WY P&T Committee Meeting Minutes
Thursday, November 12, 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, Alyse Williams

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

Excused: Melinda Carroll

Guests: Collin Townsend, Melissa Eames, Kaila Baylie, Matt Robison (OptumRx), Corwyn Moss (OptumRx), Nikki Yost (OptumRx), Stephanie Russell (OptumRx), Ashley Bancroft (Optum Rx), Holly Boudreaux (J&J), Scott Burns (J&J), Julie Vandaveer (J&J), Justin May (Compass), Sergio Gomez (Concis Labs), Jenna Doerr (Artia), Ray Pirc (Novo), Kurt Hendrickson (Abbvie), Holly Brewer (Takeda), Michele Pannel (Alkermes), Natalie Rose (Gilead), Christine Dube (Astrazeneca), Tamara Walker (High Point Wellness), Jessica Bradley (Alkermes), Mary Claire Wohletz (Merck), Harry Herar (Merck)

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

Introductions were made.

Approval of Minutes

The minutes of the August 20, 2026 meeting were approved.

Department of Health

A. Pharmacy Program Manager Report: We have been working on changes to the 2027 PDL with the addition of the GENEROUS supplemental rebate model. Optum and the Pharmacy team continue to work through the new Optum system, tweaking the system as things come up.

B. Medical Director Report: Reimbursement have been changing. Maternity unbundling is happening January 2027. Rural Health Transformation Program funds were allocated for year 2. And there is an increase for year 2, up to $207 Million.

C. DUR Manager Report: The average MME per prescription was reviewed from 2012, prior to limits being implemented to FFY 2025. The average MME for long-acting only in 2012 was 94 MME vs. an average MME per all prescriptions (short and long-acting) in FFY 2025 of 39 MME. A bit of an apples to oranges comparison but still shows significant change over time. The average Suboxone dose with a 16 mg/day limit was 12 mg. When the limit was increased to 24 mg/day, the average dose went up to 15 mg/day. Prior authorizations have decreased substantially with the updated dose limit.

Old Business:

There was no old business.

New Business

A. PA Criteria

1. Review existing criteria

i. Mavyret and sofosbuvir/velpatasvir will be preferred with no PA criteria effective 1/1/2027. There was a motion to approve the non-preferred agents due to the intolerance of the preferred. Vosevi will be approved for retreatment. There was a second and all were in favor.

2. New Drugs

i. Lynavoy is indicated for the treatment of cholestatic pruritis associated with primary biliary cholangitis in adult patients. 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.

ii. Trutakna is indicated for the reduction of proteinuria in adults with primary immunoglobulin A nephropathy at risk for disease progression. 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.

iii. Lipfendra is a PCSK9 inhibitor indicated as adjunct to diet and exercise to reduce LDL cholesterol in adults with hypercholesterolemia, including heterozygous familial hypercholesterolemia. Mary Claire Wohletz (Merck) provided public comment. There is not currently a completed outcomes trial. It is underway with anticipated completion in a few years. Why wasn't the dose increased in the comparative study? Patients were enrolled on stable medication. There is data in patients on medium and high intensity statins. The FDA recommends that it is administered on an empty stomach. There is additional data showing that when it is taken with food, LDL lowering is reduced to 50% from baseline vs. 60% from baseline on an empty stomach. There is hesitation in approving without outcomes data. There are new hyperlipidemia guidelines this year, with a new LDL goal for high-risk patients of 55 mg/dl. This is difficult to achieve with a statin alone. There are also a large proportion of patients who have familial hypercholesterolemia. An oral would be nice because injections are tough and pose a barrier. Though this drug doesn't have outcomes data, there is plenty of data in the class. Repatha does have outcomes data for both primary and secondary prevention. There was a motion to limit to indication and refer to the Department of Health for cost analysis and PDL placement. Because Repatha has the outcomes data, there was a recommendation to make Lipfendra nonpreferred. There was a second and all were in favor. Dr. Stampfli noted that Medicaid is the only Wyoming payer that always pays for screening in kids.

iv. Awiqli is a weekly insulin product indicated for improvement of glycemic control in adults with type 2 diabetes. What happens if someone is hypoglycemic on this agent? Comparative data shows no benefit of weekly insulin vs. daily insulin. There was a motion to limit to indication and refer to the Department of Health for cost analysis and PDL placement. We do not pay for

convenience; however, adherence is taken into consideration with a longer-acting product. There was a second and all were in favor.

v. Onswik is a weekly insulin product indicated as adjunct to diet and exercise for improvement of glycemic control in adults with type 2 diabetes. There is a paucity of comparative evidence. There was a motion to limit to indication and refer to the Department of Health for cost analysis and PDL placement. There was a second and all were in favor.

vi. Zavzpret is indicated for acute treatment of migraine with or without aura. Dr. Caller uses this in patients in patients who have a lot of vomiting at onset of migraine after a failure or intolerance to triptans. Many patients don't like the taste. Currently listed as non-preferred requiring a trial of two preferred triptans. 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. There was a second and all were in favor.

vi. Adquey is indicated for the treatment of mild to moderate atopic dermatitis in adults and pediatric patients $\geq$ 2 years old. Dr. Massey doesn't have experience yet. There are two other PDE-4 inhibitors including Zoryve. There has been good efficacy. Adquey has a different vehicle. 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. It would be in the market basket with Zoryve and Eucrisa. There was a second and all were in favor.

vii. Lisraya is a JAK inhibitor indicated for the treatment of dermatomyositis in adults. Dr. Massey recommended a trial and failure of methotrexate for 90 days prior to approval. There was a motion, second and all were in favor.

viii. Mimrylo is indicated for the treatment of erythrocytosis in adults with polycythemia vera. There was a motion to limit to indication. There was a second and all were in favor.

3. Determine need for criteria

i. Olumiant will be the preferred product for alopecia areata effective 1/1/2027. Criteria for non-preferred Litfulo was discussed. There was a motion to approve Litfulo for ages 12 – 18, and after 6-month trial and failure of preferred. A failure would be defined as a SALT score remaining over 20 at 6 months. There was a second and all were in favor. For the new offer, we would need to remove the requirement of the 90-day trial of topical corticosteroids. The topical steroids work in about 20 – 30% of cases. There was a motion, second and all were in favor.

4. Physician Administered Drugs

i. Spravato was brought back for further consideration. When previously reviewed, the Committee had significant concerns regarding safety and recommended that the product not be covered.

Jesse, Cori and Aimee received a letter from J&J yesterday requesting that we retract and amend comments made during the February 2025 meeting.

The first point addressed was a comment indicating that "the company was just fined $5 billion for its marketing practices". This statement was inaccurate and will be retracted. For clarification, at the time of the February 2025 meeting, according to Google, J&J had proposed a settlement for talcum powder litigation for $6.5 billion. This

was settled in 2026 for $5.5 billion. This was not related to marketing practices. In March 2025, J&J was fined $1.64 billion tied to off-label marketing of its HIV medications. In 2013, J&J was fined $2.2 billion for off-label marketing of Risperdal, Invega and Natrecor. In addition, J&J agreed to pay up to $5 billion in the 2022 National Opioid settlement. It was noted that none of these fines are directly related to Spravato but provided general background to the Committee discussion.

The second item was regarding the statement that "there are several studies comparing Spravato to ketamine and ketamine did better". This statement was accurate and is supported by a systematic review and meta-analysis published in the Journal of Affective Disorders in 2021. This review included 24 studies representing 1877 participants. Racemic ketamine demonstrated greater overall response and remission rates as well as lower dropout rates compared to esketamine. The authors' conclusion was that "intravenous ketamine appears to be more effective than intranasal esketamine for the treatment of depression". (Bahji A, Vazquez G, Zarate C. Comparative efficacy of racemic ketamine and esketamine for depression: A systematic review and meta-analysis. Journal of Affective Disorders. 2021; 278: 542 – 555.) Due to the timing of receipt of the letter in relation to the meeting, additional resources were not sought. Tamara Walker, APRN also noted in her written public comment that in one study comparing the two, ketamine was more effective on secondary outcomes and similar in the primary endpoint when compared to esketamine.

The third item was in relation to the statement that "there are significant safety concerns associated with this medication." This statement will be updated to state "The P&T Committee has significant safety concerns associated with this medication based on the five black box warnings and four additional warnings in the warnings and precautions section of the label."

The final piece was regarding the decision not to cover the medication as it was not considered a "covered outpatient drug". Our interpretation of the law is that it is not a covered outpatient drug as it is always given in a healthcare setting. CFR excludes medications that are bundled into service payments, ie. given as a part of a physician service. J&J's argument is that it is not physician administered because it is self-administered in the physician office. In 2026, CMS established a drug-specific HCPCS code which means that it can be "unbundled". J&J argues that it now must be covered. The P&T Committee has the authority to determine that we cover it. This will be referred to the Attorney General if needed.

Tamara Walker, APRN owns a clinic in Rock Springs. She is requesting reconsideration of coverage for Spravato in WY Medicaid patients. Treatment resistant depression is defined as depression not improved by two antidepressants at adequate dose. Spravato is FDA approved for treatment resistant depression as monotherapy or in combination with an oral antidepressant in patients with suicidal ideation. It has not been proven to decrease suicide rates. WY Medicaid is the only payer who does not cover esketamine. She did offer some PA criteria which would include a six-week trial and failure of two antidepressants from two different classes plus a trial of augmentation with another agent. She treats non-Medicaid patients with Spravato every day. There are categories of responders. There are a few patients who will get to maintenance and decide they are better and they check in every 3 – 6 months. Most patients do a maintenance every other week or weekly. Around 1/3 – ½ of her patients had a 50%

improvement in depression screening within the first 3 months. She runs an intervention psychiatry clinic. They also do medication management and partner with a counseling group. They do the interventions with Spravato and TMS. Serious side effects occur in a small percentage, maybe 5% of people. She uses the PALS line and finds it helpful. People who are suicidal should be hospitalized. However, in Rock Springs, there are no hospitalization options.

Dr. Caller spoke with Dr. Robert Strahan and provided comments from his experience in Texas. There is a healthcare disparity on the east side vs. the west side of Wyoming. He hasn't felt a need for Spravato because in Cheyenne we have access to ECT and TMS in addition to psychiatric hospitalization. He emphasized that providers ordering, delivering and the facility must go through the REMS program which addresses the safety concerns we had at the time of the last review. The prescriber should be a psychiatrist or APRN with certification. Dr. Strahan was uncomfortable allowing prescribers without psychiatric training to prescribe this. For severe depression, it was more effective when used earlier in treatment than later. He was in favor of a 4-week trial vs. 6-week trial. He likes to do the augmentation, but some patients may not have time for that.

Julie Vandaveer provided public comment for J&J. It is a schedule III-controlled substance and is only available through a REMS program. There are reports of treatment-emergent anger at the VA. Julie did not have any information on that. This is a dissociative agent. Have there been reports of flashbacks? Julie is not familiar with this. She will investigate it and get back to us.

ECT is provided in Cheyenne, only. Some patients are contraindicated to receive ECT or TMS including traumatic brain injury. Dr. Strahan did comment on the dissociation. This is part of his reasoning for it to be a mental health provider to help with dissociation.

Is esketamine abused like ketamine? That is one of the reasons for the REMS program with Spravato. Julie will investigate the potential for an increase in intracranial pressure. Spravato is being studied for pediatric patients under the age of 18.

Tamara requires all patients who receive Spravato to be in counseling to help with flashbacks. It is not unheard of but can be very therapeutic in a therapy space. It may increase effectiveness of counseling.

We do not want the letter we discussed first to impact the decision that we would have made had that letter not been received. Dr. Caller pointed out that we cannot assume that esketamine and ketamine are similar, though we have discussed it a lot today. She also pointed out that we cover Xyrem which could be a "roofie" drug. She has not seen abuse of it either.

We don't generally limit prescribing to a certain type of prescriber. However, compelling arguments have been made regarding this type of restriction. Being a Board Certified APRN required Tamara to go through the general NP education. She specialized in pediatric care. And then she went back for a 24-month psychiatric specialty. The REMS allows any medical provider to administer the medication.

There was a motion to refer to the Attorney General and continue not covering Spravato. The motion died for a lack of interest. There was a motion to limit to indication with a six-week trial and failure of two antidepressants from two different classes plus an augmenting agent. Spravato must be prescribed by a psychiatrist or

psychiatry trained Nurse Practitioner. The first prior authorization will be approved for 3 months with a requirement to show efficacy. Subsequent approvals will be for one year. There was a second and a majority were in favor with one nay.

Other:

A. The GENEROUS program was discussed. The GENEROUS model is the Trump administration's attempt to get US pricing for Medicaid closer to most favored nation pricing. These offers consider prices in eight other countries. This is a calculation, not what the manufacturer wants to offer. We have done the analysis of the offers we have from SSDC and GENEROUS to determine which offers we should take. At this moment, we are taking GENEROUS offers from 10 manufacturers on 22 drugs.

B. The Draft 2027 PDL was presented.

There being no further business, the open portion of the meeting adjourned at 12:32 pm and the Committee met in closed session.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager