



**Joe Manchin III**  
Governor

STATE OF WEST VIRGINIA  
**DEPARTMENT OF HEALTH AND HUMAN RESOURCES**  
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**Martha Yeager Walker**  
Secretary

Pharmaceutical and Therapeutics (P&T) Committee  
Bureau for Medical Services  
Charleston, West Virginia  
May 21, 2008

## **MINUTES**

### **Members Present:**

David Avery, M.D.  
Scott Brown, R.Ph.  
James D. Bartsch, R.Ph.  
Teresa Dunsworth, PharmD  
Barbara Koster, N.P.  
Harriet Nottingham, R.Ph.  
Michael Grome, PA-C  
Ahmed Faheem, M.D.  
Rodney L. Fink, D.O.  
Jeffrey V. Ashley, M.D.  
Gretchen E. Oley, M.D.  
Robert Stanton, PharmD  
Gene Makela, PharmD  
Steven R. Matulis, M.D

### **Members Not Present:**

Teresa Frazer, M.D., FAAP

### **DHHR/BMS Staff Present:**

Nora Antlake, Counsel  
Peggy King, R.Ph., Pharmacy Director  
Gail Goodnight, R.Ph. Rebate Coordinator  
William Hopkins, Pharmacy Operations  
Manager  
Lynda Edwards, Secretary

### **Contract Staff/GHS Staff Present:**

Laureen Biczak, D.O.  
Tim Clifford, M.D.  
Laurie Roscoe, R.Ph.  
Eliza Mathias  
John Grotton, R.Ph.

### **Other Contract Staff/State Staff Present:**

Stephen Small, R.Ph., M.S., Rational Drug  
Therapy Program  
Eric Sears, R.Ph., Unisys

## **I. Call to Order**

Dr. David Avery, M.D., Chairperson, called the meeting to order at 3:05 p.m.

## **II. Welcome and Introductions**

All parties seated at the table introduced themselves and gave a brief statement about their professional credentials and affiliations.

## **III. Approval of February 6, 2008 meeting**

Chairman Avery asked for approval of the minutes from the last meeting. A motion was made and seconded and the motion carried to approve the minutes as submitted.

## **IV. Housekeeping Items/Updates**

Peggy King, R.Ph., Pharmacy Director, was introduced and she introduced Gene Makela, PharmD, the newest member of the Committee.

Ms. King gave a short presentation on the background of the West Virginia Medicaid Pharmacy program, cost containment activities, Preferred Drug List (PDL) process, and joining the Sovereign States Drug Consortium (SSDC) multi-state rebate pool.

Dr. Tim Clifford, GHS, presented information about aligning West Virginia with the pool, the pool schedule, the pool negotiation process, and GHS' role in the process. GHS negotiates supplemental rebates with manufacturers on behalf of the pool States.

Ms. King discussed the Committee's potential philosophical standpoints regarding brand/generic status, kits, line extensions, posting the PDL recommendations prior to the meeting, and how to handle off cycle offers. Dr. Clifford discussed the methodology of savings calculations, brand/generic utilization, and cost-control models.

Dr. Laureen Biczak, GHS, gave an overview of the West Virginia antidepressant reports.

## **V. Public Comment Period**

Jeffrey Hurd, Glaxo Smith Klein, recommended that Treximet be added to the PDL.

Mark Tacosky, Wyeth, recommended that Pristiq be added to the PDL.

Dr. Walter Ramsey, Inspire, Charleston practitioner, recommended that AzaSite be added to the PDL.

Dr. Robert Touchon, cardiologist, recommended that Simcor be added to the PDL.

## **VI. Executive Session**

The Committee adjourned to Executive Session.

## **VII. New Business**

### **a. New Drug Reviews**

Dr. Biczak presented the new drug reviews.

#### **Creon (Pancreatic Enzymes)**

The pancreatic enzyme category was reviewed at the 2008 February P&T meeting. Creon was made non-preferred. The manufacturer was confused about the offer process and did not make an offer. An offer was presented to the Committee for their consideration. The recommendation of GHS was to make the drug preferred. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

#### **AzaSite (Ophthalmic Antibiotics)**

GHS recommended that AzaSite remain non-preferred. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

#### **Pristiq (Antidepressants, Other – second generation, non-SSRI)**

GHS recommended that Pristiq be non-preferred. There was a discussion that Pristiq would not replace Effexor XR on the PDL. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

#### **Simcor (Lipotropics, Statins – statin combinations)**

GHS recommended that the Simcor be preferred. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

#### **Symbicort (Glucocorticoids Inhaled – glucocorticoid/bronchodilator combinations)**

GHS recommended that the Symbicort be preferred. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

### **Treximet**

GHS recommended that Treximet be preferred. There was a discussion about the drug's possible harmful effects if taken in combination with other NSAIDs. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried. Ms. King said the State would consider a severity 1 edit for Treximet and NSAIDs.

### **b. Meeting Structure**

There will be three meetings per year, one long meeting and two short meetings. The short meetings will begin at 2:00 PM and end around 5:00 PM. The Committee will review all of the drug categories at the longer meeting.

## **VIII. Next Meeting Date**

The next meeting will be held on October 29<sup>th</sup>, 9:00 a.m. in the Civic Center. The draft PDL will be available on the website two months prior to the meeting. There will be a one month public comment period. One month prior to the meeting, all recommendations will be sent to the Committee and no further changes will be considered. At the beginning of the meeting, all categories will be listed. There will be opportunity for Committee members, as well as State or contractor attendees to extract categories. Extracted categories will be discussed. All categories that were not extracted will be voted in a block and accepted. One person per manufacturer will speak during public comment.

## **IX. Other Business**

Dr. Fink made the following motion: Based on the GHS report that a 5% shift of increasing generic utilization results in a \$19.4 million savings to the people of West Virginia, the P& T Committee directs GHS to recommend a PDL in October 2008 with a predicted generic utilization of 80% for calendar year 2009. Furthermore, the Committee recommends subsequent yearly increases in generic utilization equal to or exceeding 5% annually to the fullest extent possible and within 5 years, that the West Virginia Medicaid PDL will be 100% generic without prior authorization. The motion was seconded. Dr. Clifford recommended that achieving 80% was very feasible, but considering the new drugs and anti-cancer agents, 100% was not clinically possible. Dr. Clifford suggested giving the Committee two PDLs: 1) One that builds off what the Committee is doing so far, expecting to get 70% generic utilization, 2) another option is to go aggressively in a couple of categories to achieve 80%.

An amendment was made for GHS to present a PDL for the calendar year 2009 with a predicted generic utilization of 80%. The motion was seconded, votes were taken and the motion carried. Votes were taken on the amended motion and the motion carried.

A motion was made that new drugs will be non-preferred until they are reviewed by the Committee. Line extensions of existing preferred products, where financially advantageous or financially neutral will be made preferred and do not need Committee review. The motion was seconded, votes were taken and the motion carried.

Changes that were made at this meeting will take effect July 1, 2008.

## **X. Adjournment**

There was a motion to adjourn. The motion was seconded, votes were taken and the motion carried. The meeting adjourned at 5:53 p.m.