STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

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Cynthia E. Beane
Commissioner

Pharmaceutical and Therapeutics Committee

August 25th, 2021

Location: WebEx only
Time: Executive Session 2:30 PM – 3:30 PM
Time: Open Session 3:30 PM – 5:00 PM
Charleston, WV 25301
(304) 558-1700

MINUTES

Committee Members Present:
Chris Terpening, PharmD, PhD, Vice-Chair
Philip Galapon, MD FAAFP, Chair
Bradley Henry, MD
David Gloss, MD
John Bernabei, RPh
Charles Rohrbaugh, RPh
Kelli Lynn Jennings, PharmD

Absent:
Tom Kines, RPH
Toni DiChiacchio, DNP

Division of Medicaid Staff Present:
Bill Hopkins, Operations Manager
Priya Shah, PharmD, DUR Coordinator
Doug Sorvig, Data Analyst
Brian Thompson, PharmD, MS, Director
Gail Goodnight, RPH Rebate Pharmacist
Lori Moles, RPH Pharmacist

Contract Staff Present:
Change Healthcare
Ryan Fell, PharmD
Jacquelyn Hedlund, MD
Steve Liles, PharmD

Other Contract / State Staff Present:

I. Call to Order

Philip Galapon, Chairman, called the meeting to order at 3:32 PM

II. Welcome and Introductions

Philip Galapon welcomed all present to the committee meeting. Committee members, Bureau of Medical Services staff, and Change Healthcare staff introduced themselves.

III. Housekeeping Items / Updates

A. Approval of the April 28th Meeting Minutes

The Committee moved to approve the April 28th, 2021 Meeting Minutes. All were in favor with no objections or revisions.

B. PDL Compliance / Generic Percent Report Updates

Ryan Fell provided an explanation of the PDL Compliance and Generic Percent reports.

- Ryan Fell reviewed the Generic Percent Report; overall generic utilization for Q1 2021 was 83.3%

- Ryan Fell reviewed the PDL Compliance Report; overall compliance for Q1 2021 was 92.6%

IV. Public Comments

Public comments for this meeting were only accepted in writing. Written statements were provided to State and Committee members for review prior to this meeting and are available to the public on the State's website.

V. New Business

A. New Drug Reviews

i.Analgesics, Narcotic Short Acting

ANALGESICS, NARCOTIC SHORT ACTING (Non-parenteral)[AP]

CLASS PA CRITERIA: Non-preferred agents require six (6) day trials of at least four (4) chemically distinct preferred agents (based on the narcotic ingredient only), including the generic formulation of the requested non-preferred agent, before they will be approved, unless one (1) of the exceptions on the PA form is present.
NOTE: All tramadol and codeine products require a prior authorization for children under 18 years of age. Requests must be for an FDA approved age and indication and specify non-opioid therapies attempted.

APAP/codeine butalbital/APAP/caffeine/codeine codeine hydrocodone/APAP 2.5/325 mg, 5/325 mg, 7.5/325 mg,10/325 mg hydrocodone/APAP solution hydrocodone/ibuprofen hydromorphone tablets LORTAB SOLUTION (hydrocodone/acetaminophen) morphine oxycodone tablets, concentrate, solution oxycodone/APAP oxycodone/ASA pentazocine/naloxone tramadol tramadol/APAP	ABSTRAL (fentanyl) ACTIQ (fentanyl) butalbital/ASA/caffeine/codeine butorphanol DEMEROL (meperidine) dihydrocodeine/ APAP/caffeine DILAUDID (hydromorphone) fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) hydrocodone/APAP 5/300 mg, 7.5/300 mg, 10/300 mg hydromorphone liquid, suppositories levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) meperidine NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) oxycodone capsules oxycodone/ibuprofen oxymorphone PERCOCET (oxycodone/APAP) QDOLO SOLUTION (tramadol) ROXICODONE (oxycodone) ULTRACET (tramadol/APAP) VICOPROFEN (hydrocodone/ibuprofen)	Fentanyl buccal, nasal and sublingual products will only be authorized for a diagnosis of cancer and as an adjunct to a long-acting agent. These dosage forms will not be authorized for monotherapy. **Limits:** Unless the patient has escalating cancer pain or another diagnosis supporting increased quantities of short-acting opioids, all short acting solid forms of the narcotic analgesics are limited to 120 tablets per thirty (30) days. Longer-acting medications should be maximized to prevent unnecessary breakthrough pain in chronic pain therapy. Immediate-release tramadol is limited to 240 tablets per thirty (30) days.

Charlie Rohrbaugh made a motion to approve the changes to the Analgesics, Narcotic Short Acting class as recommended; the motion was seconded by Chris Terpening and Kelli Jennings. All members were in favor and the motion was approved.

ii.Anticonvulsants

ANTICONVULSANTS

CLASS PA CRITERIA: For a diagnosis of seizure disorder, non-preferred agents require a fourteen (14) day trial of a preferred agent in the same sub-class before they will be approved, unless one (1) of the exceptions on the PA form is present; patients currently on established therapies shall be grandfathered.

For all other diagnoses, non-preferred agents require a thirty (30) day trial of a preferred agent in the same sub-class before they will be approved, unless one (1) of the exceptions on the PA form is present.

In situations where AB-rated generic equivalent products are available, "Brand Medically Necessary" must be hand-written by the prescriber on the prescription for the brand name product to be reimbursed.

ADJUVANTS		
carbamazepine carbamazepine ER divalproex divalproex ER divalproex sprinkle EPITOL (carbamazepine) GABITRIL (tiagabine) lamotrigine levetiracetam IR levetiracetam ER levetiracetam IR suspension oxcarbazepine suspension and tablets TEGRETOL SUSPENSION (carbamazepine) topiramate IR topiramate ER* valproic acid VIMPAT (lacosamide) zonisamide	APTIOM (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) carbamazepine oral suspension CARBATROL (carbamazepine) DEPAKOTE (divalproex) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) DIACOMIT CAPSULE/POWDER PACK (stripentol)** ELEPSIA XR (levetiracetam) EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) FINTEPLA (fenfluramine) SOLUTION**** FYCOMPA (perampanel) KEPPRA (levetiracetam) KEPPRA SOLUTION (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine) lamotrigine dose pack lamotrigine ER lamotrigine ODT OXTELLAR XR (oxcarbazepine) QUDEXY XR (topiramate ER)*** rufinamide oral suspension, tablets	*Topiramate ER will be authorized after a thirty (30) day trial of topiramate IR. **Diacomit may only be approved as adjunctive therapy for diagnosis of Dravet Syndrome when prescribed by, or in consultation with, a neurologist AND requires a thirty (30) day trial of valproate and clobazam unless one (1) of the exceptions on the PA form is present. Diacomit must be used concurrently with clobazam. ***Qudexy XR and Trokendi XR are only approvable on appeal. ****Full PA criteria for Fintepla may be found on the PA Criteria page by clicking the hyperlink.

Chris Terpening made a motion to approve the changes to the Anticonvulsants class as recommended; the motion was seconded by Kelli Jennings. All members were in favor and the motion was approved.

iii.Bladder Relaxant Preparations

BLADDER RELAXANT PREPARATIONS[AP]		
CLASS PA CRITERIA: Non-preferred agents require thirty (30) day trials of each chemically distinct preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present		
GELNIQUE (oxybutynin) oxybutynin IR oxybutynin ER solifenacin TOVIAZ (fesoterodine)	darifenacin ER tablet DETROL (tolterodine) DITROPAN XL (oxybutynin) ENABLEX (darifenacin) flavoxate GEMTESA (vibegron) MYRBETRIQ (mirabegron) OXYTROL (oxybutynin) tolterodine tolterodine ER trospium trospium ER VESICARE (solifenacin) VESICARE LS (solifenacin)	

Charlie Rohrbaugh made a motion to approve the changes to the Bladder Relaxant Preparations class as recommended; the motion was seconded by Chris Terpening. All members were in favor and the motion was approved.

iv.Multiple Sclerosis Agents

MULTIPLE SCLEROSIS AGENTS[CL]

CLASS PA CRITERIA: All agents require a prior authorization and documented diagnosis of multiple sclerosis. Preferred oral agents require a ninety (90) day trial of any preferred injectable agent. Non-preferred agents require ninety (90) day trials of two (2) chemically unique preferred agents (in the same sub-class) before they will be approved, unless one (1) of the exceptions on the PA form is present.

INTERFERONS[AP]		
AVONEX (interferon beta-1a) AVONEX PEN (interferon beta-1a) BETASERON (interferon beta-1b) REBIF (interferon beta-1a) REBIF REBIDOSE (interferon beta-1a)	EXTAVIA KIT (interferon beta-1b) EXTAVIA VIAL (interferon beta-1b) PLEGRIDY (peginterferon beta-1a)	
NON-INTERFERONS		
AUBAGIO (teriflunomide)* dalfampridine ER** COPAXONE 20 mg (glatiramer) GILENYA (fingolimod) TECFIDERA (dimethyl fumarate)***	AMPYRA (dalfampridine)** BAFIERTAM CAPSULES (monomethyl fumarate) COPAXONE 40 mg (glatiramer)**** dimethyl fumerate*** glatiramer GLATOPA (glatiramer) KESIMPTA INJECTION (ofatumumab) MAYZENT (siponimod)***** MAVENCLAD (cladribine) PONVORY (ponesimod) VUMERITY (diroximel) ZEPOSIA (ozanimod)	**In addition to class PA criteria, the following conditions and criteria may also apply:** *Aubagio requires the following additional criteria to be met: 1. Diagnosis of relapsing multiple sclerosis **and** 2. Measurement of transaminase and bilirubin levels within the (6) months before initiation of therapy and ALT levels at least monthly for six (6) months after initiation of therapy **and** 3. Complete blood cell count (CBC) within six (6) months before initiation of therapy **and** 4. Female patients must have a negative pregnancy test before initiation of therapy and be established on a reliable method of contraception if appropriate **and** 5. Patient is between eighteen (18) up to sixty-five (65) years of age **and**

Charlie Rohrbaugh made a motion to approve the changes to the Multiple Sclerosis Agents as recommended; the motion was seconded by Chris Terpening. All members were in favor and the motion was approved. Dr. Hedlund reviewed the guideline updates for the Multiple Sclerosis Agents class and noted the availability of HCPCS billed products for patient's who align with new guideline recommendations.

v.Pituitary Suppressive Agents, LHRH

PITUITARY SUPPRESSIVE AGENTS, LHRH[CL]

CLASS PA CRITERIA: Unless otherwise noted, non-preferred agents are available only on appeal.

LUPANETA (leuprolide) LUPRON DEPOT KIT (leuprolide) LUPRON DEPOT-PED KIT (leuprolide) ORILISSA (elagolix)* ORIAHNN (elagolix-estradiol-norethindrone)* SYNAREL (nafarelin) TRELSTAR (triptorelin) TRIPTODUR (triptorelin) VANTAS (histrelin) ZOLADEX (goserelin)	leuprolide MYFEMBREE (relugolix, estradiol, norethindrone) SUPPRELIN LA KIT (histrelin)	* Full PA criteria may be found on the PA Criteria page by clicking the hyperlink.

Chris Terpening made a motion to approve the changes to the Pituitary Suppressive Agents, LHRH class as recommended; the motion was seconded by Kelli Jennings. All members were in favor and the motion was approved. Chris Terpening brought an amendment to bring Oriahnn and Orilissa to preferred provisional upon the WV DUR board agreeing to make changes to the PA criteria. Chris Terpening made a motion to approve the changes; the motion was seconded by Kelli Jennings. All members were in favor and the amendment was approved.

vi.Stimulants and Related Agents

STIMULANTS AND RELATED AGENTS

CLASS PA CRITERIA: A PA is required for adults eighteen (18) years of age or older.

Non-preferred agents require a thirty (30) day trial of at least one preferred agent in the same subclass and with a similar duration of effect and mechanism of action, unless one (1) of the exceptions on the PA form is present. **NOTE**: Non-preferred agents will NOT be "grandfathered" for adults. Children under the age of 18 may continue their current therapy until the end of the school year after which they will be required to switch to a preferred agent.

NON-AMPHETAMINE		
atomoxetine CONCERTA (methylphenidate) clonidine IR dexmethylphenidate IR FOCALIN XR (dexmethylphenidate) guanfacine ER guanfacine IR methylphenidate IR methylphenidate ER tablet (generic RITALIN SR) methylphenidate solution QUILLICHEW ER (methylphenidate) QUILLIVANT XR (methylphenidate)	ADHANSIA XR (methylphenidate) APTENSIO XR (methylphenidate) AZSTARYS (dexmethylphenidate:serdexmethylphenidate)NR clonidine ER COTEMPLA XR ODT (methylphenidate) DAYTRANA (methylphenidate) dexmethylphenidate XR FOCALIN IR (dexmethylphenidate) INTUNIV (guanfacine extended-release) JORNAY PM (methylphenidate) METHYLIN SOLUTION (methylphenidate) methylphenidate CD methylphenidate chewable tablets methylphenidate ER 24 tablet (generic CONCERTA) methylphenidate ER capsule methylphenidate LA capsule QELBREE (viloxazine) RITALIN (methylphenidate) RITALIN LA (methylphenidate) STRATTERA (atomoxetine)*	* Strattera is limited to a maximum of 100 mg per day.

Chris Terpening made a motion to approve the changes to the Stimulants and Related Agents class as recommended; the motion was seconded by Charlie Rohrbaugh. All members were in favor and the motion was approved.

VI. Old Business

There was no old business discussed at this time.

VII. Other Business

There was no other business discussed at this time.

VIII. Next Meeting

The next P&T Committee Meeting is scheduled for October 27th, 2021, from 9:00 AM-5:00 PM, Virtual Meeting.

IX. Adjournment

The committee adjourned the meeting at 4:05 PM.