WY P&T Committee Meeting Minutes
Thursday, August 20, 2026
Cheyenne, WY and via Zoom
10 a.m. – 1 p.m.

Members present: Tracie Caller, Melinda Carroll, Evan Crump, Scott Johnston, Layne Lash, Kristen Lovas, Krystal Massey, Chris Mosier, Danae Stampfli, Jill Van Cleave, Alyse Williams

Ex-officio: Cori Cooper

Excused: Robert Monger, Melissa Hunter, Traci Haas

Guests: Collin Townsend, Melissa Eames, Kaila Baylie, Matt Robison (OptumRx), Corwyn Moss (OptumRx), Nikki Yost (OptumRx), Stephanie Russell (OptumRx), Trace Moss (UW Student), Trevor Stephen (UW Student), Doohwan Kim (Sanofi), Angili Arora (Mineralys), Kenneth Berry (Alkermes), Christine Dube (Astrazeneca), Craig Fjeldheim (Abbvie), Georgette Dzwilewski (Indivior), Ian Sutker (Otsuka), Jonathan Scott (Mineralys), Marie Davies (Astrazeneca), Mary Wohletz (Merck), Miranda Ryzenman (Artia), Matt Moran (Sanofi), Nancy Jodoin (Boehringer-Ingelheim), Natalie Rose (Gilead), Ray Pirc (Novonordisk), Sergio Gomez (ConcisLabs), Erin Johnson (Boehringer-Ingelheim), Jill Carroll (BMS), Denise Douglas (Boehringer-Ingelheim)

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

Introductions were made.

Approval of Minutes

The minutes of the May 14, 2026 meeting were approved.

Department of Health

A. Pharmacy Program Manager Report: The new PBA system has been in place since April 15. The system and prior authorization processes have stabilized and are going well. The Rural Health Transformation Project is off and running.

B. Medical Director Report: None.

C. DUR Manager Report: Nothing to report.

Old Business:

There was no old business.

New Business

A. PA Criteria
    1. Review existing criteria
        i. The PA criteria for Tzield were discussed. It has a new

indication in stage 3 type 1 diabetes to delay the decline in endogenous insulin in patients aged 8 to 17 years of age. Doohwan Kim provided public comment. Beta cell function is measured by C-peptide. The decline in C peptide was lower in Tzield patients vs. placebo. Adverse events were similar to previous studies. He is asking the Committee to approve the medication to label. This is indicated for patients 8 – 17 years in age diagnosed with stage 3 in the previous 8 weeks. Patients should have a minimum peak C peptide level of 0.2. This was approved under the accelerated pathway. They do have a confirmatory trial that is ongoing, due for completion in 2028. Most infusions will be in an outpatient infusion center, but it can also be given as home health. Long-term endpoints are being studied in the long-term studies. The secondary endpoints were not met in the Protect study. It was not powered to identify these outcomes.

There was a motion to approve to indication for stage 3 type 1 diabetes. Patients must have received the diagnosis within the previous 8 weeks, have a minimum peak C-peptide level of 0.2 nmol/L, and have at least two positive pancreatic islet autoantibodies (CD3). There was a motion, second and all were in favor.

There was a motion to limit to patients under aged 45 years of age. There was a second and all were in favor.

2. New Drugs

ii. Saphnelo is approved for the treatment of moderate to severe systemic lupus erythematous in adults who are receiving standard therapy. Marie Davies (Astra Zeneca) provided public comment. This was first approved in 2020 as an IV. Now available as SC, patient administered. Asking the Committee to allow Saphnelo in parity to other medications. In Tulip 1, it did not meet the primary criteria. So the criteria were changed to the end point that it did meet. Both of the scales are used in clinical trials. The SRI was used in the Tulip 1 study. It is easier to use in practice, but overall disease activity has to decrease by 4 or more points without organ flare. The BICLA requires decreased activity in all organ symptoms but allows for partial improvement. For SC, the BICLA scale was used. SC response was similar to IV as well as safety. What is considered standard therapy? Patients could have been on hydroxychloroquine, methotrexate, mycophenolate or azathioprine in addition to glucocorticoids.

There was a motion to approve to indication and refer to the Department of Health for cost analysis and PDL placement. Dr. Massey generally adds a biologic after two other therapies. All were in favor.

iii. Bysanti is indicated for the treatment of manic or mixed episodes associated with bipolar I disorder in adults and treatment of schizophrenia in adults. This is less effective than other atypical antipsychotics, but there may be an advantage with adverse effects. It is not more effective than iloperidone. There was a motion to approve to indication and refer to the Department of Health for cost analysis and PDL placement. All were in favor.

iv. Baxfendy is indicated for the treatment of hypertension (in combination with other antihypertensive agents) in adults who are not adequately controlled on other agents. Marie Davies (Astra Zeneca) provided public comment. Approximately half of adults in America who are on two antihypertensives are not

currently controlled. Patients were on at least two antihypertensives, one being a diuretic. They ask that we consider approving for patients who are uncontrolled on two antihypertensives from different classes. Two medications plus a diuretic makes the most sense. What outcome data is available on this drug? There is no outcome data beyond the surrogate marker.

There was a motion to approve for patients who are uncontrolled on two antihypertensives from different classes plus a diuretic. Should we consider patients who do not tolerate diuretics? We can handle that through the prior authorization process. There was a second and all were in favor.

v. Idvynso is indicated for the treatment of HIV-1 infection in adults to replace the current antiretroviral regimen in those who are virologically suppressed (HIV-1 RNA <50 copies/ml) on a stable antiretroviral regimen with no history of virologic treatment failure and no known substitutions associated with resistance to doravirine. Mary Claire Wohletz (Merck) provided public comment.

There was a motion to limit to indication and refer to the Department of Health for cost analysis and PDL placement. There was a second and all were in favor.

vi. Xtoro is Indicated for the treatment of acute otitis externa with or without an otowick, caused by susceptible strains of Pseudomonas aeruginosa and Staphylococcus aureus in patients ≥1 year of age.

There was a motion to limit to indication and refer to the Department of Health for cost analysis and PDL placement. There was a second and all were in favor.

vii. Hepcludex is approved for the treatment of chronic hepatitis delta (D) virus infection in adults without cirrhosis or with compensated cirrhosis. Natalie Rose (Gilead) provided public comment. This is the only approved medication for treatment of Hepatitis D. This was approved under an accelerated pathway. Some studies included peginterferon. This is an off-label use and was not included in the phase 3 studies used for approval. Hepatitis D is always in conjunction with Hepatitis B.

There was a motion to limit to indication. There was a second and all were in favor.

vii. Xocova is indicated for postexposure prophylaxis of COVID-19 following contact with an individual who has COVID-19 in adults and adolescents ≥12 years of age within 72 hours of exposure. There was a motion to limit to indication. Paxlovid is limited to one course every 30 days. There was a second and all were in favor.

viii. Nuzyra is Indicated for treatment of community-acquired bacterial pneumonia (CABP) in adult patients caused by susceptible Streptococcus pneumonia, Staphylococcus aureus (methicillin-susceptible isolates), Haemophilus influenzae, H. parainfluenzae, Klebsiella pneumoniae, Legionelle pneumophila, Mycoplasma pneumoniae, and Chlamydophile pneumoniae.

There was a motion to limit to indication and refer to the Department of Health for cost analysis and PDL placement. There was a second and all were in favor.

ix. Jascayd is indicated for treatment of idiopathic pulmonary fibrosis in adults and progressive pulmonary fibrosis in adults.

There was a motion to limit to indication and refer to the Department of Health for cost analysis and PDL placement. There was a second and all were in favor.

3. Determine need for criteria
    viii. No medications were reviewed.
4. Physician Administered Drugs

Other:

There being no further business, the open portion of the meeting adjourned at 11:00 am and the Committee met in closed session. The Annual Meeting was held during closed session.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager