WY P&T Committee Meeting Minutes
Thursday, August 14, 2025
Cheyenne, WY and via Zoom
10 a.m – 1 p.m.

Members present: Tracie Caller, Melinda Carroll, Evan Crump, Scott Johnston, Layne Lash, Kristen Lovas, Krystal Massey, Chris Mosier, Danae Stampfli, Alyse Williams

Ex-officio: Cori Cooper, Melissa Hunter, Tracey Haas

Excused: Robert Monger, Garry Needham

Guests: Collin Townsend, Melissa Eames, Kaila Baylie, Bailey Kane (UW) Matt Robison (OptumRx), Corwyn Moss (OptumRx), Melissa Mehle (OptumRx), Nikki Yost (OptumRx), Armen Khachatourian (Sarepta), Megan Bell (Scholar Rock), Linda Nunes (Dexcom), Mae Kwong (Soleno), Andy Berg (Audaire), Hannah Taylor (UW), Jessi Bennett (Biocryst), Liz Curran (Genentech), Mike Donabedian (Sarepta), Michelle Bice (Soleno), Tracy Copeland (Scholar Rock), Jeff Martin (Biocryst), Jeff Houston (Abbvie), Lindsey Walter (Novartis), Mark Harmon (Abbvie), Jennifer Lankford (Lilly), Jenna Doerr (Artia), Natalie Rose (Gilead), Aimee Redhair (Biogen), Kurt Hendrickson (Abbvie), Matt John (Otsuka), Ian Sutker (Otsuka), Garth Wright (Gene), Shirley Quach (Novartis), Seth Frittz (Acadia), Jennifer Golwyn (Ascendis), Matthew Wright (Artia)

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

Introductions were made.

Approval of Minutes

The minutes of the May 8, 2025 meeting were approved.

Department of Health

A. Pharmacy Program Manager Report: The go-live date for the new PBMS system is December 12, 2025. This should be seamless with all existing PAs and all historical claims loaded in the new system. WIC came to the Pharmacy Program and asked that we become the primary payer for infant formula for Medicaid-eligible patients. This has caused access issues for clients and an incredible amount of frustration and friction for prescribers, pharmacies and clients. The good news is that we are finding a new process and will have distribution go back to the WIC program. The payment will occur on the back end through our shared fiscal processes. Dr. Johnson went back to full time clinical practice. Dr. Tracey Haas is the new Medical Director. Lee Grossman, the Medicaid Director, is going to be the Medicaid Director in Iowa. Jesse Springer will be stepping in as Interim Director during the transition.

B. Medical Director Report: No Medical Director report

C. DUR Manager Report: This is Garry Needham's last meeting. We will need to find a new pharmacist to fill the position.

Old Business:

There was no old business to be discussed.

New Business

A. PA Criteria

1. Review existing criteria

i. Elevidys was discussed. Dr. Caller was involved in reviewing evidence for the American Academy of Neurology guidelines. This is a gene therapy that was approved very contentiously through the FDA. It was not approved on clinical benefit. Post-approval data was reviewed. There have been two deaths associated with the medication. Distribution of the medication was put on hold while these deaths were reviewed. We don't have a facility in the state that would administer the medication. Given the high cost, high safety concern and lack of clinical benefit, Dr. Caller wanted to bring this back. These are rare diseases that have not had treatments for a long time and have a lot of political pressure for approval. Armen Khachatourian (Sarepta) provided some clarity. The hold in shipping is for non-ambulatory patients only. There have been some meaningful outcomes data. It requires prior authorization on the medical side so it would come to us first. We do have to have a pathway for coverage. There was a motion to limit to ambulatory patients. The motion was seconded and all were in favor.

ii. The Belbuca maximum dosage was updated in the labeling. Policy will be updated to match the label at 900 mcg every 12 hours.

iii. The Diabetes guidelines have been updated to recommend use of continuous glucose monitoring in all pregnant patients with type 1 diabetes without specification on insulin use. They also note that it may be beneficial in other types of diabetes during pregnancy. There was a motion to allow continuous glucose monitoring for pregnant women with type 1 diabetes with or without insulin. There was a second and all were in favor.

2. New Drugs

i. Vykat is indicated for the treatment of hyperphagia in adults and pediatric patients 4 years of age and older with Prader-Willi syndrome. Mae Kwong (Solena) provided public comment. This is a rare, complex genetic disorder characterized by constant hunger with hyperphagia. 1/3 of all deaths occur due to hyperphagia from GI perforation, choking and dangerous food seeking behavior. Diazoxide suspension should not be substituted. GLP-1s are not a good option for Prader-Willi patients. Hypertrichosis, edema, hyperglycemia and rash are common adverse effects. Durability has been demonstrated out to three years. This occurs in 1/15,000 births. We have had two requests for this medication so far. Diazoxide suspension is not recommended as the pharmacokinetic profile is different and has not been studied. Are there any guidelines for monitoring for hyperglycemia and edema? Yes, it is in the package insert. There was a motion to limit to indication. There was a second and all were in favor.

ii. Vanrafia is indicated for the reduction of proteinuria in adults with primary IgA nephropathy (IgAN) at risk of rapid disease progression. Shirley Quach (Novartis) provided public comment. Vanrafia was provided accelerated approval. This is a progressive immune disease that attacks the kidneys. Despite usual supportive care, most IgAN patients progress to kidney failure within ten years. This should be added to

supportive care (RAS inhibitor +/- SGLT2). Novartis asked that Vanrafia be covered with a PA to label. This is another medication where we have data based on decreased proteinuria but no clinical outcomes data. There was a motion to limit to indication with background supportive care and refer for cost analysis. There was a second and all were in favor.

iii. Yutrepia is indicated for the treatment of pulmonary arterial hypertension (PAH) WHO group 1 patients with Functional Class II to III symptoms to delay disease progression and to improve exercise capacity or PAH associated with connective tissue disease. There is no comparative evidence. There was a motion to limit to indication and refer to the Department of Health for cost analysis. There was a second and all were in favor.

iv. Leqselvi is indicated for the treatment of severe alopecia areata in adults. It is not recommended for use in combination with other Janus Kinase inhibitors, biologic immunomodulators, cyclosporine, or other potent immunosuppressants. Although alopecia is not a covered diagnosis in adults, it is covered through the Early Prevention Screening Diagnosis and Treatment (EPSDT) program for children. The dermatology literature has expanded on the definition of cosmetic. There are serious effects on the social and emotional wellbeing for these patients. These patients will request a note to miss school or decide to homeschool. Dr. Massey has a long discussion with patients and their parents about the safety of JAK inhibitors, so it is not without risk. However, in her practice, she sees it as medically necessary. We are finding more autoimmune pathology with all of these diseases. Now there are good treatment options that will result in better long-term outcomes. If we treat before they move to alopecia universalis, they are more likely to grow hair back. These treatments are effective and life changing for these patients. There was a motion to treat alopecia areata as a medical condition. There was a second and all were in favor.

Vitiligo is also an autoimmune condition leading to hypopigmentation. The longer we wait to treat, the less effective treatments are. This disease can be very stigmatizing with similar mental health and social issues as alopecia. Current therapy includes corticosteroids and topical immune modulators (tacrolimus and pimecrolimus). JAK inhibitors are showing promise in this area. The only approved product is Opzelura which is not currently covered for vitiligo. There was a motion to treat vitiligo as a medical condition. There was a second and all were in favor.

There was a motion to require failure of a high potency corticosteroid for at least 90 days and a SALT score greater than 20% prior to approval of an oral JAK inhibitor. Approval will also require evidence of consultation with a dermatologist. There was a motion and second to refer the oral JAK inhibitors for cost analysis and PDL placement.

There was a motion to require trial and failure of a medium or high potency corticosteroid for 90 days prior to approval of Opzelura. There was a second and all were in favor.

v. Andembry is indicated for the prevention of attacks of hereditary angioedema in adult and pediatric patients aged 12 years and older. There is no comparative evidence. There was a motion to limit to indication and refer to the Department of Health for cost analysis.

vi. Qfitlia is indicated for routine prophylaxis to prevent or reduce

the frequency of bleeding episodes in adult and pediatric patients aged 12 years and older with hemophilia A or B with or without factor VIII or IX inhibitors. There was a motion to limit to indication and refer to the Department of Health for cost analysis. There was a second and all were in favor.

3. Determine need for criteria

i. A review of minoxidil utilization identified use for alopecia and other hair loss-related diagnoses. Dr. Massey uses it as a low dose option for some patients. There is a concern about some of the cardiovascular effects possible with minoxidil, even at low dose. They don't tend to get hypotensive at that dose, but some will become slightly tachycardic. Up to 60% can have abnormal t-waves on EKG. Because alopecia areata was determined to be medically necessary, no changes will be made to minoxidil.

4. Physician Administered Drugs

i. Briumvi is indicated for the treatment of relapsing forms of multiple sclerosis, including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease in adults. There is no direct comparative evidence. Indirect evidence shows that adverse effects are similar among these agents. There was a motion to limit to indication and refer to the Department of Health for cost analysis. There was a second and all were in favor.

ii. Enflonsia is indicated for the prevention of respiratory syncytial virus (RSV) lower respiratory tract disease in neonates and infants who are born during or entering their first RSV season. There was a motion to limit to indication and refer to the Department of Health for cost analysis. There was a second and all were in favor.

Other: The PDL incorrectly listed Skytrofa as non-preferred. Effective January 1, 2025, Skytrofa is a preferred agent. It has been programmed correctly in the claims system and no patients were affected.

There being no further business, the open portion of the meeting adjourned at 11:27 am and the Committee met in closed session.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager