STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

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Cynthia E. Beane
Commissioner

Pharmaceutical and Therapeutics Committee

January 25th, 2023

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

MINUTES ARE CONSIDERED DRAFT UNTIL APPROVED AT THE NEXT MEETING

Committee Members Present:
Philip Galapon, MD FAAFP, Chair
Chris Terpening, PharmD, PhD, Vice-Chair
David Gloss, MD
John Bernabei, RPh (JJ)
Charles Rohrbaugh, RPh
Krista Capehart, PharmD
Toni DiChiacchio, DNP
Scott Brown, RPh
Laura Davisson, MD

Absent:
Mary Payne, RPh

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

Contract Staff Present:
Change Healthcare
Ryan Fell, PharmD
Laureen Biczak, MD
Joseph Bergondo, PharmD
Chris Dolfi, Pharm D

Other Contract / State Staff Present:

I. Call to Order

Philip Galapon, Chairman, called the meeting to order at 3:35 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 October 26th Meeting Minutes

The Committee moved to approve the October 26th, 2022 Meeting Minutes. All were in favor with no objections or revisions.

B. PDL Compliance / Generic Percent Report Updates

Joe Bergondo provided an explanation of the PDL Compliance and Generic Percent reports.

- Joe Bergondo reviewed the Generic Percent Report; overall generic utilization for Q4 2022 was 85.6%

- Joe Bergondo reviewed the PDL Compliance Report; overall compliance for Q4 2022 was 93.0%

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. 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 CARBATROL (carbamazepine) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER divalproex sprinkle EPITOL (carbamazepine) GABITRIL (tiagabine) lacosamide tablets, solution LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL XR (lamotrigine) lamotrigine lamotrigine ODT levetiracetam IR levetiracetam ER levetiracetam IR suspension oxcarbazepine tablets	APTIOM (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) carbamazepine oral suspension DEPAKOTE (divalproex) DEPAKOTE DR (divalproex DEPAKOTE ER (divalproex) DIACOMIT CAPSULE/POWDER PACK (stripentol)** ELEPSIA XR (levetiracetam) EPRONTIA SOLUTION (topiramate)**** EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) FINTEPLA (fenfluramine) SOLUTION***** FYCOMPA (perampanel) KEPPRA (levetiracetam) KEPPRA SOLUTION (levetiracetam) KEPPRA XR (levetiracetam)	*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. *** Trokendi XR are only approvable on appeal. ****Eprontia requires medical reasoning beyond convenience or enhanced compliance as to why the medical need cannot be met by using the preferred Topamax (topiramate) sprinkle capsules.
QUDEXY XR (topiramate ER) TEGRETOL SUSPENSION (carbamazepine) TEGRETOL XR (carbamazepine) topiramate IR tablet topiramate ER* topiramate IR sprinkle caps topiramate ER sprinkle caps (generic Qudexy) TRILEPTAL SUSPENSION (oxcarbazepine) valproic acid zonisamide	LAMICTAL ODT (lamotrigine) lamotrigine dose pack lamotrigine ER oxcarbazepine suspension OXTELLAR XR (oxcarbazepine) rufinamide oral suspension, tablets SABRIL (vigabatrin) SPRITAM (levetiracetam) TEGRETOL TABLETS (carbamazepine) tiagabine TOPAMAX SPRINKLE CAPS (topiramate) TOPAMAX TABLETS (topiramate) TRILEPTAL TABLETS (oxcarbazepine) TROKENDI XR (topiramate)*** vigabatrin tablet/powder pack VIMPAT (lacosamide) tablets, solution XCOPRI (cenobamate) ZONISADE (zonisamide) suspension	*****Full PA criteria for Fintepla may be found on the PA Criteria page by clicking the hyperlink.

Charlie Rohrbaugh made a motion to approve the changes to the Anticonvulsants class as recommended; the motion was seconded by Scott Brown. All members were in favor and the motion was approved.

ii. Antidepressants, Other

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
ANTIDEPRESSANTS, OTHER		
CLASS PA CRITERIA: See below for individual sub-class criteria.		
	SECOND GENERATION NON-SSRI, OTHER[AP]	
bupropion IR bupropion SR bupropion XL mirtazapine trazodone	APLENZIN (bupropion hbr) AUVELITY (dextromethorphan HBr/bupropion) EMSAM (selegiline) FORFIVO XL (bupropion) nefazodone REMERON (mirtazapine) TRINTELLIX (vortioxetine) VIIBRYD (vilazodone HCl) vilazodone WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion)	Non-preferred agents require separate thirty (30) day trials of a preferred agent in this sub-class **AND** an SSRI before they will be approved, unless one (1) of the exceptions on the PA form is present.

Charlie Rohrbaugh made a motion to approve the changes to the Antidepressants, Other class; the motion was seconded by Scott Brown. All members were in favor and the motion was approved.

iii. Antipsoriatics, Topical

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
ANTIPSORIATICS, TOPICAL		
CLASS PA CRITERIA: Non-preferred agents require thirty (30) day trials of two (2) preferred unique chemical entities before they will be approved, unless one (1) of the exceptions on the PA form is present.		
TACLONEX (calcipotriene/ betamethasone) VECTICAL (calcitriol)	calcipotriene cream calcipotriene ointment calcipotriene solution calcipotriene/betamethasone ointment, suspension calcitriol DOVONEX (calcipotriene) ENSTILAR (calcipotriene/betamethasone) SORILUX (calcipotriene) tazarotene cream VTAMA (tapinarof) ZORYVE (roflumilast) cream	

Charlie Rohrbaugh made a motion to approve the changes to the Antipsoriatics, Topical class as recommended; the motion was seconded by Scott Brown. All members were in favor and the motion was approved.

iv. BPH Treatments

BPH TREATMENTS		
CLASS PA CRITERIA: Non-preferred agents require thirty (30) day trials of at least two (2) chemically distinct preferred agents, 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.		
	5-ALPHA-REDUCTASE (5AR) INHIBITORS AND PDE-5 AGENTS	
finasteride	AVODART (dutasteride) CIALIS 5 mg (tadalafil) Dutasteride ENTADFI (finasteride/tadalafil) capsules PROSCAR (finasteride) tadalafil	

Charlie Rohrbaugh made a motion to approve the changes to the BPH Treatments class as recommended; the motion was seconded by Scott Brown. All members were in favor and the motion was approved.

v. Calcium Channel Blockers

CALCIUM CHANNEL BLOCKERS[AP]		
CLASS PA CRITERIA: Non-preferred agents require fourteen (14) day trials of each preferred agent within the corresponding sub-class before they will be approved, unless one (1) of the exceptions on the PA form is present.		
LONG-ACTING		
amlodipine diltiazem ER/CD felodipine ER nifedipine ER verapamil ER	CALAN SR (verapamil) CARDIZEM CD, LA (diltiazem) DILT-XR diltiazem LA KATERZIA SUSPENSION (amlodipine)* levamlodipine maleate MATZIM LA (diltiazem) nisoldipine NORLIQVA (amlodipine)* NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	*Katerzia and Norliqva may be authorized for children who are 6-10 years of age who are unable to ingest solid dosage forms. Therapy may be authorized for older patients with clinical documentation indicating oral-motor difficulties or dysphagia. In addition, Norliqva may only be authorized for patients who have a documented allergy or are unable to tolerate Katerzia.

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

vi. Cytokine & CAM Antagonists

CYTOKINE & CAM ANTAGONISTS[CL]		
CLASS PA CRITERIA: Non-preferred agents require ninety (90) day trials of all preferred agents which are indicated for the diagnosis, unless one (1) of the exceptions on the PA form is present. *Patients stabilized for at least 6-months on their existing non-preferred regimen shall be grandfathered (provided the current therapy is for a labeled indication AND a more cost-effective biosimilar product is not available). In cases where a biosimilar exists but is also non-preferred, the PA vendor shall advise the provider which product is the most cost-effective agent. All off-label requests require review by the Medical Director.* **Full PA criteria may be found on the PA Criteria page by clicking the hyperlink.**		
ANTI-TNFs		
AVSOLA (infliximab) ENBREL (etanercept) HUMIRA (adalimumab) SIMPONI subcutaneous (golimumab)	CIMZIA (certolizumab pegol) INFLECTRA (infliximab) infliximab REMICADE (infliximab) RENFLEXIS (infliximab) SIMPONI ARIA (golimumab)	
OTHERS		
ACTEMRA subcutaneous (tocilizumab) KINERET (anakinra) ORENCIA CLICKJET/VIAL (abatacept) OTEZLA (apremilast) TALTZ (ixekizumab)* XELJANZ (tofacitinib)	ACTEMRA ACTPEN (tocilizumab) COSENTYX (secukinumab) ENTYVIO (vedolizumab) ILARIS (canakinumab) ILUMYA (tildrakizumab) KEVZARA (sarilumab) OLUMIANT (baricitinib) ORENCIA SYRINGE (abatacept) RINVOQ ER (upadacitinib) SILIQ (brodalumab) SKYRIZI (risankizumab) SOTYKTU (deucravacitinib) STELARA subcutaneous (ustekinumab) TREMFYA (guselkumab) XELJANZ XR (tofacitinib)	*Taltz will be authorized for treatment of plaque psoriasis, psoriatic arthritis, and ankylosing spondylitis only after inadequate response to a ninety (90) day trial of one preferred ANTI-TNF agent.

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

vii. Intranasal Rhinitis Agents

INTRANASAL RHINITIS AGENTS[AP]		
CLASS PA CRITERIA: See below for individual sub-class criteria.		
COMBINATIONS		
	azelastine/fluticasone DYMISTA (azelastine / fluticasone) RYALTRIS (olopatadine HCl/mometasone)	Dymista requires a concurrent thirty (30) day trial of each preferred component before it will be approved, unless one (1) of the exceptions on the PA form is present.

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

viii. PAH Agents – PDE5s

PAH AGENTS – PDE5s[CL]		
CLASS PA CRITERIA: Non-preferred agents require a thirty (30) day trial of a preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present. - Patients stabilized on non-preferred agents will be grandfathered.		
sildenafil tablets	ADCIRCA (tadalafil) REVATIO IV (sildenafil) REVATIO SUSPENSION (sildenafil) REVATIO TABLETS (sildenafil) sildenafil suspension (generic Revatio) TADLIQ SUSPENSION (tadalafil)	

Chris Terpening made a motion to approve the changes to the PAH Agents – PDE5s class as recommended; the motion was seconded by Charlie Rohrbaugh. All members were in favor and the motion was approved.

B. Class Review

i. Acne Products, Topical

ACNE AGENTS, TOPICAL[AP]		
CLASS PA CRITERIA: Non-preferred agents require a thirty (30) day trial of one (1) preferred retinoid and two (2) unique chemical entities in two (2) other subclasses, including the generic version of the requested non-preferred product, before they will be approved, unless one (1) of the exceptions on the PA form is present. In cases of pregnancy, a trial of retinoids will *not* be required. For members eighteen (18) years of age or older, a trial of retinoids will *not* be required. Acne kits are non-preferred. **Specific Criteria for sub-class will be listed below.** NOTE: Non-preferred agents in the Rosacea sub-class are available only on appeal and require at least a 30-day trial of all preferred agents in that sub-class.		
ANDROGEN RECEPTOR INHIBITORS		
	WINLEVI CREAM (clascoterone)	
ANTI-INFECTIVE		
CLINDAGEL (clindamycin) clindamycin lotion, medicated swab, solution erythromycin gel, solution	AMZEEQ FOAM (minocycline) CLEOCIN-T (clindamycin) CLINDACIN ETZ kit, medicated swab (clindamycin) CLINDACIN P (clindamycin) CLINDACIN PAC (clindamycin) clindamycin gel, foam dapsone ERYGEL (erythromycin) erythromycin medicated swab EVOCLIN (clindamycin) FABIOR (tazarotene) KLARON (sulfacetamide) OVACE/PLUS (sulfacetamide) sodium sulfacetamide 10% cleansing gel sulfacetamide	
RETINOIDS		
adapalene gel RETIN-A (tretinoin) RETIN-A MICRO (tretinoin)	adapalene cream, lotion AKLIEF CREAM (trifarotene) ALTRENO LOTION (tretinoin) ARAZLO (tazarotene) ATRALIN (tretinoin) AVITA (tretinoin) tazarotene cream, foam tretinoin cream, gel tretinoin gel micro	**In addition to the Class Criteria**: PA required for members eighteen (18) years of age or older.

Chris Terpening made a motion to approve the changes to the Acne Products, Topical-Retinoids class as recommended; the motion was seconded by Charlie Rohrbaugh. All members were in favor and the motion was approved.

ii. Antipsoriatics, Topical

ANTIPSORIATICS, TOPICAL		
CLASS PA CRITERIA: Non-preferred agents require thirty (30) day trials of two (2) preferred unique chemical entities before they will be approved, unless one (1) of the exceptions on the PA form is present.		
calcipotriene solution TACLONEX (calcipotriene/ betamethasone)	calcipotriene cream calcipotriene ointment calcipotriene/betamethasone ointment, suspension calcitriol DOVONEX (calcipotriene) ENSTILAR (calcipotriene/betamethasone) SORILUX (calcipotriene) tazarotene cream VTAMA (tapinarof)	

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

iii. Hypogylcemics, Insulin and Related Agents

HYPOGLYCEMICS, INSULIN AND RELATED AGENTS		
CLASS PA CRITERIA: Non-preferred agents require a ninety (90) day trial of a pharmacokinetically similar agent before they will be approved, unless one (1) of the exceptions on the PA form is present.		
APIDRA (insulin glulisine) HUMALOG (insulin lispro) HUMALOG JR KWIKPEN (insulin lispro) HUMALOG KWIKPEN U-100 (insulin lispro) HUMALOG MIX PENS (insulin lispro/lispro protamine) HUMALOG MIX VIALS (insulin lispro/lispro protamine) HUMULIN 70/30 (insulin) HUMULIN R U-500 VIAL (insulin) HUMULIN R U-500 KWIKPEN (insulin) insulin aspart flexpen, penfill, vial insulin aspart/aspart protamine pens, vials insulin glargine (labeller 00955 only) insulin lispro kwikpen U-100, vial LANTUS (insulin glargine) LEVEMIR (insulin detemir) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/aspart protamine) NOVOLIN N (insulin) TOUJEO SOLOSTAR (insulin glargine) TOUJEO MAX SOLOSTAR (insulin glargine)	ADMELOG (insulin lispro) AFREZZA (insulin)CL BASAGLAR (insulin glargine) FIASP (insulin aspart) HUMALOG KWIKPEN U-200 (insulin lispro) HUMULIN PENS (insulin) HUMULIN R VIAL (insulin) HUMULIN N VIAL (insulin) insulin glargine insulin lispro junior kwikpen insulin lispro protamine mix LYUMJEV (insulin lispro) NOVOLIN (insulin) SEMGLEE (insulin glargine) SOLIQUA (insulin glargine/lixisenatide)* TRESIBA (insulin degludec)** TRESIBA FLEXTOUCH (insulin degludec)** XULTOPHY (insulin degludec/liraglutide)*	* Non-preferred insulin combination products require that the patient must already be established on the individual agents at doses not exceeding the maximum dose achievable with the combination product, and require medical reasoning beyond convenience or enhanced compliance as to why the clinical need cannot be met with a combination of preferred single-ingredient agents. **Patients stabilized on Tresiba may be grandfathered at the request of the prescriber, if the prescriber considers the preferred products to be clinically inappropriate. **Tresiba U-100 may be approved only for: Patients who have demonstrated at least a 6-month history of compliance on a preferred long-acting insulin and who continue to have regular incidents of hypoglycemia. **Tresiba U-200 may be approved only for: Patients who require once-daily doses of at least 60 units of long-acting insulin and have demonstrated at least a 6-month history of compliance on preferred long-acting insulin and who continue to have regular incidents of hypoglycemia.

Chris Terpening made a motion to approve the changes to the Hypoglycemics, Insulin 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 April 26th, 2023, from 3:30-5:00 PM, Virtual Meeting.

IX. Adjournment

The committee adjourned the meeting at 4:20 PM.