



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Earl Ray Tomblin  
Governor

Bureau for Medical Services  
Pharmacy Services  
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Karen L. Bowling  
Cabinet Secretary

**Pharmaceutical and Therapeutics Committee**  
**April 29, 2015**

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.  
Elizabeth Baldwin, RN, MSN, PNP, APRN-BC (on phone)  
Adam Breinig, D.O.  
Scott Brown, R.Ph.  
Bradley Henry, M.D., Vice Chairman  
Kenneth Hilsbos, M.D.  
Tom Kines, R.Ph.  
Hazi Nazha, M.D.  
Steve Neal, Pharm.D.  
Robert Stanton, Pharm.D., Chairman  
Chris Terpening, Pharm.D., PhD.

**DHHR/BMS Staff Present:**

Vicki Cunningham, R.Ph., Pharmacy Director  
Brian Thompson, MS, Pharm.D., DUR Coordinator  
William Hopkins, Pharmacy Operations Manager  
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, Chairman, called the meeting to order at 2:02PM.

## **II. Welcome and Introductions**

Dr. Stanton welcomed everyone to the meeting. All parties seated at the table and on the phone introduced themselves.

## **III. Housekeeping Items/Updates**

### **A. Approval of the January 28, 2015 Minutes**

Dr. Stanton asked for approval of the minutes from the January 28, 2015 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 Q4 2014 was 97.0% and the generic utilization rate for Q4 2014 was 83.0%. Ms. Cunningham asked how these metrics compared to other states. Dr. Bandali responded that WV averages better than other states.

## **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:

John Vlasnick, Boehringer Ingelheim, spoke in favor of Jardiance.

Dr. Julian Espiritu, practitioner, spoke in favor of Invokamet.

John Sandstrom, Baxter, spoke in favor of Hyqvia.

Olivia Lee, Abbvie, spoke in favor of Viekira Pak.

Anthony Wheeler, Lilly, spoke in favor of Trulicity.

Charlotte Cavoores, Bidelivery Science, spoke in favor of Bunavail.

Paul Miner, Gilead, spoke in favor of Harvoni.

Tanner Odom, Biogen Idec, spoke in favor of Plegridy.

## **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 2:33PM. The meeting resumed at 3:38PM.

## **VI. Old Business**

None

## **VII. New Business**

### **A. New Generics**

Dr. Bandali (MMA) recommended that the following generics be added as non-preferred. The motion to approve the recommendations as presented was made and seconded. A vote was taken and the motion was approved.

doxycycline monohydrate 40 mg (generic for Oracea)  
 mycophenolate mofetil suspension (generic for Cellcept)  
 tacrolimus ointment (generic for Protopic)  
 amlodipine/valsartan/HCTZ (generic for Exforge Hct)  
 guanfacine ER (generic for Intuniv)  
 celecoxib (generic for Celebrex)  
 testosterone gel (generic for Androgel)  
 colchicine capsule and tablet (generic for Mitigare and Colcrys respectively)

## B. Re-Review

### 1. Hepatitis C Treatments

MMA recommended that Viekira Pak be made preferred. A member asked what the savings would be if Harvoni was made non-preferred. Dr. Bandali stated it would not be dramatic. A motion was made to accept the recommendation as presented. A vote was taken and the motion was approved.

HEPATITIS C TREATMENTS <sup>CL</sup>	
HARVONI (ledipasvir/sofosbuvir)*	COPEGUS (ribavirin)
PEGASYS (pegylated interferon)	INFERGEN (consensus interferon)
PEG-INTRON (pegylated interferon)	OLYSIO (simeprevir)*
RIBASPHERE 200 mg	REBETOL (ribavirin)
ribavirin	RIBAPAK (ribavirin)
<b>VIEKIRA PAK (dasabuvir/ombitasvir/ paritaprevir/ritonavir)</b>	RIBASPHERE 400 mg, 600 mg (ribavirin)
	ribavirin dose pack
	SOVALDI (sofosbuvir)*
	VICTRELIS (boceprevir)

### 2. Ophthalmic Antibiotic/Steroid Combinations

MMA recommended that Tobradex ointment be moved to preferred and Maxitrol ointment be moved to non-preferred status. A motion was made to accept the recommendation as presented. A vote was taken and the motion was approved.

OPHTHALMIC ANTIBIOTIC/STEROID COMBINATIONS <sup>AP</sup>	
BLEPHAMIDE (prednisolone/sulfacetamide)	<b>MAXITROL ointment (neomycin/polymyxin/ dexamethasone)</b>
BLEPHAMIDE S.O.P. (prednisolone/ sulfacetamide)	MAXITROL suspension (neomycin/polymyxin/ dexamethasone)
neomycin/polymyxin/dexamethasone	neomycin/bacitracin/polymyxin/ hydrocortisone
sulfacetamide/prednisolone	neomycin/polymyxin/hydrocortisone
<b>TOBRADEX OINTMENT (tobramycin/ dexamethasone)</b>	PRED-G (prednisolone/gentamicin)
TOBRADEX SUSPENSION (tobramycin/ dexamethasone)	TOBRADEX ST (tobramycin/ dexamethasone)
	tobramycin/dexamethasone suspension
	ZYLET (loteprednol/tobramycin)

## C. New Drug Reviews

### 1. Oralair

MMA recommended that Oralair be made non-preferred in the Anti-Allergens, Oral category. A motion was made to accept the recommendation as presented. A vote was taken and the

motion was approved. A member made a second motion to remove this class from the PDL. A vote was taken and the motion was approved.

## ANTI-ALLERGENS, ORAL

GRASTEK (timothy grass pollen allergen extract)
<b>ORALAIR (mixed grass pollens allergen extract)</b>
RAGWITEK (short ragweed pollen allergen extract)

### 2. Akynzeo

MMA recommended that Akynzeo be made non-preferred in the Antiemetics category. A motion was made to accept the recommendation as presented. A vote was taken and the motion was approved.

## ANTIEMETICS<sup>AP</sup>

### 5HT3 RECEPTOR BLOCKERS

ondansetron ODT, solution, tablets	ANZEMET (dolasetron)
	granisetron
	GRANISOL (granisetron)
	ondansetron vials
	SANCUSO (granisetron)
	ZOFRAN (ondansetron)
	ZUPLENZ (ondansetron)

### SUBSTANCE P ANTAGONISTS

EMEND (aprepitant)
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### COMBINATIONS

<b>AKYNZEO (netupitant/ palonosetron)</b>
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### 3. Striverdi Respimat

MMA recommended that Striverdi Respimat be made non-preferred in the Bronchodilators, Beta Agonist category. A motion was made to accept the recommendation as presented. A vote was taken and the motion was approved.

## BRONCHODILATORS, BETA AGONIST<sup>AP</sup>

### INHALERS, LONG-ACTING

FORADIL (formoterol)	ARCAPTA (indacaterol maleate)
SEREVENT (salmeterol)	<b>STRIVERDI RESPIMAT (olodaterol)</b>

### 4. Trulicity

MMA recommended that Trulicity be made non-preferred in the Hypoglycemics, Incretin Mimetics/Enhancers category. A member asked the financial impact of this agent versus other agents. Dr. Bandali responded that it was significant. A motion was made to accept the recommendation as presented. A vote was taken and the motion was approved.

## HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS

### INJECTABLE

BYETTA (exenatide)<sup>AP</sup>  
 VICTOZA (liraglutide)<sup>AP</sup>

BYDUREON (exenatide)\*  
 SYMLIN (pramlintide)\*\*  
 TANZEUM (albiglutide)  
 TRULICITY (dulaglutide)

**5. Invokamet**

**6. Jardiance**

MMA recommended that both Invokamet and Jardiance be made non-preferred in the Hypoglycemics, SGLT2 category. A motion was made to accept the recommendation as presented. A vote was taken and the motion was approved.

**HYPOGLYCEMICS, SGLT2**

FARXIGA (dapagliflozin)  
 INVOKANA (canagliflozin)  
 JARDIANCE (empagliflozin)

**SGLT2 COMBINATIONS**

INVOKAMET (canagliflozin/metformin)

**7. Hyqvia**

MMA recommended that Hyqvia be made non-preferred in the Immune Globulins, IV category. A motion was made to accept the recommendation as presented. A vote was taken and the motion was approved.

**IMMUNE GLOBULINS, IV<sup>CL</sup>**

BIVIGAM (human immunoglobulin gamma)  
 CARIMUNE NF NANOFILTERED (human immunoglobulin gamma)  
 CYTOGAM (human cytomegalovirus immune globulin)  
 FLEBOGAMMA DIF (human immunoglobulin gamma)  
 GAMASTAN S-D VIAL (human immunoglobulin gamma)  
 GAMMAGARD LIQUID (human immunoglobulin gamma)  
 GAMMAGARD S-D (human immunoglobulin gamma)  
 GAMMAPLEX (human immunoglobulin gamma)  
 GAMUNEX-C (human immunoglobulin gamma)  
 HEPAGAM B (hepatitis b immune globulin (human))  
 HIZENTRA (human immunoglobulin gamma)  
 VARIZIG (varicella zoster immune globulin (human))

GAMMAKED (human immunoglobulin gamma)  
 HYQVIA (human immunoglobulin g and hyaluronidase)  
 OCTAGAM (human immunoglobulin gamma)  
 PRIVIGEN (human immunoglobulin gamma)

**8. Plegridy**

MMA recommended that Plegridy be made non-preferred in the Multiple Sclerosis Agents category. A motion was made to accept the recommendation as presented. A vote was taken and the motion was approved.

**MULTIPLE SCLEROSIS AGENTS<sup>AP</sup>**

**INTERFERONS**

AVONEX (interferon beta-1a)<sup>AP</sup>  
 AVONEX PEN (interferon beta-1a)<sup>AP</sup>  
 EXTAVIA KIT (interferon beta-1b)<sup>AP</sup>

BETASERON KIT (interferon beta-1b)<sup>AP</sup>  
 EXTAVIA VIAL (interferon beta-1b)<sup>AP</sup>  
 PLEGRIDY (peginterferon beta-1a)<sup>AP</sup>  
 REBIF (interferon beta-1a)<sup>AP</sup>  
 REBIF REBIDOSE (interferon beta-1a)<sup>AP</sup>

NON-INTERFERONS	
COPAXONE 20 mg (glatiramer) <sup>AP</sup>	AMPYRA (dalfampridine) <sup>CL*</sup> AUBAGIO (teriflunomide) <sup>CL**</sup> COPAXONE 40 mg (glatiramer) GILENYA (fingolimod) <sup>CL***</sup> TECFIDERA (dimethyl fumarate) <sup>CL****</sup>

### 9. Bunavail

MMA recommended that Bunavail be made preferred in the Opiate Dependence Treatments category with a step through Suboxone. A motion was made to accept the recommendation as presented. A vote was taken and the motion was approved.

OPIATE DEPENDENCE TREATMENTS	
BUNAVAIL (buprenorphine/naloxone) <sup>CL</sup> SUBOXONE FILM (buprenorphine/naloxone) <sup>CL</sup> VIVITROL (naltrexone) <sup>CL</sup> Naloxone	EVZIO (naloxone) SUBOXONE TABLETS (buprenorphine/naloxone) buprenorphine/naloxone tablets ZUBSOLV (buprenorphine/naloxone)

### 10. Revatio Suspension

MMA recommended that Revatio suspension be made non-preferred in the PAH Agents, PDE5 category. A motion was made to accept the recommendation as presented. A vote was taken and the motion was approved.

PAH AGENTS – PDE5s <sup>CL</sup>	
sildenafil	ADCIRCA (tadalafil) REVATIO IV (sildenafil) REVATIO SUSPENSION (sildenafil) REVATIO TABLETS (sildenafil)

### VIII. Next Meeting

The next P&T meeting is scheduled for August 26, 2015 at 2PM at in the Bureau for Medical Services' offices, Diamond Building, 350 Capitol Street, Charleston, WV.

### IX. Other Business

Dr. Stanton announced that the Bureau's contract with Magellan as the Bureau's PDL Vendor would expire on April 30, 2015. Both Dr. Stanton and Ms. Cunningham thanked Dr. Bandalí and Dr. Perri for their exceptional service and dedication.

Ms. Cunningham also recognized Dr. Henry for his insightful recommendation to move methadone to non-preferred during the October 2014 P&T meeting. Dr. Henry was interviewed for the PEW Charitable Trusts article which described the dangers of methadone overdose and methadone as a "preferred drug."

### X. Adjournment

The meeting was adjourned at 3:50PM.