

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

Members present: Andrew Beaulieu, Joseph Horam, Paul Johnson, Scott Johnston, Robert Monger, Chris Mosier, Scot Schmidt, 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, Luke Weedin (Biogen) Garrick Campbell (Otsuka), Charissa Anne (J & J), Jody Legg (Alkermes), Todd Miller (Genzyme), Karen Bielenberg (Lilly).

Excused: Rhonda McLaughlin, Garry Needham, David Sy

Dr. Monger called the meeting to order at 10:05 a.m.

Introductions were made.

Announcements: Aimee announced that long-term P&T Committee member Dean Wunsch had passed away earlier in the week. He was a great contributor to the Committee and will be missed by many.

Approval of Minutes

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

Department of Health

A. Pharmacy Program Manager Report: The new Pharmacy Benefit Management System (PBMS) is in the conversion process. It is expected to be implemented in March. The J-code rebate process will be handled by Change Healthcare when the new system is implemented. Eventually, when interfaces are built, likely near the end of 2017, Change Healthcare will begin to process J-code claims through the pharmacy system. Potential prior authorization criteria will come through the P&T Committee. There is a State Plan Amendment (SPA) in process that will change reimbursement to NADAC, or WAC if there is no established NADAC. Along with this change will come an enhanced pharmacist dispensing fee. Cori cannot announce the amount yet as it has not been approved by CMS, but the idea is to make the pharmacies whole via this mechanism.

B. Medical Director Report: Dr. Bush reported that Cigna will be joining the Patient Centered Medical Home (PCMH) program. If a provider is enrolled in the Medicaid PCMH program, they are automatically enrolled in the Cigna program as well. The PCMH program is designed to help practices meet the requirements for Medicare enhanced payment. Building on the PCMH program is the Medical Neighborhood which will be coming in the future. WYHealth case management has opened five regional offices. Currently 280/750 high utilizers are tied to a PCMH. Medicaid will be moving

to a regional case management model in 2018 which will put WYHealth money back in the communities.

C. DUR Manager Report: The CMS Annual report was submitted.

Old Business: Dr. Bush requested some information about Parkinson's Disease at the last meeting. Eighty-eight Parkinson's patients were identified on Medicaid. Thirty-three of these were 65 and under. Eighteen had a comorbid diagnosis of bipolar, schizophrenia, or other psychosis. Two of these were on an antipsychotic, both quetiapine.

### New Business

#### A. PA Criteria

##### 1. Review existing criteria

i. Aimee reviewed utilization on adult use of stimulants. Over 1/3 of adults on stimulants are taking other controlled substances. Criteria from another state was reviewed that requires an adult to be going to work or school to receive stimulants. Aimee will do education requesting providers use an appropriate antidepressant in patients with anxiety. Additional information will be brought back to the next meeting.

##### 2. New Drugs

i. Zurampic was recently approved for adjunct use with a xanthine oxidase inhibitor in those with gout. There was no evidence of an advantage in safety or efficacy over existing agents. The Department of Health will conduct a cost analysis. If Zurampic is to be non-preferred, use of a xanthine oxidase inhibitor at appropriate dose will be required in addition to a 60 day trial and failure of preferred agents. All were in favor of these potential criteria.

### Other

The 2017 Preferred Drug List was provided for review. It will be posted for public comment on the DUR website.

The meeting adjourned and the Committee met in closed session. The annual meeting was conducted during closed session. Data from the annual report were presented. Potential topics for review in the next year include muscle relaxants (particularly cyclobenzaprine), asthma (including hospitalizations), antibiotics, best practices regarding biologics and biosimilars.

Respectfully Submitted,

Aimee Lewis  
WYDUR Manager