WY P&T Committee Meeting Minutes
Thursday, February 18, 2015
Cheyenne, WY
10 a.m – 1 p.m.

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

Via Phone: David Sy, Tonja Woods

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

Guests: Sara Howe (GHS), Amy Stockton (GHS), Brenda Stout, Ted Sheedy (GSK), Carole Hemmelgarn (Pfizer), Todd Ness (Abbvie), Lisa Borland (Vertex), Lisa Allen (Vertex), Tracey Meeks (Vertex), Don McCaffrey (Vertex), Forrest Floyd (UWSOP), David Stump (Ambien), Philip Eskew (Family Medicine Resident), Mark Germann (Novartis), Michele Puyear (Gilead), Simar Bieda (Purdue), Julie Comon (BMS)

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

Introductions were made.

Approval of Minutes

The minutes of the November 13, 2014 meeting were approved as submitted.

Department of Health

A. Pharmacy Program Manager Report: The RFP for PBM services will be released before the end of March. The current contract ends June 30, 2016. The contract amendment is very close to being approved by CMS allowing for Medication Therapy Management which will allow us to move forward with the narcotic limits.

B. Medical Director Report: No report

C. DUR Manager Report: Aimee welcomed Rhonda to the Committee in person. The retrospective DUR process has been changed to provider-centric reports. An example was passed around for review and comment.

New Business

A. PA Criteria

1. Determine need for criteria

i. Butrans patch has been shown to cause Qtc changes at 40 mcg per hour and is only approved up to 20 mcg per hour. There is utilization above the labeled maximum dose and at the level of possible Qtc changes.

There was a motion, second and all were in favor of limiting the dose of Butrans to 20 mcg per hour.

2. Review existing PA criteria:

i. Trazodone currently requires prior authorization and review by Seattle Children's Hospital for approval for children aged 5 and under.

There was a motion, second and all were in favor of allowing trazodone in children under age 6 with comorbid psychiatric disorders.

ii. Dr. Goddik asked the Committee to review the current prior authorization process for the combination of Cymbalta and Viibryd. The issue at hand is not a drug interaction, but duplication in therapy. The Committee asked for Dr. Goddik to submit additional information, including supporting evidence for this request.

iii. Kalydeco received approval for the R117H genetic mutation. Additional mutations are expected to be approved in the near future.

There was a motion, second, and all were in favor of approving Kalydeco for all FDA approved indications.

3. New Drugs

i. Esbriet and Ofev are new medications approved for use in idiopathic pulmonary fibrosis.

There was a motion, second and all were in favor of limiting these medications to its approved indication. In addition, a pulmonary consult within the previous year will be required.

ii. Akynzeo is a combination medication approved for chemotherapy-induced nausea and vomiting.

There was a motion, second, and all were in favor of allowing for patients with a cancer diagnosis within the last year or a chemotherapy medication on file.

iii. Auryxia is a new phosphate binder for patients with chronic kidney disease requiring dialysis. The Committee agreed that there was no evidence of a difference in safety or efficacy over the existing drugs in the class. The Department of Health will review cost relative to the preferred agents and make a decision about PDL placement.

iv. Lemtrada is approved for relapsing forms of multiple sclerosis. Due to its significant safety profile, it is recommended for use only after trial and failure of two alternative therapies.

There was a motion, second and all were in favor of making Lemtrada non-preferred, requiring trial and failure of at least two agents.

v. Belsomra is approved for treatment of insomnia. The Committee agreed that there was no evidence of a difference in safety or efficacy over the existing drugs in the class. It will be made non-preferred.

vi. Hysingla is a single-agent, long-acting hydrocodone product with abuse resistant technology similar to those of Oxycontin. It cannot be easily crushed, chewed or injected. It will be made non-preferred in the long-acting C-II class.

vii. Incruse is a long-acting inhaled anticholinergic approved for patients with COPD. The Committee agreed that there was no evidence of a difference in safety or efficacy over the existing drugs in the class. The Department of Health will review its cost relative to the existing preferred agents and make a decision regarding PDL placement.

viii. Viekira is a new combination treatment for Hepatitis C. There are currently five patients actively receiving treatments for Hepatitis C. The Committee discussed the once per lifetime limit on these treatments and suggested that an informed consent document detailing this limitation be included in the prior authorization form.

There was a motion, second and all were in favor of limiting Viekira to its approved indications. As a treatment for Hepatitis C, the clinical criteria applied to this class must be met prior to approval.

ix. Arnuity Ellipta is approved for maintenance treatment of asthma. The Committee agreed that there was no evidence of a difference in safety or efficacy over the existing drugs in the class. The Department of Health will review its cost relative to the existing preferred agents and make a decision regarding PDL placement.

x. Afrezza is a new inhalable insulin. The appropriate place for therapy is not currently well understood.

There was a motion, second and all were in favor of requiring prior authorization. These requests will be handled on a case by case basis while its place in therapy is determined.

xi. Savaysa is an antithrombotic approved for patients with atrial fibrillation, deep vein thrombosis and pulmonary embolism. The Committee agreed that there was no evidence of a difference in safety or efficacy over the existing drugs in the class. The Department of Health will review its cost relative to the existing preferred agents and make a decision regarding PDL placement.

B. Other: Dr. Horam mentioned the importance of understanding biosimilars and how they may affect Medicaid going forward. Aimee will coordinate an educational presentation on the subject for the next meeting.

There being no further business, the open portion of the meeting adjourned at 11:25 a.m.

Aimee Lewis
WYDUR Manager