WY P&T Committee Meeting Minutes
Thursday, May 8, 2019
Cheyenne, WY
10 a.m – 1 p.m.

Members present: Joseph Horam, Scott Johnston, Rhonda McLaughlin, Robert Monger, Chris Mosier, Garry Needham, Scot Schmidt, David Sy, Tonja Woods, Patrick Yost

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

Excused: Hoo Fang Choo, Paul Johnson

Guests: Sandra Deaver, Melissa Eames, Donna Artery, Amy Stockton (CHC), Sara Howe (CHC), Nikki Yost (CHC), Jennifer Shidler (Sanofi), Ray Kan (Sanofi), Lori Howerth (Bayer), Jason Collison MD (CRMC), Jennifer Thobro (BHS), Sean Parker (Bristol-Myers Squibb), Amy Rodenburg (Allergan), Dustin Brown (WDH), Amy Guimond (WDH), Wendy Rockwell (Sobi).

Dr. Monger called the meeting to order at 10:00 a.m.

Introductions were made.

Approval of Minutes

The minutes of the February 14, 2019 meeting were approved as submitted.

Department of Health

A. Pharmacy Program Manager Report: The Department of Health is currently working on changes based on legislation that passed in the last session. Proposals for the Benefits Management System (previously the MMIS) are currently being reviewed. This new system will stand up in 2021. The current system is over 25 years old and holds everything except pharmacy (carved out 10 years ago). CMS has directed states to upgrade these systems to a "plug and play" model. This is the last, and most difficult, portion to implement.

B. Medical Director Report: The Primary Care Medical Home (PCMH) project now has more than 30% of clients attributed. Practices continue to enroll. The Department is currently collecting clinical quality measures. WYFI now has four hospitals live and several medical groups.

C. DUR Manager Report: Nothing to report

Old Business:

A. Aimee presented the data on adult ADHD. Utilization has dropped by 20% since implementation of the prior authorization. Other narcotic use in these patients was presented.

Dr. Collison attended the meeting to discuss difficulties with the PA process. CRMC has been experiencing difficulty and frustration with the adult ADHD and duplicate antidepressant policies in general. It requires about an hour of nurse time to get

authorized for the second antidepressant. They had 15 PA requests in April. The ADHD requirement for symptoms to be present in more than one situation is being misinterpreted. With adults, we are looking for a history of symptoms in these situations. They do not have to currently be in these situations. The intellectually disabled are a completely different issue. Cori clarified that the intellectually and developmentally disabled are excluded from this policy. The issue is that we are unable to identify them if prescribers don't indicate the diagnosis on the PA form.

There was discussion about whether social situations should count for adults. These are examples only. If there is a history of inattention at work or school, it would count towards a continued diagnosis.

The Adult ADHD PA form will be updated to include a check box for developmentally/intellectually disabled and a free form area for history of symptoms in other environments. There was a motion, second and all were in favor.

The duplicate antidepressant policy is more time consuming as we ask for a tapering schedule. This is due to the way the PA has to be added to the system, by NDC, quantity and day supply. There was a motion, second, and all were in favor to keep the prior authorization requirement. The time for tapering will be increased from six weeks to 90 days. Change Healthcare will do some research to see if there is a way to simplify the process. This is system dependent.

The Committee circled back to the ADHD utilization info and use of other sedative narcotics. No further action was taken.

B. Cancer diagnosis codes were discussed. Aimee will look at utilization and bring it back in August.

C. Long-acting opioids were reviewed. There is no new evidence suggesting a difference in these agents. The abuse-deterrent features are currently unimpressive. There was a motion, second, and all were in favor of referring to the Department of Health for a cost analysis and preferred product selection.

<u>New Business</u>

A. PA Criteria

1. Review existing criteria

i. Savella dosing was discussed. Amy reported that she had received a request for 400 mg per day (twice the maximum dose). There was a motion, second and all were in favor of limiting Savella to the labeled maximum dose.

2. New Drugs

i. Bijuva is a new medication approved for moderate to severe vasomotor symptoms due to menopause. There was a motion, second and all were in favor of limiting to indication. A cost analysis may be done to determine if this class should be managed on the PDL.

ii. Motegrity is approved for chronic idiopathic constipation in

adults. There is no evidence of safety or efficacy benefits. There was a motion, second and all were in favor of referring to the Department of Health for cost analysis and PDL placement.

iii. Apadaz is a prodrug of hydrocodone approved for short-term management of acute pain. There is no evidence of safety or efficacy benefits. There was a motion, second and all were in favor of referring to the Department of Health for cost analysis and PDL placement.

3. Determine need for criteria

i. Uloric has a new black box warning regarding the risk of heart-related death. The warning indicates that Uloric should only be used for patients who fail allopurinol. There was a motion, second, and all were in favor of requiring a 60 day trial and failure of allopurinol prior to use of Uloric.

Other

Cori provided a legislative update on bills that will affect Medicaid. Several opioid bills were passed. Initial fills of opioids will be limited to 7 days with exceptions to be defined by the rule making process. Continuing education is required for all prescribers and pharmacists. E-prescribing of opioids is required effective January 1, 2021. Checking of the Prescription Drug Monitoring Program (PDMP) is now mandatory at the initial prescription and every three months.

Midwives have been added to the Medicaid State Plan as providers. Medicaid coverage of clubhouse, community-based, psychiatric programs was approved. These are programs for adults with mental health disorders to receive habilitative services such as vocational and skills training and peer support. The expenditures for school-based services for Medicaid clients was shifted from the Department of Education to the Department of Health. A Medicaid 1115 waiver will be submitted to CMS to cover anyone receiving air ambulance services by Medicaid, with state funds only. Finally, there was a change to the public records request process. Every Department now has one point of contact, with seven days to acknowledge the request and 30 days to provide the information.

After 17 years of service to the DUR program, Laura Miller will retire at the end of June. She has been a huge asset to the program and will be greatly missed.

There being no further business, the open portion of the meeting was adjourned at 12:00 and the Committee met in closed session.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager