WY P&T Committee Meeting Minutes
Thursday, August 12, 2021
Cheyenne, WY via Zoom
10 a.m – 1 p.m.

Members present: Alissa Aylward, Melinda Carroll, Hoo Fang Choo, Paul Johnson, Scott Johnston, Garry Needham, Robert Monger, Chris Mosier, Scot Schmidt, Danae Stampfli, Patrick Yost

Excused: Kristen Lovas

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

Guests: Melissa Eames, Sandra Deaver, Matt Robison (CHC), Nikki Yost (CHC), Misty Helenbolt (CHC), Corwyn Moss (CHC), Matthew Wright (Artia), Roy Linfield (Sunivion), Robert Dufour (Myovant), Bryan Archuleta (Otsuka), Bill Gittinger (Mitsubishi Tanabe), China Izatt (Takeda), Lori Howarth (Abbvie), Chi Kohlhoff (Horizon), Joseph Ferroli (Takeda), Ashley Johnson (Otsuka), Hiten Patadia (Otsuka), Lindsey Walter (Novartis), Neil Warnock (Bayer), Regina Gayatinea (Myovant), Cassandra Lickert (Myovant), Kevin Hinthorne (Leo)

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

Introductions were made. Aimee announced that this is Scot Schmidt's last meeting after 12 years of service to the Committee. He will be missed greatly!

Approval of Minutes

The minutes of the May 13, 2021 meeting were approved.

Department of Health

A. Pharmacy Program Manager Report: Cori hosted the Western Medicaid Pharmacy Administrators Association (WMPAA) meeting this week. Melissa Hunter and Dr. Horam both presented.

B. Medical Director Report: Dr. Bush reported that they are currently focusing on maternal health, looking at the cost to extend coverage to 12 months post-partum. They are also looking at mental health and substance abuse diagnoses in this population.

C. DUR Manager Report: Aimee had nothing further to report.

Old Business:

A. Aimee reported that there has been no Palforzia utilization and no prior authorization requests.

New Business

A. PA Criteria

1. Review existing criteria

2. New Drugs

i. Exservan is a new medication approved to treat amyotrophic lateral sclerosis. It is the same active ingredient as two other medications currently on the market (Tiglutik and Rilutek). The Committee noted that there was no comparative evidence with the other agents. There was a motion, second and all were in favor of approving to indication and referring to the Department of Health for cost analysis.

ii. Myfembree is a combination medication used for management of heavy menstrual bleeding associated with uterine leiomyomas. Robert Dufour provided public comment. He asked that the Committee approve Myfembree for use similar to Oriahnn. There was a question regarding the potential for bone loss. The long-term extension study goes out to 52 weeks. Mean decrease in bone loss was 2% which is worse than placebo, but better than relugolix monotherapy. It is limited to 24 months of use because the FDA believes this is a class effect and are concerned about the long-term use of these medications. There was a motion, second and all were in favor of limiting to indication including duration of therapy. It will be referred to the Department of Health for cost analysis and PDL placement if appropriate.

iii. Azstarys is a new stimulant for the treatment of ADHD in patients aged 6 years and older. The Committee noted that there is no comparative evidence with the other products on the market. There was a motion, second and all were in favor of referring to the Department of Health for cost analysis.

iv. Kloxxado is a new naloxone product delivering 8 mg nasally vs. 4 mg for the Narcan nasal. Currently, naloxone products except Evzio are allowed for one fill every six months without prior authorization. Evzio requires prior authorization. The Committee recommended that it require prior authorization similar to Evzio. Utilization and prior authorization requests will be monitored.

v. Kerendia is a new non-steroidal mineralocorticoid indicated for treatment of chronic kidney disease in patients with type 2 diabetes. Farxiga and Invokana have similar indications. Neil Warnock provided public comment. There was a question regarding the difference between this product and spironolactone. Spironolactone is a steroidal mineralocorticoid. Kerendia is a non-steroidal and exhibits more balance between action on the kidney and heart. There are no studies directly comparing the agents, however, future comparative studies are anticipated. There was a motion, second and all were in favor of limiting to indication. As there is no comparative evidence, it will be referred to the Department of Health for cost analysis.

3. Determine need for criteria

A. PA Criteria

i. Criteria for medications used for gender transition was discussed. The published guidelines have a significant focus on mental health evaluation prior to initiating therapy. Melissa noted that these patients have a high risk of suicidality. She asked that we limit roadblocks for treatment, while supporting mental health evaluation for these patients. There was a question regarding minors and who is able to give consent. Generally, Medicaid does not have insight into this. It is the

provider's responsibility to handle consent. Dr. Bush noted that Medicaid does not currently pay for gender reassignment surgery. Current criteria states:

> A psychiatric evaluation will be required for both temporary (puberty blocking) agents as well as permanent (hormonal) gender transition treatments. Clinical chart notes discussing the results of a psychiatric evaluation of the client are required in order to be granted approval for gender dysphoria drug treatments.

Testosterones and leuprolide are limited to indication and estrogens have a gender edit. The Department of Health may apply these criteria to additional classes such as anti-estrogens, progestins and others as deemed appropriate.

ii. Antipsychotic use in major depressive disorder was discussed. There are three agents approved for adjunctive use in MDD (aripiprazole, quetiapine XR and Rexulti). There is no specific pathway for MDD for these agents on the PDL at this time. Hiten Patadia provided public comment for Rexulti. It was asked if there were specific combinations with antidepressants that had been studied. There are no pre-specified combinations in the label. The average duration of monotherapy was 8 weeks in the trials. We require a 6-week trial of an antidepressant prior to moving to another antidepressant. Antipsychotics are approved for adjunctive therapy, not for monotherapy, so should always be used in addition to an antidepressant. The most recent guidelines for major depressive disorder are from 2010 and do not include antipsychotic therapy. The current antidepressant criteria are based on these guidelines. We will do some additional research on this topic and bring it back in November. In the meantime, the PA Help Desk should not approve as monotherapy for this indication.

4. Other

A. At the May meeting the Committee voted to update the Protopic criteria allowing it to be approved after a mild (low dose) steroid for application on the face and in patients aged 12 years and under. These criteria will be applied to Elidel as well.

There being no further business, the open portion of the meeting adjourned at 11:00 am and the Committee met in closed session.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager