

WY P&T Committee Meeting Minutes
Thursday, February 8, 2024
Cheyenne, WY and via Zoom
10 a.m – 1 p.m.

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

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

Excused: Robert Monger, Scott Johnson

Guests: Melissa Eames, Sandra Deaver, Collin Townsend, Matt Robison (CHC), Corwyn Moss (CHC), Melissa Mehle (CHC), Nikki Yost (CHC), Nancy Stortz (CHC), Aimee Redhair, Lindsey Walter, Brett Kvenild, Mariola Vazquez, Kurt Hendrickson, Emanga Ekinde, Lynda Finch, Jeff Houston, Shirley Quach, Timothy Birner, Steven Schultz, Alexis Sharrabaika, Natalie Rose, Jamie Tobitt, Melissa Abbott, Sherry Betthausen, Miguel Zarate, Dana Mennen, Rochelle Yang, Dana Koehn, Kelly Wright, George Kitchens, Akesha Coleman, Heather Kelsey, Michelle Sobados, Heather Freml,

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

Introductions were made.

Approval of Minutes

The minutes of the November 9, 2023 meeting were approved.

Department of Health

A. Pharmacy Program Manager Report: Legislature convenes on February 12 ending on March 8. It is a budget session, requiring a 2/3 vote to introduce non-budget bills. House Bill 14 is looking at prior authorization requirements, specifically who is reviewing them and how quickly a response is provided. A gold card system is also included. Contract negotiations are complete and the final contract for PBA services with Optum Rx (Change Healthcare) is with the Attorney General's office. Design, development and implementation will begin April 1 with an 18-month completion time. Go-live will be in Fall of 2025. The Medication Donation program pharmacist position will be a full-time position with 30 hours at Med Donation and 10 hours with Medicaid.

B. Medical Director Report: None.

C. DUR Manager Report: CMS now requires DUR programs to report how often prescribers are checking the Prescription Drug Monitoring Program for Medicaid patients. A survey was sent to all providers who had prescribed a controlled substance for a Medicaid patient in FFY2023. Response has been positive.

Old Business:

There was no old business to discuss.

New Business

A. PA Criteria

1. Review existing criteria

i. Topical agents for plaque psoriasis were discussed. Mariola Vazquez provided public comment for Vtama. It is a novel, first in class non-steroid treatment. There was a motion and second to limit to indication with trial and failure of preferred medium and high potency corticosteroids. All were in favor.

ii. Due to the AMP cap removal, the inhaled corticosteroid preferred agents were updated to Airduo, Arnuity, Asmanex, budesonide, and Pulmicort inhalers. These agents do not include an option that can be used with a spacer in children. As a result, fluticasone and Asmanex HFA will be allowed without prior authorization for children aged 8 and under.

2. New Drugs

i. Velsipity is indicated for treatment of moderately to severely active ulcerative colitis in adults. There was a motion and second to refer to the Department of Health for cost analysis. All were in favor.

ii. Bimzelx is indicated for treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy. There is evidence of higher efficacy than some agents, however, it may also have a higher risk of adverse events. There was a motion and second to refer to the Department of Health for cost analysis. All were in favor.

iii. Omvoh is indicated for moderate to severe ulcerative colitis in adults. Miguel Zarate provided public comment. Omvoh is the first IL-23 antagonist approved. There was a motion and second to refer to the Department of Health for cost analysis. All were in favor.

iv. Xphozah is indicated to control serum phosphorous in adults with chronic kidney disease on hemodialysis. There was a motion and second to limit to indication. All were in favor.

v. Zurzuva is indicated for the treatment of postpartum depression in adults. Lynda Finch provided public comment. This is the first oral medication approved to treat postpartum depression. The trial provided finished with 150 patients. Are there larger trials ongoing? Not in postpartum depression. There are two trials. The second trial had 200 patients. Larger studies were done in major depressive disorder if you are looking for safety data. It is a 14-day treatment. Repeated dosing has not been studied in postpartum depression. There are some slightly different mechanisms in play in postpartum depression related to a rapid drop in hormone levels. The expectation is that repeat dosing will not be necessary. Can this be used during breast feeding? A low level of zuranolone is detectable in breast milk. Relative infant dose is considered to be less than 1%. Risk/benefit should be discussed with the prescriber. Is there data regarding bonding with the baby if the mother may be impaired for twelve hours post dose? It is advised to take it at night and have some help with infant care during therapy. The onset of postpartum depression can occur several months after delivery. Is there a difference in efficacy based on relative start date? The studies looked at first onset of symptoms in the third trimester to 4 weeks post-partum. There is no

difference in outcomes based on when therapy was started. There was a motion and second to limit to indication. All were in favor.

vi. Fabhalta is indicated for the treatment of paroxysmal nocturnal hemoglobinuria in adults. There was a motion and second to limit to indication. All were in favor.

vii. Opvee is indicated for emergency treatment of known or suspected opioid overdose. Emanga Ekinde provided public comment. There is potential benefit over naloxone due to its duration of action. There was a motion and second to refer to the Department of Health for cost analysis. All were in favor.

3. Determine need for criteria

i. There were no medications in this category.

4. Physician Administered Drugs

i. Pombility + Opfolda are used in combination for the treatment of late-onset Pompe disease in adults weighing 40 kg or more and who are not improving on enzyme replacement therapy. There was a motion and second to limit to indication. All in favor.

Topiramate for alcohol dependence was discussed. AHRQ shows moderate evidence in support of topiramate as well as SAMSHA guidelines. APA support topiramate as a second-line agent after use of naltrexone and acamprosate. There was a motion, second and all were in favor of allowing after a four-week trial of naltrexone or acamprosate for alcohol use disorder.

Other

There being no further business, the open portion of the meeting adjourned at 11:09 am and the Committee met in closed session.

During closed session, there was a vote approving a change to the attendance criteria in the P&T Committee bylaws.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager