WY P&T Committee Meeting Minutes
Thursday, February 13, 2025
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, Garry Needham, Danae Stampfli, Patrick Yost

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

Excused: Robert Monger

Guests: Melissa Eames, Sandra Deaver, Collin Townsend, Matt Robison (CHC), Corwyn Moss (CHC), Melissa Mehle (CHC), Cassidy Hixon (UW student), Brielle Dozier (Artia), Ray Kong (Neurocrine), Connie Brooks (Galderma), Jennifer Lankford (Lilly), Aimee Redhair (Biogen), Kent Douglas (Neurocrine), Carla McSpadden (Galderma), Joe Sullivan (Vertex), Brett Stephenson (Arcutis), Bradley Jones (Abbvie), Michele Sabados (Alkermes), Beth Lubelczyk (Lilly), Shelly Nickerson (Neurocrine), Tina Hartmann (Arcutis), Amy Breen (Teva), Donna Erwin (Neurocrine), Chad Duncan (Vertex), Andrea Willcuts (Idorsia)

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

Introductions were made.

Approval of Minutes

The minutes of the November 24, 2024 meeting were approved.

Department of Health

A. Pharmacy Program Manager Report: Currently working on development and implementation of the Pharmacy Benefits Administrator system with Optum. Go-live is scheduled for end of September. The new system will have a much more robust option for electronic prior authorization. The system will give providers feedback regarding what they can prescribe without prior authorization. We are still getting things restored from the outage which started approximately a year ago. Fiscal functions are back and most of the reporting has returned. Only a couple of things to restore before we are fully functional. Sandra is retiring on March 3rd after 21 years with the Department of Health.

B. Medical Director Report: We cover incarcerated youth for thirty days before discharge. We now cover self-referred mammograms. We rank 51st out of 51 in mammogram rates. We were selected as one of the 6 states to participate in the Children's Behavioral Health Academy. They will be rolling out a program to provide education and financial incentives to providers to provide the services they are comfortable with. Funding to increase reimbursement for maternal health was removed from the budget on both the House and Senate side. The increase in reimbursement for home health services remains in both bills while the increase for behavioral health

services is currently only on the Senate side. This is a current status report and things can change as the bills move through conference and the final budget is signed by the Governor.

DUR Manager Report: This is Dr. Yost's last meeting after 12 years. We will be looking for a family physician to fill his vacancy.

Old Business:

There was no old business to be discussed.

New Business

A. An education letter was sent regarding the appropriate use of fibrates, limited to patients with triglyceride levels higher than 500 mg/dl and at risk of pancreatitis. The status of omega-3's was reviewed as they are a safer option than fibrates. Omega-3 agents will now be covered without prior authorization.

B. PA Criteria

1. Review existing criteria

i. The Tryvio criteria was reviewed. There was an error in the public comment and confusion regarding how the study was conducted. After working with the clinical staff at the company, the criteria will be updated to require the patient to have been on three hypertension medications concurrently from different. pharmacological classes for the four weeks prior to initiation of Tryvio.

ii. Voquezna is a potassium competitive acid blocker that was previously reviewed and limited to indication. The American Gastroenterological Association (AGA) institute released a clinical practice update regarding the use of this class of medications. There was a motion and second to require trial and failure of two proton pump inhibitors twice daily at max dose for 30 days. All were in favor.

iii. Nemluvio has a new indication for atopic dermatitis. It was previously approved for prurigo nodularis. Carla McSpadden (Galderma) provided public comment. Nemluvio has a novel mechanism of action. There is also a potential financial incentive as the dosing can be extended to 8 weeks. Nemluvio significantly impacts itch, sleep, skin breakdown and skin clearing. EASI 75 scores were 42 – 45% with topicals. This is a new mechanism and safer than the JAK inhibitors. It also helps with chronic itch. There is a subset that may do better. It may not make sense to step through Dupixent. There is no comparative evidence. There was a motion and second to limit to indication and refer to the Department of Health for cost analysis.

iv. Zoryve is newly approved for plaque psoriasis with 0.3% cream. It was previously approved for atopic dermatitis (0.15% cream) and seborrheic dermatitis (foam). Brett Stephenson (Arcutis) provided public comment. This is a PDE-4 inhibitor. There is no black box warning and can be applied to intertriginous areas. The goal of therapy is to maintain the skin barrier. Roughly 50% of patients had IGA success at 52 weeks. This is a great steroid sparing agent and is approved to age 6. It is a PDE-4 agent, like Eucrisa. Failure of a topical steroid makes sense. Trial of a mild corticosteroid would be reasonable if using in intertriginous. There was a motion and second for a 21-day trial of a high potency corticosteroid or a mild potency if using in intertriginous areas. All were in favor.

2. New Drugs

i. Hympavzi is indicated for routine prophylaxis in Hemophilia A and Hemophilia B to prevent or reduce the frequency of bleeding episodes in adults and pediatric patients aged 12 years and older without factor VIII (A) or factor IX (B) inhibitors. There was a motion and second to limit to indication and refer to the Department of Health for cost analysis. All were in favor.

ii. Atruby is indicated for the treatment of cardiomyopathy of wild-type or variant transthyretin-mediated amyloidosis in adults to reduce cardiovascular death and cardiovascular-related hospitalization. There was a motion and second to limit to indication. All were in favor.

iii. Crenessity is approved for adjunctive treatment to glucocorticoid replacement to control androgens in adults and pediatric patients aged four years and older with classic congenital adrenal hyperplasia. Ray Kong (Neurocrine Biosciences) provided public comment. There was a motion and second to limit to indication. All were in favor.

iv. Tryngolza is indicated for the treatment of familial chylomicronemia syndrome as adjunct to diet to reduce triglycerides in adults with familial chylomicronemia syndrome. There was a motion and second to limit to indication. All were in favor.

v. Alyftrek is a combination agent approved for treatment of cystic fibrosis in patients aged six years and older who have at least one F508del mutation or another responsive mutation in the CF transmembrane conductance regulator (CFTR) gene. Chad Duncan (Vertex) provided public comment. There was a motion and second to limit to indication. All were in favor.

3. Determine need for criteria

i. Zepbound is now approved for severe obstructive sleep apnea in adults with obesity. Elizabeth Lubelczyk (Eli Lilly) provided public comment. The trial started with severe OSA patients who lowered their AHI level from 50 – 25. These patients still required the use of CPAP. This isn't a clinically relevant outcome. They looked at patients who received an AHI of less than 5 or less than 15. The study was not powered to get patients off PAP therapy. There appears to be a significant side effect cost compared to other GLP-1 agents. Gastrointestinal side effects are mild to moderate during the dose escalation period. There are several warnings in the label regarding thyroid cancer, liver and gallbladder effects. There is a subset of patients who cannot tolerate CPAP. Mild to moderate dementia patients, intellectual disability, traumatic brain injury, and patients on the autistic spectrum have a difficult time. The current criteria for CPAP coverage on the medical side is a diagnosis of obstructive sleep apnea. Home sleep studies are accepted. The highest side effect profile for the GLP-1's occurs in semaglutide. We have approved PAs for patients who are intolerant to PAP therapy. There was a motion and second to limit to indication with an AHI greater than 15. At six months, prior authorization will be required to show at least 5% of weight loss. At twelve months, prior authorization will be required to show an improvement in obstructive sleep apnea. All were in favor.

4. Physician Administered Drugs

i. Spravato is now approved for treatment-resistant depression in adults, as monotherapy or in conjunction with an oral antidepressant. It was previously approved for treatment of major depressive disorder with suicidality in conjunction with an oral antidepressant. This company was just fined $5 billion for its marketing practices. There are several studies comparing Spravato to ketamine and ketamine did better. It is also being compounded in troches. The federal law that requires us to cover all rebatable drugs is limited to outpatient drugs. This does not include physician administered drugs. Medicaid is not currently covering this medication. There are significant safety concerns associated with this medication. There was a motion, second, and all were in favor of not covering this product.

ii. Kebilidi is indicated for treatment of aromatic L-amino decarboxylase deficiency in adults and pediatric patients. There was a motion and second to limit to indication. All were in favor.

Other: There was no other business to discuss.

There being no further business, the open portion of the meeting adjourned at 11:30 am and the Committee met in closed session. During the closed session, Zoryve was further discussed. For atopic dermatitis, Zoryve will require a 21-day trial and failure of a medium or high potency topical corticosteroid and a 21-day trial and failure of a preferred topical immunomodulator. For seborrheic dermatitis, Zoryve will require a 21-day trial and failure of a medium or high potency topical corticosteroid.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager