

WY P&T Committee Meeting Minutes
Thursday, February 9, 2017
Cheyenne, WY
10 a.m – 1 p.m.

Members present: Andrew Beaulieu, Joseph Horam, Paul Johnson, Scott Johnston, 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, Angi Crotsenberg (CRMC intern), William Lukkes (CRMC intern), Emily Stanton (Pharmacy student), Garrick C. (Otsuka), Jeff Mussack (Otsuka), Mark S. (GSK), Chris F. (GSK), Adie Anwar (Pfizer), Tim H. (Pfizer) Jason Smith (Gilead Science), Don McCaffrey (Vertex), Elizabeth Ariano (Indivior)

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

Introductions were made.

Approval of Minutes

The minutes of the November 10, 2016 meeting were approved as submitted.

Department of Health

A. Pharmacy Program Manager Report: The new claims processing system will be implemented May 15th. Legislation for naloxone access is moving through the legislature. This will allow pharmacists to prescribe the medication and will allow for prescribers to give a standing order for entities such as first responder organizations. The Board of Pharmacy has re-interpreted their policy and determined that Medicaid can no longer access the PDMP. Medicaid is not considered to be in direct patient care.

B. Medical Director Report: The Elderly and Vulnerable task force has recommended that the Department of Health have access to the PDMP.

C. DUR Manager Report: No report

Old Business: Adult ADHD was discussed. There was a motion, second and all were in favor of requiring patients to meet DSM-V criteria, including the presence of symptoms in a school or work environment. There are more than 300 patients who will be affected by the new policy. The policy will be rolled out in a way that is reasonable for providers and the prior authorization help desk. Those with a diagnosis of traumatic brain injury or intellectual disability will be grandfathered. The impact of the policy will be reviewed frequently, and information will be formally brought back after one year.

New Business

A. PA Criteria

1. Review existing criteria

i. The concurrent use of Suboxone and benzodiazepines is currently allowed if they are from the same prescriber. Based on the risk of this combination, a prior authorization will be required for any concurrent use regardless of prescriber. The five patients who are currently on both will be grandfathered. There was a motion, second and all were in favor of this change.

ii. Nuvigil and Provigil were not included in the dose limits that were placed on stimulant medications. They are currently limited to FDA approved diagnosis. Claims analysis indicates that dosage limits are necessary. There was a motion, second and all were in favor of limiting Nuvigil to 150 mg per day and Provigil to 200 mg per day. Nuvigil will be allowed via prior authorization to go up to 250 mg for those with a diagnosis of narcolepsy. In addition, use of both agents concurrently will not be allowed.

iii. Utilization of Neudexta was reviewed, identifying a fair amount of off-label utilization. It is currently allowed for patients with a diagnosis of pseudobulbar affect. This is generally diagnosed in conjunction with a neurological disease. However, it appears that it is being used for major depressive disorder which does not have good supporting evidence. Dr. Bush will review the charts for these patients. In the meantime, there was a motion, second, and all were in favor of updating the criteria to require a diagnosis of pseudobulbar affect with an underlying diagnosis of multiple sclerosis or amyotrophic lateral sclerosis.

2. New Drugs

i. Vemlidy is a new medication for the treatment of Hepatitis B. Jason Smith (Gilead) provided public comment. It is a prodrug which can be given at a lower dose than Viread. It is not recommended for those who are coinfecting with HIV, however, he was not sure about Hepatitis C coinfection. Vemlidy is non-inferior to Viread, however the safety benefit is not clear. Additional safety data was requested from the company. The Committee determined that there was no evidence of a benefit in efficacy. The Department of Health will conduct a cost analysis and determine the need to manage this class. Additional safety information will be forwarded to the Committee when it is received.

ii. Adlyxin and Soliqua are new GLP-1 inhibitors approved for diabetes. The Committee determined there was no evidence of a benefit in efficacy and potentially more symptomatic hypoglycemia. They recommended that both drugs be non-preferred until additional safety information is available.

iii. Eucrisa is approved for mild to moderate atopic dermatitis. It does have a unique mechanism of action versus the existing agents for this condition. Pfizer provided public comment. There are additional studies that have not yet been published including a long-term safety study. Dr. Johnston noted that half of the studies that were completed were in plaque psoriasis, however, the Pfizer representative could

not comment on this. The Committee determined that there was no evidence of a benefit in efficacy or safety over existing agents. The Department of Health will do a cost analysis. If it is cost prohibitive, it may be a Step 3 agent, requiring a 21 day trial of Elidel or tacrolimus prior to approval.

Other

Dr. Horam gave a fascinating presentation on his time with the National Guard when he was Saddam Hussein's personal physician.

The meeting adjourned and the Committee met in closed session.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager