



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Earl Ray Tomblin
Governor

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Karen L. Bowling
Cabinet Secretary

Pharmaceutical and Therapeutics Committee
August 27, 2014

Location: Diamond, Rooms B10 and B11
Time: 2:00 PM – 5:00 PM
Charleston, WV 25301
(304) 558-1700

MINUTES

Members Present:

Jeffrey V. Ashley, M.D.
David Avery, M.D.
Elizabeth Baldwin, RN, MSN, PNP, APRN-BC
Scott Brown, R.Ph.
Rodney L. Fink, D.O.
Michael Grome, PA-C
Bradley Henry, M.D.
Tom Kines, R.Ph.
Steven R. Matulis, M.D, Chairman
Amelia McPeak, D.O.
Harriet Nottingham, R.Ph.
Robert Stanton, Pharm.D., Vice Chairman

DHHR/BMS Staff Present:

Vicki Cunningham, R.Ph., Pharmacy Director
Brian Thompson, MS, Pharm.D., DUR Coordinator
William Hopkins, Pharmacy Operations Manager
Gail Goodnight, R.Ph., Drug Rebate Program
Director
Richard D. Sorvig, Administrative Assistant

**Contract Staff/Magellan Medicaid
Administration (MMA) Staff Present:**

Nina Bandali, Pharm.D.
Giovannino Perri, M.D.

Other Contract Staff/State Staff Present:

Eric Sears, R.Ph., Molina Medicaid Solutions
Steve Small, R.Ph., MS, Director, Rational Drug
Therapy Program

I. Call to Order

Dr. Robert Stanton, Vice Chairman, called the meeting to order at 2:10PM.

II. Welcome and Introductions

All parties seated at the table and on the phone introduced themselves.

III. Housekeeping Items/Updates

A. Approval of the April 23, 2014 Minutes

Dr. Stanton asked for approval of the minutes from the April 23, 2014 P&T meeting. A motion was made and seconded; the motion carried to approve the minutes as submitted.

B. PDL Compliance/Generic Percent Report Updates

Dr. Nina Bandali reported the overall PDL compliance for Q1 2014 was 96.1% and the generic utilization rate for Q1 2014 was 81.7%.

IV. Public Comments

Ms. Cunningham explained the public comment process, including the time limit of three minutes per product for each speaker. The following people spoke:

Ronald DePue, Sunovion, spoke in favor of Aptiom.

Nicole Kesty, Astra Zeneca, spoke in favor of Farxiga.

Tyson Park, Teva, spoke in favor of Copaxone and Adasuve.

Sean Byrne, Gilead, spoke in favor of Sovaldi.

Mark Veerman, Janssen, spoke in favor of Olysio

Cathy McCoy, NP from Webster County, spoke in favor of tramadol ER.

V. Executive session

The motion was made and seconded to adjourn to executive session for confidential pricing discussion. A vote was taken and the motion was approved at 2:27PM. The meeting resumed at 3:21PM.

VI. Old Business

None

VII. New Business

A. Class to Retire

Dr. Bandali stated that the Minimally Sedating Antihistamines class is being recommended to be retired and managed through the MAC and PA process. There are a limited number of rebateable products remaining and most are available OTC and/or as a generic. A member asked if loratadine was covered on the OTC formulary. Dr. Bandali responded that both loratadine and cetirizine are available on the OTC formulary.

B. New Generics

Dr. Bandali stated that the following generics are non-preferred:

- moxifloxacin (generic for Avelox)
- clocortolone cream (generic for Cloderm)
- telmisartan HCTZ (generic for Micardis HCT)
- carbidopa (generic for Lodosyn)
- desvenlafaxine fumarate ER
- calcipotriene/betamethasone ointment (generic for Taclonex ointment)
- raloxifene (generic for Evista)
- omega-3 acid ethyl esters (generic for Lovaza)
- eszopiclone (generic for Lunesta)
- sevelamer carbonate (generic for Renvela)
- fenofibrate capsule (generic for Lipofen)
- budesonide (generic for Rhinocort AQ)

C. Re-Review

1. Hepatitis C Treatments

Dr. Bandali recapped the decision to table the recommendation for Sovaldi during the April P&T meeting. She stated the recommendation now is to add Sovaldi to preferred and move Incivek and Victrelis to nonpreferred. The recommendation on Olysio, a new product, is nonpreferred. A member questioned the rationale to make Sovaldi preferred. Dr. Bandali responded that it was based on clinical and financial data as well as the future outlook of the product and prescribing trends. There was further discussion on the cost of Sovaldi and the stipulations related to prior authorization criteria and the fibrosis level. A motion was made to accept the recommendations as presented except for Sovaldi. A vote was taken and the motion was approved. A motion was further made to add Sovaldi to nonpreferred with the current prior authorization criteria. A vote was taken and the motion was approved with one abstained and one opposed.

HEPATITIS C TREATMENTS	
PEGASYS (pegylated interferon)	COPEGUS (ribavirin)
PEG-INTRON (pegylated interferon)	INCIVEK (telaprevir)
ribavirin	INFERGEN (consensus interferon)
	OLYSIO (simeprevir)
	REBETOL (ribavirin)
	RIBAPAK (ribavirin)
	RIBASPHERE 400mg, 600mg (ribavirin)
	ribavirin dose pack
	SOVALDI (sofosbuvir)
	VICTRELIS (boceprevir)

D. New Drug Reviews

1. Zohydro ER

MMA recommended that Zohydro ER be made nonpreferred in the Analgesics, Narcotic Long Acting category.

ANALGESICS, NARCOTIC LONG ACTING (Non-parenteral)^{AP}

fentanyl transdermal
morphine ER tablets

AVINZA (morphine)
BUTRANS* (buprenorphine)
CONZIP ER (tramadol)
DOLOPHINE (methadone)
DURAGESIC (fentanyl)
EXALGO ER (hydromorphone)
EMBEDA (morphine/naltrexone)
KADIAN (morphine)
methadone tablet, solution and concentrate**
methadone solutabs
morphine ER capsules (generic for Avinza)
morphine ER capsules (generic for Kadian)
MS CONTIN (morphine)
NUCYNTA ER (tapentadol)
OPANA ER (oxymorphone)
oxycodone ER**
OXYCONTIN (oxycodone)
oxymorphone ER**
RYZOLT ER (tramadol)
tramadol ER
ULTRAM ER (tramadol)
ZOHYDRO ER (hydrocodone)

2. Aptiom

MMA recommended that Aptiom be made nonpreferred in the Anticonvulsants category.

ANTICONVULSANTS

carbamazepine
carbamazepine ER
carbamazepine XR
CARBATROL (carbamazepine)
DEPAKOTE SPRINKLE (divalproex)
divalproex
divalproex ER
EPITOL (carbamazepine)
FELBATOL (felbamate)
GABITRIL (tiagabine)
lamotrigine
levetiracetam
oxcarbazepine tablets
TEGRETOL XR (carbamazepine)
topiramate
TRILEPTAL SUSPENSION (oxcarbazepine)
valproic acid
VIMPAT(lacosamide)^{AP*}
zonisamide

APTIOM (eslicarbazepine)
BANZEL(rufinamide)
DEPAKENE (valproic acid)
DEPAKOTE (divalproex)
DEPAKOTE ER (divalproex)
divalproex sprinkle
EQUETRO (carbamazepine)
FANATREX SUSPENSION (gabapentin)
felbamate
FYCOMPA (perampanel)
KEPPRA (levetiracetam)
KEPPRA XR (levetiracetam)
LAMICTAL (lamotrigine)
LAMICTAL CHEWABLE (lamotrigine)
LAMICTAL ODT (lamotrigine)
LAMICTAL XR (lamotrigine)
lamotrigine dose pack
lamotrigine ER
levetiracetam ER
ONFI (clobazam) **
ONFI SUSPENSION (clobazam) **
oxcarbazepine suspension
OXTELLAR XR (oxcarbazepine)
POTIGA (ezogabine)
SABRIL (vigabatrin)
STAVZOR (valproic acid)
TEGRETOL (carbamazepine)
tiagabine
TOPAMAX (topiramate)
TRILEPTAL TABLETS (oxcarbazepine)
TROKENDI XR (topiramate)
ZONEGRAN (zonisamide)

3. Fycompa

MMA recommended that Fycompa be made nonpreferred in the Anticonvulsants category.

ANTICONVULSANTS	
carbamazepine	APTIOM (eslicarbazepine)
carbamazepine ER	BANZEL(rufinamide)
carbamazepine XR	DEPAKENE (valproic acid)
CARBATROL (carbamazepine)	DEPAKOTE (divalproex)
DEPAKOTE SPRINKLE (divalproex)	DEPAKOTE ER (divalproex)
divalproex	divalproex sprinkle
divalproex ER	EQUETRO (carbamazepine)
EPITOL (carbamazepine)	FANATREX SUSPENSION (gabapentin)
FELBATOL (felbamate)	felbamate
GABITRIL (tiagabine)	FYCOMP A (perampanel)
lamotrigine	KEPPRA (levetiracetam)
levetiracetam	KEPPRA XR (levetiracetam)
oxcarbazepine tablets	LAMICTAL (lamotrigine)
TEGRETOL XR (carbamazepine)	LAMICTAL CHEWABLE (lamotrigine)
topiramate	LAMICTAL ODT (lamotrigine)
TRILEPTAL SUSPENSION (oxcarbazepine)	LAMICTAL XR (lamotrigine)
valproic acid	lamotrigine dose pack
VIMPAT(lacosamide) ^{AP*}	lamotrigine ER
zonisamide	levetiracetam ER
	ONFI (clobazam) **
	ONFI SUSPENSION (clobazam) **
	oxcarbazepine suspension
	OXTELLAR XR (oxcarbazepine)
	POTIGA (ezogabine)
	SABRIL (vigabatrin)
	STAVZOR (valproic acid)
	TEGRETOL (carbamazepine)
	tiagabine
	TOPAMAX (topiramate)
	TRILEPTAL TABLETS (oxcarbazepine)
	TROKENDI XR (topiramate)
	ZONEGRAN (zonisamide)

4. Luzu

MMA recommended that Luzu be made nonpreferred in the Antifungals, Topical category.

ANTIFUNGALS, TOPICAL ^{AP}	
econazole	CICLODAN (ciclopirox)
ketoconazole cream, shampoo	ciclopirox
MENTAX (butenafine)	ERTACZO (sertaconazole)
miconazole (OTC)	EXELDERM (sulconazole)
nystatin	EXTINA (ketoconazole)
	ketoconazole foam
	KETODAN (ketoconazole)
	LOPROX (ciclopirox)
	LUZU (luliconazole)
	MYCOSTATIN (nystatin)
	NAFTIN CREAM (naftifine)
	NAFTIN GEL (naftifine)
	NIZORAL (ketoconazole)
	OXISTAT (oxiconazole)*
	PEDIPIROX-4 (ciclopirox)
	PENLAC (ciclopirox)

VUSION (miconazole/petrolatum/zinc oxide) XOLEGEL (ketoconazole)

5. Adasuve

MMA recommended that Adasuve be made nonpreferred in the Antipsychotics, Atypical category.

ANTIPSYCHOTICS, ATYPICAL

ABILIFY (aripiprazole) ^{AP *} ABILIFY MAINTENA (aripiprazole)** ^{CL} clozapine FANAPT (iloperidone) ^{AP} INVEGA SUSTENNA (paliperidone)** ^{CL} LATUDA (lurasidone) ^{AP} olanzapine quetiapine*** ^{AP for the 25mg Tablet Only} risperidone SAPHRIS (asenapine) ^{AP} ziprasidone	ADASUVE (loxapine) clozapine ODT CLOZARIL (clozapine) FANAPT TITRATION PACK (iloperidone) FAZACLO (clozapine) GEODON (ziprasidone) GEODON IM (ziprasidone) INVEGA (paliperidone) olanzapine IM** RISPERDAL (risperidone) RISPERDAL CONSTA (risperidone)** SEROQUEL (quetiapine) SEROQUEL XR (quetiapine) VERSACLOZ (clozapine) ZYPREXA (olanzapine) ZYPREXA IM (olanzapine)** ZYPREXA RELPREVV (olanzapine)
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6. Aerospan

MMA recommended that Aerospan be made nonpreferred in the Glucocorticoids, Inhaled category.

GLUCOCORTICOIDS, INHALED^{AP}

ASMANEX (mometasone) FLOVENT HFA (fluticasone) FLOVENT Diskus (fluticasone) PULMICORT FLEXHALER (budesonide) PULMICORT RESPULES (budesonide)* QVAR (beclomethasone)	AEROSPAN (flunisolide) ALVESCO (ciclesonide) budesonide
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7. Olysio

MMA recommended that Olysio be made nonpreferred in the Hepatitis C Treatments category.

HEPATITIS C TREATMENTS

PEGASYS (pegylated interferon) PEG-INTRON (pegylated interferon) ribavirin	COPEGUS (ribavirin) INCIVEK (telaprevir) INFERGEN (consensus interferon) OLYSIO (simeprevir) REBETOL (ribavirin) RIBAPAK (ribavirin) RIBASPHERE 400mg, 600mg (ribavirin) ribavirin dose pack SOVALDI (sofosbuvir) VICTRELIS (boceprevir)*
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8. Farxiga

MMA recommended that Farxiga be made nonpreferred in the Hypoglycemics, SGLT2 category.

HYPOGLYCEMICS, SGLT2

	FARXIGA (dapagliflozin) INVOKANA (canagliflozin)
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9. Copaxone syringe

MMA recommended that Copaxone syringe be made nonpreferred in the Multiple Sclerosis Agents category.

MULTIPLE SCLEROSIS AGENTS^{AP}, NON-INTERFERONS

COPAXONE 20 mg (glatiramer) ^{AP}	AMPYRA (dalfampridine) ^{CL*} AUBAGIO (teriflunomide) ^{CL**} COPAXONE 40 mg (glatiramer) GILENYA (fingolimod) ^{CL***} TECFIDERA (dimethyl fumarate) ^{CL****}
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10. Velphoro

MMA recommended that Velphoro be made nonpreferred in the Phosphate Binders category.

PHOSPHATE BINDERS^{AP}

calcium acetate MAGNEBIND RX (calcium carbonate, folic acid, magnesium carbonate) PHOSLYRA (calcium acetate) RENAGEL (sevelamer)	ELIPHOS (calcium acetate) FOSRENOL (lanthanum) PHOSLO (calcium acetate) REVELA (sevelamer carbonate) sevelamer carbonate VELPHORO (sucroferric oxyhydroxide)
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The Committee requested that the recommendations of the new drug reviews be handled in a single motion. A motion was made, seconded, and approved to accept the recommendations by MMA for these new drugs.

VIII. Next Meeting

The next P&T meeting is scheduled for October 22, 2014 at 9AM at the Charleston Civic Center in Charleston, WV.

IX. Other Business

Dr. Avery stated that Dr. Matulis, Ms. Nottingham, and he have served their terms as P&T members. Dr. Avery will not be able to participate at the next P&T meeting so he wanted to take a few moments and reflect on his service. He stated it has been interesting in serving in this capacity, and he wished that the patient is kept in mind as recommendations are made. Ms. Cunningham thanked the three members for their time and service and expressed her appreciation.

A member requested that the pain medications be closely reviewed due to the change in the scheduling of hydrocodone products to Class II. Another member added to keep in mind that nurse practitioners can not write for Schedule II.

X. Adjournment

The meeting was adjourned at 4:15PM.