

WY P&T Committee Meeting Minutes
Thursday, May 14, 2026
Cheyenne, WY and via Zoom
10 a.m. – 1 p.m.

Members present: Tracie Caller, Evan Crump, Scott Johnston, Layne Lash, Kristen Lovas, Krystal Massey, Robert Monger, Chris Mosier, Danae Stampfli, Jill Van Cleave

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

Excused: Melinda Carroll, Alyse Williams

Guests: Collin Townsend, Melissa Eames, Kaila Baylie, Matt Robison (OptumRx), Corwyn Moss (OptumRx), Nikki Yost (OptumRx), Stephanie Russell (OptumRx), Sergio M, Lee Stout, Jenna Doerr, Tim Melancon, Ray Pirc, Jeff Houston, Matt Sheffield, Matt Moran, Kaysen Bala

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

Introductions were made.

Approval of Minutes

The minutes of the February 12, 2026 meeting were approved.

Department of Health

A. Pharmacy Program Manager Report: The new PBA went live April 15, 2026. Thank you to our pharmacists and providers who have worked with us through the change. There have been hiccups, but overall, the transition has gone smoothly. Electronic PA is live. We are working through the electronic PA process for ADHD. We have good real-time data on PA approvals and denials as well as turnaround times. CMS has issued new draft guidelines around electronic PA for pharmacy claims. There is a lot of technical work. If finalized, the implementation date is October 1, 2027. This is especially difficult since we are moving through a NCPDP claims format change (implementation in April 2028) and a transition to 12-digit NDCs (implementation in 2033). WY has signed and submitted the request for application with CMS to participate in the GENEROUS model which is a “most favored nation” model for drugs that are not weight loss medications.

B. Medical Director Report: The Department is waiting for CMS approval of budget for RHTP application. The budget must be allocated by October 2026. The Joint Labor and Health Committee meeting is happening in Casper. They are talking about the RHTP this morning. Pharmacist scope of practice is being discussed. The expansion in scope of practice would allow pharmacists to prescribe any class of drug, conduct prevention screenings and perform chronic disease management. This is part of the HR1 guidance from the federal government and would result in additional funds being awarded. We have been funded \$205 million for the first year.

C. DUR Manager Report: Karly is back from maternity leave.

Old Business:

A. Prior authorization criteria for the non-preferred agents indicated for treatment of chronic spontaneous urticaria was discussed. There was a motion and second and all were in favor of requiring a 56-day trial of a preferred medication.

New Business

A. PA Criteria

1. Review existing criteria
 - i. No existing criteria was reviewed.
2. New Drugs
 - i. Yuviwel is indicated to increase linear growth in patients ≥ 2 years of age with achondroplasia with open epiphyses. Kaysen Bala provided public comment. Yuviwel is once weekly instead of daily and fewer injection reactions. Yuviwel has a greater dose forgiveness window for missed doses. Data is being collected regarding how long after treatment is initiated until the epiphyses close. Are there any randomized, controlled trials? The APPROACH phase 3 study was a randomized, controlled trial. The first 52 weeks was randomized compared to placebo. There is no comparative data. There are very few patients in Cheyenne and the surrounding community. The average time to enter treatment and average age for puberty will determine length of treatment. It could be very lengthy treatment. There was a motion and second to limit to indication. All were in favor.
 - ii. Kygevvii is indicated for the treatment of thymidine kinase 2 deficiency in adults and pediatric patients with an age of symptom onset on or before 12 years. There was a motion and second to limit to indication. All were in favor.
 - iii. Lerechol is indicated as adjunct to diet and exercise to reduce low-density lipoprotein cholesterol in adults with hypercholesterolemia, including heterozygous familial hypercholesterolemia. There was one comparative study that did not show non-inferiority. There was a motion and second to limit to indication and refer to the Department of Health for cost analysis and PDL placement. Based on the data available, there was a recommendation to make this medication non-preferred. All were in favor.
 - iv. Icotyde is indicated for the treatment of moderate to severe plaque psoriasis in adults and pediatric patients ≥ 12 years of age who weigh ≥ 40 kg who are candidates for systemic therapy or phototherapy. This is the first oral biologic for psoriasis. There are head-to-head data against deucravacitinib and apremilast. It was superior to both. Apremilast is not immunosuppressive. This one may be less immunosuppressive than deucravacitinib. Skyrizi also has comparative data showing superiority to the TNFs and Humira. There was a motion and second to limit to indication and refer to the Department of Health for cost analysis and PDL placement. All were in favor.
 - v. Foundayo is indicated as adjunct to a reduced-calorie diet and increased physical activity to reduce excess body weight and maintain weight reduction long term in adults with obesity or adults with overweight in the presence of at least one

weight-related comorbid condition. This is an FYI only. Weight loss agents are not currently covered. No action is necessary.

vi. Nereus is indicated for the prevention of vomiting induced by motion in adults. There was a motion and second to limit to indication and refer to the Department of Health for cost analysis and PDL placement. There was a recommendation to require trial and failure of at least one traditional medication. All were in favor.

3. Determine need for criteria

i. No medications were reviewed.

4. Physician Administered Drugs

i. Zycubo is indicated for the treatment of Menkes disease in pediatric patients. Not indicated for treatment of occipital horn syndrome. There was a motion and second to approve to indication. All were in favor.

ii. Loargys is indicated for the treatment of arginase 1 deficiency, also known as hyperargininemia, in adults and pediatric patients ≥ 2 years of age, in conjunction with dietary protein restriction. There was a motion and second to limit to indication. All were in favor.

Other:

There being no further business, the open portion of the meeting adjourned at 10:43 am and the Committee met in closed session.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager