

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

Members present: Andrew Beaulieu, Paul Johnson, Rhonda McLaughlin, Robert Monger, Chris Mosier, Garry Needham, Scot Schmidt, David Sy, Tonja Woods, Pat Yost

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

Guests: Sara Howe (GHS), Nikki Yost (GHS), Sandra Deaver, Melissa Eames, Garrick Campbell (Otsuka), Rob Bigham (Shire), Amy Kingery (Shire), Evan Riddle (Biogen), Luke Weedin (Biogen), Todd Ness (Abbvie), Todd Miler (Sanofi Genzyme), Andrea Nicholson (Lilly), Michelle Puyear (Gilead), Jason Smith (Gilead), Karen Bielenberg (Lilly), Bradley Haas (Astra Zeneca), Melissa Snider (Biomarin)

Excused: Joseph Horam, Scott Johnston

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

Introductions were made.

Approval of Minutes

The minutes of the May 11, 2016 meeting were approved as submitted.

Department of Health

A. Pharmacy Program Manager Report: The new contract with Emdeon (now Change Healthcare) is in the development stage. The system is expected to be implemented in March. The duplicate benzodiazepine and benzodiazepine/opioid edits are currently being worked and will go into effect August 31st. Indian Health Service will begin processing claims through the claims system in March as well.

B. Medical Director Report: The Patient-Centered Medical Home project is going very well. Indian Health Service and the tribes want to join.

C. DUR Manager Report: The P&T Committee welcomes new members Paul Johnson and Chris Mosier. We now have a full committee.

Old Business: None

New Business

A. PA Criteria

1. New Drugs

i. Nuplazid is a medication approved for treatment of hallucinations and delusions associated with Parkinson's disease psychosis.

There was a motion, second and all were in favor of limiting Nuplazid to those with a Parkinson's Disease diagnosis.

There was a request to review the incidence of psychosis and mania in those with a Parkinson's diagnosis.

ii. Ocaliva is an orphan drug approved for treatment of primary biliary cholangitis in combination with ursodiol or for those unable to tolerate ursodiol.

There was a motion, second and all were in favor of requiring a trial and failure of ursodiol in the last year. A diagnosis of primary biliary cholangitis will be required for approval.

iii. Epclusa is approved for treatment of chronic hepatitis C of all genotypes. Michelle Puyear (Gilead) provided public comment. This is the first pangenotypic medication. Regardless of treatment experience and cirrhosis status, it is given for 12 weeks. For those with decompensated cirrhosis, ribavirin is added. It is the first single tablet regimen for genotypes 2 and 3. A question was raised concerning the treatment of decompensated cirrhotic patients as the studies only included Child-Pugh B patients. Michelle clarified that, though only Child-Pugh B patients were included at the beginning of the study, some had advanced to Child-Pugh C by the end of the study. As a result, the FDA approved it for all decompensated patients. Genotype 1 is the most common with 70 – 75% of patients, followed by genotype 2 with 10 – 15%. There is an interaction with amiodarone (all regimens containing sofosbuvir). It is not contraindicated, however, monitoring is indicated. Though Epclusa is pangenotypic, it is expected that genotyping will continue to be done as there are other drugs on the market.

Wyoming's utilization remains low and manageable with only five patients currently on treatment. All patients are referred for nurse case management upon approval of a prior authorization. The focus of PA criteria is treatment readiness and compliance to treatment.

There was a motion, second and all were in favor of applying hepatitis C class criteria to Epclusa.

iv. Bevespi is a new medication for maintenance treatment of COPD. Bradley Haas (Astra Zeneca) provided public comment. This is the first pressurized MDI in this class. 2016 GOLD guidelines recommend a LABA/LAMA combination for all severe COPD patients.

The Committee did not note a significant difference in safety or efficacy over the existing products in the class. The Department of Health will conduct a cost analysis and determine placement on the PDL.

v. Zinbryta is approved for relapsing forms of multiple sclerosis who have had an inadequate response to two or more treatments. Evan Brittle (Biogen)

provided public comment. He noted that this is a unique, reversible mechanism of action, and requested access to all MS agents. Zinbryta does have a black box warning for hepatotoxicity and immune-mediated disorders and requires a REMS program. It will only be accessible through specialty pharmacies.

There was a motion, second, and all were in favor of making Zinbryta non-preferred, requiring trial and failure of two agents from different classes.

vi. Xiidra is an agent used for dry eye disease. Amy Kingery (Shire) provided public comment. There is no other eye drop available for dry eye. It can be used in those with plugged tear ducts.

There was a motion, second and all were in favor of limiting Xiidra to indication.

Other

Sandra Deaver provided an overview of the pregnancy narcotic program. This program began in 2011. Sandra sends a list of Medicaid patients identified as pregnant by eligibility code. Aimee reviews these patients for chronic narcotic use or signs of doctor shopping. Letters are sent to the narcotic prescriber and the obstetric provider (when identifiable) to ensure that both providers are aware of the situation. A letter is not sent if the prescriber and OB provider are the same. These patients are also referred for Lock-In review and nurse case management.

There are approximately 40 referrals per year for the mother. Sandra reviewed the incidence of babies born with a diagnosis indicating drug addiction or drug withdrawal. Twenty-four babies have been identified since we started. Seven of the mothers were not on Medicaid prior to the birth of the baby. Seven did not have narcotics on their drug profile prior to the birth. Five had the same provider, so no letter was sent. Letters were sent on five cases.

Some additional items have been identified in this process. A review of 2015 birth report shows that 21% of births are to mothers who were not enrolled in the pregnant women program. It is unknown if these women are receiving prenatal care up to delivery. Four patients were identified as not being pregnant in this process. One was a mistake (a data input error) and two have been prosecuted for Medicaid fraud.

Dr. Bush indicated that preterm birth is priority at the Department of Health and this is one of many programs that are targeting this population.

The meeting adjourned and the Committee met in closed session.
Respectfully Submitted,

Aimee Lewis
WYDUR Manager