WY P&T Committee Meeting Minutes
Thursday, November 4, 2021
Cheyenne, WY via Zoom
10 a.m – 1 p.m.

Members present: Alissa Aylward, Evan Crump, Paul Johnson, Kristen Lovas, Chris Mosier, Danae Stampfli, Patrick Yost

Excused: Hoo Fang Choo, Scott Johnston, Garry Needham, Robert Monger, Melinda Carroll

Ex-officio: Cori Cooper, Melissa Hunter

Guests: Melissa Eames, Sandra Deaver, Patrick Johnson, Matt Robison (CHC), Corwyn Moss (CHC), Melissa Mehle (CHC), Beth Withrow, Phil Wettestad (Novartis), Matthew Wright (Artia), Lindsey Walter (Novartis), Amy Rodenburg (Abbvie), Aimee Redhair (Biogen), Karen Evenson (Albireo), Paul Thompson (Alkermes), Laura Hill (Abbvie), Lori Howarth (Bayer), Trent Taylor (Johnson & Johnson), Deborah Guay (Gene), Susan Kelly (Spark), Dana Koehn (Sunofi), Bobbi Bentz (Lilly), Glenn Cornish (Alkermes), Jason Smith (Gilead), Heidi Kresken (Scynexis), Scott Poole (Scynexis), Tressa Diebes (Takeda), Rhonda Clark (Indivior), Stacy Sandate (Albireo), David Large (Biohaven), Evan Rushing (Alkermes), Roy Lindfield (Sunovion)

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

Introductions were made. Aimee announced that this is Dr. Monger's last meeting after 12 years of service to the Committee. He will be missed greatly! Evan Crump was introduced. He is the new pharmacist, replacing Scot Schmidt.

Approval of Minutes

The minutes of the August 12, 2021 meeting were approved.

Department of Health

A. Pharmacy Program Manager Report: CNSI, the new medical claims vendor, went live October 25th. This was the last step in a fully modular Medicaid claims system. Prior authorizations for physician administered drugs are now handled through the Pharmacy program. There are only about 13 codes with existing criteria. These have been added to the Additional Therapeutic Criteria chart online. The PA process will be similar to pharmacy claims, on a different form. Cory Moss will be handling the PA process on the CHC side, working with Patrick on the Department of Health side.

B. Medical Director Report: None

C. DUR Manager Report: Aimee reported that she had reviewed utilization of ivermectin given anecdotal reports of potentially inappropriate use around the country. Utilization was very low and all looked appropriate.

There was discussion of the current special session of the Legislature. The Biden administration has just released details of federal vaccine mandates that will go into effect January 4th. Those who are unable or do not wish to be vaccinated may opt to test weekly and a wear a mask at work. Mandates will be enforced for businesses with 100 or more employees.

Old Business:

A. Following additional research and discussion, it was determined that the best way to manage antipsychotics for Major Depressive Disorder is to allow trial and failure of one antipsychotic for the diagnosis of MDD prior to approval of another antipsychotic with the indication. This will be a manual PA and the help desk will ensure that the patient is taking an antidepressant concurrently in accordance with the approved indication. There was a motion, second and all were in favor of this approach.

B. Kerendia was referred to the Department of Health for cost analysis and PDL placement at the August 2021 meeting. Kerendia will be non-preferred and was brought back for criteria. There was a motion, second, and all were in favor of requiring a trial and failure of spironolactone OR eplerenone AND an SGLT-2 inhibitor for a minimum of 4 weeks in the last 12 months. In addition, patients are expected to be on current therapy of one of the above at the time of authorization.

New Business

A. PA Criteria

1. Review existing criteria

i. Based on the potential for an unusual RSV season this year, the use of more than five doses of Synagis was discussed, in addition to continued prophylaxis after active infection. It was noted that the Southern hemisphere also noted an early onset, however, the season was not longer than normal. It was determined on both topics that requests should be handled on a case-by-case basis. No change in the criteria is currently necessary.

2. New Drugs

i. Bylvay is indicated for treatment of pruritus in patients with progressive familial intrahepatic cholestasis. Stacy Sandate (Albireo) provided public comment. It was asked if this medication had been compared to cholestyramine. Due to the lack of approval in patients under 3 years and the high number of drug interactions, cholestyramine has not been compared and is not utilized frequently in this patient population. Most commonly, ursodiol and rifampin are used off-label. There was a motion, second and all were in favor of limiting to indication.

ii. Brexafemme is a non-azole antifungal approved for the treatment of vulvovaginal candidiasis. Heidi Kresken (Scynexis) provided public comment. Brexafemme is a new mechanism of action and is fungicidal instead of fungistatic. It has minimal drug interactions and no liver toxicity. In addition, it is effective in azole-resistant and non-albican candida. It was noted that this product is

teratogenic and should not be used in pregnancy. Prescribers should verify that the patient is not pregnant and contraception should be used for four days following therapy. Heidi indicated that rats did show malformations at very high doses (5 – 10 times higher than human doses). It is being studied in more invasive infectious disease like thrush and an IV form is in phase I. It was also noted that there is an ongoing pregnancy registry. There was a motion, second and all were in favor of requiring failure, allergy or contraindication to fluconazole prior to approval. In addition, documentation of pregnancy test or other verification will be required.

iii. Lybalvi is a combination of olanzapine and opioid antagonist samidorphan approved for treatment of adults with schizophrenia and bipolar I disorder. Paul Thompson (Alkermes) provided public comment. Samidorphan is added to mitigate the weight gain associated with olanzapine. Caution should be used in patients using opioids. It is recommended that short-acting opioids be stopped for 7 days and long-acting for 14 days prior to initiation. The half-life of samidorphan is 7 – 11 hours, resulting in concern regarding the need for emergency treatment of pain. The Committee is concerned about the risk of opioid withdrawal with the initiation of this medication particularly because concurrent use of antipsychotics and opioids is not uncommon. There was a motion, second and all were in favor of requiring prior authorization with confirmation via drug test that the patient is not on opioids, prescription or illicit.

iv. Opzelura is a Janus Kinase inhibitor approved for short-term, noncontinuous chronic treatment of mild to moderate atopic dermatitis. There was no public comment for this medication. It was noted that the one comparative study showed Opzelura to be similar to triamcinolone. Due to questions about the definition of "noncontinuous chronic treatment", Opzelura will require a hard prior authorization with referral to the Department of Health for review. Additional information will be presented at the February 2022 meeting.

3. Determine need for criteria
   A. PA Criteria

4. Other
   A. The draft 2022 Preferred Drug List was provided for review. Any questions or comments should be provided to Aimee via email prior to December 1.

There being no further business, the open portion of the meeting adjourned at 11:00 am and the Committee met in closed session. During the closed session, Paul Johnson was elected Chair of the Committee and Chris Mosier was elected Vice Chair.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager