WY P&T Committee Meeting Minutes
Thursday, May 12, 2022
Cheyenne, WY and via Zoom
10 a.m – 1 p.m.

Members present: Paul Bongat, Melinda Carroll, Hoo Feng Choo, Evan Crump, Paul Johnson, Scott Johnston, Chris Mosier, Danae Stampfli, Patrick Yost

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

Excused: Alissa Aylward, Kristen Lovas, Garry Needham

Guests: Melissa Eames, Sandra Deaver, Patrick Johnson, Matt Robison (CHC), Corwyn Moss (CHC), Melissa Mehle (CHC), Nikki Yost (CHC), Percy Jackson (CHC), Chris Brayden (UW Student), Aimee Redhair (Biogen), Carrie Johnson (Amgen), Gary Parenteau (Dexcom), Deb Guay (Genentech), Kevin Hinthorne (Leo Pharma), Lindsey Walter (Novartis), Mariola Vazquez (Leo Pharma), Phil Wettestad (Novartis), Roy Lindfield (Sunovion), Sheta Ara (Pfizer), Tami Sova (Biogen), Tressa Diebes (Takeda), Victoria Romo-LeTourneau (Pfizer).

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

Introductions were made. Dr. Paul Bongat was introduced. He is a rheumatologist from Cheyenne and has filled the open position on the Committee.

Approval of Minutes

The minutes of the February 10, 2022 meeting were approved.

Department of Health

A. Pharmacy Program Manager Report: The Department of Health continues to to work on stabilization of the medical claims processing system and its integration with other Medicaid systems. The DUR Contract expires June of 2023. The State will begin the procurement process by the end of July to allow plenty of time for the contracting process. This is typically a three year contract with two optional extension years. The Department is looking to do a full five-year contract this time.

B. Medical Director Report: The Optum contract will expire on June 30th. Telegen will take over Utilization Management while Health Management will be brought in house. Due to challenges with reaching patients and getting participation via phone, the health management process will be transitioning to text-based outreach. The Child Psychiatry second opinion and assistance line contract is out for RFP. This is currently held by Seattle Children's Hospital.

C. DUR Manager Report: The School of Pharmacy will be drafting a proposal to continue providing DUR services.

Old Business:

A. Aduhelm was tabled in February for further information. The ICER report

and the CMS final decision for Medicare coverage were provided. Tami Sova (Biogen) did not provide comment but was available for questions. There was a motion, second and all were in favor of allowing for indication. Beta-amyloid involvement must be confirmed via PET or lumbar puncture as was required in the studies.

New Business

A. PA Criteria

1. Review existing criteria

i. Dupixent, Fasenra, Nucala and Xolair were reviewed clinically at the February meeting and referred for a cost analysis and PDL placement. Criteria is now needed for the non-preferred agents (Dupixent and Nucala). There was a motion, second and all were in favor of requiring a 60 day trial and failure of both preferred agents.

ii. The PA Help Desk is receiving requests for oxcarbazepine and carbamazepine for neuropathic pain. There is not strong data in support of this use; however, some guidelines list them as a third-line agent. As it may provide another option besides opioids to help with this difficult condition, the Committee voted to allow the sodium channel blockers as a third-line agent after a 12-week trial of a tricyclic antidepressant and a 12-week trial of a gabapentinoid.

2. New Drugs

i. Tezspire is a monoclonal antibody approved as add-on maintenance treatment of severe asthma in adult and pediatric patients 12 and older. Carrie Johnson (Amgen) provided public comment. There was a motion, second and all were in favor of limiting Tezspire to indication. In addition, the Committee noted there is no evidence of a difference in safety or efficacy and referred it to the Department of Health for a cost analysis and PDL placement.

ii. Dartisla is an orally disintegrating tablet form of glycopyrrolate. It was approved for symptom reduction of peptic ulcer as adjunct treatment. It was approved based on pharmacokinetic studies showing equivalence to glycopyrrolate tablets. Because glycopyrrolate tablets were approved prior to the 1961 Kefauver-Harris amendments, no studies showing efficacy were ever required. Facts and Comparisons concludes that this is an unsupported use that has no place in management of peptic ulcer disease. There was a motion, second and all were in favor of limiting to indication.

iii. Abdry is a monoclonal antibody approved for treatment of moderate to severe atopic dermatitis in adults whose disease is not adequately controlled with topical therapies. Mariola Vazquez (Leo Pharma) provided public comment. There was a motion, second and all were in favor of limiting Adbry to indication. In addition, Adbry will require a 21 day trial of a moderate potency AND a high potency steroid and a 21 day trial of tacrolimus or pimecrolimus.

iv. Cibinqo is a Janus Kinase inhibitor approved for treatment of

refractory, moderate to severe atopic dermatitis in adults whose disease is not adequately controlled with other systemic drug products or when those therapies are not advisable. Cibinqo carries all of the black box warnings associated with other JAK inhibitors. It is noted in the labeling that serious infections, malignancies, major cardiovascular events and DVT/PE have been reported with Cibinqo. There was a motion, second and all were in favor of making Cibinqo a step 4 option for atopic dermatitis. In addition to trials of steroids and tacrolimus or pimecrolimus, a 56-day trial of an approved biologic agent will be required prior to approval.

v. Ibsrela is indicated for treatment of irritable bowel syndrome with constipation in adults. The Committee noted no evidence of a difference in safety or efficacy and referred it for a cost analysis and PDL placement.

3. Determine need for criteria
   i. None
4. Physician Administered Drugs
   i. Stelara requires IV induction for ulcerative colitis and Crohn's disease. On the outpatient prescription side, Stelara is non-preferred, requiring a 56-day trial of the preferred agent. There was a motion, second and all were in favor of applying the same criteria on the physician administered claims.
   ii. Vyepti is a monoclonal antibody CGRP inhibitor indicated for preventive treatment of migraine in adults. The Committee noted no evidence of a difference in safety or efficacy and referred it to the Department of Health for cost analysis and PDL placement.
   iii. Apretude is an injectable medication approved for preexposure prophylaxis (PrEP) in at-risk adults and adolescents to reduce the risk of sexually acquired HIV-1 infection. Dr. Choo noted that PrEP is very effective if a patient is compliant (>95% effective). This is an opportunity for those with concerns about renal insufficiency and bone mineral density. There was a motion, second and all were in favor of limiting to indication.
   iv. Cabenuva is indicated for treatment of HIV-1 infection in adults and adolescents to replace the current antiretroviral regimen in those who are virologically suppressed on a stable regimen with no history of failure and with no known or suspected resistance to the active ingredients (cabotegravir or rilpivirine). There was a motion, second and all were in favor of limiting to indication.
   v. Leqvio is a small interfering RNA that blocks the production of PCSK9. It is indicated as adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia, and for adults with clinical atherosclerotic cardiovascular disease who require additional lowering of LDL. Phil Wettestad (Novartis) provided public comment. Around 80% of patients with ASCVD are not at goal. This is a well-tolerated option with adverse effects similar to placebo. There is no outcome data, though there are two clinical trials underway. There was a motion, second and all were in favor of limiting to indication.

<u>Other</u>

There being no further business, the open portion of the meeting adjourned at 11:40 am and the Committee met in closed session.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager