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

Members present: Tracie Caller, Melinda Carroll, Evan Crump, Scott Johnston, Layne Lash, Robert Monger, Chris Mosier, Garry Needham, Danae Stampfli

Ex-officio: Cori Cooper, Melissa Hunter

Excused: Hoo Feng Choo, Kristen Lovas, Patrick Yost

Guests: Melissa Eames, Sandra Deaver, Collin Townsend, Matt Robison (CHC), Corwyn Moss (CHC), Melissa Mehle (CHC), Nancy Stortz (CHC), Leland Turner (Chiesi), Claire Wells (Orchard), Dana Koehn (Sanofi), Brielle Dozier (Artia), Dominique Davis (Links2Equity), Jeff Houston (Abbvie), Kellie Casey (Ipsen), Tyler Lincoln (Arcutis), Chad Sanders (Ipsen), Maya Armstrong (Genentech), Krystle Thai (Sanofi), Akesha Coleman (Johnson & Johnson), Craig Plauschinat (Eisai), Eva Rybak (Orchard), Lindsey Walter (Novartis), Melissa Abbott (Eisai), Michele Sabados (Alkermes), Natalie Rose (Gilead), Rick Dabner (Alnylam), Teresa Blair (Ipsen), Matt John (Otsuka), Brent Fushimi (UCB), Rhonda Clark (Indivior), Teresa Blair (Ipsen)

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

Introductions were made.

Approval of Minutes

The minutes of the May 9, 2024 meeting were approved.

Department of Health

A. Pharmacy Program Manager Report: Design, development and implementation has kicked off for the new PBA system. Once the requirement sessions are complete, Optum will begin building the system. The new system is set to go live on October 1, 2025 and the schedule is currently on track to meet that date.

B. Medical Director Report: Dr. Johnson did not have a report.

C. DUR Manager Report: Dr. Choo is moving out of state and has resigned from the Committee. We will be looking for candidates to fill this vacancy.

Old Business:

There was no old business to discuss.

New Business

A. Change Healthcare (CHC) has experienced an outage beginning February 21, 2024. The prior authorization system was brought back up July 16. Notification was sent to providers prior to the re-implementation. The PA load has been heavier than normal and we are starting to see what happens when you remove edits form the system.

We will have more information on utilization once we get a chance to analyze the data. From 7/16 – 8/1, 1100 PAs were processed. Any PAs that would have expired during the outage were extended for six months. The website is also back up. The provider portal has not yet been stood up and there are some fiscal pieces that are still down. Traditional reporting is just starting to come back.

B. PA Criteria

1. Review existing criteria

i. A letter from Dr. Quest was reviewed regarding the Dupixent criteria for atopic dermatitis. Dr. Johnston mentioned that for kids with more than 20% involvement, this makes sense. A trial of a low potency corticosteroid is required in children under age 12. Melissa Mehle indicated that the pushback we are seeing is in the immunomodulator step before Dupixent. We will follow up with Dr. Quest to determine what change may need to be proposed.

2. New Drugs

i. Rivfloza is indicated to lower urinary oxalate levels in pediatric patients aged 9 and older and adults with primary hyperoxaluria type 1 and relatively preserved kidney function. There is no comparative information. There was a motion to limit to indication and refer to the Department of Health for cost analysis and PDL placement. All were in favor.

ii. Libservant is a buccal form of diazepam indicated for treatment of intermittent, stereotypic episodes of frequent seizure activity (ie seizure clusters, acute repetitive seizures) that are distinct from a patient's usual seizure pattern in patients aged 2 to 5 with epilepsy. There is no comparative data. There was a motion to limit to indication and refer to the Department of Health for cost analysis and PDL placement. All were in favor.

iii. Filsuvez is a birch triterpenes topical indicated for treatment of wounds associated with dystrophic and junctional epidermolysis bullosa in adults and pediatric patients six months of age and older. There is no comparative data. There was a motion to limit to indication and refer to the Department of Health for cost analysis and PDL placement. All were in favor.

iv. Iqirvo is indicated for treatment of primary biliary cholangitis, in combination with ursodeoxycholic acid (UDCA) in adults with inadequate response to UDCA or as monotherapy in patients unable to tolerate UDCA. Chad Sanders (Ipsen) provided comment. It is additive after UDCA. Patients are generally on UDCA for 6 – 12 months. There is not a recommendation for duration of therapy. Data is available out to 78 weeks. There is a long-term study looking at survival data, however, results are not yet available. It will not be complete until 2030. There was a motion to approve to indication. All were in favor.

v. Ohtuvayre is indicated for the maintenance treatment of chronic obstructive pulmonary disease in adults. There is no comparative evidence. There was a motion to limit to indication and refer to the Department of Health for cost analysis and PDL placement. All were in favor.

vi. Zoryve 0.15% is indicated for the treatment of atopic

dermatitis in patients six years of age and older. Tyler Lincoln provided public comment. There is no black box warning. This is the only one approved for intertriginous areas. There is no comparative evidence. There was a motion to limit to indication and refer to the Department of Health for cost analysis and PDL placement. The Committee recommended that this product be allowed for the intertriginous areas. All were in favor.

3. Determine need for criteria

4. Physician Administered Drugs

i. Adzynma is indicated for prophylactic or on-demand enzyme replacement therapy in adult and pediatric patients with congenital thrombotic thrombocytopenic purpura. There was a motion to limit to indication with prior authorization. All were in favor.

ii. Lenmeldy is indicated for treatment of presymptomatic, late infantile, presymptomatic early juvenile metachromatic leukodystrophy in pediatric patients. Claire Wells (Orchard) provided public comment. This is a very rare, autosomal recessive disorder. This is a one-time treatment. It involves bone marrow suppression prior to administration. It is not indicated for the adult type and has not been tested. This drug will not be administered in the physician's office. It will be given in the hospital. It will have to be carved out of the DRG that is the foundation of reimbursement to hospitals. The DRG rate won't cover the cost of the treatment. There are currently five treatment centers across the United States. There are no centers near Wyoming. There was a motion to limit to indication with prior authorization. All were in favor.

iii. Beqvez is indicated for treatment of moderate to severe hemophilia B (congenital factor IX deficiency) in adults who currently use factor IX prophylaxis therapy or have current or historical life-threatening hemorrhage or have repeated, serious spontaneous bleeding episodes and do not have neutralizing antibodies to adeno-associated virus serotype Rh74var capsid as detected by an approved test. There was a motion to limit to indication with prior authorization. All were in favor.

iv. Kisunla is indicated for treatment of Alzheimer disease, initiated in patients with mild cognitive impairment or mild dementia state of disease. Aduhelm was just removed from the market. This drug is administered every 4 weeks. We still do not have beta amyloid scanning available. Leqembi is difficult to get patients to qualify for as patients need to be very high functioning. This is a little more leeway in functioning. There is a higher incidence of ARIA vs. Leqembi. Serial MRI scans are required. The rates of side effects are higher. The treatment duration is 18 months. Leqembi is given 12 – 18 months. They may be seeking a lower dose maintenance. There is only one patient in Laramie County on Leqembi. Lumbar puncture can be used instead of beta amyloid scans for diagnosis. Dementia is messy because there are often different pathologies at work. Beta amyloid can be identified on PET scan and these drugs do clear that. There appears to be a modest clinical benefit. The patients on these two drugs have very minor symptoms to begin with so it's difficult to determine improvement. There is no comparative data however there appears to be a higher incidence of adverse events with Kisunla. There was a motion to limit to indication with

prior authorization. Treatment duration should be limited to 18 months. Cannot be used with Leqembi. The medication was referred to the Department of Health for cost analysis.

Leqembi should also be limited to 18 months. There was a motion and all were in favor.

Other: Statistics from the CMS annual report were reviewed.

There being no further business, the open portion of the meeting adjourned at 11:32 pm and the Committee met in closed session. The annual meeting was held in closed session.

During closed session, Cori updated the group on the status of pharmacy copays for Medicaid outpatient drug prescriptions. The State plans to permanently suspend patient cost sharing (copays) for all Medicaid outpatient drug prescriptions processed through the pharmacy system, effective July 1, 2024. Public notice for the State Plan Amendment to implement this change was published on the State Medicaid website.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager