WY P&T Committee Meeting Minutes
Thursday, May 11, 2023
Cheyenne, WY and via Zoom
10 a.m – 1 p.m.

Members present: Paul Bongat, Tracy Caller, Melinda Carroll, Hoo Feng Choo, Evan Crump, Scott Johnston, Kristen Lovas, Layne Lash, Chris Mosier, Danae Stampfli, Patrick Yost

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

Excused: Garry Needham

Guests: Melissa Eames, Sandra Deaver, Matt Robison (CHC), Corwyn Moss (CHC), Melissa Mehle (CHC), Nikki Yost (CHC), Lindsey Walter, Jonathan Balk, Aimee Redhair, Frank Del Real, Gina Heinen, Lisa Pulver, Nirmal Ghuman, Rhonda Clark, Heidi Hoffman, Phil Wettestad, Jason Smith, Alan Bailey, Gary Parenteau, Sherry Betthauser, Jane Stephen, Kim Raymer, Tina Hartmann, Kurt Hendrickson, Lynda Finch

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

Introductions were made.

Approval of Minutes

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

Department of Health

A. Pharmacy Program Manager Report: University of Wyoming was the sole responder to the RFP. We are currently working on the contract, negotiating some language with the University. The current contract expires on June 30. Pharmacists were recognized as Medicaid providers in the last legislative session. Currently working through rules, SPA changes and system changes to implement this change. Codes for billing will be limited to scope of practice per the Pharmacy Practice Act. They are in the final stages of hiring a new Pharmacist Consultant at the Department of Health.

B. Medical Director Report: The Department of Health is very consumed with the "unwind" process for eligibility. Eligibility status is being confirmed for the first time since COVID. Pregnant women will now retain eligibility for 12 months post delivery. Lee Grossman is the new Medicaid Agent and Jesse Springer is the Deputy Administrator of DHCF. Dr. Johnson recently went to the Medicaid Director's meeting. He was very proud of what we have going on in Wyoming, particularly in Pharmacy. Physician Administered drugs is a problem for all states. We are doing a great job here. He has some connections now if we need some assistance. He is very proud of Cori and the team. This Committee is second to none. Cori added that Medicaid is required to cover COVID vaccines and up to 8 tests per month until 9/30/2024.

C. DUR Manager Report: Thank you for all your help with the RFP. Welcome

to Dr. Caller who is replacing Dr. Johnson. Dr. Bongat is moving to Texas so this will be his last meeting.

Old Business:

There was no old business to discuss.

New Business

A. PA Criteria

1. Review existing criteria

i. Buprenorphine dosing limits were discussed. Dr. Frank Del Real provided public comments. He is asking that we remove the XDEA requirement as it is no longer a federal requirement. He presented the power point that was submitted to the Committee. Wyoming is a little behind in the latest drug trends. More and more fentanyl is being introduced to Wyoming. At this point, if they think they are buying heroin, there is likely fentanyl in it. The counterfeit tablets also have fentanyl in them, leading to a high rate of death. Dr. Johnson asked if everyone should be on 32 mg in practice. Absolutely not. Ideally, we want to decrease cravings at the lowest possible dose. It's still typically 12 – 16 mg. 32 mg would be less than 10% of all patients. 24 mg is becoming more and more common and is not always approved with PA. Dr. Johnston mentioned there is a lot of data for 24 mg. There is no safety data above 24 mg. The FDA has said that there is not data to support 32 mg. The intention of the authors of the power point is to approach the FDA and ask for a dose of 32 mg to be added to the labeling. Dr. Del Real indicated that there isn't evidence of safety risks with buprenorphine because it is a partial agonist and doesn't cause the respiratory depression caused by full agonists. The British data shows methadone is more effective than buprenorphine. Methadone isn't available in Wyoming because we do not have approved methadone maintenance programs. The 32 mg patients would continue to have cravings, positive drug screens, and are asking for early refills. They are not progressing. Close to 98% divert for two reasons: so they don't get "drug sick" to prevent withdrawal, and to try to detox themselves. Why not use Sublocade for the higher dose patients? There has to be a pharmacy who can dispense it and there are several hoops before you can receive Sublocade. At what point do we consider it a treatment failure if they continue to have cravings, positive drug screens, etc? Do they need a different medication? Dr. Del Real doesn't run into this so cannot answer that question. There is a small group that can't tolerate so they can be offered naltrexone. Is there typically a taper protocol? The idea of buprenorphine maintenance is that on occasion people request and want to wean down. He discourages coming off of buprenorphine due to increased rate of relapse and increased risk of overdose death. There is no evidence of safety or efficacy at doses above 24 mg.

There was a motion to increase the dose limit to 24 mg without prior authorization with a second by Dr. Bongat. All were in favor.

For pregnant women, at what point should the dose be reduced if they are above 24 mg? Dr. Del Real indicated that within 30 days of delivery, that dose should come down.

ii. Anticoagulants currently require PA to indication. The PA

Help Desk approves all of these. There was a motion and second to remove the PA to indication. All were in favor.

iii. Anticonvulsants currently require a PA to indication for seizures. There was a motion and second to remove this PA for anticonvulsants with the exception of gabapentin, pregabalin, clonazepam, topiramate and Epidiolex. All were in favor.

iv. Gabapentin is being requested for alcohol use disorder and withdrawal. Facts and Comparisons indicates there is level B evidence and inclusion in clinical practice guidelines. There was a motion to include alcohol use disorder and withdrawal as covered diagnoses for gabapentin. There was a motion and second and all were in favor of allowing for alcohol use disorder and withdrawal.

The data for use in anxiety, headache/migraine, sleep and mood disorder was reviewed. There is no evidence showing safety or efficacy of gabapentin for these off-label uses. These PA requests will continue to be denied. It was noted that gabapentin is being used in conjunction with opioids to increase the high and is increasingly noted to be present in opioid overdose deaths.

v. Pregabalin is being requested for anxiety and restless leg syndrome. Facts and Comparisons indicates there is level B evidence and inclusion in clinical practice guidelines. There was a motion and second and all were in favor of allowing for these two indications.

vi. Continuous glucose monitors will be updated to match Medicare guidelines which allows CGM for all patients using daily insulin. There was a motion and a second and all were in favor of this change.

2. New Drugs

i. Filspari is approved for the reduction of proteinuria in adults with primary immunoglobulin A nephropathy at risk of disease progression. There was a motion to limit to indication and all were in favor.

i. Skyclarys is indicated for the treatment of Friedreich ataxia in adults and adolescents $\geq$16 years of age. There was a motion and second to limit to indication and all were in favor.

3. Determine need for criteria
4. Physician Administered Drugs

i. Lamzede is approved for noncentral nervous system manifestations of alpha-mannosidosis in adult and pediatric patients. Dr. Bongat made a motion, and there was a second to limit to indication. And all were in favor.

ii. We are receiving requests for Spravato. It is covered as a physician-administered medication and must be purchased via buy and bill by the provider's office. It is not covered under the Pharmacy Benefit.

Other

At the February meeting, the Committee approved medications for MS patients with highly active disease. Kesimpta was inadvertently left off of this list. There was a motion and second to approve Kesimpta for highly active disease. All were in favor.

There being no further business, the open portion of the meeting adjourned at 11:15 am and the Committee met in closed session.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager