WY P&T Committee Meeting Minutes
Thursday, March 7, 2013
Cheyenne, WY
9 a.m. – 1 p.m.

Members present: Becky Drnas, Steen Goddik, Joe Horam, Scott Johnston, Maria Kidner, Robert Monger, Scot Schmidt, Brent Sherard, Tonja Woods

Excused: David Sy, Dean Winsch

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

Guests: Sara Howe (GHS/WYDUR), Nikki Yost (GHS), Kerri Powell (GHS), Brenda Stout, Sandra Deaver, Sandy Jensen (Xerox CQS), Bert Jones (GSK), Jim Graves (BMS), Tim Hartman (Pfizer), Christopher DeSimone (Aegerion), Patrick Jensen (Aegerion), Lisa Valaila (Genzyme), Andrew Revel (Genzyme), Gil Astruc (Takeda), Roy Lindfield (Sunovian), Ted Sheedy (GSK), Paul Fengel (Pfizer), Chris Santarone (BMS), Brad Burgsthayer (Elan), Sumar Bieda (Purdue), Karen Bielenberg (Lilly).

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

Introductions were made.

Announcements

Aimee announced that Dr. Robinett has retired from the P&T Committee after many years of service. He is a great resource and will be missed. Becky Drnas and Dr. Johnston will reach the end of their term limits in October, leaving an opening for another physician and a pharmacist.

Approval of Minutes

The minutes of the November 15, 2012 meeting were approved as presented.

Department of Health

A. Pharmacy Program Manager Report: The position vacated by Roxanne Homar was filled. Lindsey Shilling will be in charge of Pharmacy and Provider Services.

B. Medical Director Report: The contract for CHIPRA is in process. It will be limited to the seven southeast counties for now. The Medical Home project, focusing on clinical quality measures, is in process and will eventually pay for quality management of Medicaid patients. The contract for psychotropic second opinion in adults is moving forward. This contract will focus on the top 15 outlying providers as opposed to focusing on individual patients like the children's contract.

C. DUR Manager Report: The retrospective DUR system has been implemented and one cycle of letters has been sent. The cycle identified some missing data and this issue is being actively addressed by Xerox. Aimee welcomed Sandy Jensen from Xerox CQS. The DUR

program is working closely with Xerox CQS to more effectively manage patients who meet specific clinical parameters which may indicate potential for clinical improvement.

Dr. Sherard emphasized how important the Primary Care Patient-Centered Medical Home project is to the state. Currently 27 practices around the state are involved with the project, encompassing 200+ providers. These practices will be able to report quality measures within their practices. Work is ongoing with insurers to incentivize reporting of quality measures as we move from a fee-for-service model to a value-based purchasing system for health care.

Old Business

A. Buprenorphine for chronic pain: No information was received from Dr. Shay in follow-up to the last meeting. A summary of studies identified through Medline search were provided for review. Purdue provided information via email regarding QT prolongation that was seen with Butrans at higher doses. No change was made to the buprenorphine criteria.

B. Narcotic Management: A draft plan to begin dealing with chronic use of high dose narcotic medications was reviewed. This plan will eventually reduce the limits of long-acting to 120 mg morphine equivalent and short-acting to four tablets per day. Dr. Johnston is concerned that we will push patients to long-acting medications when there is no evidence supporting that long-acting formulations are safer or more effective than short-acting. The intention of this plan is to follow national guidelines regarding narcotic utilization. It was also noted that providers have requested that we put narcotic limits into place in the past. There was a motion, second and all were in favor of this plan.

C. Sedative/hypnotics in pediatrics: A letter was sent to all providers who had prescribed a sedative/hypnotic agent to a patient under the age of 18 in the last several months. Few responses were received; however, those were strongly in favor of age limits on these medications.

There was a motion, second and all were in favor of requiring prior authorization to patients under age 18 for use of a sedative/hypnotic agent.

D. Dr. Johnston presented the results of his review of antibiotic utilization. More than 50% of the time, patients get an antibiotic when they shouldn't or receive an antibiotic that would not be considered first-line. This is similar to national and Canadian averages that have been published. Aimee will work with Xerox CQS to determine the best way to educate providers and patients on this issue.

New Business

A. PA Criteria

1. Determine need for criteria

i. New Drugs were reviewed.

a. Eliquis: Tim Hartman (Pfizer) provide public comment, requesting that Eliquis be added to the PDL. It was shown superior to warfarin in landmark studies. Maria noted that it has a safety benefit over dabigatran for patients with renal dysfunction or renal decline.

There was a motion, second and all were in favor of allowing Eliquis for indication and for those unable to take warfarin. Further, dabigatran will require prior authorization for patients with a history of renal complications in the previous year.

b. Emsam: Discussion was tabled for the antidepressant topic on the agenda.

c. Juxtapid: Patrick Jensen (Aegerion) provided public comment. It is indicated only for homozygous familial hypercholesterolemia which is very rare. It does have a boxed warning for hepatotoxicity and a REMS program required for physicians.

There was a motion, second and all were in favor of limiting the medication to its approved indication.

d. Vascepo: This medication is similar to Lovaza but does not contain DHA. It is EPA only.

There was a motion, second and all were in favor of making Vascepo non-preferred in the triglyceride lowering agent category.

e. Kynamro: Similar to Juxtapid, this medication is approved only for homozygous familial hypercholesterolemia and has a boxed warning for hepatotoxicity. It does have a unique mechanism of action.

There was a motion, second, and all were in favor of limiting the medication to its approved indication.

f. Xeljanz: Tim Hartman (Pfizer) provided public comment. This is a novel oral agent for use in rheumatoid arthritis patients who have an inadequate response or intolerance to methotrexate. It should not be used with biologics or immunosuppressants. Lymphomas have been reported in long-term safety studies, but do not appear to have a strong signal at this time.

There was a motion, second and all were in favor of making this medication non-preferred.

g. Gynazole-1: This medication is being brought back to market. There is no evidence showing it is safer or more effective than other similar agents.

There was a motion, second and all were in favor of making this medication non-preferred.

h. Nesina/Kazano/Oseni: This is a new DPP-4 inhibitor. There is no comparative evidence and no data indicating that it is safer or more effective than other DPP-4 inhibitors.

There was a motion, second and all were in favor of allowing the Department of Health to analyze its comparative cost and make it preferred or non-preferred based on the results of this analysis.

2. Review existing criteria:

i. Antidepressants: Antidepressant utilization was reviewed and it was noted that often patients are using one or two generic SSRIs and then jumping to a branded SNRI. This is not the ideal.

There was a motion, second, and all were in favor of separating antidepressants by mechanism of action (SSRI, SNRI, etc.) and requiring a trial of two preferred agents prior to approval of a non-preferred. The Department of Health will review utilization and cost patterns and develop the PDL accordingly.

There was a motion, second and all were in favor of requiring a trial of oral selegiline prior to use of Emsam.

ii. Acthar gel was removed from the agenda as it already requires prior authorization and there have not been claims in the last two years.

C. PDL Class Review:

1. Neuropathic pain medications: No comparative evidence is available between different classes of medications. As a result, guidelines were provided for review. Dr. Johnston noted that the recommendations are largely given by people who are employed by pharmaceutical companies.

There was a motion, second, and all were in favor of requiring a 12 week step through a tricyclic antidepressant and gabapentin prior to approval of the other medications for neuropathic pain. Patients currently on therapy will be grandfathered.

There was also a recommendation to limit the dose of gabapentin to 3600 mg per day. Utilization will be reviewed to determine the impact of this limit and information will be brought to the Committee in May.

D. Other: None

There being no further business, the open portion of the meeting adjourned at 10:51 p.m.

The Committee met in closed session, adjourning at 11:25 a.m. During the closed session, Dr. Jonathan Benaknin was selected to replace Dr. Robinett and Dr. Patrick Yost was selected to replace Dr. Scott Johnston when he moves off the Committee in October.
Respectfully submitted,

Aimee Lewis
WYDUR Manager