

WY P&T Committee Meeting Minutes
Wednesday, February 12, 2014
Cheyenne, WY
10 a.m. – 1 p.m.

Members present: Stephen Brown, Joe Horam, Robert Monger, Garry Needham, Scot Schmidt, Dean Winsch, Tonja Woods, Pat Yost

Excused: Brent Sherard, David Sy

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

Guests: Sara Howe (GHS), Nikki Yost (GHS), Amy Stockton (GHS), Brenda Stout, Sandra Deaver, Jill Carroll, (Bristol-Myers Squibb), Jim Graves (BMS), Risa Reuscher (Amgen), George Yasutake (Actelion), Karen Bielenberb (Lilly), Tom McGovern (AbbVie), Mike Broadhard, Jay Liggett (Pfizer), Ann Marie Licos (MedImmune), Stephanie Kosinski (UW SoP), Nick Casale (Reckitt Benckiser)

Dr. Monger called the meeting to order at 10:02 a.m.

Introductions were made.

Approval of Minutes

The minutes of the November 14, 2013 meeting were approved as submitted.

Department of Health

A. Pharmacy Program Manager Report: The DUR Contract with the University of Wyoming is complete. It is a 2.5 year contract with the option of a 2 year extension. The updated Preferred Drug List was released January 2nd.

B. Medical Director Report: The contract with Seattle Children's Hospital, looking at children exceeding parameters has resulted in a return on investment of 1.9 and higher quality of care for children taking psychotropic medications. The return on investment is largely contributed to the mandatory screening for Medicaid children prior to entering a residential treatment facility. The University of Washington has begun the review of prescribers with the highest number of adult patients exceeding similar parameters. Prescribers have been a mix of psychiatrists, primary care practitioners, nurse practitioners and physician assistants. We continue to work with CQS and others on the Quality Improvement Project. The focus for the last year has been diabetes and the group will meet to determine a focus for 2014. New areas of interest are narcotics, medication abuse, and polypharmacy.

C. DUR Manager Report: A report listing information regarding the retrospective letters that were sent over the last year and the responses received from physicians were provided for review.

Old Business

No old business.

New Business

A. PA Criteria

1. Determine need for criteria

i. Colcrys utilization was reviewed, identifying patients using it chronically for prophylaxis, despite availability of other, less expensive alternatives. All were in favor of the following criteria:

Colcrys will be limited to 60 tablets per 30 days and a maximum duration of six months. Prior authorization will be required to exceed these limits.

ii. The Board of Medicine reported seeing an increase in fatal overdoses with the use of fentanyl patches in patients who are not opioid-tolerant. All were in favor of limiting the use of fentanyl to its label as follows:

Fentanyl patches will be limited to opioid-tolerant patients, defined by the label as those who have been receiving at least 60 mg of morphine, 30 mg of oral oxycodone or 8 mg of oral hydromorphone, or equianalgesic dose of another opioid, for a minimum of one week.

2. Review existing criteria:

i. Dr. Frank Del Real requested that the two year limit on Suboxone be reviewed and provided public comment via telephone. He described addiction as a chronic disease similar to diabetes. It is particularly complicated in patients with current or history of addiction and chronic pain requiring treatment with opiates. Though he has had patients that have successfully tapered off and remained clean, others struggle and may never be able to wean off the drug completely. Dr. Bush pointed out that in the data submitted with the public comment form, patients were weaned at 8.8 – 16 months. No studies were provided showing use longer than two years. Nick Casale (Reckitt Benckiser) provided public comment, indicating that the company would push for no time limits on the medication. The prior authorization process was reviewed indicating that treatment longer than two years would be approved with an appropriate treatment plan, which should include a legitimate attempt to taper the Suboxone dose. Dr. Del Real indicated that most of his patients ended up on 8 mg – 16 mg per day, and he would like to see that dose range allowed chronically. The Committee chose to keep the policy as is due to the flexibility of the prior authorization process. Further, Cori asked for clarification on how to proceed with requests that ask for increased dosages, specifically for chronic pain treatment. Because treatment of chronic pain is an unapproved use, the Committee supports denial of these requests.

3. New Drugs

i. Trokendi XR is a new, once-daily formulation of topiramate, indicated only for treatment of seizures. All were in favor of limiting Trokendi XR to its approved indications.

ii. Opsumit is a new medication for treatment of pulmonary arterial hypertension. George Yasutake (Actelion) provided public comment. He indicated that there is no REMS program for liver monitoring, but there is one for women of child bearing age. It is the only medication approved with morbidity and mortality data. The Committee was all in favor of requiring diagnosis with confirmatory right-heart catheterization. Further, they indicated there was no evidence showing a difference between Opsumit and existing agents in safety or efficacy.

iii. Fetzima is approved for major depressive disorder. There is no obvious benefit over other SNRI agents and it will be a non-preferred agent.

iv. Sovaldi is a new agent approved for treatment of Hepatitis C. Kim Eggert (Gilead) provided public comment. The data is very positive, with 90%+ remission rates. There are no cases of relapse after treatment known at this time. It is unclear if the few cases of active infection are due to relapse or reinfection due to unchanged high risk lifestyle. All were in favor of allowing use of Sovaldi according to label.

v. Otrexup is an auto-injectable form of methotrexate. All were in favor of requiring prior authorization for this new formulation. Prescribers will have to provide clinical justification that patient is unable to use traditional formulations.

vi. Duavee is a new hormone replacement product. Jay Liggett (Pfizer) provided public comment. It is a unique combination that is expected to reduce uterine hyperplasia. There is no outcomes data regarding effects on dementia or coronary artery disease, however, it does carry the class-wide black box warning. All were in favor of allowing use of this product without restriction.

vii. Farxiga is a new diabetic agent, similar in mechanism to Invokana. All agreed that there is no evidence of a difference between the two agents.

B. Other: There was no other business.

There being no further business, the open portion of the meeting adjourned at 11:26 a.m. During the closed session, the Committee chose new members to replace Maria Kidner and Steen Goddik.

Aimee Lewis
WYDUR Manager