WY P&T Committee Meeting Minutes
Thursday, February 11, 2016
Cheyenne, WY
10 a.m – 1 p.m.

Members present: Joe Horam, Robert Monger, Garry Needham, Scot Schmidt, David Sy, Dean Winsch, Tonja Woods, Pat Yost

Excused: Andrew Beaulieu, Rhonda McLaughlin

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

Guests: Sara Howe (GHS), Amy Stockton (GHS), Nikki Yost (GHS), Garrick Campbell (Otsuka), Deirdre Monroe (Allergan), Sean McGarr (Allergan), Jeff Knappen (Allergan), Paul Bonham (Novo), Carole Hemmelgarn (Pfizer), Shane Hall (Purdue), Wendy Rockwell (AstraZeneca), Scott Bubsberg (Amgen), Steve Goodrum (AstraZeneca), Mark Germann (Novartis)

Dr. Monger called the meeting to order at 10:03 a.m.

Introductions were made.

Approval of Minutes

The minutes of the November 12, 2015 meeting were approved as submitted.

Department of Health

A. Pharmacy Program Manager Report: CMS is requiring states to have an Access Monitoring Plan to ensure policies are not limiting access to providers. Although pharmacy is not required by CMS, pharmacy services is being included in Wyoming's plan. Wyoming has nearly 100% of eligible pharmacies enrolled. Committee members may receive a survey to assess access to services. CMS has released the final rule on covered outpatient drugs and is updating the federal upper limit reimbursement standard. Wyoming will have to update their dispensing fees, effective no later than 4/1/17.

B. Medical Director Report: None

C. DUR Manager Report: Dean Winsch has been on the Committee for a full 12 years, so today is his last meeting. He will be greatly missed.

Old Business

A. The PCSK9 inhibitors, Praluent and Repatha, were tabled during the November meeting, awaiting feedback from cardiologists. This feedback was obtained. Scott Budsberg (Amgen) provided public comment on Repatha. This medication is intended to be added to statin therapy in patients with hypercholesterolemia or heterozygous familial hypercholesterolemia. For patients with homozygous familial hypercholesterolemia, it can be used alone or in conjunction with other cholesterol

agents. Based on cardiologists' recommendation, there was a motion, second and all were in favor of the following criteria.

Praluent and Repatha will be approved for patients who are intolerant to statin therapy or are not at goal with a maximum dose statin for patients with ASCVD and heterozygous familial hypercholesterolemia. It will be approved for patients with homozygous familial hypercholesterolemia.

New Business

A. PA Criteria

1. Review existing PA criteria:

i. Brilinta has an additional indication for long-term use, beyond a year. It also has new superiority data against clopidogrel. Wendy Rockwell (Astra Zeneca) provided public comment. There is no longer a duration of therapy limit in the approved indication. Based on this information, Brilinta prior authorization requests will be approved for up to two years.

ii. Intuniv and Kapvay criteria were reviewed as a result of public comment from Dr. Goddik. Currently, the short-acting forms of clonidine and guanfacine are allowed with no criteria. Intuniv and Kapvay also require a trial of a stimulant and a diagnosis of ADHD. The half-lives are very close to the long-acting formulations, raising questions about the clinical benefit of Intuniv and Kapvay. Dr. Horam asked how many patients continued on to the long-acting formulations regardless of the short-acting requirement. He suggested that the short-acting trial was unnecessary. This matter was tabled until the May meeting pending review of utilization. Based on Dr. Goddik's request, Intuniv and Kapvay will be allowed for children with tics, without a trial of a stimulant.

iii. The criteria for Movantik requires a 90-day trial of Amitiza prior to approval for opioid-induced constipation. A local oncologist requested that this be re-evaluated for cancer patients. The Committee agreed that this trial was unnecessary for patients with cancer or in palliative care. Movantik will be approved for these patients without a trial of Amitiza.

2. New Drugs

i. Tresiba is an ultra-long-acting insulin, given once daily. The Committee found no significant difference in safety or efficacy over the existing products. The Department of Health will review cost and determine placement on the Preferred Drug List.

ii. Seebri/Utibron are new medications for COPD. The Committee found no significant difference in safety or efficacy over the existing products. The Department of Health will review cost and determine placement on the Preferred Drug List.

iii. Viberzi is a new medication for the treatment of IBS-D.

Dierdre Moore (Allergan) provided public comment. 30% of IBS cases are IBS-D. Viberzi acts as an agonist on the mu opioid receptors, similar to opioids, however, has minimal bioavailability and acts only in the gut. It also has delta opioid antagonism properties which is thought to decrease the risk of constipation. There is a small risk of pancreatitis (<1%), and caution should be used in patients who abuse alcohol. Because of its action on opioid receptors, it is a Schedule IV controlled substance. There was a motion, second and all were in favor of limiting Viberzi to its approved indication.

iv. Uptravi is approved for pulmonary arterial hypertension. The Committee found no significant difference in safety or efficacy over the existing products. The Department of Health will review cost and determine placement on the Preferred Drug List. There was a motion, second and all were in favor of requiring a diagnosis of pulmonary arterial hypertension, confirmed by a right-heart catheterization prior to approval.

3. Statin utilization in children was reviewed. There is a small amount of use in children today. All statins are dosed down to the age of 10, with pravastatin and rosuvastatin dosed to age 8. There was a motion, second and all were in favor of requiring prior authorization in children under age 10.

4. Rexulti will be non-preferred. There was a motion, second, and all were in favor of requiring a 30-day trial of two preferred antipsychotics prior to approval of Rexulti.

<u>Other</u>

Dr. Horam brought up an issue of concern regarding the required use of authorized generics for Concerta. Prescribers do not have to write for Concerta in a different way. This only affects how pharmacies substitute the generics.

Multiple sclerosis agents were discussed. Currently a trial and failure of interferon and Copaxone is required prior to the approval of non-preferred agents. As new evidence emerges and additional oral agents are added to the preferred agents, it may not make sense to require specific agents. There was a motion, second and all were in favor of requiring trial and failure of two preferred agents with different mechanisms.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager