



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

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Governor

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Karen L. Bowling
Cabinet Secretary

Pharmaceutical and Therapeutics Committee
August 26th, 2015

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

MINUTES

Committee Members Present:

Robert Stanton, Pharm.D., Chair
Bradley Henry, M.D., Vice Chair
Jeffrey V. Ashley, M.D.
Elizabeth Baldwin, RN, MSN, PNP, APRN-BC
Adam Breinig, D.O.
Scott Brown, R.Ph.
Kenneth Hilsbos, M.D.
Hazi Nazha, M.D.
Steve Neal, Pharm.D.
Chris Terpening, Pharm.D., PhD.

Absent:

Tom Kines, R.Ph.

Division of Medicaid Staff Present:

Vicki Cunningham, R.Ph.
Brian Thompson, Pharm.D., MS
Bill Hopkins
Doug Sorvig

Contract Staff Present:

Laureen Biczak, D.O., GHS
Steve Liles, Pharm.D., GHS
Matt Pettengill, PMP, GHS
Steve Small, R.Ph., MS, Rational Drug Therapy
Program
Eric Sears, R.Ph., Molina Healthcare

I. Call to Order

Dr. Robert Stanton, Chairman, called the meeting to order at 2:12pm.

II. Welcome and Introductions

Dr. Stanton welcomed all to the meeting. Committee members introduced themselves. No attendees were present on the phone.

III. Administrative Items / Updates

A. Approval of the April 29th, 2015 Minutes

A motion was made and seconded by the Committee to approve the meeting minutes.

B. PDL compliance / Generic Percent Report

Dr. Lauren Biczak confirmed that the PDL Compliance and Generic Percent reporting would be presented at the next meeting, which is scheduled for October 28th, 2015.

IV. Public Comments

Vicki Cunningham described the comments process and indicated that each presenter had 3 minutes to speak. Vicki requested that comments be reserved for drugs / classes represented on the current draft PDL.

Nicole Becker – AstraZeneca – Spoke in favor of Xigduo

Craig Prim – Pro Pharma – Spoke in favor of ProFe & Folinic-Plus

Sean Crawford – Capital Pharmaceuticals – Spoke in favor of Capron DM & Alevazol

Kerry Desai – Sanofi – Spoke in favor of Toujeo & Afrezza

Kushal Bhatt – Novartis – Spoke in favor of Cosentyx

Eric Wittbrodt – Daiichi Sankyo – Spoke in favor of Savaysa

Maribeth Kowalski – Purdue Pharma – Spoke in favor of Hysingla ER

V. Executive Session

A motion was made and seconded by the Committee to recess to executive session at 2:39pm. The meeting resumed at 3:43pm.

VI. Old Business

No old business was presented.

VII. New Business

The Committee accepted all recommendations as presented and described in the following subsections.

A. New Generics

i. Aripiprazole

GHS recommended that generic Aripiprazole be non-preferred.

| ANTIPSYCHOTICS, ATYPICAL | |
|--|-------------------------------|
| SINGLE INGREDIENT | |
| ABILIFY (aripiprazole)* AP | ADASUVE (loxapine) |
| ABILIFY MAINTENA (aripiprazole)** CL | aripiprazole |
| clozapine | clozapine ODT |
| INVEGA SUSTENNA (paliperidone)** CL | CLOZARIL (clozapine) |
| LATUDA (lurasidone) AP | FANAPT (iloperidone) |
| olanzapine | FAZACLO (clozapine) |
| quetiapine*** AP for the 25 mg Tablet Only | GEODON (ziprasidone) |
| RISPERDAL CONSTA (risperidone) ** CL | GEODON IM (ziprasidone) |
| risperidone | INVEGA (paliperidone) |
| SAPHRIS (asenapine) AP | olanzapine IM** |
| ziprasidone | olanzapine ODT |
| | RISPERDAL (risperidone) |
| | SEROQUEL (quetiapine) |
| | SEROQUEL XR (quetiapine) |
| | VERSACLOZ (clozapine) |
| | ZYPREXA (olanzapine) |
| | ZYPREXA IM (olanzapine)** |
| | ZYPREXA RELPREVV (olanzapine) |

B. New Drug Review

i. Afrezza & Toujeo

GHS recommended that Afrezza and Toujeo be non-preferred.

| HYPOGLYCEMICS, INSULIN AND RELATED AGENTS | |
|---|--|
| HUMALOG (insulin lispro) | AFREZZA (insulin) |
| HUMALOG MIX VIALS (insulin lispro/lispro protamine) | APIDRA (insulin glulisine) AP |
| HUMULIN VIALS (insulin) | HUMALOG PEN/KWIKPEN (insulin lispro) |
| LANTUS (insulin glargine) | HUMALOG MIX PENS (insulin lispro/lispro protamine) |
| LEVEMIR (insulin detemir) | HUMULIN PENS (insulin) |
| NOVOLIN (insulin) | TOUJEO SOLOSTAR (insulin glargine) |
| NOVOLOG (insulin aspart) | |
| NOVOLOG MIX (insulin aspart/aspart protamine) | |

ii. Arnuity Ellipta, QVAR, & Flovent

GHS recommended that Arnuity Ellipta and QVAR be non-preferred and that Flovent Diskus and HFA be preferred.

| GLUCOCORTICIDS, INHALED ^{AP} | |
|--|---|
| GLUCOCORTICIDS | |
| ASMANEX Twisthaler (mometasone) FLOVENT HFA (fluticasone) FLOVENT Diskus (fluticasone) PULMICORT RESPULES (budesonide)* | AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) budesonide PULMICORT FLEXHALER (budesonide) QVAR (beclomethasone) |

iii. Belsomra

GHS recommended that Belsomra be non-preferred.

| SEDATIVE HYPNOTICS ^{AP} | |
|----------------------------------|--|
| OTHERS | |
| zolpidem 5, 10 mg | AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (suvorexant) chloral hydrate EDLUAR (zolpidem) eszopiclone INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin) SOMNOTE (chloral hydrate) SONATA (zaleplon) zaleplon zolpidem ER 6.25, 12.5 mg ZOLPIMIST (zolpidem) |

iv. Cosentyx

GHS recommended that Cosentyx be non-preferred.

| CYTOKINE & CAM ANTAGONISTS ^{CL} | |
|--|---|
| OTHERS | |
| | ACTEMRA syringe (tocilizumab) COSENTYX (secukinumab) KINERET (anakinra) ORENCIA syringe (abatacept) OTEZLA (apremilast)* STELARA syringe (ustekinumab) XELJANZ (tofacitinib)* |

v. Embeda & Hysinglia ER

GHS recommended that Embeda be preferred and Hysingla ER be non-preferred

| ANALGESICS, NARCOTIC LONG ACTING (Non-parenteral)^{AP} | |
|--|--|
| EMBEDA (morphine/naltrexone) fentanyl transdermal morphine ER tablets | BUTRANS* (buprenorphine) CONZIP ER (tramadol) DOLOPHINE (methadone) EXALGO ER (hydromorphone) hydromorphone ER HYSINGLA ER (hydrocodone) 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) XARTEMIS XR (oxycodone/ acetaminophen) ZOHYDRO ER (hydrocodone) |

vi. Glyxambi & Xigduo XR

GHS recommended that Glyxambi and Xigduo XR be non-preferred

| HYPOGLYCEMICS, SGLT2 | |
|-----------------------------|--|
| SGLT2 COMBINATIONS | |
| | GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canagliflozin/metformin) XIGDUO XR (dapagliflozin/metformin) |

vii. Incruse Ellipta & Spiriva Respimat

GHS recommended that Incruse Ellipta and Spiriva Respimat be non-preferred.

| COPD AGENTS | |
|---|---|
| ANTICHOLINERGIC^{AP} | |
| ATROVENT HFA (ipratropium) ipratropium SPIRIVA (tiotropium) | INCRUSE ELLIPTA (umeclidinium) SPIRIVA RESPIMAT (tiotropium) TUDORZA (aclidinium) |

viii. Kerydin

GHS recommended that Kerydin be non-preferred.

| ANTIFUNGALS, TOPICAL^{AP} | |
|---|--|
| ANTIFUNGALS | |
| econazole ketoconazole cream, shampoo MENTAX (butenafine) miconazole (OTC) nystatin | CICLODAN (ciclopirox) ciclopirox ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) JUBLIA (efinaconazole) ketoconazole foam KERYDIN (tavaborole) 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) |

ix. Kitabis

GHS recommended that Kitabis be given preferred status.

| ANTIBIOTICS, INHALED | |
|--|---|
| BETHKIS (tobramycin) KITABIS PAK (tobramycin) tobramycin (Labeler code 00781) | CAYSTON (aztreonam) TOBI (tobramycin) TOBI PODHALER tobramycin (all other labeler codes) |

x. Nuvessa

GHS recommended that Nuvessa be non-preferred.

| ANTIBIOTICS, VAGINAL | |
|---|--|
| clindamycin cream METROGEL (metronidazole) | AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) CLEOCIN OVULE (clindamycin) CLINDESSE (clindamycin) metronidazole NUVESSA (metronidazole) VANDAZOLE (metronidazole) |

xi. Onexton

GHS recommended that Onexton be non-preferred.

| ACNE AGENTS, TOPICAL^{AP} | |
|--|--|
| COMBINATION AGENTS | |
| erythromycin/benzoyl peroxide | ACANYA (clindamycin phosphate/benzoyl peroxide) AVAR/-E/LS (sulfur/sulfacetamide) BENZACLIN GEL (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) benzoyl peroxide/clindamycin gel benzoyl peroxide/urea CERISA (sulfacetamide sodium/sulfur) CLARIFOAM EF (sulfacetamide/sulfur) CLENIA (sulfacetamide sodium/sulfur) DUAC (benzoyl peroxide/clindamycin) EPIDUO (adapalene/benzoyl peroxide)* INOVA 4/1, 5/2 (benzoyl peroxide/salicylic acid) NEUAC (clindamycin phosphate/benzoyl peroxide) NUOX (benzoyl peroxide/sulfur) ONEXTON (clindamycin phosphate/benzoyl peroxide) PRASCION (sulfacetamide sodium/sulfur) SE 10-5 SS (sulfacetamide/sulfur) SSS 10-4 (sulfacetamide /sulfur) SSS 10-5 foam (sulfacetamide /sulfur) sulfacetamide sodium/sulfur cloths, lotion, pads, suspension sulfacetamide/sulfur wash/cleanser sulfacetamide/sulfur wash kit sulfacetamide sodium/sulfur/ urea SUMADAN/XLT (sulfacetamide/sulfur) SUMAXIN/TS (sulfacetamide sodium/sulfur) VELTIN (clindamycin/tretinoin)* ZIANA (clindamycin/tretinoin)* |

xii. Pazeo

GHS recommended that Pazeo be non-preferred.

| OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS^{AP} | |
|--|---|
| ALAWAY (ketotifen) ALREX (loteprednol) cromolyn ketotifen PATADAY (olopatadine) ZADITOR OTC (ketotifen) ZYRTEC ITCHY EYE (ketotifen) | ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (lodoxamide) azelastine BEPREVE (bepotastine) CROLOM (cromolyn) ELESTAT (epinastine) EMADINE (emedastine) epinastine LASTACAFT (alcaftadine) OPTICROM (cromolyn) OPTIVAR (azelastine) PATANOL (olopatadine) PAZEO (olopatadine) |

xiii. Ryтары. Stalevo, & generic levodopa / carbidopa / entacapone

GHS recommended that Ryтары be non-preferred.

GHS recommended that Stalevo be non-preferred.

GHS recommended that generic levodopa/carbidopa/entacapone be preferred

| ANTIPARKINSON'S AGENTS | |
|-------------------------------|--|
| OTHER ANTIPARKINSON'S AGENTS | |
| amantadine ^{AP} | AZILECT (rasagiline) |
| bromocriptine | ELDEPRYL (selegiline) |
| carbidopa/levodopa | levodopa/carbidopa ODT |
| levodopa/carbidopa/entacapone | carbidopa |
| selegiline | LODOSYN (carbidopa) |
| | PARCOPA (levodopa/carbidopa) |
| | RYTARY (levodopa/carbidopa) |
| | SINEMET (levodopa/carbidopa) |
| | STALEVO (levodopa/carbidopa/entacapone) |
| | ZELAPAR (selegiline) |

xiv. Savaysa

GHS recommended that Savaysa be non-preferred.

| ANTICOAGULANTS | |
|--|---------------------------|
| ORAL | |
| COUMADIN (warfarin) | SAVAYSA (edoxaban) |
| ELIQUIS (apixaban) ^{AP*} | |
| PRADAXA (dabigatran) ^{AP**} | |
| warfarin | |
| XARELTO (rivaroxaban) ^{AP***} | |

xv. Uceris Rectal Foam

GHS recommended that Uceris Rectal Foam be non-preferred.

| ULCERATIVE COLITIS AGENTS ^{AP} | |
|---|----------------------------|
| RECTAL | |
| CANASA (mesalamine) | mesalamine kit |
| mesalamine | ROWASA (mesalamine) |
| | SF ROWASA (mesalamine) |
| | UCERIS (budesonide) |

VIII. Next Meeting

Annual Meeting: October 28, 2015, 9AM-5PM, Charleston Civic Center

IX. Other Business

No other business was presented.

X. Adjournment

The meeting adjourned at 3:54pm

DRAFT