WY P&T Committee Meeting Minutes
Thursday, November 13, 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, Robert Monger, Chris Mosier, Danae Stampfli, Jill Van Cleave, Alyse Williams

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

Excused:

Guests: Collin Townsend, Melissa Eames, Kaila Baylie, Corwyn Moss (OptumRx), Nikki Yost (OptumRx), Stephanie Russell (OptumRx), Christa Van Landingham (student), Lee Stout (Chiesi), McKayla Adkison (student), Jeffrey Baldwin (Amgen), Alan Polnariev (Bayer), Aaron Feyos (BMS), Jesse Springer (WY Dept of Health), Tracey Haas (WY Dept of Health), Kurt Hendrickson (Abbvie), Jeff Houston (Abbvie), Heather Hornecker (KalVista), Matthew Moran (Sanofi), Lauren Warn (PTC Therapeutics), Richelle Witt (UW Student), Bill Branch (Crinetics), Ray Pirc (Novonordisk), Jenna Doerr (Artia), Shirley Quach (Novartis), Kheelan Gopal (Insmed), Jennifer Lankford (Lilly), Mark Harmon (Abbvie), Jill Carroll (BMS), Matt John (Otsuka), Carlos McCumber (Takeda), Jessi Bennett (Biocryst), Adam Furman (Sanofi), Jason Smith (Gilead), Lindsey Walter (Novartis), Lori Howarth (Bayer), Divine Marcelo (Amgen), Kat Khachatourian (Novonordisk), Ginger Papesh (Novonordisk), Sherry Betthauser (Jazz Pharmaceuticals)

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

Introductions were made.

Approval of Minutes

The minutes of the August 14, 2025 meeting were approved.

Department of Health

A. Pharmacy Program Manager Report: Jesse Springer is the acting Medicaid Director. He gave his appreciation for the members of the Committee. Cori indicated that they are working very hard on standing up the new PBA system. The go-live has been pushed into early 2026, but they are still working on an exact date. CMS announced a new program called the GENEROUS model. The idea behind this program is to create savings by allowing Medicaid programs to take advantage of Most Favored Nation Pricing. This is still very new and information will be forthcoming. Matt Robison is on paternity leave with his new baby girl. He will retun the beginning of December.

B. Medical Director Report: They have been busy with the Rural Health Transformation program. Additional information can be found at https://health.wyo.gov/admin/rural-health-transformation-program/.

C. DUR Manager Report: Aimee introduced Jill Van Cleave. She is a pharmacist in Laramie and has been chosen to fill the vacant pharmacist position.

Old Business:

There was no old business to be discussed.

New Business

A. PA Criteria

1. Review existing criteria

i. Ajovy is now indicated in children aged 6 – 12 years of age for preventative treatment of episodic migraine. This will be added to the current criteria.

ii. Wegovy was recently approved for metabolic associated steatohepatitis (MASH). There was a motion and second to approve with the following criteria:

The member has a diagnosis of MASH (also known as NASH) confirmed by one of the following:

- *Liver biopsy performed within the previous 3 years*
- *Noninvasive tests (NITs) (for example, transient elastography, vibration-con trolled transient elastography [for example, Fibroscan], or magnetic resonance elastography) performed within the past 6 months*

Results of baseline liver biopsy or NIT demonstrate the presence of stage F2 or F3 fibro sis.

The prescriber attests that the member is using Wegovy® in conjunction with diet and exercise.

The member will not be using Wegovy® in combination with any of the following products:

- *GLP-1 RA*
- *GLP-1 RA combinations (for example, with insulin, GIP RA)*

Reauthorization:

Reauthorization of Wegovy® may be approved when all of the following criteria are met:

- *The member has not progressed to stage F4 fibrosis.*
- *The prescriber attests that the member is using Wegovy® in conjunction with diet and exercise.*

Duration of Approval: 12 months

All were in favor.

iii. Mavyret was recently approved for the treatment of acute

hepatitis C infection. It is currently preferred for treatment of chronic hepatitis C infection. There was a motion and a second to limit to indication for acute treatment. All were in favor.

iv. Current policy requires two cycles of Botox monotherapy showing efficacy prior to allowing concurrent use with a CGRP antagonist for prevention of migraines. The Help Desk has asked if this policy should be applied to Qulipta. Practically speaking, gepants and monoclonal antibodies are considered equivalent. Would like to see CGRP available first line. Botox should be used after trial and failure of CGRP antagonists. Beta blockers and topiramate may not be as effective. We will take this back and do some additional research and bring it back in February. There was a motion and second to require a 12-week trial of a CGRP or gepant prior to use of Botox. If the patient has more than 4 headaches per month on the CGRP or gepant, it would be appropriate to use combination therapy with Botox. All were in favor. There is also some data about patients with medication overuse headache responding to CGRP preventative therapy.

v. Zoryve is now indicated for the treatment of atopic dermatitis in pediatric patients aged 2 – 5 years. The current criteria will be updated to reflect this change.

vi. At the last meeting, continuous glucose monitors (CGMs) were approved for patients with gestational type 1 diabetes without the use of insulin. There has been a request to expand this coverage to all gestational diabetes patients. Dr. Williams indicated that in rural areas like Buffalo, these patients end up in Billings and in the NICU, so cost of care goes up extensively. There was a motion and second to approve for diagnosis of gestational diabetes. There was a majority approval with one nay vote. These should be discontinued at the 6-week post-partum check. There was a motion, second and there was a majority approval with one nay vote.

vii. Kerendia is now approved to reduce the risk of cardiovascular death, hospitalization for heart failure, and urgent heart failure visits in adult patients with heart failure with left ventricular ejection fraction $\geq$ 40%. There was a motion and second to limit to indication and refer to the Department of Health for cost analysis. All were in favor.

viii. Tezspire is now approved for add-on maintenance treatment of inadequately controlled chronic rhinosinusitis with nasal polyps. Jeff Baldwin (Amgen) provided public comment. There are no comparative studies being conducted. There was a motion and second to limit to indication and refer to the Department of Health for cost analysis. All were in favor. There is a difference in the mechanism of action for Tezspire. Aimee will reach out to Dr. Paul Johnson to get feedback on length of trial.

2. New Drugs

i. Tryptyr is approved for the treatment of signs and symptoms of dry eye disease. There was a motion and second to limit to indication and refer to the Department of Health for cost analysis. All were in favor.

ii. Harliku is indicated for the reduction in urine homogentistic acid in adults with alkaptonuria. There was a motion and second to limit to indication. All were in favor.

iii. Ekterly is indicated for the treatment of acute attacks of

hereditary angioedema in adult and pediatric patients ≥ 12 years of age. There was a motion and second to limit to indication and refer to the Department of Health for cost analysis. All were in favor.

iv. Orlynvah is indicated for treatment of uncomplicated urinary tract infection caused by E. coli, K. pneumonia or P. mirabilis in adult females who have limited or no alternative antibacterial treatment options. There was a motion and second to limit to indication and refer to the Department of Health for cost analysis. All were in favor.

v. Anzupgo is indicated for the treatment of moderate to severe chronic hand eczema in adults who have had inadequate response to, or for whom topical corticosteroids are not advisable. It is nice to have a non-steroidal option. The JAK inhibitors have more durability without rebound as you have with topical steroids. There was a motion and second to limit to indication and refer to the Department of Health for cost analysis. All were in favor.

vi. Sephience is indicated for the treatment of hyperphenylalaninemia, in conjunction with phenylalanine-restricted diet, in adult and pediatric patients ≥ 1 month of age with sepiapterin-responsive phenylketonuria. Lauren Warn (PTC Therapeutics) provided public comment. There are no larger clinical trials ongoing as this is a rare disease population. There was a motion and second to limit to indication and refer to the Department of Health for cost analysis. All were in favor. We will bring it back for review when the head-to-head trial is published.

vii. Vizz is indicated for the treatment of presbyopia in adults. There was a motion and second to require a trial and failure of non-pharmacologic therapies along with confirmation of medical necessity will be required prior to approval.

viii. Brinsupri is indicated for the treatment of non-cystic fibrosis bronchiectasis in adults and pediatric patients ≥ 12 years of age. There was a motion and second to limit to indication. All were in favor.

ix. Dawnzera is indicated for the prevention of attacks of hereditary angioedema in adult and pediatric patients ≥ 12 years of age. There was a motion and second to limit to indication and refer to the Department of Health for cost analysis. All were in favor.

x. Wayrilz is indicated for the treatment of persistent or chronic immune thrombocytopenia in adults who have had an insufficient response to a previous treatment. There was a motion and second to limit to indication. All were in favor.

xi. Exxua is indicated for the treatment of unipolar major depressive disorder in adults. There was a motion and second to limit to indication and refer to the Department of Health for cost analysis. All were in favor.

xii. Palsonify is indicated for the treatment of acromegaly in adults who had inadequate response to surgery or for whom surgery is not an option. There was a motion and second to limit to indication and refer to the Department of Health for cost analysis. All were in favor.

xiii. Forzinity is indicated for improvement of muscle strength in adult and pediatric patients with Barth syndrome weighing at least 30 kg. There was a motion and second to limit to indication. All were in favor.

xiv. Rhapsido is indicated for the treatment of chronic spontaneous

urticaria in adults who remain symptomatic despite H1 antihistamine treatment. Xolair has to be monitored for thirty minutes after injection. This is a nice option for access. Shirley Quach (Novartis) provided public comment. This is the first BTK inhibitor for this indication. How long was the trial and failure of antihistamines? And at what dose? All patients in the trial were required to be on background antihistamine therapy at labeled dose. They were also allowed a rescue medication of a different antihistamine. Rescue use was higher in the placebo arm. The cutoff for chronic vs. acute is generally six weeks. Typically, they are at 1 – 4 x the usual antihistamine dose. There was a motion and second to limit to indication and refer to the Department of Health for cost analysis. All were in favor. The incidence of anaphylaxis with Xolair is very low. But it still has to be administered in the office.

3. Determine need for criteria
    i. The use of leucovorin in autism was reviewed. Dr. Johnston is reluctant to approve something off label. We will hold and monitor for now. Dr. Stampfli will check with her clinic to determine how they are using it. Pharmacies are seeing 5 mg per day. It is very low cost. The majority wanted to wait and see with one strong recommendation to limit to indication.

4. Physician Administered Drugs
    i. Papzimeos is indicated for the treatment of recurrent respiratory papillomatosis in adults. There was a motion and second to limit to indication. All were in favor.

Other: The draft PDL for 2026 was provided for discussion.

There being no further business, the open portion of the meeting adjourned at 11:45 am and the Committee met in closed session.

Respectfully Submitted,

Aimee Lewis
WYDUR Manager