

WY P&T Committee Meeting Minutes
Thursday, August 22, 2013
Cheyenne, WY
9 a.m. – 1 p.m.

Members present: Becky Drnas, Steen Goddik, Joe Horam, Scott Johnston, Robert Monger, Scot Schmidt, Brent Sherard, David Sy, Dean Wunsch, Pat Yost

Excused: Maria Kidner, Tonja Woods

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

Guests: Sara Howe (GHS), Nikki Yost (GHS), Amy Stockton (GHS), Brenda Stout, Sandra Deaver, Sandy Jensen, Heather Preston, David Wills (WY Board of Pharmacy), Allen Webb (student)

Dr. Monger called the meeting to order at 9:02 a.m.

Introductions were made.

Approval of Minutes

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

Department of Health

A. Pharmacy Program Manager Report: The RFP for the DUR program is expected to be released in the next week or so.

B. Medical Director Report: Two new educational programs are beginning to target physicians with high numbers of outlier patients. The focus of these programs is narcotics and adult psychotropic use. Dr. Bush will be handling the narcotic patients while the University of Washington targets the psychotropic prescribers.

C. DUR Manager Report: With the RFP being released soon, Aimee will be contacting some DUR members for references. This is Becky and Dr. Johnston's final meeting after 12 years of service to the DUR program.

Old Business

A. Narcotic Management:

1. David Wills provided an overview of the Board of Pharmacy's Prescription Drug Monitoring Program. It has recently become available online providing immediate access to providers. Wyoming is also working on an MOU that will allow interconnectivity with other states. This will allow providers to see what patients are receiving in other states participating.

2. Aimee provided an overview of the narcotic data. In the quarter ending

June 30, 2013, more than 700,000 short-acting narcotic units and over 57,000 long-acting tablets were dispensed to Wyoming Medicaid patients. 264 patients exceed the limits set by the P&T Committee. The top 15 outlier prescribers account for 40% of these patients.

B. ADHD medication use in young children was discussed with Seattle Children's after the Committee's previous discussion. They noted that there is more data in methylphenidate in young children than amphetamine salts. They felt that peer reviews for patients under age 4 still make sense. **There was a motion, second and all were in favor of lowering the age for all ADHD medications to 4.** All patients under the age of 4 will continue to receive a peer review through Seattle. The age for amphetamine products will be raised from 3 to 4 as well.

New Business

A. PA Criteria

1. Determine need for criteria

i. Ondansetron solution is very expensive compared to the ODT formulation. **There was a motion, second and all were in favor of allowing the solution only for patients who are unable to use the ODT formulation.**

ii. Imipramine capsules are significantly more expensive than the tablets. **There was a motion, second and all were in favor requiring prior authorization for the imipramine capsules.**

2. Review existing criteria:

i. Amitiza recently received the indication for opioid-induced constipation. **There was a motion, second and all were in favor of requiring a three-month trial of a secretory agent prior to approval of Amitiza.**

ii. Gilenya was added to the agenda at the request of a provider. However, the provider did not submit the public comment form or any information. Paul Goerdt, Novartis, provided public comment. They have a head to head study, seven years of safety information and a first-line indication from the FDA. MS groups and guidelines do not list it as first-line at this time. Dr. Johnston noted the significant concerns regarding bradycardia and the requirement to monitor the patient for six hours every time they restart the medication. The PA Help Desk is not receiving many requests for the medication. The Committee did not feel that changes needed to be made to the current non-preferred status.

iii. Onfi is currently limited to a very narrow indication, Lennox-Gastaut. The PA Help Desk has received several requests for broader indications in adolescents with supporting documentation and published studies. **There was a motion, second and all were in favor of approving Onfi for refractory seizures in patients under age 21.**

iv. Diclegis is a combination of doxylamine and pyridoxine. Previously the Committee recommended use of the separate agents, however, they are not rebatable and, therefore, not covered by the Medicaid program. It is a Category A agent for pregnancy and the combination is listed as a first-line agent in the ACOG guidelines.

There was a motion, second and all were in favor of allowing Diclegis for women who are pregnant.

B. Other:

1. Aimee provided a review of the psychotropic data. The number of high dose patients decreased as a result of the dose limits that were programmed for antidepressants and benzodiazepines. There are 303 patients who exceed the limits set by the P&T Committee. Similar to the narcotic outliers, the top 13 outlier psychotropic prescribers account for 40% of these patients.

2. Dr. Bush gave an overview of the Managed Care Study that is underway. They will be looking at all models of managed care and the information will be going back to the legislature for further review. Wyoming and Alaska are the only two states without some form of managed care. This is not directly related to the Primary Care Medical Home project which will provide a Per Member Per Month payment for quality.

3. Dr. Avery and Dr. Kimmel from the University of Washington joined the meeting via Skype to discuss the adult psychotropic review process. The top prescribers have been identified and will be targeted for collaborative discussion regarding four of their outlier patients. The intent is to determine the logic driving these prescribing practices. The information learned through the collaborative discussions will be used to guide the P&T Committee and Department of Health in policy-making. Dr. Avery and Dr. Kimmel just completed a similar project in Washington and will use lessons learned there to help guide the project in Wyoming.

There being no further business, the open portion of the meeting adjourned at 10:51 a.m. During the closed portion of the meeting, the Committee selected Dr. Stephen Brown to fill the open physician position and Garrett Needham to fill the open pharmacist position. David Sy was selected Vice Chair as Becky Drnas will be vacating that position.

Aimee Lewis
WYDUR Manager