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

Introductions were made.

Approval of Minutes
The minutes of the November 10, 2016 meeting were approved as submitted.

Department of Health
A. Pharmacy Program Manager Report: The new reimbursement structure went into effect April 1. The State Plan Amendment has been submitted to CMS. The new Go-Live date for the new PBMS is July 24. The opioid limits will go into place September 1.
   B. Medical Director Report: No report
   C. DUR Manager Report: No report

Old Business: None

New Business

A. PA Criteria

   1. Review existing criteria
      i. Opiates and Suboxone use in women of child-bearing age was discussed. Sandra reported that in 2016, 17 Medicaid babies had a diagnosis of withdrawal or abstinence at birth. Of those, 11 are now in foster care. A recently published study indicates that 86% of pregnancies in women taking opiates are unintended. The Suboxone PA form will be updated to add verbiage regarding counseling women of child bearing age about the risk of neonatal abstinence syndrome and the offer of birth control services. A new form will be created for opiates.

      ii. The Nuedexta criteria was reviewed again at the request of the
manufacturer. Pam Sardo (Avanir) provided public comment. She indicated that pseudobulbar affect (PBA) can occur due to many neurological diseases and the drug is currently approved for PBA related to all neurological conditions. A study was provided which reviewed use in traumatic brain injury, stroke and dementia. The current criteria require a patient to have pseudobulbar affect with an underlying diagnosis of multiple sclerosis or amyotrophic lateral sclerosis. Dr. Johnston indicated that he had talked to three neurologists in the state who had never seen or made this diagnosis. It is frequently misdiagnosed for depression. There was a motion and second to leave the criteria as is. This motion failed with a vote of 2 for and 8 against. The motion was then amended to add traumatic brain injury, stroke and dementia to the criteria for approval. All were in favor of this motion.

iii. The potential of adding a life expectancy requirement to the Hepatitis C criteria was discussed. Several states do require a life expectancy of one year for approval of treatment. This is also in the AALSD guidelines. The topic was tabled for further discussion in closed session and was further tabled for discussion in August.

2. New Drugs

i. Emflaza is a new drug approved for Duchenne’s Muscular Dystrophy. Emflaza is a corticosteroid similar to prednisone or prednisolone. There was a motion and second to limit this drug to indication.

ii. Trulance is a new drug indicated for chronic idiopathic constipation. The Committee agreed that there was no evidence of superiority in safety or efficacy. There was a motion, second and all were in favor of allowing the Department of Health to complete a cost analysis.

3. Determine need for criteria

i. Nucala and Cinqair were discussed. There are currently no criteria for approval or denial. Mark Schwartz (GlaxoSmithKline) provided public comment. He indicated that it is estimated that 0.01% of the population has eosinophilic asthma, or approximately 5 patients in Wyoming who would be eligible for these drugs. There was a motion, second and all were in favor of limiting these medications to indication and asthma guidelines (trial and failure of medium or high dose inhaled corticosteroids and a long-acting beta agonist).

Other

The meeting adjourned and the Committee met in closed session.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager