preferred to the other combination agents**.

ii. Bethkis is another tobramycin inhalation product. It uses a different nebulizer from the Tobi solution, however, there is no evidence of a difference between the two agents. **There was a motion, second and all were in favor of requiring prior authorization for Bethkis pending cost analysis**. If Bethkis is similarly priced to Tobi, it will be allowed without prior authorization.

iii. Adempas is a new molecular agent for pulmonary arterial hypertension. Chris Davidson (Bayer) provided public comment. **There was a motion, second, and all were in favor of requiring a diagnosis of pulmonary hypertension confirmed by right-heart catheterization.**

iv. Brintellix is a new antidepressant with a unique mechanism of action. There are no comparative studies and no clear reasons to use it first-line. **There was a motion, second and all were in favor of making it non-preferred in the antidepressant class.**

B. Other: There was no other business.

There being no further business, the open portion of the meeting adjourned at 10:10 a.m. During the closed portion of the meeting, the Committee conducted their annual planning meeting. Due to the shorter nature of the meetings, the time will change to 10 am to allow more time for those traveling from out of town. The next meeting will be in February 2014, but the date has not been finalized at this time.

Aimee Lewis
WYDUR Manager