WY P&T Committee Meeting Minutes
Thursday, November 14, 2024
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, Kristal Massey, Robert Monger, Chris Mosier, Danae Stampfli

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

Excused: Garry Needham, Patrick Yost

Guests: Melissa Eames, Sandra Deaver, Collin Townsend, Matt Robison (CHC), Corwyn Moss (CHC), Melissa Mehle (CHC), Nancy Stortz (CHC), Aaron Feyos, Lakshmi Pillai, Brielle Dozier, Warner Quon, Matt Grewe, Sajani Barot, Robert Pearce, Bradley Jones, Kurt Hendrickson, Ron Abraham, Bethany Zanrucha, Connie Brooks, Michele Sabados, Michele Puyear, Valerie Ng, Jeff Houston, Michele Rayes, Eunice Tzeng, Divine Marcelo, Shalini Sethi, Paul Miner, Matt John, Natalie Rose, Gina Heinen, Jason Smith, Robb Host, Ian Sutker, Mark Germann, Amy Breen, Paul Thompson, Deb Guay, Paul Ford

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

Introductions were made. Dr. Krystal Massey was introduced to the Committee. She will replace Dr. Choo who moved to North Carolina.

Approval of Minutes

The minutes of the August 8, 2024 meeting were approved.

Department of Health

A. Pharmacy Program Manager Report: Restoration efforts for Change Healthcare continue after the February cyber attack. All claims processes are in place including clinical edits and prior authorization. The provider portal and a few other systems are still in progress. Design and development has begun on the new Optum system. We are on track and set to go live in September 2025.

B. Medical Director Report: Dr. Johnson just returned from the National Association of Medicaid Directors conference. One major takeaway after listening to other states is that our "little" program is really great. Larger states are managing multiple managed care organizations with multiple PDLs. GLP-1s are still a hot topic. Each state is different. Cell and gene therapy was a large topic, particularly with the new sickle cell treatments. Evanston hospital is closing their birthing unit at the end of the year. We are looking at what can be done to help with that.

C. DUR Manager Report: No report.

Old Business:

Dr. Massey provided some additional information regarding the use of Dupixent in atopic dermatitis. There is no reason that a patient would respond to pimecrolimus or tacrolimus if they failed a high potency steroid. For a patient with over 20% body surface area, the step two topical step is delaying access to the necessary systemic agents. They are used for maintenance in patients with a smaller affected area. There was a motion to remove the step 2 topical agents. All were in favor.

New Business

A. PA Criteria

1. Review existing criteria

i. Dupixent received the indication for COPD. There was a motion and second to limit to patients with a diagnosis of COPD for at least one year, on triple therapy for at least three months, at a stable dose for one month, eosinophil levels of 300 or more and two moderate or one severe exacerbation in the last year. All were in favor.

2. New Drugs

i. Piasky is indicated for treatment of paroxysmal nocturnal hemoglobinuria. Michele Puyear (Genentech) provided public comment. This is a subcutaneous injection but requires healthcare provider administration. There is a risk of meningococcal infections so it requires a REMS program. All prescriptions come through one certified specialty pharmacy. With the other C5 inhibitors, patients can be at higher risk of autoimmune disorders. This has not been seen with crovalimab. There was a motion to limit to indication. There is no evidence of a difference in safety and efficacy. The medication was referred to the Department of Health for cost analysis and PDL placement. All were in favor.

ii. Livdelzi is a peroxisome proliferator-activator receptor (PPAR) agonist indicated for the treatment of primary biliary cholangitis in combination with ursodeoxycholic acid (UDCA) or as monotherapy in patients who do not tolerate UDCA. Natalie Rose (Gilead) provided public comment. About 40 – 60% progress to cirrhosis in four years without treatment. The goal is to slow clinical progression. UDCA is the first-line treatment, however up to 40% of patients have inadequate response. An interim update of the long-term extension study showed improvement in ALT, itching and pruritis were persistent through two years. There was a motion to limit to indication. There is no evidence of a difference in safety and efficacy. The medication was referred to the Department of Health for cost analysis and PDL placement. All were in favor.

iii. Nemluvio is a IL-13 inhibitor approved for treatment of prurigo nodularis. Dupixent is first-line for this indication. There was a motion and second to limit to indication.

iv. Yorvipath is a parathyroid hormone analog approved for the treatment of hypoparathyroidism. Michele Rayes provided public comment. She is a two-time cancer survivor with hypoparathyroidism. Calcium supplementation is not effective. She has been hospitalized over 200 times for the disease. The current standard of care is to take calcium, vitamin D, and sometimes magnesium and potassium. Michele took over 64 tablets per day. Michele started Yorvipath three years ago and no longer needs supplementation. Her kidney disease is resolved. Paul Miner provided public

comment. This is the first and only treatment of hypoparathyroidism in adults. The incidence is estimated to be 77,000 patients in the US. The majority of patients have hypoparathyroidism secondary to surgery. Less than 10 pg/ml is considered low. Chronic hypoparathyroidism is diagnosed after 6 months. Some patients will return to normal function within six months following surgery. It is not recommended for patients to stop therapy abruptly. There was a motion and second to limit to indication. A patient must be at least three months post-surgery for approval. All were in favor.

v. Tryvio is an antihypertensive acting on the endothelin pathway indicated in patients whose blood pressure is not adequately controlled on other antihypertensive agents. Sajani Barot (Idorsia) provided public comment. The cutoff for a clinically meaningful reduction in blood pressure is generally 5 mm Hg. Adherence was likely higher in the study as they were given a triple pill vs. taking three separate medications. The change seen in the studies were clinically meaningful because it was on top of background therapy. No additional long-term outcomes trials are occurring. The Committee has significant concerns regarding safety. There was a motion to limit Tryvio to patients who have been on three antihypertensives concurrently from different pharmacological classes for at least one year with uncontrolled hypertension. There was a motion and second and all were in favor.

vi. Ebglyss is a IL-13 and IL-4 inhibitor approved for treatment of moderate to severe atopic dermatitis in patients whose disease is not adequately controlled with topical prescription therapies or when topical therapies are not advised. This is a similar agent to Dupixent. Efficacy is similar. Patients can go to every four-week administration from every two weeks if well controlled after 16 weeks. Lakshmi Pillai (Lilly) is available for questions. There was a motion to limit to indication and refer to the Department of Health for a cost analysis.

vii. Miplyffa is indicated for the treatment of neurological manifestations of Niemann-Pick disease type C, in combination with miglustat. There was a motion and second to limit to indication. All were in favor.

viii. Aqneursa is indicated for the treatment of neurological manifestations of Niemann-Pick disease type C. There was a motion and second to limit to indication. All were in favor.

ix. Cobenfy is a muscarinic agonist combined with a peripheral muscarinic antagonist indicated for the treatment of schizophrenia. Aaron Feyos (BMS) provided public comment. He requests that we allow this medication first-line or for patients at risk of tardive dyskinesia or cardiometabolic side effects. No changes in body weight, metabolic disorders or tardive dyskinesia were noted. Currently there is no comparative data. Studies are ongoing as adjunctive therapy for Alzheimer's psychosis and Alzheimer's agitation. Typically these patients would be on the atypical antipsychotics first. There is no comparative evidence. There was a motion and second to refer to the Department of Health for cost analysis and PDL placement.

x. Vyalev is a continuously infused form of carbidopa and levodopa indicated for the treatment of motor fluctuations in adults with advanced Parkinson's disease. Bradley Jones (Abbvie) is available for questions. Dr. Caller indicated that neurologists have been very excited for this to be approved. This would be an alternative to deep brain stimulation. Typically these are older patients, probably not in the Medicaid population. This is a continuous subcutaneous infusion. You can change

locations every two to three days. The vial contains 10 ml or about 120 mg carbidopa and 2400 mg levodopa. The patient can "unbox" and get the pump started. Deep brain stimulation does work in a lot of patients. However, they do still progress. Deep brain stimulation would be an option for younger patients with no contraindications. This is avoided for people with severe mental illness such as depression. Vyalev wouldn't completely replace deep brain stimulation. Surgery is only done in Denver now. Vyalev would definitely be a good option for rural patients. There was a motion and second to limit to indication. All were in favor.

3. Determine need for criteria

4. Physician Administered Drugs

There were no physician administered drugs to discuss.

Other: The draft 2025 PDL was reviewed. It will be posted on the DUR website for public comment.

There being no further business, the open portion of the meeting adjourned at 11:50 am and the Committee met in closed session.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager