STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

Cynthia A. Persily, Ph.D.
Cabinet Secretary

Cynthia Beane
Commissioner

Pharmaceutical and Therapeutics Committee

August 28th, 2024

Location: Webex only
Time: Executive Session 2:00 PM - 3:00 PM
Time: Open Session 3:00 PM – 5:00 PM
Charleston, WV 25301
(304) 558-1700

MINUTES

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

Absent:
Mitzi Payne, MD
Brian Hardman, FNP-C
Kristen Boustany, PharmD

Division of Medicaid Staff Present:
Bill Hopkins, Operations Manager
Priya Shah, PharmD, DUR Coordinator
Lori Moles, RPH Appeals Pharmacist
Gail Goodnight, RPH Rebate Pharmacist
Vicki Cunningham, PharmD, MS, Director

Contract Staff Present:
Change Healthcare
Joseph Bergondo, PharmD
Paige Clayton, PharmD
Chris Dolfi, PharmD

Other Contract / State Staff Present:

I. Call to Order

Philip Galapon, Chairman, called the meeting to order at 3:05pm 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 January 24th Meeting Minutes

The Committee moved to approve the January 24th, 2024, Meeting Minutes.

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 Q1 2024 was 85.5%. (Q1 data most recent due to technical issues)
- Joe Bergondo reviewed the PDL Compliance Report; overall compliance for Q1 2024 was 92.8%. (Q1 data most recent due to technical issues)

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. Acne Agents, Topical

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
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.		

COMBINATION AGENTS		
ACANYA (clindamycin phosphate/benzoyl peroxide) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) benzoyl peroxide/clindamycin gel (generic DUAC only) ONEXTON (clindamycin phosphate/benzoyl peroxide) sulfacetamide sodium/sulfur suspension ZIANA (clindamycin/tretinoin)*	adapalene-benzoyl peroxide* AVAR/-E/LS (sulfur/sulfacetamide) benzoyl peroxide/clindamycin gel (all generics other than DUAC) benzoyl peroxide/erythromycin benzoyl peroxide/urea CABTREO (clindamycin/adapalene/benzoyl peroxide) clindamycin phosphate/benzoyl peroxide (generic Acanya) clindamycin-tretinoin gel* NEUAC (clindamycin phosphate/benzoyl peroxide) SSS 10-4 (sulfacetamide /sulfur) SSS 10-5 foam (sulfacetamide /sulfur) sulfacetamide sodium/sulfur cloths, lotion, pads sulfacetamide/sulfur wash, cleanser sulfacetamide/sulfur wash kit sulfacetamide sodium/sulfur/urea SUMADAN/XLT (sulfacetamide/sulfur) SUMAXIN/TS (sulfacetamide sodium/sulfur) ZMA CLEAR (sulfacetamide sodium/sulfur)	**In addition to the Class Criteria:** Non-preferred combination agents require thirty (30) day trials of the corresponding preferred single agents before they will be approved. *PA required for combination agents with Retinoid products for members eighteen (18) years of age or older.

Charlie Rohrbaugh made a motion to approve the changes to the Acne Agents, Topical class as recommended; the motion was seconded by Krista Capehart. All members were in favor and the motion was approved.

ii. 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		
BRIVIACT (brivaracetam) carbamazepine carbamazepine ER CARBATROL (carbamazepine) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER divalproex sprinkle EPITOL (carbamazepine) lacosamide tablets, solution LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL XR (lamotrigine) lamotrigine lamotrigine ODT levetiracetam IR levetiracetam ER levetiracetam IR suspension oxcarbazepine tablets QUDEXY XR (topiramate ER) TEGRETOL SUSPENSION (carbamazepine) TEGRETOL XR (carbamazepine) topiramate IR tablet	APTIOM (eslicarbazepine) BANZEL (rufinamide) carbamazepine oral suspension DEPAKOTE (divalproex) DEPAKOTE DR (divalproex DEPAKOTE ER (divalproex) DIACOMIT CAPSULE/POWDER PACK (stiripentol)** ELEPSIA XR (levetiracetam) EPRONTIA SOLUTION (topiramate)**** EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) FINTEPLA (fenfluramine) SOLUTION***** FYCOMPA (perampanel) KEPPRA (levetiracetam) KEPPRA SOLUTION (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL ODT (lamotrigine) lamotrigine dose pack lamotrigine ER LIBERVANT BUCCAL FILM (diazepam) methsuximide	*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. *****Full PA criteria for Fintepla may be found on the PA Criteria page by clicking the hyperlink.

topiramate ER* topiramate IR sprinkle caps topiramate ER sprinkle caps (generic Qudexy) TRILEPTAL SUSPENSION (oxcarbazepine) valproic acid zonisamide	MOTPOLY XR (lacosamide)******* 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******	******Zonisade may only be authorized for those who are unable to ingest solid dosage forms due to documented oral-motor difficulties or dysphagia AND have had a (14) fourteen day trial with a preferred agent available in a non-solid dosage form resulting in an inadequate treatment response. *******Motpoly XR capsules may be authorized after a medical reason beyond convenience or enhanced compliance, as to why the clinical need cannot be met by using a preferred lacosamide agent, is provided.

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.

iii. Cytokine & Cam Antagonists

CYTOKINE & CAM ANTAGONISTS CL/PA		
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) infliximab SIMPONI subcutaneous (golimumab)	ABRILADA (adalimumab-afzb) adalimumab-aact adalimumab-adbm adalimumab-adaz adalimumab-fkjp AMJEVITA (adalimumab-atto) CIMZIA (certolizumab pegol) CYLTEZO (adalimumab-adbm) HADLIMA (adalimumab-bwwd) HULIO (adalimumab-fkjp) HYRIMOZ (adalimumab-adaz) IDACIO (adalimumab-aacf) INFLECTRA (infliximab) REMICADE (infliximab) RENFLEXIS (infliximab) SIMLANDI (adalimumab-ryvk) SIMPONI ARIA (golimumab) YUFLYMA (adalimumab-aacf) YUSIMRY (adalimumab-aqvh)	
OTHERS		
KINERET (anakinra) ORENCIA CLICKJET/VIAL (abatacept)	ACTEMRA ACTPEN (tocilizumab) ACTEMRA subcutaneous (tocilizumab)	*Taltz will be authorized for treatment of plaque psoriasis, psoriatic arthritis, and ankylosing spondylitis only after

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
OTEZLA (apremilast) TALTZ (ixekizumab)* TYENNE (tocilizumab-aazg) XELJANZ (tofacitinib)	BIMZELX (bimekizumab-bkzx) COSENTYX (secukinumab) ENTYVIO (vedolizumab) ILARIS (canakinumab) ILUMYA (tildrakizumab) KEVZARA (sarilumab) OLUMIANT (baricitinib) OMVOH (mirikizumab-mrkz) ORENCIA SYRINGE (abatacept) RINVOQ ER (upadacitinib) SILIQ (brodalumab) SKYRIZI (risankizumab) SOTYKTU (deucravacitinib) STELARA subcutaneous (ustekinumab) TOFIDENCE (tocilizumab-bavi) TREMFYA (guselkumab) VELSIPITY (estrasimod) XELJANZ XR (tofacitinib) ZYMFENTRA (infliximab-dyyb)	inadequate response to a ninety (90) day trial of one preferred ANTI-TNF agent.

Scott Brown made a motion to approve the changes to the Cytokine & Cam Antagonists class as recommended for adalimumab-admb, adalimumab-adbm, adalimumab-adaz and adalimumab-fkjp; the motion was seconded by Krista Capehart. All members were in favor and the motion was approved.

Charlie Rohrbaugh made a motion to approve the changes to the Cytokine & Cam Antagonists class as recommended for Tyenne, Tofidence, and Actemra; the motion was seconded by Shelley Schliesser. All members were in favor and the motion was approved.

Scott Brown made a motion to approve the changes to the Cytokine & Cam Antagonists class as recommended for Zymfentra (infliximab-dyyb); the motion was seconded by Charlie Rohrbaugh. All members were in favor and the motion was approved.

iv. Diabetes Agents, DPP-4 Inhibitors

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
DIABETES AGENTS, DPP-4 INHIBITORS		
CLASS PA CRITERIA: Non-preferred agents are available only on appeal. **NOTE:** DPP-4 inhibitors will NOT be approved in combination with a GLP-1 agonist.		
JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) TRADJENTA (linagliptin)	alogliptin alogliptin/metformin alogliptin/pioglitazone JENTADUETO XR (linagliptin/metformin) KAZANO (alogliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin) NESINA (alogliptin) ONGLYZA (saxagliptin) OSENI (alogliptin/pioglitazone) ZITUVIO (sitagliptin)	

Charlie Rohrbaugh made a motion to approve the changes to the Diabetes Agents, DPP-4 Inhibitors class as recommended; the motion was seconded by Scott Brown. All members were in favor and the motion was approved.

v. Diabetes Agents, SGLT2 Inhibitors

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA

DIABETES AGENTS, SGLT2 INHIBITORS		
CLASS PA CRITERIA: Non-preferred agents will only be approved (in 6-month intervals) if ALL of the following criteria has been met: 1) Current A1C must be submitted. Agents in this class will not be approved for patients with a starting A1C of less than (<) 7%. 2) Documentation demonstrating 90 days of compliance on all current diabetic therapies is provided. 3) Documentation demonstrating treatment failure with all unique preferred agents in the same class. Re-authorizations will require documentation of continued compliance on all diabetic therapies and A1C levels must reach goal, (either an A1C of ≤8%, or demonstrated continued improvement).		
SGLT2 INHIBITORS		
FARXIGA (dapagliflozin) JARDIANCE (empagliflozin)	INVOKANA (canagliflozin) STEGLATRO (ertugliflozin)	
SGLT2 COMBINATIONS		
SYNJARDY (empagliflozin/metformin) XIGDUO XR (dapagliflozin/metformin)	GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canagliflozin/metformin) INVOKAMET XR (canagliflozin/metformin) QTERN (dapagliflozin/saxagliptin)	
	SEGLUROMET (ertugliflozin/metformin STEGLUJAN (ertugliflozin/sitagliptin) SYNJARDY XR (empagliflozin/metformin) TRIJARDY XR (empagliflozin/linagliptin/metformin)	

Charlie Rohrbaugh made a motion to approve the changes to the Diabetes Agents, SGLT2 Inhibitors class as recommended; the motion was seconded by Christopher Terpening. All members were in favor and the motion was approved.

vi. Dry Eye Products

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
DRY EYE PRODUCTS CL/PA		
CLASS PA CRITERIA: All agents require a prior authorization. Non-preferred agents require a 60-day trial of the preferred agent(s)		
RESTASIS (cyclosporine)	CEQUA (cyclosporine) cyclosporine droperette EYSUVIS (loteprednol) RESTASIS MULTIDOSE (cyclosporine)* TYRVAYA (varenicline) VEVYE (cyclosporine) XIIDRA (lifitegrast)	*__Restasis Multidose__ is approvable only on appeal and requires medical reasoning as to why the clinical need cannot be met with the preferred product (Restasis). **All agents must meet the following prior-authorization criteria:** 1.) Patient must be sixteen (16) years of age or greater; **AND** 2.) Prior Authorization must be requested by an ophthalmologist or optometrist; **AND** 3.) Clinically diagnosed tear deficiency due to ocular inflammation in patients with keratoconjunctivitis sicca or dry eye syndrome (also known as dry eye); **AND** 4.) Patient must have a functioning lacrimal gland; **AND** 5.) Patient using artificial tears at least four (4) times a day over the last thirty (30) days; **AND**

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

vii. H. Pylori Treatment

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
***H. PYLORI* TREATMENT**		
CLASS PA CRITERIA: Non-preferred agents require a trial of the combination of individual preferred components of the requested non-preferred agent and must be used at the recommended dosages, frequencies, and duration of the non-preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present.		
Please use individual components: preferred PPI (omeprazole or pantoprazole) amoxicillin tetracycline metronidazole clarithromycin bismuth PYLERA (bismuth/metronidazole/tetracycline)	HELIDAC (bismuth/metronidazole/tetracycline) lansoprazole/amoxicillin/clarithromycin OMECLAMOX-PAK (omeprazole/amoxicillin/clarithromycin) TALICIA (omeprazole/amoxicillin/rifabutin) VOQUEZNA DUAL PAK (vonoprazan/amoxicillin) VOQUEZNA TRIPLE PAK (vonoprazan/amoxicillin/clarithromycin)	

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

viii. Hyperphosphatemia Agents

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
HYPERPHOSPHATEMIA AGENTS[AP]		
CLASS PA CRITERIA: Non-preferred agents require a thirty (30) day trial of at least two (2) preferred agents before they will be approved, unless one (1) of the exceptions on the PA form is present.		
calcium acetate capsules CALPHRON (calcium acetate) MAGNEBIND RX (calcium carbonate, folic acid, magnesium carbonate) sevelamer carbonate	AURYXIA (ferric citrate) calcium acetate tablets FOSRENOL (lanthanum) lanthanum chewable RENVELA (sevelamer carbonate) sevelamer carbonate powder packet sevelamer hcl VELPHORO (sucroferric oxyhydroxide) XPHOZAH (tenapanor)	

Scott Brown made a motion to approve the changes to the Hyperphosphatemia Agents class as recommended; the motion was seconded by Christopher Terpening. All members were in favor and the motion was approved.

ix. Opiate Dependence Treatments

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**

OPIATE DEPENDENCE TREATMENTS		
CLASS PA CRITERIA: Bunavail and Zubsolv may only be approved with a documented intolerance or allergy to Suboxone strips AND buprenorphine/naloxone tablets.		
*WV Medicaid's buprenorphine coverage policy may be viewed by clicking on the following hyperlink: Buprenorphine Coverage Policy and Related Forms		
BRIXADI (buprenorphine)CL/PA buprenorphine/naloxone tablets* KLOXXADO SPRAY (naloxone) naloxone vial/syringe/cartridge naloxone nasal spray (OTC) NARCAN NASAL SPRAY (naloxone) OPVEE (nalmefene) REXTOVY NASAL SPRAY (naloxone)	BUNAVAIL (buprenorphine/naloxone)* buprenorphine tablets* buprenorphine/naloxone film* LUCEMYRA (lofexidine)** naloxone nasal spray (RX) ZIMHI (naloxone hydrochloride) ZUBSOLV (buprenorphine/naloxone)*	** Full PA criteria may be found on the PA Criteria page by clicking the hyperlink.

Charlie Rohrbaugh made a motion to approve the changes to the Opiate Dependence Treatments class as recommended; the motion was seconded by Shelley Schliesser. All members were in favor and the motion was approved.

x. PAH Agents-Activin Signaling Inhibitor

PAH AGENTSCL/PA		
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.		
ACTIVIN SIGNALING INHIBITOR		
	WINREVAIR (sotatercept-csrk)	

Scott Brown made a motion to approve the changes to the PAH Agents-Actvin Signaling Inhibitors class as recommended; the motion was seconded by Christopher Terpening. All members were in favor and the motion was approved.

xi. PAH Agents-Combinations

PAH AGENTSCL/PA		
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.		
ACTIVIN SIGNALING INHIBITOR		
	WINREVAIR (sotatercept-csrk)	
COMBINATIONS		
	OPSYNVI (macitentan/tadalafil)	

Scott Brown made a motion to approve the changes to the PAH Agents Combinations class as recommended; the motion was seconded by Krista Capehart. All members were in favor and the motion was approved.

xii. Potassium Removing Agents

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
POTASSIUM REMOVING AGENTS		
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.		
LOKELMA (sodium zirconium cyclosilicate)	KIONEX (sodium polystyrene sulfonate) SPS (sodium polystyrene sulfonate) VELTASSA (patiromer calcium sorbitex)	

Scott Brown made a motion to approve the additions of/to the Potassium Removing Agents class as recommended; the motion was seconded by Shelley Schliesser. All members were in favor and the motion was approved.

xiii. Proton Pump Inhibitors

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
PROTON PUMP INHIBITORS[AP]		
CLASS PA CRITERIA: Non-preferred agents require sixty (60) day trials of both omeprazole (Rx) and pantoprazole at the maximum recommended dose*, inclusive of a concurrent thirty (30) day trial at the maximum dose of an H_2 antagonist before they will be approved, unless one (1) of the exceptions on the PA form is present.		
omeprazole (Rx) pantoprazole tablets PROTONIX GRANULES (pantoprazole)**	ACIPHEX (rabeprazole) ACIPHEX SPRINKLE (rabeprazole) DEXILANT (dexlansoprazole) dexlansoprazole DR capsule esomeprazole magnesium KONVOMEP (omeprazole/sodium bicarbonate) lansoprazole Rx NEXIUM (esomeprazole) NEXIUM PACKETS (esomeprazole)** omeprazole/sodium bicarbonate (Rx) pantoprazole granules packet PREVACID CAPSULES (lansoprazole) PREVACID SOLUTABS (lansoprazole)** PRILOSEC Rx (omeprazole) PROTONIX DR TABLETS (pantoprazole) Rabeprazole VOQUEZNA (vonoprazan) *** ZEGERID Rx (omeprazole/sodium bicarbonate)	*Maximum recommended doses of the PPIs and H2-receptor antagonists may be located at the BMS Pharmacy PA criteria page titled "Max PPI and H2RA" by clicking on the hyperlink. **Prior authorization is required for members nine (9) years of age or older for these agents. *** VOQUEZNA (vonoprazan) is NOT a PROTON PUMP INHIBITOR but will remain on the PDL in this class due to similar indications

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

xiv. VMAT Inhibitors

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
VMAT INHIBITORS		
CLASS PA CRITERIA: All agents require a prior authorization. Full PA criteria may be found on the PA Criteria page by clicking the hyperlink.		
AUSTEDO TABLET (deutetrabenazine) AUSTEDO XR (deutetrabenazine) INGREZZA CAPSULE (valbenazine) INGREZZA SPRINKLE CAP (valbenazine) tetrabenazine tablet	xenazine tablet	

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

VI. Old Business

VII. Other Business

There was no other business discussed at this time.

VIII. Next Meeting

The next P&T Committee Meeting is scheduled for October 23rd, 2024, from 9:00 AM-5:00 PM, In Person Meeting.

IX. Adjournment

The committee adjourned the meeting at 3:57 PM.