



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III
Governor

Bureau for Medical Services
Office of Pharmacy Services
350 Capitol Street - Room 251
Charleston, West Virginia 25301-3706
Phone: (304) 558-1700 - Fax: (304) 558-1542

Patsy A. Hardy, FACHE, MSN, MBA
Cabinet Secretary

Pharmaceutical and Therapeutics (P&T) Committee
January 27, 2010
Diamond Building
Rooms B10 & B11
Charleston, West Virginia

MINUTES

Members Present:

Steven R. Matulis, M.D.
David Avery, M.D.
James D. Bartsch, R.Ph.
Teresa Dunsworth, Pharm.D.
Rodney L. Fink, D.O.
Teresa Frazer, M.D., FAAP
Jeffrey V. Ashley, M.D.
Scott Brown, R.Ph.
Robert Stanton, Pharm.D.
Michael Grome, PA-C
Barbara Koster, N.P.

Members Not Present:

Harriet Nottingham, R.Ph.

DHHR/BMS Staff Present:

Peggy King, R.Ph., Pharmacy Director
Gail Goodnight, R.Ph. Rebate Coordinator
Vicki Cunningham, R.Ph., DUR Coordinator
William Hopkins, Pharmacy Operations
Manager
Lynda Edwards, Secretary

Contract Staff/GHS Staff Present:

Laureen Biczak, D.O.
Tim Clifford, M.D.
Chad Bissell, Pharm.D.
Shelagh Harvard

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 2:07 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 October 28, 2009 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

Ms. King asked that cell phones be silenced and reminded visitors that they would need an escort to move throughout the building.

V. Public Comments

Kent Hunter, Pfizer, recommended that Revatio be added to the PDL.

Maurice Cuffee, M.D., Bristol Myers Squibb, recommended that Onglyza be added to the PDL.

Dr. James M. Lewis, Shire, recommended that Intuniv be added to the PDL.

Cristo Maffei, M.D., ISTA, spoke in favor of Bepreve.

Dr. Deidra Couch, Merck, recommended that Saphris be added to the PDL.

VI. Executive Session

The Committee adjourned to Executive Session at 2:25 and resumed open session at 3:19.

VII. Old Business

Dr. Biczak reviewed the PDL Compliance Report; overall compliance for Q4-2009 was 94.8%.

Dr. Biczak reviewed the Generic Utilization Report; generic utilization for Q4-2009 was 72.9%.

Mr. Brown requested that GHS provide antidepressant utilization data at the April 21, 2010 meeting.

VIII. New Business

Dr. Avery called for review of the Therapeutic Classes

A. Therapeutic Class Reviews

i. Pulmonary Antihypertensives – PDE5 Inhibitors

Dr. Bissell recommended that a PDE5 Inhibitors subcategory be added to the Pulmonary Antihypertensives Class with Revatio (sildenafil) added as a preferred drug, and Adcirca (tadalafil) added as a non-preferred drug, as there is no evidence that supports one product being clinically superior to the other. It was noted that the entire class of pulmonary antihypertensives require a clinical PA, which would apply to the new sub-category as well. A motion was made to accept the recommendations of GHS. The motion was seconded. At Mr. Brown's request, Dr. Clifford addressed the financial impact of the recommendation and gave examples of how other states are managing the category. Mr. Brown made a motion to amend the motion by removing Revatio from the recommendation, and listing sildenafil as the only preferred agent. The amended motion was seconded, votes were taken and the motion carried. Dr. Biczak stated that the Committee should provide drug strengths in their motion. Mr. Brown made a motion to amend the previous motion to include sildenafil 25 mg as the preferred agent, and sildenafil 20 mg and tadalafil 20 mg as the non-preferred agents. The amended motion was seconded, votes were taken and the motion carried.

PREFERRED AGENTS	NON-PREFERRED AGENTS
PDE5s	
sildenafil 25mg	sildenafil 20mg tadalafil 20mg

B. New Drug Reviews

A motion was made to accept the recommendations from GHS. The motion was seconded. Dr. Frazer requested that Embeda and Intuniv be extracted. A motion was made to accept the recommendations of GHS, with the exception of Embeda and Intuniv. The motion was seconded, votes were taken and the motion carried.

i. Acuvail

GHS recommended that Acuvail be made a non-preferred drug in the Ophthalmic Anti-inflammatories category.

ii. Bepreve

GHS recommended that Bepreve be made a non-preferred drug in the Ophthalmics for Allergic Conjunctivitis category.

iii. Cambia

GHS recommended that Cambia be made a non-preferred drug in the NSAIDs category.

iv. Extavia

GHS recommended that Extavia be made a non-preferred drug in the Multiple Sclerosis Agents category.

v. Livalo

GHS recommended that Livalo be made a non-preferred drug in the Lipotropics, Statins category.

vi. Onglyza

GHS recommended that Onglyza be made a preferred drug in the Hypoglycemics, Incretin Mimetics/Enhancers, Oral category.

vii. Sabril

GHS recommended that Sabril be made a non-preferred drug in the Anticonvulsants, Adjuvants category.

viii. Saphris

GHS recommended that Saphris be made a non-preferred drug in the Antipsychotics, Atypical (Oral) category.

ix. Valturna

GHS recommended that Valturna be made a preferred drug in the Angiotensin Modulators, Direct Renin Inhibitors category.

x. Zipsor

GHS recommended that Zipsor be made a non-preferred drug in the NSAIDs, Non-selective category.

The two new drugs that were extracted were then reviewed:

xi. Embeda

GHS recommended that Embeda be made a non-preferred drug in the Analgesics, Narcotic Long-acting (Non-parenteral) category. Dr. Frazer asked how patients divert the drug for recreational use. Dr. Stanton stated that crushing the tablet negates the safety measure (naltrexone). Dr. Biczak addressed the efficacy of the safety measure; there is not adequate evidence

to support that the safety mechanism works. Dr. Clifford stated that Embeda is 3-4 times more expensive than other options. A motion was made to call the question. The motion was seconded, votes were taken and the motion carried. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken and the motion carried.

xii. Intuniv

GHS recommended that Intuniv be made a non-preferred drug in the Stimulants and Related Agents, Non-Amphetamine category. Dr. Frazer asked whether studies have shown Intuniv to be more effective than any other guanfacine product. Dr. Biczak stated that there have been no head-to-head studies completed. Dr. Clifford stated that Intuniv would be a good financial choice for the State if the company reduced the price and allowed it to be used as a step prior to the use of other drugs, such as Strattera. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken and the motion carried.

c. Other Business

i. Epinephrine Auto-Injector Injections: Twinject vs. EpiPen

GHS recommended that Twinject and EpiPen be made preferred drugs in the Miscellaneous Brand Generics category. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken and the motion carried.

ii. PDL Updates

Dr. Frazer asked about tracking patients on hypoglycemics. Dr. Biczak stated that GHS will be watching the numbers. Dr. Frazer stated that some of her patients have been told by a pharmacy that their drug is not covered by Medicaid and are being asked to cover the cost out of pocket. Ms. King stated that the Agency is sending out regular fax blasts. Mr. Brown stated that the confusion likely stems from lack of communication in one or two large chain stores. Dr. Clifford offered to investigate the issue. Dr. Biczak stated that this was an educational issue. Dr. Frazer requested pre- and post-one month delivery data for the April 21, 2010 meeting.

IX. Next Meeting Date

The next meeting of the P&T Committee will be held on April 21, 2010 at the Diamond Building.

X. Other Business

Ms. Koster asked if any other states were covering Chantix. Dr. Clifford stated that several states are covering the drug, and cited Maine, which has covered it for several years. He noted that there was initially a high discontinuation rate, prompting the State to impose a 15 day limit in the initial prescription. Since the new rule, refill rates have been higher. Mr. Brown requested a comparison chart of other states and what their requirements are regarding smoking cessation and Chantix in particular. Ms. King stated that smoking cessation is an optional category and that many states do not cover it at all. She stated that West Virginia covers a 12-week counseling program, as well as all smoking cessation products, with the exception of Chantix. Mr. Bartsch requested a financial impact statement for the April 21, 2010 meeting.

XI. Adjournment

A motion was made, was seconded, votes were taken and the motion carried to adjourn the meeting of the Pharmaceutical and Therapeutics Committee.