



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III
Governor

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

Pharmaceutical and Therapeutics (P&T) Committee
April 21, 2010
Diamond Building
Rooms B10 & B11
Charleston, West Virginia

MINUTES

Members Present:

David Avery, M.D.
James D. Bartsch, R.Ph.
Rodney L. Fink, D.O.
Jeffrey V. Ashley, M.D.
Scott Brown, R.Ph.
Robert Stanton, Pharm.D.
Michael Grome, PA-C
Harriet Nottingham, R.Ph.

Members Not Present:

Teresa Dunsworth, Pharm.D.
Barbara Koster, N.P.
Teresa Frazer, M.D., FAAP
Steven R. Matulis, M.D.

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 2:10 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 January 27, 2010 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.

Dr. Biczak reviewed the PDL Compliance Report; overall compliance for Q1-2010 was 96.6%.

Dr. Biczak reviewed the Generic Utilization Report; generic utilization for Q1-2010 was 73.8%.

V. Public Comments

Dr. Alan Herrera, Johnson & Johnson, recommended that Stelara be added to the PDL.

Dr. Carolyn Jones, Acorda, recommended that Ampyra be added to the PDL.

Michelle Bessett, Actelion, recommended that Ventavis be added to the PDL.

VI. Executive Session

The Committee adjourned to Executive Session at 2:25 and resumed open session at 3:17.

VII. New Business

Dr. Avery called for review of the Therapeutic Classes

A. Therapeutic Class Reviews

i. Antivirals, Topical

Dr. Bissell recommended that a new Antivirals, Topical class be added to the PDL.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ABREVA (docosanol) DENA VIR (penciclovir)	ZOVIRAX (acyclovir)

ii. Glucocorticoids, Topical

Dr. Bissell recommended that a new Glucocorticoids, Topical class be added to the PDL. Dr. Bissell noted that generic clobetasol, halobetasol, and generic mometasone were listed as non-preferred in the 07/10/10 Draft PDL; GHS recommended that they be preferred.

PREFERRED AGENTS	NON-PREFERRED AGENTS
betamethasone dipropionate cream/lotion/ointment betamethasone dipropionate/propylene glycol betamethasone valerate clobetasol propionate cream/gel/ointment/solution clobetasol propionate/emollient desonide desoximetasone fluocinolone acetonide fluocinonide fluticasone propionate halobetasol propionate hydrocortisone hydrocortisone acetate hydrocortisone valerate mometasone furoate triamcinolone acetonide	ACLOVATE (alclometasone dipropionate) alclometasone dipropionate amcinonide APEXICON (diflorasone diacetate) APEXICON E (diflorasone diacetate) betamethasone dipropionate gel BETA-VAL (betamethasone valerate) CAPEX (fluocinolone acetonide) clobetasol propionate foam CLOBEX (clobetasol propionate) CLODERM (clocortolone pivalate) CORDRAN (flurandrenolide) CORDRAN SP (flurandrenolide) CORMAX (clobetasol propionate) CUTIVATE (fluticasone propionate) DERMA-SMOOTH FS (fluocinolone acetonide) DERMATOP (prednicarbate) DESONATE (desonide) DESOWEN (desonide) diflorasone diacetate diflorasone diacetate/emollient DIPROLENE (betamethasone dipropionate/propylene glycol) DIPROLENE AF (betamethasone dipropionate/propylene glycol) DIPROSONE (betamethasone dipropionate) ELOCON (mometasone furoate) fluocinonide/emollient halcinonide HALOG (halcinonide)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	hydrocortisone butyrate hydrocortisone butyrate/emollient KENALOG (triamcinolone acetonide) LIDEX (fluocinonide) LOCOID (hydrocortisone butyrate) LOCOID LIPOCREAM (hydrocortisone butyrate/emollient) LOKARA (desonide) LUXIQ (betamethasone valerate) OLUX (clobetasol propionate) OLUX-E (clobetasol propionate/emollient) PANDEL (hydrocortisone probutate) prednicarbate PSORCON (diflorasone diacetate) TEMOVATE (clobetasol propionate) TEMOVATE-E (clobetasol propionate/emollient) TOPICORT (desoximetasone) TOPICORT LP (desoximetasone) TRIDERM (triamcinolone acetonide) ULTRAVATE (halobetasol propionate) VANOS (fluocinonide) VERDESO (desonide) WESTCORT (hydrocortisone valerate)

iii. Pulmonary Antihypertensives, Prostacyclins

Dr. Bissell recommended that a new Pulmonary Antihypertensives, Prostacyclins sub-class be added to the PDL. Dr. Bissell noted that Remodulin and Tyvaso were listed as preferred in the 07/10/10 Draft PDL; the GHS recommended that these drugs be non-preferred. It was further recommended that those patients currently taking Remodulin or Tyvaso would be grandfathered.

PREFERRED AGENTS	NON-PREFERRED AGENTS
epoprostenol VENTAVIS (iloprost)	FLOLAN (epoprostenol) REMODULIN (treprostinil sodium) TYVASO (treprostinil)

iv. Tetracyclines

Dr. Bissell recommended that a new Tetracyclines class be added to the PDL.

PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
doxycycline hyclate minocycline capsules tetracycline	ADOXA (doxycycline monohydrate) DECLOMYCIN (demeclocycline)* demeclocycline* DORYX (doxycycline hyclate) doxycycline hyclate delayed release doxycycline monohydrate DYNACIN (minocycline) MINOCIN (minocycline)	*For those who meet the PA requirements, brand Declomycin is preferred over the generic.

PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERA
	minocycline SR capsules minocycline tablets MONODOX (doxycycline monohydrate) ORACEA (doxycycline monohydrate) SOLODYN (minocycline) SUMYCIN (tetracycline) VIBRAMYCIN SYRUP (doxycycline calcium) VIBRAMYCIN (doxycycline hyclate) VIBRAMYCIN (doxycycline monohydrate) VIBRA-TABS (doxycycline hyclate)	

A motion was made to accept the recommendations of GHS. The recommended PDL changes were approved as listed above. The motion was seconded, votes were taken and the motion carried.

v. Vaginal Antibacterials

Dr. Bissell recommended that a new Vaginal Antibacterials class be added to the PDL with preferred and non-preferred drugs as listed below. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

PREFERRED AGENTS	NON-PREFERRED AGENTS
clindamycin cream METROGEL (metronidazole)	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) CLEOCIN OVULE (clindamycin) CLINDESSE (clindamycin) metronidazole VANDAZOLE (metronidazole)

B. New Drug Reviews

i. Actemra

GHS recommended that Actemra be made a non-preferred drug in the Cytokine & CAM Agonists category. It was further recommended that Actemra would be available to those who fail treatment with preferred medications. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken and the motion carried.

ii. Ampyra

GHS recommended that Ampyra be made a non-preferred drug in the Multiple Sclerosis Agents category; it was further recommended that prior authorization would be required to verify diagnosis. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken and the motion carried.

iii. Stelara

GHS recommended that Stelara be made a non-preferred drug in the Cytokine & CAM Agonists category; GHS recommended that Stelara be made available to those who fail treatment with preferred products. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken and the motion carried.

iv. Twynsta

GHS recommended that Twynsta be made a non-preferred drug in the Angiotensin Modulators category and be available to those unable to tolerate other available products. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken and the motion carried.

v. Victoza

GHS recommended that Victoza be made a non-preferred drug in the Hypoglycemics, Incretin Mimetics/Enhancers category and be available to those unable to tolerate other available products. GHS further recommended that the DUR consider adding the same clinical PA criteria that is in place for Byetta. Dr. Avery clarified that this recommendation meant that all three products in the category will now be non-preferred and carry clinical criteria. 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. NitroMist

NitroMist is the newest nitroglycerin to the market, with a pre-rebate cost of \$160-170 per script. Nitrolingual has a similar cost. Nitrostat costs roughly \$10 pre-rebate. GHS recommended moving Nitrostat to preferred status and NitroMist and Nitrolingual to non-preferred status in the Miscellaneous Brand/Generic Category. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken and the motion carried.

ii. Chantix

Scott Brown requested an update on Chantix. GHS met with Pfizer to view the cost effectiveness model that the company had created, specific to West

Virginia. GHS will share their findings at the October 27, 2010 P&T meeting. Dr. Clifford stated that several states cover the drug, and that a variety of rules are associated with its use. Maine experienced an extremely high discontinuation rate after the first fill and put a 15-day supply limit on it, saving about 20% up front, without disturbing the refill rate. GHS will present Maine's data to the Committee as well. Pfizer's models for West Virginia were not entirely accurate, which is part of the reason the analysis is taking longer than expected. Dr. Fink asked if the handling of Chantix signaled a change in the approach to the PDL. Dr. Clifford stated that in this particular case, the State asked GHS to listen to what Pfizer had to say; GHS has not changed their approach.

iii. Renvela

Dr. Clifford stated that a contract was available to the State to add Renvela to the PDL. The pricing was not as favorable as Renagel. GHS asked the Committee what supplies were like; Harriet Nottingham and Jim Bartsch both replied that the supply is low. Peggy King stated that Teresa Dunsworth had notified her to let her know that the nephrology practice for which she works was having difficulty in finding Renagel. Peggy King directed GHS to move forward with the contract.

VIII. Next Meeting Date

The next meeting of the P&T Committee will be held on October 27, 2010 at the Charleston Civic Center.

IX. Adjournment

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