

WY P&T Committee Meeting Minutes
Thursday, November 13, 2014
Cheyenne, WY
10 a.m – 1 p.m.

Members present: Andrew Beaulieu, Joe Horam, Robert Monger, Garry Needham, Scot Schmidt, Brent Sherard, Dean Winsch

Via Phone: Rhonda McLaughlin, David Sy, Tonja Woods, Pat Yost

Excused: Stephen Brown

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

Guests: Sara Howe (GHS), Nikki Yost (GHS) via phone, Amy Stockton (GHS), Brenda Stout, Sandra Deaver, Paul Bonham (Novo Nordisk), Ted Sheedy (GSK), Jay Mehta (Biogen Idec), Karen Bielenberg (Lilly).

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

Introductions were made. Aimee welcomed Rhonda McLaughlin to the Committee.

Approval of Minutes

The minutes of the August 14, 2014 meeting were approved as submitted.

Department of Health

A. Pharmacy Program Manager Report: The Department of Health is currently working on the requirements for the RFP for PBM services. The RFP is expected to be released in the first quarter of 2015. The process of removing the federal upper limit (FUL) from the reimbursement methodology is moving forward.

B. Medical Director Report: The state plan amendment for Primary Care Medical Home (PCMH) was approved by CMS, allowing the program to move forward. There are currently 29 PCMHs, though it is unknown if all of those will continue on with the program as it moves forward. The RFP for MMIS services is also being developed.

C. DUR Manager Report: No report.

Old Business

A. Hepatitis C treatment: The requirement of an HIV test will be added to the Hepatitis C prior authorization criteria. There was a motion, second and all were in favor of the above changes.

New Business

A. PA Criteria

1. Determine need for criteria

i. Diabetes Testing strips: Review of the utilization of test strips identified a large number of claims implying that patients are testing more than six times per day. Based on guidelines, this is not reasonable or necessary for most patients. Further review identified pharmacy error in many of the claims. Quantity limits will be placed on the strips, allowing ten strips per day for insulin users and four strips per day for non-insulin users. Prior authorization will be required for quantities above this and patients needing to test more frequently will be referred for case management. There was a motion, second and all were in favor of the above changes.

2. Review existing criteria:

i. Naltrexone: The Lock-in manager noted that she was seeing patients who were taking naltrexone and getting narcotic medications. As a result, narcotic medications will require prior authorization when used in combination with naltrexone. The process will be similar to that used with Suboxone.

There was a motion, second and all were in favor of these recommendations.

3. New Drugs

i. Jardiance is a new SGLT-2 inhibitor, approved for type 2 diabetes mellitus. The Committee reviewed written comment submitted by the manufacturer. The Committee determined that there was no evidence of a difference in safety or efficacy. There was a motion, second and all were in favor of this statement.

ii. Northera is indicated for neurogenic orthostatic hypotension. Utilization is expected to be low. It will be limited to its approved indication. There was a motion, second and all were in favor of these criteria.

iii. Striverdi is a long-acting beta-2 agonist approved for long-term maintenance of COPD. The Committee reviewed written public comment submitted by the manufacturer. The Committee determined that there was no evidence of a difference in safety or efficacy. There was a motion, second and all were in favor of this statement.

iv. Cerdelga is indicated for treatment of Gaucher disease, specifically in patients who are not CYP2D6 ultra-rapid metabolizers. Utilization is expected to be very minimal as this is an extremely rare disease. According to the manufacturer, there are no current cases in Wyoming. It will be limited to approved indication. There was a motion, second and all were in favor of these criteria.

v. Trulicity and Tanzeum are new GLP-1 inhibitors approved for type 2 diabetes. Trulicity has good head to head data showing a statistically superior efficacy to Byetta and was non-inferior to Victoza. It is not yet clear whether the statistical difference will translate to clinically important superiority. Tanzeum failed to meet non-inferiority criteria compared to Victoza. The Committee determined that Trulicity has evidence showing superior efficacy, but there is no evidence showing a difference in safety among the medications. Further, they asked that Trulicity and

Victoza be considered for preferred brands in the GLP-1 class. There was a motion, second and all were in favor of this recommendation.

vi. Plegridy is a biweekly sub-cutaneous pegylated interferon-1A approved for multiple sclerosis. Jay Mehta (Biogen) provided public comment on the drug. Avonex will continue to be on the market. Plegridy is the only medication to show improvement in disability over placebo. Side effects are comparable to Avonex. The Committee determined that there is no evidence of a difference in safety or efficacy with the existing medications in the class. There was a motion, second and all were in favor of this statement.

vii. Harvoni is a combination medication indicated for the treatment of Hepatitis C. It may be used without ribavirin or interferon in appropriate patients. It will be managed through the existing Hepatitis C prior authorization process.

viii. Evzio is an auto-injector form of naloxone indicated for reversal of opioid overdose. A much less expensive form is available and can be given via nasal aspirator. Prior authorization will be required. There was a motion, second and all were in favor of the prior authorization.

4. The 2015 draft Preferred Drug List was reviewed.

B. Other: A provider has approached Dr. Horam with concerns about the limits on trazodone for patients under age 5 when used for sleep. Aimee will review the literature and bring it back to the February meeting.

The 2015 meeting dates were discussed with a request to adjust the date of the February meeting due to multiple conflicts.

There being no further business, the open portion of the meeting adjourned at 11:28 a.m.

Aimee Lewis
WYDUR Manager