



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bureau for Medical Services  
Office of Pharmacy Services  
350 Capitol Street - Room 251

Charleston, West Virginia 25301-3706  
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Earl Ray Tomblin  
Governor

Rocco S. Fucillo  
Cabinet Secretary

## Pharmaceutical and Therapeutics Committee

October 24, 2012

Location: Charleston Civic Center  
200 Civic Center Drive  
Charleston, WV 25301-2016

### MINUTES

**Members Present:**

Jeffrey V. Ashley, M.D.  
David Avery, M.D.  
Scott Brown, R.Ph.  
Teresa Dunsworth, Pharm.D.  
Rodney L. Fink, D.O.  
Michael Grome, PA-C  
Steven R. Matulis, M.D, Chairperson  
Harriet Nottingham, R.Ph.

**Members Not Present:**

James D. Bartsch, R.Ph.  
Teresa Frazer, M.D., FAAP  
Robert Stanton, Pharm.D.

**DHHR/BMS Staff Present:**

Cynthia Beane, Deputy Commissioner  
Peggy King, R.Ph., Pharmacy Director  
Vicki Cunningham, R.Ph., DUR Coordinator  
William Hopkins, Pharmacy Operations Manager  
Gail Goodnight, R.Ph., Drug Rebate Program  
Director  
Jimmy Dowden, Rebate Accounting Technician

**Contract Staff/Magellan Medicaid**

**Administration (MMA) Staff Present:**

Chris Andrews, Pharm.D.  
Giovannino Perri, M.D.

**Other Contract Staff/State Staff Present:**

Steve Small, R.Ph., MS, Director, Rational Drug  
Therapy Program  
Eric Sears, R.Ph., Molina Medicaid Solutions

## **I. Call to Order**

Dr. Steven Matulis, Chairperson, called the meeting to order at 9:00AM.

## **II. Welcome and Introductions**

All parties seated at the table introduced themselves.

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

### **A. BMS Update**

Ms. Peggy King stated that the TANF population will roll into managed care organization (MCO) coverage for the pharmacy benefit in early 2013. The number of affected lives is unknown at this time. These three MCOs will be required to follow the state Medicaid PDL. The MCOs will not seek rebates of their own with manufacturers. Any questions can be emailed to Ms. King.

Ms. King recommended that the discussion of Cough & Cold products be delayed until the January 2013 P&T meeting. There were no objections from the P&T Committee.

The date of the next P&T meeting will be January 30, 2013 instead of the proposed January 23, 2013.

### **B. Approval of the August 15, 2012 Minutes**

Dr. Matulis asked for approval of the minutes from the August 15, 2012 P&T meeting. A motion was made and seconded; the motion carried to approve the minutes as submitted.

### **C. PDL Compliance/Generic Percent Report Updates**

Dr. Chris Andrews reviewed the Preferred Drug List (PDL) Compliance Report; overall compliance for Q2 2012 was 94.6%. Dr. Andrews reported that the overall generic utilization rate for Q2 2012 was 73.4%.

## **IV. First Round of Extractions**

Dr. David Avery explained the extraction process. The following classes were named by Committee members for extraction:

- Analgesics, Narcotic – Long-Acting
- Angiotensin Modulators
- Antihistamines, Minimally Sedating
- Antipsychotics, Atypical
- Antivirals, Topical
- Cephalosporins and Related Antibiotics
- Hypoglycemics, Incretin Mimetics/Enhancers
- Lipotropics, Other
- Lipotropics, Statins
- Neuropathic Pain
- NSAIDs
- Phosphate Binders
- Stimulants and Related Agents

## **V. Public Comments**

Mrs. King explained the public comment process, including the option to decline speaking on behalf of drugs that are recommended for preferred status that are in non-extracted categories, since those categories will remain as recommended.

Melissa McAllister, UCB, spoke in favor of Cimzia.

Diane Ammerman, Bristol-Myers Squibb, spoke in favor of Abilify.

Kent Hunter, Pfizer, spoke in favor of Genotropin.

Tom Frazier, a gastroenterologist representing Kadman, spoke in favor of Ribapak.

Nigel Isaacs, UCB, spoke in favor of Vimpat and Neupro.

Jane Curtis, Sunovion, spoke in favor of Latuda.

Ahmad Nessar, AstraZeneca, spoke in favor of Brilinta.

Jodi Walker, Abbott, spoke in favor of Humira.

Jeffrey Allen, Amgen, spoke in favor of Neupogen and Neulasta.

Andy Kim, Shire, spoke in favor of Intuniv.

David Testerman, ParaPro, spoke in favor of Natroba.

John Vlasnik, Boehringer Ingelheim, spoke in favor of Combivent Respimat.

Carla McSpadden, Forest, spoke in favor of Daliresp.

Naissan Hussainzada, Forest, spoke in favor of Viibryd.

Mark Veerman, Janssen, spoke in favor of Invega (oral).

Michele Cole, Actelion, spoke in favor of Tracleer.

Tanner Odom, Novartis, spoke in favor of Fanapt and Gilenya.

Andrea Wilson, Novo Nordisk, spoke in favor of Levemir and Victoza.

Charles Duncan, GSK, spoke in favor of Lovaza.

## **VI. Second Round of Extractions**

The following classes were named by Committee members for extraction:

- Colony Stimulating Factors
- Pediculicides/Scabicides, Topical

## **VII. Approval of Non-Extracted Classes**

The motion to approve all non-extracted class recommendations as presented by MMA was made and seconded. A vote was taken and the motion was approved.

## **VIII. 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 10:13AM. The meeting resumed at 2:00PM.

## **IX. Extracted Therapeutic Category Reviews/Committee Recommendations**

### **A. Analgesics, Narcotic – Long-Acting**

MMA recommended that butalbital/APAP/caffeine/codeine be moved to preferred and dihydrocodeine/APAP/caffeine, hydromorphone suppositories, levorphanol, and oxycodone/ASA be

moved to non-preferred. The motion to approve the recommendations as presented was made and seconded. A vote was taken and the motion was approved.

<b>ANALGESICS, NARCOTIC - LONG ACTING (Non-parenteral)<sup>AP</sup></b>	
fentanyl transdermal	AVINZA (morphine)
methadone	BUTRANS (buprenorphine)
<b>methadone soluble tablet</b>	CONZIP ER (tramadol)
morphine ER tablets	DOLOPHINE (methadone)
	DURAGESIC (fentanyl)
	EXALGO ER (hydromorphone)
	EMBEDA (morphine/naltrexone)
	<b>KADIAN (morphine)</b>
	morphine ER capsules
	MS CONTIN (morphine)
	NUCYNTA ER (tapentadol)
	<b>OPANA ER (oxymorphone)</b>
	ORAMORPH SR (morphine)
	oxycodone ER
	OXYCONTIN (oxycodone)
	oxymorphone ER
	RYZOLT ER (tramadol)
	tramadol ER
	ULTRAM ER (tramadol)

### B. Angiotensin Modulators

MMA recommended that Avapro and Avalide be moved to non-preferred in favor of their generics and that aliskiren-containing products be moved to non-preferred. The motion to approve the recommendations as presented was made and seconded. A vote was taken and the motion was approved.

<b>ANGIOTENSIN MODULATORS<sup>AP</sup></b>	
<b>ACE INHIBITORS</b>	
benazepril	ACCUPRIL (quinapril)
captopril	ACEON (perindopril)
enalapril	ALTACE (ramipril)
fosinopril	CAPOTEN (captopril)
lisinopril	LOTENSIN (benazepril)
quinapril	MAVIK (trandolapril)
ramipril	moexipril
	MONOPRIL (fosinopril)
	perindopril
	PRINIVIL (lisinopril)
	trandolapril
	UNIVASC (moexipril)
	VASOTEC (enalapril)
	ZESTRIL (lisinopril)
<b>ACE INHIBITOR COMBINATION DRUGS</b>	
benazepril/amlodipine	ACCURETIC (quinapril/HCTZ)
benazepril/HCTZ	CAPOZIDE (captopril/HCTZ)
captopril/HCTZ	LEXXEL (enalapril/felodipine)
enalapril/HCTZ	LOTENSIN HCT (benazepril/HCTZ)
fosinopril/HCTZ	LOTREL (benazepril/amlodipine)
lisinopril/HCTZ	moexipril/HCTZ
quinapril/HCTZ	PRINZIDE (lisinopril/HCTZ)
	TARKA (trandolapril/verapamil)

	trandolapril/verapamil UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)
<b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)</b>	
BENICAR (olmesartan) DIOVAN (valsartan) irbesartan losartan MICARDIS (telmisartan)	ATACAND (candesartan) AVAPRO (irbesartan) COZAAR (losartan) EDARBI (azilsartan) eprosartan TEVETEN (eprosartan)
<b>ARB COMBINATIONS</b>	
BENICAR-HCT (olmesartan/HCTZ) DIOVAN-HCT (valsartan/HCTZ) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) irbesartan/HCTZ losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) EDARBYCLOR (azilsartan/chlorthalidone) HYZAAR (losartan/HCTZ) TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)
<b>DIRECT RENIN INHIBITORS</b>	
	AMTURNIDE (aliskiren/amlodipine/HCTZ) TEKAMLO (aliskiren/amlodipine) TEKURNA (aliskiren) TEKURNA HCT (aliskiren/HCTZ) VALTURNA (aliskiren/valsartan)

**C. Antihistamines, Minimally Sedating**

MMA recommended that cetirizine chewable tablets be non-preferred. The motion to approve the recommendations as presented was made and seconded. A vote was taken and the motion was approved.

<b>ANTIHISTAMINES, MINIMALLY SEDATING<sup>AP</sup></b>	
<b>ANTIHISTAMINES</b>	
ALAVERT (loratadine) cetirizine tablets, solution loratadine TAVIST-ND (loratadine)	ALLEGRA (fexofenadine) cetirizine chewable tablets CLARINEX Tablets (desloratadine) CLARINEX REDITABS (desloratadine) CLARINEX Syrup (desloratadine) CLARITIN (loratadine) desloratadine fexofenadine (Rx and OTC) levocetirizine XYZAL (levocetirizine) ZYRTEC (Rx and OTC) (cetirizine) ZYRTEC SYRUP (cetirizine)
<b>ANTIHISTAMINE/DECONGESTANT COMBINATIONS</b>	
ALAVERT-D (loratadine/pseudoephedrine) cetirizine/pseudoephedrine loratadine/pseudoephedrine SEMPREX-D (acrivastine/ pseudoephedrine)	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) fexofenadine/ pseudoephedrine (Rx and OTC) ZYRTEC-D (cetirizine/pseudoephedrine)

**D. Antipsychotics, Atypical**

MMA recommended that Invega, Geodon (oral, IM), and clozapine ODT be non-preferred and ziprasidone be preferred. In addition, Fanapt and Latuda were recommended by MMA to be preferred and, with Saphris, be subject to a step-edit requiring failure of a generic atypical antipsychotic. Dr. Rodney Fink made a motion to accept the recommendations with the addition of Abilify as preferred and subject to the same step-edit. This motion was seconded. At the Committee's request, Dr. Andrews commented on the financial impact that change might have based upon the offer that was submitted just prior to the meeting. The addition of Abilify as preferred would result in additional savings for the state provided that its market share would not increase to levels seen in other states where Abilify is preferred. A vote was taken and the motion was approved.

<b>ANTIPSYCHOTICS, ATYPICAL</b>	
<b>SINGLE INGREDIENT</b>	
ABILIFY (aripiprazole)	ABILIFY (aripiprazole) IM
clozapine	clozapine ODT
FANAPT (iloperidone)	CLOZARIL (clozapine)
INVEGA SUSTENNA (paliperidone)*	FAZACLO (clozapine)
LATUDA (lurasidone)	GEODON (ziprasidone)
quetiapine <sup>AP</sup> (25mg Tablet Only)	GEODON IM (ziprasidone)
risperidone	INVEGA (paliperidone)
risperidone ODT	olanzapine
risperidone solution	olanzapine IM*
SAPHRIS (asenapine)	RISPERDAL (risperidone)
ziprasidone	RISPERDAL CONSTA (risperidone)*
	RISPERDAL ODT (risperidone)
	RISPERDAL SOLUTION (risperidone)
	SEROQUEL (quetiapine)
	SEROQUEL XR (quetiapine)
	ZYPREXA (olanzapine)
	ZYPREXA INTRAMUSCULAR (olanzapine)*
<b>ATYPICAL ANTIPSYCHOTIC/SSRI COMBINATIONS</b>	
	olanzapine/fluoxetine
	SYMBYAX (olanzapine/fluoxetine)

**E. Antivirals, Topical**

MMA recommended that Denavir be moved to non-preferred. Dr. Fink made a motion to accept the recommendations with the addition of moving Abreva to non-preferred, as well, so that all agents would require a prior authorization. This motion was seconded. At the Committee's request, Dr. Andrews commented on the financial impact that change might have. Any savings in this class would be from market share movement; there are no savings due to supplemental rebates. A vote was taken and the motion was approved.

<b>ANTIVIRALS (Topical)<sup>AP</sup></b>	
	ABREVA (docosanol)
	DENAVIR (penciclovir)
	ZOVIRAX (acyclovir)

**F. Cephalosporins and Related Antibiotics**

MMA recommended that cefaclor ER, cefadroxil suspension, cefditoren, cefpodoxime, cephalixin tablet, and Spectracef be moved to non-preferred. The motion to approve the recommendations as presented was made and seconded. A vote was taken and the motion was approved.

<b>CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)<sup>AP</sup></b>	
<b>BETA LACTAMS AND BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS</b>	
amoxicillin/clavulanate	amoxicillin/clavulanate ER AUGMENTIN (amoxicillin/clavulanate) AUGMENTIN XR (amoxicillin/clavulanate) MOXATAG (amoxicillin)
<b>CEPHALOSPORINS</b>	
cefaclor cefadroxil capsule cefdinir cefprozil cefuroxime cephalexin capsule, suspension	CECLOR (cefaclor) CEDAX (ceftibuten) cefaclor ER cefadroxil suspension cefditoren cefpodoxime CEFTIN (cefuroxime) CEFZIL (cefprozil) cephalexin tablet DURICEF (cefadroxil) KEFLEX (cephalexin) OMNICEF (cefdinir) PANIXINE (cephalexin) RANICLOR (cefaclor) SPECTRACEF (cefditoren) SUPRAX (cefixime) VANTIN (cefpodoxime)

**G. Colony Stimulating Factors**

MMA recommended that this class remain unchanged. The motion to approve the recommendations as presented was made and seconded. A vote was taken and the motion was approved.

<b>COLONY STIMULATING FACTORS</b>	
LEUKINE (sargramostim) NEUPOGEN (filgrastim)	NEULASTA (filgrastim)

**H. Hypoglycemics, Incretin Mimetics/Enhancers**

MMA recommended that this class remain unchanged. The motion to approve the recommendations as presented was made and seconded. A vote was taken and the motion was approved. Dr. Avery suggested that a letter be sent to the DUR Board requesting a change to the prior authorization criteria for injectable products due to HbA1c guidance for continued approval.

<b>HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS</b>	
<b>INJECTABLE</b>	
	BYDUREON (exenatide) BYETTA (exenatide) SYMLIN (pramlintide) VICTOZA (liraglutide)

ORAL <sup>AP</sup>	
JANUMET (sitagliptin/metformin) JANUVIA (sitagliptin) JUVISYNC (sitagliptin/simvastatin) KOMBIGLYZE XR (saxagliptin/metformin) ONGLYZA (saxagliptin) TRADJENTA (linagliptin)	JANUMET XR (sitagliptin/metformin) JENTADUETO (linagliptin/metformin)

**I. Lipotropics, Other**

MMA recommended that colestipol granules and Lovaza be moved to non-preferred and Niacor and Slo-Niacin be moved to preferred. In addition, MMA recommended that Zetia be moved to preferred and subject to a step-edit that would look back six months in a patient’s history for a statin prescription in order to process without a prior authorization. The motion to approve the recommendations as presented was made and seconded. A vote was taken and the motion was approved.

LIPOTROPICS, OTHER (Non-statin) <sup>AP</sup>	
BILE ACID SEQUESTRANTS	
cholestyramine colestipol tablets	COLESTID (colestipol) colestipol granules QUESTRAN (cholestyramine) WELCHOL (colesevelam)*
CHOLESTEROL ABSORPTION INHIBITORS	
ZETIA (ezetimibe)	
FATTY ACIDS	
	LOVAZA (omega-3-acid ethyl esters) <sup>AP</sup>
FIBRIC ACID DERIVATIVES	
fenofibrate 54mg & 160mg fenofibrate micronized 67mg, 134mg & 200mg gemfibrozil TRICOR (fenofibrate nanocrystallized) TRILIPIX (fenofibric acid)	ANTARA (fenofibrate) FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) fenofibrate nanocrystallized 145mg LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)
NIACIN	
niacin NIACOR (niacin) NIASPAN (niacin) SLO-NIACIN (niacin)	NIACELS (niacin) NIADELAY (niacin)

\* Welchol will be approved for add-on therapy for type 2 diabetes when there is a previous history of a 30-day trial of an oral agent (sulfonylurea, thiazolidinedione (TZD) or metformin). See HYPOGLYCEMICS, MISCELLANEOUS on the PDL document.

**J. Lipotropics, Statins**



MMA recommended that Crestor be moved to non-preferred. Mr. Michael Grome made a motion to approve the recommendations as presented with the addition of grandfathering applied to Crestor. At the Committee's request, Dr. Andrews commented on the financial impact that change might have. Grandfathering would delay the realization of about 50% of the projected savings for the class at current pricing levels. As generics continue to get cheaper, the lost projected savings amount would increase. The motion was seconded. A vote was taken and the motion was approved.

<b>LIPOTROPICS, STATINS<sup>AP</sup></b>	
<b>STATINS</b>	
atorvastatin	ALTOPREV (lovastatin)
LESCOL (fluvastatin)	<b>CRESTOR (rosuvastatin)</b>
LESCOL XL (fluvastatin)	fluvastatin
lovastatin	LIPITOR (atorvastatin)
pravastatin	LIVALO (pitavastatin)
simvastatin <sup>CL*</sup>	MEVACOR (lovastatin)
	PRAVACHOL (pravastatin)
	ZOCOR (simvastatin)
<b>STATIN COMBINATIONS</b>	
ADVICOR (lovastatin/niacin)	CADUET (atorvastatin/amlodipine)
amlodipine / atorvastatin	VYTORIN (simvastatin/ ezetimibe)
SIMCOR (simvastatin/niacin ER)	

**K. Neuropathic Pain**

MMA recommended that Lyrica be moved to non-preferred. Dr. Fink made a motion to approve the recommendations as presented with the addition of Lyrica as preferred. At the Committee's request, Dr. Andrews commented on the financial impact that change might have. The addition of Lyrica as preferred would reduce the projected savings by about a quarter million dollars per quarter, whereas grandfathering patients currently taking Lyrica might reduce the projected savings by a half million dollars per year. The motion was seconded. A vote was taken and the motion was approved.

<b>NEUROPATHIC PAIN</b>	
capsaicin OTC	GRALISE (gabapentin)
CYMBALTA (duloxetine)	HORIZANT (gabapentin)
gabapentin	LIDODERM (lidocaine)
LYRICA (pregabalin)	NEURONTIN) TABLET, CAPSULE, SOLUTION
SAVELLA (milnacipran)	(gabapentin)
	QUTENZA (capsaicin)
	ZOSTRIX OTC (capsaicin)

**L. NSAIDs**

MMA recommended that diflunisal, etodolac, indomethacin ER, and oxaprozin be moved to non-preferred. The motion to approve the recommendations as presented was made and seconded. A vote was taken and the motion was approved.

<b>NSAIDS<sup>AP</sup></b>	
<b>NON-SELECTIVE</b>	

diclofenac fenoprofen flurbiprofen ibuprofen (Rx and OTC) INDOCIN (indomethacin) (suspension only) indomethacin ketorolac naproxen (Rx only) sulindac	ADVIL (ibuprofen) ANAPROX (naproxen) ANSAID (flurbiprofen) CAMBIA (diclofenac) CATAFLAM (diclofenac) CLINORIL (sulindac) DAYPRO (oxaprozin) diflunisal etodolac FELDENE (piroxicam) INDOCIN (indomethacin) indomethacin ER ketoprofen ketoprofen ER LODINE (etodolac) meclofenamate mefenamic acid MOTRIN (ibuprofen) nabumetone NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) NUPRIN (ibuprofen) ORUDIS (ketoprofen) oxaprozin piroxicam PONSTEL (meclofenamate) SPRIX (ketorolac) tolmetin VOLTAREN (diclofenac) ZIPSOR (diclofenac potassium)
<b>NSAID/GI PROTECTANT COMBINATIONS</b>	
	ARTHROTEC (diclofenac/misoprostol) VIMOVO (naproxen/esomeprazole)
<b>COX-II SELECTIVE</b>	
meloxicam	CELEBREX (celecoxib) MOBIC (meloxicam)

**M. Pediculicides/Scabicides, Topical**

MMA recommended that this class remain unchanged. The motion to approve the recommendations as presented was made and seconded. A vote was taken and the motion was approved.

<b>PEDICULICIDES/SCABICIDES (Topical)<sup>AP</sup></b>	
permethrin (Rx and OTC) pyrethrins-piperonyl butoxide OTC ULESFIA (benzyl alcohol)	EURAX (crotamiton) lindane LICE EGG REMOVER OTC (benzalkonium chloride) malathion NATROBA (spinosad) OVIDE (malathion) SKLICE (ivermectin)

**N. Phosphate Binders**

MMA recommended that Eliphos be moved to preferred and calcium acetate, Fosrenol, Renagel 800 mg, and Renvela be moved to non-preferred. The motion to approve the recommendations as presented was made and seconded. A vote was taken and the motion was approved.

<b>PHOSPHATE BINDERS<sup>AP</sup></b>	
ELIPHOS (calcium acetate)	calcium acetate
PHOSLO (calcium acetate)	FOSRENOL (lanthanum)
RENAGEL 400 MG (sevelamer)	PHOSLYRA (calcium acetate)
	RENAGEL 800 MG (sevelamer)
	RENVELA (sevelamer carbonate)

### O. Stimulants and Related Agents

MMA recommended that dextroamphetamine ER and methylphenidate solution be moved to non-preferred. The motion to approve the recommendations as presented was made and seconded. At the Committee's request, Dr. Andrews commented on the financial scenarios involving Vyvanse and Adderall XR. The recommended statuses for those products result in greater savings potential for the state because, while Adderall XR is more expensive than Vyvanse for the state, its generic is still more costly than brand Adderall XR, net of all rebates. A vote was taken and the motion was approved.

<b>STIMULANTS AND RELATED AGENTS</b>	
<b>AMPHETAMINES</b>	
amphetamine salt combination	ADDERALL (amphetamine salt combination)
dextroamphetamine	ADDERALL XR (amphetamine salt combination)
VYVANSE (lisdexamfetamine)	amphetamine salt combination ER
	DESOXYN (methamphetamine)
	DEXEDRINE (dextroamphetamine)
	dextroamphetamine ER
	DEXTROSTAT (dextroamphetamine)
	methamphetamine
	PROCENTRA (dextroamphetamine) <sup>NR</sup>
<b>NON-AMPHETAMINE</b>	
DAYTRANA (methylphenidate)	dexmethylphenidate
FOCALIN (dexmethylphenidate)	CONCERTA (methylphenidate)
FOCALIN XR (dexmethylphenidate)	KAPVAY ER (clonidine)
guanfacine	METADATE ER (methylphenidate)
INTUNIV (guanfacine extended-release)	methylphenidate solution
METADATE CD (methylphenidate)	methylphenidate ER (Generic Ritalin LA)
methylphenidate	modafinil
methylphenidate ER (Generic Concerta)	NUVIGIL (armodafinil)
methylphenidate ER (Generic Ritalin SR, Metadate ER, Methylin ER)	pemoline
STRATTERA (atomoxetine)	PROVIGIL (modafinil)
	RITALIN (methylphenidate)
	RITALIN LA (methylphenidate)
	RITALIN-SR (methylphenidate)

### X. Next Meeting

The next P&T meeting is scheduled for January 30, 2013 at 2PM in the Bureau for Medical Services' offices, Diamond Building, 350 Capitol Street, Charleston, WV.

**XI. Other Business**

There was no other business to discuss.

**XII. Adjournment**

The meeting was adjourned at 2:16PM.