WY P&T Committee Meeting Minutes
Thursday, November 10, 2022
Cheyenne, WY and via Zoom
10 a.m – 1 p.m.

Members present: Paul Bongat, Melinda Carroll, Hoo Feng Choo, Evan Crump, Paul Johnson, Scott Johnston, Chris Mosier, Danae Stampfli

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

Excused: Kristen Lovas, Layne Lash, Garry Needham, Patrick Yost

Guests: Melissa Eames, Sandra Deaver, Patrick Johnson, Brenda Stout, Matt Robison (CHC), Corwyn Moss (CHC), Melissa Mehle (CHC), Nikki Yost (CHC), Brian Ung (BMS), Jessica Cardoulias (Novonordisk), Jordan Wild (Amgen), Kimberly Raymer (Novonordisk), Darin Cecil (Teva), Natalie Rose (Gilead), Craig Bloom (Vifor), Aimee Redhair (Biogen), Jason Smith (Gilead), Gary Parenteau (Dexcom), Tami Sova (Biogen), Phil Wettestad (Novartis), Amy Rodenberg (Abbvie), Bobbi Bentz (Lilly), Chris Santarone (BMS), Heather Kelsey (Lilly), Lindsey Walter (Novartis), Nathan Blake (Abbvie), Heather Freml (Abbvie), Lisa Pulver (J&J)

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

Introductions were made. Dr. Johnson announced that Layne Lash, a PA from Jackson, has accepted the open P&T Committee position.

Approval of Minutes

The minutes of the August 11, 2022 meeting were approved.

Department of Health

A. Pharmacy Program Manager Report: The Department continues the hiring process for the State Medicaid Agent. The DUR RFP will be released around mid-December. The contract expires June 30, 2023. The PBMS RFP is also being drafted. The Change Healthcare contract ends December 31, 2024. Typically, for DUR we have done a 3 year base contract with a two year extension option. The Department of Health is trying to move away from optional extensions. In terms of administrative burden, it makes sense to extend this contract to 10 years. The proposed rule to change the NCPDP standard claim form has been released. Once the rule is put in place, there will be 24 months before compliance is enforced.

B. Medical Director Report: Dr. Bush has announced that he is retiring on January 4th after 16 years of serving the State of Wyoming. Dr. Mansell reached out requesting that we eventually remove buprenorphine from the PDL and replace it with naltrexone. The SUPPORT Act requires Medicaid to cover all medications approved for opioid use disorder, so both buprenorphine and naltrexone must be covered. Dr. Johnston mentioned that the studies don't support what Dr. Mansell is saying. If you give morphine to a person on buprenorphine/naloxone, it won't do much. It looks like

buprenorphine has a slight edge on relapse. In theory, naltrexone may be a better drug, but he'd like to see additional evidence. No action needs to be taken, or can be taken at this time.

C. DUR Manager Report: UW School of Pharmacy will be responding to the RFP.

Old Business:

There was no old business to discuss.

New Business

A. PA Criteria

1. Review existing criteria

i. Xcopri is a non-preferred anticonvulsant. There was a motion and second to require a trial of two preferred agents for 30 days prior to approval. All were in favor.

ii. Dupixent has been approved for two new indications, prurigo nodularis and eosinophilic esophagitis. As the Committee had previously limited Dupixent to labeled indications, these have been added to the Additional Therapeutic Criteria Chart. There are not PDL classes for these indications.

iii. Dr. Mansell has submitted comments on the use of buprenorphine and naltrexone for opioid use disorder. According to the SUPPORT act, Wyoming Medicaid is required to cover buprenorphine for this indication. Naltrexone is also a preferred agent for opioid use disorder and alcohol use disorder. There is no indication that people are moving to Wyoming due to our buprenorphine coverage.

2. New Drugs

i. Vivjoa is an antifungal indicated to reduce the incidence of recurrent vulvovaginal candidiasis (RVVC) in females with a history of RVVC who are not of reproductive potential, either alone or in combination with fluconazole. There was a motion, second and all were in favor of limiting to indication.

ii. Zoryve is a topical phosphodiesterase-4 inhibitor approved for the treatment of plaque psoriasis in patients aged 12 and older. There is no evidence of a difference in safety or efficacy over other drugs with this indication. There was a motion, second and all were in favor of referring to the Department of Health for cost analysis.

iii. Sotyktu is a tyrosine kinase 2 inhibitor indicated for treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy. Brian Ung (BMS) provided public comment. Discontinuation and switching is common and costly in this area. It is a first-in-class and has demonstrated superiority to Otezla. He noted that Sotyktu does not carry the JAK inhibitor Black Box warnings. Dr. Bongat indicated that there is a lot of data with Otezla and Humira for Plaque Psoriasis. He would likely use it before Otezla for moderate to severe disease based on the evidence. It would be his next option after Humira. There was a motion and second to make Sotyktu preferred second to Humira for moderate to severe plaque psoriasis. All were in favor. There is no data comparing phototherapy. Those studies are generally not done.

3. Determine need for criteria

i. Weight loss drugs have historically been excluded as cosmetic agents. Because overweight and obesity leads to a wealth of other medical issues, CMS has determined that weight loss drugs are medically necessary. States have an opportunity to cover these agents now, though they are not required. This policy-level decision will be made at the Department of Health. Utilization data looks like providers are not using the diagnosis codes regularly. Pediatric providers are told to never use them. Some EMRs automatically enter them based on an automatically calculated BMI. Dr. Johnston indicated that the military started covering weight loss drugs and found that almost everyone was using them. And, most gain the weight back after discontinuation. The side effects can be significant. Nutrition counseling should be required and strict PA criteria. A lot of off-label use in Mounjaro already.

Jessica Chardoulias (NovoNordisk) indicated that there is an ongoing study with Wegovy looking at MACE. It is expected to read out next year. Many states have prevalence rates of 30+% obesity, including Wyoming. Sustained weight loss has shown to improve health benefits including risk of cardiovascular morbidities. It is a chronic disease. Foundational lifestyle interventions are the first-line modalities followed by pharmacotherapy. Agents are approved for a BMI of 27 with risk factors or greater than 30 without risk factors.

Currently, a diabetes diagnosis is required for use of the GLP-1 agents, as well as a trial of metformin. Prior authorization forms are legal documents, so we take the physician attestation of diagnosis and medical necessity.

There was a motion, second and all were in favor, that if the Department of Health decides to add weight loss drugs as covered products, they should be limited to indication and initial approval of three months to determine clinical efficacy.

ii. Opzelura for vitiligo and Olumiant for alopecia areata were reviewed. About 1/3 of states report coverage for Olumiant for alopecia areata and ½ report coverage for Opzelura for vitiligo. A few states have published criteria, which were reviewed. The question of whether coverage of these agents opens us up to question on all cosmetic conditions was raised. There was a motion and second that alopecia areata and the depigmentation associated with vitiligo are considered to be cosmetic conditions and, therefore, drug therapy used to treat these conditions is cosmetic. The motion passed with four votes for and three votes against.

4. Physician Administered Drugs

i. Botulinum toxins A and B were reviewed. Physicians are going beyond labeled indication with the different products which escalates the PA to the state. Botox has the majority of indications. There was a motion, second and all were in favor of limiting to indication.

ii. Skysona is a gene therapy indicated to slow the progression of neurologic dysfunction in male patients aged 4 to 17 with early, active cerebral adrenoleukodystrophy (CALD). There was a motion, second and all were in favor of limiting to indication. It will only be available in Boston and Philadelphia.

iii. Zynteglo is a gene therapy indicated for treatment of beta

thalassemia in adult and pediatric patients who require regular red blood cell transfusions. There was a motion, second and all were in favor of limiting to indication.

iv. Spevigo is a monoclonal antibody indicated for the treatment of pustular psoriasis flares in adults. There was a motion, second and all were in favor of limiting to indication.

Other

The Draft PDL for 2023 was reviewed.

There being no further business, the open portion of the meeting adjourned at 11:53 am and the Committee met in closed session.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager