

WY P&T Committee Meeting Minutes
Thursday, August 13, 2015
Cheyenne, WY
10 a.m – 1 p.m.

Members present: Joe Horam, Robert Monger, Garry Needham, Scot Schmidt, Brent Sherard, Dean Wunsch, Tonja Woods, Pat Yost

Excused: Andrew Beaulieu, David Sy, Rhonda McLaughlin

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

Guests: Sara Howe (GHS), Amy Stockton (GHS), Nikki Yost (GHS), Laura Hill (AbbVie), Todd Ness (AbbVie), Derek Traister (Blogen), Jon Bloomfield (Jazz), Barbara Bish (Shire), Lisa Borland (Vertex), Amy Buxton (Wyoming Medicaid), Don McCaffrey (Vertex), C. Rasmussen (Vertex), Caroline Kicklighter (Novartis), Mark Germann (Novartis), J.S. (Vertex), Carole H. (Pfizer), Paul Bonham (Novo Nordisk BioPharm), Melisa Malatchi (BMS), Jill Carroll (BMS), Sara Rugers (Wyoming Medicaid), Michele Puyear (Gilead), Bradley Haas (Astra Zeneca), Tessa Woods (Pre-pharmacy student), Danielle Weiss (UW Pharmacy Student), Marinell Schoening (DoH Intern), David Masters (UW Pharmacy Student), Brian Hughes (UW Pharmacy Student)

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

Introductions were made.

Aimee welcomed Melissa Eames, the new Medicaid Pharmacy Program Specialist at the Department of Health.

Approval of Minutes

The minutes of the May 14, 2015 meeting were approved as submitted.

Department of Health

A. Pharmacy Program Manager Report: Melissa Eames is the new Medicaid Pharmacy Program Specialist, filling the position vacated by Brenda Stout. The Department of Health is currently reviewing the four responses received for the PBM Services RFP. A decision will be made by mid-September with a new contract starting October 2016.

B. Medical Director Report: None

C. DUR Manager Report: The Committee is still in need of a physician to fill the current opening.

Old Business

None

New Business

A. PA Criteria

1. Determine need for criteria

i. Vyvanse has been approved for binge-eating disorder. Barbara Bish (Shire) provided public comment. Binge eating disorder is a specific psychiatric disorder described in DSM-V. It is not FDA-approved, or recommended, for weight loss. The Committee discussed the need for psychiatric involvement in these cases. Utilization will be monitored to see who is prescribing Vyvanse for this purpose and brought back as needed.

There was a motion, second, and all were in favor of approving Vyvanse for patients aged 18 and older for a diagnosis of binge eating disorder. Approval will be given for 12 week periods.

ii. Xenazine is a medication approved for chorea associated with Huntington's Disease. Recent review of utilization shows two patients on this medication, neither of which have a diagnosis of Huntington's on file.

There was a motion, second, and all were in favor of approving Xenazine for FDA-approved indication only.

2. Review existing PA criteria:

i. Several states have reported dose creep associated with the immunomodulators class of medications. There is concern of increasing immunosuppression with higher doses. It is possible to develop resistance to these medications, however, switching drugs is generally a better solution than pushing the dose in these cases.

There was a motion, second, and all were in favor of requiring prior authorization for doses above 120% of the labeled dosages.

3. New Drugs

i. Corlanor is a new medication approved for heart rate control in patients with congestive heart failure on maximum doses of beta blockers. There is no comparative evidence with other heart failure medications.

There was a motion, second, and all were in favor of limiting this medication to those with a diagnosis of congestive heart failure.

ii. Stiolto is a new anticholinergic, long-acting beta agonist combination approved for COPD. The Committee did not see evidence of a difference in safety or efficacy relative to the existing drugs in the class. The Department of Health will conduct a cost analysis and determine placement on the Preferred Drug List.

iii. Entresto is a neprilysin/ARB combination for treatment of patients with congestive heart failure. Caroline Kicklighter (Novartis) provided public comment on this medication. It has positive cardiovascular mortality, hospitalization and all-cause mortality data when compared with enalapril. Enalapril was chosen as the comparator as it has positive mortality data in congestive heart failure. The neprilysin component must be given in combination with an angiotensin receptor blocker as it increases angiotensin levels. ACE inhibitors cannot be given with this medication and should be discontinued 36 hours prior to initiation due to angioedema.

There was a motion, second and all were in favor of limiting this medication to indication of congestive heart failure. ACE inhibitors and ARBs will not be allowed in combination.

iv. Orkambi is a combination of ivacaftor and lumacaftor, approved for cystic fibrosis patients 12 and over with two copies of the F508del genetic mutation. Lisa Borland (Vertex) provided public comment. This is the only disease modifying medication for patients with this particular genetic subtype. Though the absolute improvement in FEV1 seems insignificant, these patients tend to decline year to year, so any improvement in lung function is positive. BMI increases over time with patients on the drug in studies up to 48 weeks, indicating a positive change in nutrient absorption. Studies did not show improvement in quality of life or ability to perform ADLs. Though Orkambi is currently approved for patients 12 and over, studies are in process down to age 6.

There was a motion, second, and all were in favor of approving this medication for indication.

B. Other: None

There being no further business, the open portion of the meeting adjourned at 10:55 a.m. The Committee met for closed session and the annual planning meeting. Dr. Sherard announced that he will retire at the end of this year, leaving another opening for a physician on the Committee.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager