WY P&T Committee Meeting Minutes
Thursday, May 8, 2014
Cheyenne, WY
10 a.m – 1 p.m.

Members present: Andrew Beaulieu, Joe Horam, Robert Monger, Garry Needham, Scot Schmidt, Brent Sherard, David Sy, Dean Winsch, Tonja Woods, Pat Yost

Excused: Stephen Brown

Ex-officio: Melissa Hunter, Cori Cooper, Donna Artery, James Bush

Guests: Sara Howe (GHS), Nikki Yost (GHS), Amy Stockton (GHS), Brenda Stout, Sandra Deaver, Barbara Felt (GSK), Laura Hill (AbbVie), Laura Litzenberger (Janssen), David Stump (Amgen), Paul Bonham NovoNordisk), Jui Conon (BMS). Carole Hemmelgarn (Pfizer), Risa Rensuke (Amgen), Bert Jones (GSK), Ted Sheedy (GSK), John Spear (Lilly), Gary Bailey (Forest)

Dr. Monger called the meeting to order at 10:05 a.m.

Introductions were made.

Approval of Minutes

The minutes of the February 12, 2014 meeting were approved as submitted.

Department of Health

A. Pharmacy Program Manager Report: The Department of Health is working on a Coordinated Care Model. Pharmacy has recently been brought into the discussion. Parameters for psychotropic use in children, particularly foster children and those in the justice system will be reviewed. The supplemental rebate process for 2015 begins in June. The Department is in the process of extending the GHS contract for one year. There is one more one year extension, after which, an RFP will be released for PBM services. The provider enrollment project continues. Providers will be required to re-enroll in Medicaid following ACA requirements. Pharmacies will be receiving information about this.

B. Medical Director Report: The public announcement for Case Management Fees was made. Thirty days after the announcement a state plan amendment will be submitted to CMS who has 90 days to complete their approval. This will allow case management fees to be paid to patient-centered medical homes.

C. DUR Manager Report: We continue to have an opening for a PA or NP. The retrospective system currently in use for profile review and lettering will no longer be offered as of September 30, 2014. Aimee has put together a working group with other states through ADURS to begin looking at other options to meet the federal retrospective review requirement.

Old Business

A. Hepatitis C treatment: Additional information has become available since the last meeting including VA and WHO guidelines. There was a motion, second and all were in favor of the following criteria.

All Hepatitis C agents will require prior authorization with the following information collected:

- **Pre-screening for risky behaviors**
- **Treatment history**
- **Extent of liver fibrosis (Metavir score)**
- **Genotype**

Those with Metavir scores of F0, F1, and F2 will be sent for further review as directed by the Department of Health.

New Business

A. PA Criteria

1. Determine need for criteria

i. Naltrexone utilization was reviewed and it was determined that it is being used off-label. There was a motion, second and all were in favor of the following criteria.

Naltrexone will be limited to those with a diagnosis of alcohol or opioid dependence.

ii. Psychotropic use in children was reviewed. Currently, age limits are in place for ADHD medications, but there are no limits on the other classes. There was a motion, second and all were in favor of the following criteria.

Psychotropics in children aged 5 and under will require prior authorization with the exception of ADHD medications which are allowed down to age 3. Requests may be sent for review by Seattle Children's as deemed appropriate by the Department of Health.

Dr. Bush reported that there is a paper to be published regarding the results of the project with Seattle Children's Hospital. The publication will be shared when possible.

2. Review existing criteria:

i. Rizatriptan is the only triptan medication approved in children. It is non-preferred, however, will be allowed first-line for children aged 6 – 17. There was a motion, second and all were in favor.

ii. Kalydeco has received expanded approval by the FDA for additional gene mutations in cystic fibrosis. There was a motion, second and all were in favor of expanding the criteria to allow all FDA approved indications.

3. New Drugs

i. Olysio is a protease inhibitor approved for treatment of Hepatitis C. Laura Litzenberger (Janssen) provided public comment. Olysio is a 12 week treatment with stopping rules at four weeks. There was no increased incidence of anemia over that normally seen with interferon/Ribavirin treatment. It is less effective in those with the Q80K polymorphism. There was a motion second and all were in favor of applying the previously approved Hepatitis C criteria to Olysio. In addition, combination use with Sovaldi will require review by the Department of Health prior to approval.

ii. Adasuve is an inhaled form of loxapine. There was a motion, second and all were in favor of requiring prior authorization for this medication.

iii. Velphoro is a new phosphate binding agent. Ray Kong (Fresenius Medical Care) provided public comment. Velphoro shows comparable efficacy with other phosphate binders, however, has a much lower pill burden. It was noted that there is no direct evidence to show a decrease in mortality related to phosphate binders. The Committee agreed that there was no evidence of a difference in safety or efficacy. The Department of Health will consider cost and determine placement on the preferred drug list.

v. Zohydro ER is a new hydrocodone agent without acetaminophen. It is not a tamper resistant product though the company is working on a new formulation that will be. There was a motion, second and all were in favor of requiring prior authorization on this medication.

vi. Anoro Ellipto is a new long-acting muscarinic and long-acting beta agonist combination. It is the first of this type of combination product. Barb Felt (GSK) provided public comment. There are several head to head studies with existing treatments showing superiority. The Committee agreed that there was no evidence of a significant difference in safety or efficacy with existing agents. The Department of Health will consider cost and determine placement on the preferred drug list.

vii. Hetlioz is a medication approved for patients with a non-24 hour sleep-wake cycle. There was a motion, second and all were in favor of limiting use of Hetlioz to its FDA-approved indication.

viii. Otezla is a new oral medication approved for psoriatic arthritis. There was a motion, second and all were in favor of making the medication non-preferred in the immunomodulator class.

ix. Orenitram is approved for pulmonary arterial hypertension. The Committee agreed that there was no evidence of a significant difference in safety or efficacy over the existing agents. The Department of Health will review cost information and determine placement on the preferred drug list.

It was noted that a group of the pulmonary arterial hypertension agents were not updated to include confirmation of diagnosis by right-heart catheterization. There was a motion,

second and all were in favor of updating the criteria to be consistent across all PAH agents.

B. Other: There was no other business.

There being no further business, the open portion of the meeting adjourned at 11:21 a.m.

Aimee Lewis
WYDUR Manager