WY P&T Committee Meeting Minutes
Thursday, February 12, 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, Robert Monger, Danae Stampfli, Jill Van Cleave, Alyse Williams

Ex-officio: Cori Cooper, Melissa Hunter, Tracey Haas

Excused: Chris Mosier

Guests: Collin Townsend, Melissa Eames, Kaila Baylie, Jesse Springer, Matt Robison (OptumRx), Corwyn Moss (OptumRx), Nikki Yost (OptumRx), Stephanie Russell (OptumRx), Bryan Dillon (Otsuka), Craig Fjeldheim (Abbvie), Mark Harmon (Abbvie), Andy Berg (Concis Labs), Matt Moran (Sanofi), Shawn Akey (Concis Labs), Ray Pirc (Novo Nordisk), Alex Kaiser (Bristol Myers Squibb), Jill Carroll (Bristol Myers Squibb), Natalie Rose (Gilead), Rochelle Yang (Teva), Lori Howarth (Bayer), Jeff Houston (Abbvie), Aimee Redhair (Biogen), Jenna Doerr (Artia), Jason Smith (Gilead), Veena Nowakowski (Genentech), Judi Ross (Pantherx Rare), Kurt Hendrickson (Abbvie), Matt John (Otsuka), Lynda Finch (Biogen), Terence Lee (Gilead), Jill Goldstein (Vida Ventures), Bryan Dillon (Otsuka), Maya Armstrong (Gene), Lindsey Walter (Novartis)

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

Introductions were made.

Approval of Minutes

The minutes of the November 13, 2025 meeting were approved.

Department of Health

A. Pharmacy Program Manager Report: Go-live for the new PBA system has been pushed to April 15, 2026. If you start to notice something around April 15th that looks strange, please call the Help Desk. The GENEROUS model and the BALANCE model were announced by CMS in December. These are pricing models that the state has an option to participate in. WY has submitted a letter or notice of intent to participate in both. These are to create a most favored nation price point. There is still a fair amount of negotiation occurring. Offers are expected in July or August for the GENEROUS model. The Legislature is in session. The bill to move ivermectin over the counter failed introduction. An amendment to the WY Pharmacy Practice Act has been drafted. It decreases the age that pharmacists can provide vaccinations to 3 years and changes the definition of a pharmacist.

B. Medical Director Report: House Bill 185 was introduced prohibiting the manufacturer and sale of Kratom. The Rural Health Transformation Plan continues. On December 29, WY received the notice of award. WY will receive $205M

per year for 5 years with 6 years to spend it. There is a technology challenge bucket that providers can apply to. Health and diet models are available. Those will be set up to be short responses. There is a lot of money for critical care hospitals and EMS. We will be bound by what the statute allows and what the federal award allows.

C. DUR Manager Report: Karly will be going on maternity leave mid-March.

Old Business:

Preventative treatments for migraine prevention were reviewed. Dr. Caller likes to see each as monotherapy before allowing the combination. A trial of two months of monotherapy with a CGRP will be required prior to the combination.

New Business

A. PA Criteria

1. Review existing criteria

i. The Hepatitis C agents currently have a one treatment per lifetime restriction. This will be removed going forward. Nikki Yost works with these patients through the Pharmacy Case Management program at Optum. Compliance is generally high. Sometimes the issue with compliance is eligibility. Some states have committed to a 2030 eradication plan. Jesse would like to discuss the idea of covering the entire course at one time so we avoid eligibility questions.

2. New Drugs

i. Lynkuet is indicated for the treatment of moderate to severe vasomotor symptoms associated with menopause. There is no comparative evidence. There was a motion and second to approve to indication and refer to the Department of Health for cost analysis. All were in favor.

ii. Redemplo is indicated for the treatment of adults with familial chylomicronemia syndrome as an adjunct to diet to reduce triglycerides. There is no comparative evidence. There was a motion and second to approve to indication and refer to the Department of Health for cost analysis. All were in favor.

iii. Voyxact is indicated to reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) at risk for disease progression. There is no comparative evidence. There was a motion and second to approve to indication and refer to the Department of Health for cost analysis. All were in favor.

iv. Omlonti is indicated for the reduction of elevated intraocular pressure in patients with open-angle glaucoma or ocular hypertension. There is evidence of increased adverse events with Omlonti. There is no comparative evidence. There was a motion and second to approve to indication and refer to the Department of Health for cost analysis. All were in favor.

v. Cardamyst is indicated for conversion of acute symptomatic episodes of paroxysmal supraventricular tachycardia to sinus rhythm in adults. All were in favor. There was a motion and second to limit to indication. Dr. Johnston indicated that there is some concern of misdiagnosis. In the trial, PSVT had to be documented for at least 20 minutes. All were in favor.

vi. Pivya is indicated for the treatment of uncomplicated urinary

tract infection caused by susceptible isolates of E. coli, P. mirabilis, and S. saprophyticus in female patients ≥18 years of age. There is no comparative evidence. There was a motion and second to approve to indication and refer to the Department of Health for cost analysis. All were in favor.

vii. Myqorzo is indicated for the treatment of symptomatic obstructive hypertrophic cardiomyopathy in adults to improve functional capacity and symptoms. There is poor comparative data. The systematic review showed that disopyramide was associated with the highest reduction in LVOT gradient at rest. There was a motion and second to approve to indication and refer to the Department of Health for cost analysis. All were in favor.

3. Determine need for criteria

4. Physician Administered Drugs

i. Itvisma is indicated for the treatment of adult and pediatric patients ≥2 years of age with spinal muscular atrophy with confirmed mutation in SMN1 gene. Dr. Stampfli has had one patient in her career. There was a motion and second to approve to indication and refer to the Department of Health for cost analysis. All were in favor.

ii. Exdensur is indicated as add-on maintenance treatment of severe asthma in adults and pediatric patients ≥12 years of age with eosinophilic phenotype. There is no comparative evidence. There was a motion and second to approve to indication and refer to the Department of Health for cost analysis. All were in favor.

iii. Yartemlea is indicated for the treatment of hematopoietic cell transplant-associated thrombotic microangiopathy (TA-TMA) in adult and pediatric patients ≥2 years of age. There was a motion and second to approve to indication and refer to the Department of Health for cost analysis. All were in favor.

iv. Yeztugo is indicated for preexposure prophylaxis (PrEP) in adults and adolescents weighing ≥35 kg to reduce the risk of sexually acquired HIV-1. Natalie Rose (Gilead) provided public comment. Sunlenca is also lenacapavir which is approved for treatment of HIV infection with multi-drug resistance. Yeztugo does not have to be used in combination with other medications. All individuals should be screened for HIV-1 prior to each initiation and each subsequent injection. If someone skips their 6-month injection and comes in a year later, they do have to start over. If a patient is going to be out long-term, they can move to a weekly tablet in the meantime. There is no evidence showing better compliance with 6-month injections vs. daily or weekly dosing. Layne indicated that every 6-month dosing would dramatically improve compliance in her transient population. Dr. Caller sees better compliance in her MS patients, especially in patients who have housing and transportation insecurities. Dr. Haas indicated that two young patients were recently diagnosed with HIV infection. Both had been prescribed oral PrEP and did not take them. Long-acting injectables have vastly improved compliance with antipsychotic medications. There is no comparative evidence. There is a potential benefit for compliance. There was a motion and second to

approve to indication and refer to the Department of Health for cost analysis. All were in favor.

Other: During a previous discussion, it was determined that dietary counseling should be required prior to approval of a GLP-1 agent for weight loss in pediatric patients. The Department of Health will be applying this to all weight loss agents, including stimulants.

There being no further business, the open portion of the meeting adjourned at 11:15 am and the Committee met in closed session.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager