

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

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

Ex-officio: Cori Cooper, Paul Johnson

Excused: Melissa Hunter

Guests: Melissa Eames, Sandra Deaver, Collin Townsend, Matt Robison (CHC), Corwyn Moss (CHC), Melissa Mehle (CHC), Nikki Yost (CHC), Karen Ward, Steven Poucher, Bryan Dillon, Andi Stratton, Madeline Shurtleff, Aimee Redhair, Joshua McNeil, Lori Howarth, Phil Whettestad, Kurt Hendrickson, Otis Taylor, Nirmal Ghuman, Brigid O’Flannigan, Sam Dolzani, Heather Freml

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

Introductions were made.

Approval of Minutes

The minutes of the May 11, 2023 meeting were approved.

Department of Health

A. Pharmacy Program Manager Report: We have completed an amendment to the DUR contract until September 30, 2023 to allow more time to complete the 10 year contract ending September 30, 2033. The Department is currently in the middle of the RFP process for the pharmacy benefits administration (PBA) system. This is the contract currently held by Change Healthcare/Optum Rx. Cori, Matt and Aimee just attended the annual SSDC supplemental rebate meeting. We will bring back anything that may be changing to the November meeting. Collin Townsend has replaced Patrick at the Department of Health.

B. Medical Director Report: Busily “unwinding” the COVID enrollment. Collaborative Care for behavioral health has just started. Excited about expanding our capacity in the state of Wyoming. The Diabetic Health Management program has been revamped. Now it is open to anyone with a diagnosis of diabetes. Clients are incentivized to meet with a nurse case manager to ensure they are receiving the appropriate care. Collin and Dr. Johnson are traveling up to the Casper substance abuse clinic next week. Medicaid continues to “unwind” enrollment following the pandemic. We don’t expect enrollment to go back to pre-pandemic levels. There was a question regarding any change in the legislature’s thoughts on Medicaid expansion. They did extend the pregnancy benefit to one year after delivery. However, there no other signs of an opening to wide expansion.

C. DUR Manager Report: We are welcoming Dr. Monger back to the Committee.

Old Business:

There was no old business to discuss.

New Business

A. PA Criteria

1. Review existing criteria

i. Rexulti now has the indication for Alzheimer's agitation. Dr. Caller has concern regarding the cost and the potential for Parkinsonian symptoms in these patients. Generally, neurologists would start with conservative factors that address the cause of anxiety. Then they would try Depakote, Seroquel, Buspar, or trazadone. Often anxiety needs chronic treatment, so length of therapy would depend on the patient. It is difficult to withdraw a medication once it is started. Madeline Shurtleff (Otsuka) mentioned that there were no signs of Parkinsonian symptoms in the study population. It is tapered up from 0.5 mg to 2 mg per day. It takes 2 – 4 weeks to see any kind of change. If the provider doesn't feel it is helping, they would taper off. It is not intended to be used as needed.

There was a motion and second to allow for Alzheimer's agitation for 12 weeks with the first approval and then for 12 months after with confirmation of effectiveness. We will monitor and bring it back if needed.

ii. The PA Help Desk is receiving requests for Difigid. There is some evidence for a decrease in recurrent C. Difficile. ISDA has indicated that it is a first-line for initial treatment based on a large meta-analysis in 2021. There was a motion, second and all in favor of removing prior authorization requirements for Difigid.

iii. Dupixent will no longer require a trial and failure of a medium potency steroid.

2. New Drugs

i. Sogroya is a weekly growth hormone product. There is no evidence of a difference in safety or efficacy compared to the other products. The Committee voted to refer to the Department of Health for a cost analysis.

i. Veozah is a nonhormonal therapy for menopause. There is no evidence of a difference in safety or efficacy compared to the other products. The Committee voted to refer to the Department of Health for a cost analysis.

ii. Vowst is an oral fecal microbiota. This would be for people who are at high risk of recurrence. The fecal transplant requires a colonoscopy with anesthesia. There hasn't been a comparative trial looking at prophylactic vancomycin vs. fecal microbiota. There was a motion and second and all were in favor to limit to indication.

iii. Zavzpret is a CGRP nasal spray for acute treatment of migraine with or without aura in adults. Sam Dolzani (Pfizer) provided public comment. This can be used up to eight times per month. There was one patient with dysgeusia that was mild and transient. We aren't sure of the actual duration. There are a subset of patients who are unable to use oral agents due to nausea and vomiting. This provides a novel dosage

form for these patients. Sam indicated that there is data showing that Zavzpret can be used safely with sumatriptan. There is no evidence of a difference in safety or efficacy compared to the other products. The Committee voted to refer to the Department of Health for a cost analysis. It may be beneficial for those who have severe nausea and vomiting and are unable to take oral medications.

iv. Inpefa is indicated for risk reduction in cardiovascular mortality and hospitalization for heart failure and urgent heart failure visits. It is not currently approved for diabetes. There was a motion and second to limit to indication. All were in favor.

3. Determine need for criteria

4. Physician Administered Drugs

i. Vyjuvek is approved for the treatment of wounds in patients with dystrophic epidermolysis bullosa. Karen Ward (Krystal Biotech) provided public comment. This product is a gene therapy that targets the underlying cause of the disease. It may be given in the physician's office or through home health. It uses a herpes simplex viral vector to deliver the missing gene so the patient can begin to build stronger, intact skin. It is dosed weekly due to the normal turnover of skin cells. It does not penetrate intact skin, only active wounds are treated. Before treatment, patients should be confirmed to have the mutation in the COL7A1 gene. Dr. Stampfli has a current patient. There is expected to be about 3,000 patients nationwide. There was a motion and second to limit to indication. All were in favor.

ii. Leqembi is indicated for treatment of Alzheimer disease, to be initiated in patients with mild cognitive impairment or mild dementia stage of disease. This drug has better data than Aduhelm. The centers who are infusing require confirmation testing of beta amyloid in the spinal fluid and confirmation of ApoE  $\epsilon$ 4 negative. ARIA is a higher risk in people who are ApoE  $\epsilon$ 4 positive. If Alzheimer disease progresses to moderate, the drug should be stopped. The drug should also be discontinued if there is any brain bleeding. Prior authorization should be re-evaluated every six months. It will be difficult to objectively quantify efficacy. There was a motion and second to limit to indication with MRI of the brain showing no increased risk for cerebral hemorrhage, apoE 4 status, and confirmatory testing for tau beta-amyloid in spinal fluid. Prior authorizations will be re-evaluated every six months.

### Other

There being no further business, the open portion of the meeting adjourned at 11:20 am and the Committee met in closed session. The Annual Planning meeting was held during closed session. Chris Mosier was voted in as Chair and Rob Monger will be Vice Chair. Term limits will apply to these two positions with a limit of two years.

Respectfully Submitted,

Aimee Lewis  
WYDUR Manager