

WY P&T Committee Meeting Minutes
Thursday, November 9, 2023
Cheyenne, WY and via Zoom
10 a.m – 1 p.m.

Members present: Tracy Caller, Melinda Carroll, Hoo Feng Choo, Evan Crump, Scott Johnston, Kristen Lovas, Layne Lash, Chris Mosier, Danae Stampfli, Patrick Yost

Ex-officio: Cori Cooper, Paul Johnson, Melissa Hunter

Excused: Garry Needham, Robert Monger

Guests: Melissa Eames, Sandra Deaver, Collin Townsend, Matt Robison (CHC), Corwyn Moss (CHC), Melissa Mehle (CHC), Nikki Yost (CHC), Phong Pham, Cathy Paulson, Jeff Reising, Phil Wettstad, Akesha Coleman, Mike Donabedian, Greg Kitchens, Marcus Stanaland, Lori Howarth, Debbie Witte, Lori Amels, Melissa Abbott, Don McCaffrey, Heather Kelsey, Amy Breen, Armen Khachatourian, Josh Rusinak, Teresa Blair, Jason Smith, Aimee Redhair, Natalie Rose, Ian Sutker, Kurt Hendrickson, Gina Heinen, Ben Dillon. Nate Plasman, Bao Nguyen, Jen Tamburo, Lindsey Walter, Michele Sabados

Chris Mosier called the meeting to order at 10:00 a.m.

Introductions were made.

Approval of Minutes

The minutes of the August 10, 2023 meeting were approved.

Department of Health

A. Pharmacy Program Manager Report: The new 10-year contract with the School of Pharmacy for DUR services is in place. The intent to award the Pharmacy Claims Management System contract has been given to Optum Rx (which now includes Change Healthcare). Contract negotiations are ongoing. The Department is planning to stand up the system in 2025. Pricing and rebate changes are taking place that are changing the market significantly. Some long-standing medications are being discontinued causing some quick decisions on PDL changes.

B. Medical Director Report: They are still working on unwinding Covid eligibility. The process should be finished by August. We are now at 89,000 clients, down from a high of 93,000. The medical side approved coverage for a pediatric trauma screen instrument through University of Utah and the University of Colorado. RSV vaccine will be covered for patients aged 60 and over. Covid vaccines are also covered. Working on the post-partum package to increase access and increase screening for postpartum depression. Aimee worked with Dr. Johnson and the Health Management group on asthma patients who received 12+ albuterol inhalers in a year. Aimee sent letters to prescribers and Health Management contacted patients.

C. DUR Manager Report: The 10-year contract for DUR Services is fully

executed and will continue through September 30, 2033.

Old Business:

The use of multiple mental health medications was reviewed. Limits are currently in place for antidepressants and stimulants, leaving antipsychotics as the main issue of concern. A total of 2,822 patients had at least one antipsychotic claim in the six-month period from March 1, 2023 to August 31, 2023. Of those, 170 patients were identified taking 2 or more antipsychotics concurrently. 36 patients were taking 3 or more, with 6 of those patients taking 4 concurrently and one patient taking 5 antipsychotics concurrently. Of those 170 patients, 45 patients were on the maximum dose of at least one agent. Dr. Johnson reached out to a physician to ask about this use. When patients are stable, they are hesitant to discontinue anything. In some cases, ziprasidone or quetiapine will be added for acute psychosis in the hospital and may not be discontinued upon discharge. Cori suggested that we look at admit data to see if we can determine how often this happens.

New Business

A. PA Criteria

1. Review existing criteria

i. The Department of Health would like to decrease the upper limit on long-acting opioids to 90 morphine equivalent dosage (MED) per day. Dr. Johnson noted that Wyoming was reported to perform poorly on the metric of patients on 90 MED for more than 60 days compared to other states. It was found internally that the data was not pulled correctly. When the data is cleaned up, we are looking much better. However, it would still be prudent to decrease the upper limit to 90 MED. Patients who are currently on more than 90 MED will be grandfathered. There was a motion, second and all were in favor of lowering the limit on long-acting opioid medications to 90 MED.

2. New Drugs

i. Miebo is indicated for the treatment of signs and symptoms of dry eye disease. There was a motion, second and all were in favor of referring to the Department of Health for a cost analysis and PDL placement.

ii. Brenzavvy is a new SGLT2 inhibitor approved as adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes. There is no evidence of a difference in safety and efficacy. There was a motion, second and all were in favor of referring to the Department of Health for a cost analysis and PDL placement.

iii. Xdemvy is indicated for the treatment of Demodex blepharitis. Jeff Reising (Tarsus) provided public comment. This is an ocular infestation of Demodex mites. They are a part of our normal flora but can cause inflammation of the eye lid. There was a motion, second and all were in favor of limiting to indication.

iv. Lodoco is a low dose colchicine product indicated for the reduction of risk of myocardial infarction, stroke, coronary revascularization and cardiovascular death in adults with established atherosclerotic disease or with multiple risk factors for cardiovascular disease. There was a motion and second to limit to indication and monitor utilization, and all were in favor.

v. Sohonos is indicated for reduction in volume of new

heterotopic ossification in adults and pediatric patients with fibrodysplasia ossificans progressive. Phong Pham (Ipsen) provided public comment. There was a motion and second to limit to indication and all were in favor.

vi. Jesduvroq is indicated for the treatment of anemia due to chronic kidney disease in adults who have been receiving dialysis for at least four months. Marcus Stanalon (GSK) provided public comment. Jesduvroq has a novel mechanism of action compared to the other drugs on the market. The ASCEND-D study looked at Jesduvroq and the ESA's (epoetin or darbepoetin). Jesduvroq was non-inferior to the ESA's. The Coyne study looked at three times weekly dosing, however, the indication is for daily dosing. It can be used in both hemodialysis and peritoneal dialysis patients. The data shows non-inferiority to the ESA's and a possible increased safety risk based on a black box warning regarding increased risk of cardiovascular risk. The ASCEND-D trial showed similar incidence of cardiovascular events when followed for 2.5 years. The available data shows no difference in safety and efficacy. There was a motion, second and all were in favor of referring to the Department of Health for a cost analysis and PDL placement. Marcus will send additional safety information to determine if we need to bring this medication back for further review.

3. Determine need for criteria

4. Physician Administered Drugs

i. Ilaris is indicated for the treatment of gout flares in whom NSAIDs and colchicine are not appropriate and in whom repeated corticosteroid use is not appropriate. It is also indicated for periodic fever syndromes, active adult-onset Still's disease and systemic juvenile idiopathic arthritis in patients 2 years and older. Phil Wettstad (Novartis) provided public comment. Ilaris has not been compared to intra-articular administration of triamcinolone which is the recommended step after failure of NSAIDs and colchicine. There was a motion, second and all were in favor of limiting to indication (for all indications). There was a further recommendation to refer to the Department of Health for cost analysis and PDL placement specifically for juvenile idiopathic arthritis.

ii. Elevidys is a novel gene therapy used for treatment of Duchenne muscular dystrophy in ambulatory pediatric patients aged 4 through 5 years with a confirmed mutation in the DMD gene. Armen Khatchatourian (Sarepta) provided public comment. It was approved on an accelerated pathway and continued approval is dependent on the results of ongoing trials. Trials were in patients aged 4 – 7 years old, but indication is limited to 4 – 5 year olds as this was the group where a numerically significant improvement was shown. Confirmatory trials did not meet significance for the primary endpoint, however, did show a decrease in disease progression in multiple secondary endpoints. Anne Stratton (Denver Children's Hospital) provided public comment. They were a study site and she had a patient who received the product. After the initial infusion, his disease continued to progress. After the second infusion, his energy levels and walking have improved. He has a power scooter which he hasn't used in the last month or so.

The EMBARK study shows that the Northstar ambulatory assessment may not be a sensitive enough test to show a difference in the study timeframe. Dr. Stratton agrees that this is not a sensitive enough test to look at in a one-year timeframe. Nate Plasman (parent of a DMD child who received the medication) provided public comment. They

are at the 5 year anniversary of his dosing and his disease has not progressed any further. He functions like a fairly normal 3rd grader and only has accommodations in gym class. He is coordinated and participates but is not required to do the mile run or pull ups. There was a motion, second and all were in favor of limiting to indication.

iii. Vyvgart is indicated for the treatment of generalized myasthenia gravis as chronic immunosuppressive therapy in adults who are anti-acetylcholine receptor antibody positive (AChR+). Soliris and Ultomiris are also approved for myasthenia gravis. There are about 20 – 30 patients in the state. There was a motion, second and all were in favor of limiting to indication and referring to the Department of Health for a cost analysis and PDL placement.

iv. Rystiggo is indicated for the treatment of generalized myasthenia gravis as chronic immunosuppressive therapy in adults who are anti-acetylcholine receptor (AChR) antibody positive or anti-muscle-specific tyrosine kinase (MuSK) antibody positive. There was a motion, second and all were in favor of limiting to indication and referring to the Department of Health for a cost analysis and PDL placement.

Other

The draft Preferred Drug List for 2024 was reviewed.

There being no further business, the open portion of the meeting adjourned at 11:30 am and the Committee met in closed session.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager