



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
October 23, 2013

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

MINUTES

Members Present:

David Avery, M.D.
Elizabeth Baldwin, RN, MSN, PNP, APRN-BC
Scott Brown, R.Ph.
Rodney L. Fink, D.O.
Michael Grome, PA-C
Bradley Henry, M.D.
Tom Kines, R.Ph.
Steven R. Matulis, M.D, Chairperson
Andrea McPeak, D.O.
Harriet Nottingham, R.Ph.
Robert Stanton, Pharm.D.

Members Not Present:

Jeffrey V. Ashley, M.D.

DHHR/BMS Staff Present:

Vicki Cunningham, R.Ph., Pharmacy Director
William Hopkins, Pharmacy Operations Manager
Gail Goodnight, R.Ph., Drug Rebate Program
Director
Richard D. Sorvig, Administrative Assistant

**Contract Staff/Magellan Medicaid
Administration (MMA) Staff Present:**

Nina Bandali, Pharm.D.
Giovannino Perri, M.D.

Other Contract Staff/State Staff Present:

Julia Rollins, R.Ph., Molina Medicaid Solutions
Steve Small, R.Ph., MS, Director, Rational Drug
Therapy Program

I. Call to Order

Dr. Steven Matulis, Chairperson, called the meeting to order at 9:08 AM.

II. Welcome and Introductions

All parties seated at the table introduced themselves.

III. Housekeeping Items/Updates

A. Approval of the April 24, 2013 Minutes

Dr. Matulis asked for approval of the minutes from the April 24, 2013 P&T meeting. A motion was made and seconded; the motion carried to approve the minutes as submitted.

B. Explanation of Extraction Process

Dr. Matulis explained the process used in the extraction of classes for voting. Those classes that are extracted are further discussed and voted on individually, while the rest of the classes are voted on for approval in blocks.

C. PDL Compliance/Generic Percent Report Updates

Dr. Nina Bandali reported the overall PDL compliance rate for Q2 2013 was 96.8% and the generic utilization rate for Q2 2013 was 78.9%.

D. Review of new business rule for PDL additions

Dr. Bandali explained the current process for review of new branded agents, being that the product is non-preferred until it is reviewed at the next scheduled P&T Committee meeting, provided the drug is listed in First Data Bank (FDB) sixty (60) days prior to the scheduled meeting date. On behalf of the Bureau for Medical Services, she asked for the Committee's approval to change the process to require that new branded agents be listed in First Data Bank for six months prior to the next scheduled P&T Committee meeting. Until that time, the new drug would be non-preferred and available via the PA process. In addition, the new drug would not be listed on the Preferred Drug List until officially reviewed. In specific situations, the Bureau may deviate from this rule when it is in the State's best interest to do so. Dr. Bandali concluded that this process had been used in the State of Michigan with good results and that Dr. Giovannino Perri was available to answer any questions based on his experience there.

Dr. Perri reflected on his experience with the process in the State of Michigan and elaborated on the rationale. He stated that this process was intended to curb inappropriate use of a new product. Dr. Perri reiterated the process, saying that that new drugs with standard FDA ratings would be reviewed when they had been on the market, as reflected by FDB, for six months. However, orphan drugs and those products which receive a priority rating by the FDA would be reviewed as they became available. Dr. Rodney Fink asked to see the rule in writing. Michael Grome asked for the financial impact for the State of Michigan. The Committee voted

to table this new business rule until it could be provided to the Committee in writing with specific situations when BMS would deviate from the rule and also asked for savings which resulted from its use for the State of Michigan.

E. Method of communication to P&T members

Dr. Bandali stated the Bureau wished to confirm the preferred mode of communication with each P&T Committee member for relaying urgent matters. Each member was requested to complete the form included in their packet and return it to Mr. Doug Sorvig with BMS.

IV. MMA Presents Summary of Recommended PDL Changes

Dr. Bandali presented a summary of MMA's recommended PDL changes.

V. Chairman Calls for First Round of Extractions

The following classes were named by Committee members for extraction:

- Alzheimer's Agents
- Analgesics, Narcotic – Short-Acting
- Anticoagulants
- Anticonvulsants
- Antidepressants, Other
- Antidepressants, SSRIs
- Antipsychotics, Atypical
- Cytokine and CAM Antagonists
- Glucocorticoids, Inhaled
- Hypoglycemics, Incretins
- Hypoglycemics, Insulins
- Immune Globulins, IV
- Intranasal Rhinitis Agents
- Lipotropics, Other (Non-Statins)
- Neuropathic Pain
- NSAIDs
- Opiate Dependence Treatments
- Platelet Aggregation Inhibitors
- Proton Pump Inhibitors
- Stimulants and Related Agents

VI. Public Comments

Ms. Cunningham explained the public comment process, including the time limit of three minutes per product for each speaker. The following people spoke:

Admad Nassar, AstraZeneca, spoke in favor of Brilinta.

Casey Sanner, GSK, spoke in favor of Advair and Flovent.

Eric Jones, Sanofi, spoke in favor of Sklice.
Dana Leonard, AstraZeneca, spoke in favor of Pulmicort Flexhaler.
Patricia Rohman, Otsuka, spoke in favor of Abilify.
Matthew Goodman, Salix, spoke in favor of Giazio, Apriso, and Xifaxan.
Judy Curtis, Sunovion, spoke in favor of Latuda.
Kent Hunter, Pfizer, spoke in favor of Xeljanz.
Laurie Schmitt, Forest, spoke in favor of Daliresp and Tudorza.
Jolan Turner-Rosenthal, Forest, spoke in favor of Namenda XR and Viibryd.
John Kirby, Sanofi, spoke in favor of Auvi-Q.
Jake Nichols, Orexa, spoke in favor of Zubsolv.
Eren Devrim, Aptalis, spoke in favor of Pylera.
Jason Schwab, Biogen Idec, spoke in favor of Tecfidera.
Paval Patel, Acorda, spoke in favor of Ampyra.
Robert Touchon, cardiologist, spoke in favor of Eliquis.
Luis Manuel, Sanofi, spoke in favor of Aubagio.
Gina Florida, UCB, spoke in favor of Vimpat.
Melissa McAllister, UCB, spoke in favor of Cimzia.
Sean Pascoe, Alcon, spoke in favor of Nevanac and Ilevro.
Jon Vlasnik, Boehringer Ingelheim, spoke in favor of Pradaxa.
Ndidi Vaucher, Novartis, spoke in favor of Tobi Podhaler and Gilenya.
Tyson Park, Teva, spoke in favor of Qnasl and Copaxone.
Mark Veerman, J&J, spoke in favor of Invokana, Invega, and Xarelto.
Raheel Khan, physician with the Cystic Fibrosis (CF) Center, spoke in favor of all CF agents including Tobi Podhaler.
Gregory Kitchens, Parapro, spoke in favor of Natroba.
Kathryn Moffett, physician/director of CF Center, spoke in favor of pancreatic enzymes.
Paul Miner, Gilead, spoke in favor of Ranexa and Cayston.
Natalie Tate, BMS, spoke in favor of Eliquis and Bydureon.
Melanie Jardim, United Therapeutics, spoke in favor of Adcirca.
Emily Strickland, Alkermes, spoke in favor of Vivitrol.

VII. Chairman Calls for Second Round of Extractions

The following classes were named by Committee members for extraction:

- Analgesics, Narcotic – Long Acting
- Antibiotics, GI
- Antibiotics, Inhaled
- Antiparasitics, Topical
- *H. Pylori* Treatment
- Hypoglycemics, SGLT
- Multiple Sclerosis Agents
- Pancreatic Enzymes

VIII. Motion for All Non-Extracted Categories to be Approved as Proposed

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.

IX. Executive session

The motion was made and seconded to adjourn to executive session for a confidential pricing discussion. A vote was taken and the motion was approved at 11:35AM. The meeting resumed at 2:20PM.

X. Lunch Break

IX. Extracted Therapeutic Category Reviews/Committee Recommendations

A. Alzheimer’s Agents

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.

ALZHEIMER’S AGENTS^{AP}	
CHOLINESTERASE INHIBITORS	
donepezil 5 and 10 mg	ARICEPT (donepezil)* donepezil 23 mg EXELON CAPSULE (rivastigmine) EXELON PATCH (rivastigmine) galantamine galantamine ER RAZADYNE (galantamine) RAZADYNE ER (galantamine) rivastigmine
NMDA RECEPTOR ANTAGONIST	
NAMENDA (memantine)	NAMENDA XR (memantine)

B. Analgesics, Narcotic – Short-Acting

MMA recommended that pentazocine/APAP and pentazocine/naloxone be moved to non-preferred. A motion was made to accept the recommendations with the addition of pentazocine/naloxone as preferred. A vote was taken and the motion was approved.

ANALGESICS, NARCOTIC - SHORT ACTING (Non-parenteral)^{AP}	
APAP/codeine butalbital/APAP/caffeine/codeine codeine hydrocodone/APAP hydrocodone/ibuprofen hydromorphone tablets morphine oxycodone oxycodone/APAP oxycodone/ASA pentazocine/naloxone ROXICET SOLUTION (oxycodone/ acetaminophen)	ABSTRAL (fentanyl) ACTIQ (fentanyl) butalbital/ASA/caffeine/codeine butorphanol CAPITAL W/CODEINE (APAP/codeine) DEMEROL (meperidine) dihydrocodeine/ APAP/caffeine dihydrocodeine/ASA/caffeine DILAUDID (hydromorphone) fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine)

ROXICODONE TABLETS (oxycodone) tramadol tramadol/APAP	FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) hydromorphone liquid hydromorphone suppositories IBUDONE (hydrocodone/ibuprofen) LAZANDA (fentanyl) levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAXIDONE ((hydrocodone/APAP) MAGNACET (oxycodone/APAP) meperidine NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXYCTA (oxycodone) oxycodone/ASA oxycodone/ibuprofen OXYIR (oxycodone) oxymorphone pentazocine/APAP PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) PRIMLEV (oxycodone/APAP) REPREXAIN (hydrocodone/ibuprofen) RYBIX ODT (tramadol) SUBSYS (fentanyl) SYNALGOS-DC (dihydrocodeine/ASA/ caffeine) TREZIX (dihydrocodeine/ APAP/caffeine) TYLENOL W/CODEINE (APAP/codeine) TYLOX (oxycodone/APAP) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen) VOPAC (codeine/acetaminophen) XODOL (hydrocodone/acetaminophen) XOLOX (oxycodone/APAP) ZAMICET (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen)
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C. Analgesics, Narcotics – Long-Acting

MMA recommended that this class remain unchanged. A motion was made to accept the recommendations, with the addition of methadone as non-preferred. A vote was taken and the motion was approved.

ANALGESICS, NARCOTIC - LONG ACTING (Non-parenteral)^{AP}	
fentanyl transdermal morphine ER tablets	AVINZA (morphine) BUTRANS* (buprenorphine) CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EXALGO ER (hydromorphone) EMBEDA (morphine/naltrexone) KADIAN (morphine) methadone tablet, solution and concentrate methadone sol morphine ER capsules

	MS CONTIN (morphine) NUCYNTA ER (tapentadol) OPANA ER (oxymorphone) oxycodone ER** OXYCONTIN (oxycodone) oxymorphone ER** RYZOLT ER (tramadol) tramadol ER ULTRAM ER (tramadol)
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D. Antibiotics, GI

MMA recommended that this class remain unchanged. Dr. Matulis expressed concern about the cost of oral vancomycin capsules compared to solutions compounded from injectable forms. The motion to approve the recommendations as presented was made and seconded. A vote was taken and the motion was approved.

ANTIBIOTICS, GI	
metronidazole tablet neomycin TINDAMAX (tinidazole)	ALINIA (nitazoxanide) DIFICID (fidaxomicin)* FLAGYL (metronidazole) FLAGYL ER (metronidazole ER) metronidazole capsule paromomycin tinidazole VANCOCIN (vancomycin)** vancomycin XIFAXAN (rifaximin)***

E. Antibiotics, Inhaled

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.

ANTIBIOTICS, INHALED	
TOBI (tobramycin)	CAYSTON (aztreonam) TOBI PODHALER

F. Anticoagulants

MMA recommended that this class remain unchanged. A motion to accept the recommendations, with the addition of Eliquis as preferred, was made and seconded. A vote was taken and the motion was approved.

ANTICOAGULANTS	
INJECTABLE ^{CL}	
FRAGMIN (dalteparin) LOVENOX (enoxaparin)	ARIXTRA (fondaparinux) enoxaparin fondaparinux INNOHEP (tinzaparin)
ORAL	

COUMADIN (warfarin) ELIQUIS (apixaban) ^{AP} PRADAXA (dabigatran) ^{AP} warfarin XARELTO (rivaroxaban) ^{AP}	
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G. Anticonvulsants

MMA recommended that this class remain unchanged. A motion was made to accept the recommendations with the addition of Vimpat as preferred. At the Committee's request, Dr. Bandali commented on the financial impact of this change. A vote was taken and the motion was approved.

ANTICONVULSANTS	
ADJUVANTS	
carbamazepine carbamazepine ER carbamazepine XR CARBATROL (carbamazepine) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) FELBATOL (felbamate) GABITRIL (tiagabine) lamotrigine levetiracetam oxcarbazepine tablets TEGRETOL XR (carbamazepine) topiramate TRILEPTAL SUSPENSION (oxcarbazepine) valproic acid VIMPAT (lacosamide)** zonisamide	BANZEL (rufinamide) DEPAKENE (valproic acid) DEPAKOTE (divalproex) DEPAKOTE ER (divalproex) divalproex sprinkle EQUETRO (carbamazepine) FANATREX SUSPENSION (gabapentin) felbamate KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine) lamotrigine dose pack lamotrigine ER levetiracetam ER *ONFI (clobazam) *ONFI SUSPENSION (clobazam) oxcarbazepine suspension OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) SABRIL (vigabatrin) STAVZOR (valproic acid) TEGRETOL (carbamazepine) tiagabine TOPAMAX (topiramate) TRILEPTAL TABLETS (oxcarbazepine) TROKENDI XR (topiramate) ZONEGRAN (zonisamide)
BARBITURATES^{AP}	
phenobarbital primidone	MEBARAL (mephobarbital) MYSOLINE (primidone)
BENZODIAZEPINES^{AP}	
clonazepam DIASTAT (diazepam rectal) diazepam tablets	clonazepam ODT diazepam rectal gel KLONOPIN (clonazepam) VALIUM TABLETS (diazepam)
HYDANTOINS^{AP}	
DILANTIN 30mg (phenytoin) PEGANONE (ethotoin) phenytoin capsules, chewable tablets,	DILANTIN (phenytoin) DILANTIN INFATABS (phenytoin) PHENYTEK (phenytoin)

suspension	
SUCCINIMIDES	
CELONTIN (methsuximide) ethosuximide syrup ZARONTIN (ethosuximide) capsules	ethosuximide capsules ZARONTIN (ethosuximide) syrup

H. Antidepressants, Other

MMA recommended that Parnate and phenelzine 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. Dr. McPeak asked that a recommendation be made to the DUR Board to change the prior authorization criteria from a six week trial each of a preferred agent and a(n) SSRI to a 30 day trial of each preferred agent, which would be consistent with the criteria for the SSRIs.

ANTIDEPRESSANTS, OTHER	
MAOIs^{AP}	
	MARPLAN (isocarboxazid) NARDIL (phenelzine) PARNATE (tranylcypromine) phenelzine tranylcypromine
SNRIS^{AP}	
venlafaxine ER capsules	desvenlafaxine ER EFFEXOR XR (venlafaxine) KHEDEZLA (desvenlafaxine) PRISTIQ (desvenlafaxine) venlafaxine IR VENLAFAXINE ER TABLETS (venlafaxine)
SECOND GENERATION NON-SSRI, OTHER^{AP}	
bupropion IR bupropion SR bupropion XL mirtazapine trazodone	APLENZIN (bupropion hbr) EMSAM (selegiline) FORFIVO XL (bupropion) nefazodone OLEPTRO ER (trazodone) REMERON (mirtazapine) WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion) VIIBRYD (vilazodone hcl)
SELECTED TCAs	
imipramine hcl	imipramine pamoate TOFRANIL (imipramine hcl) TOFRANIL PM (imipramine pamoate)

I. Antidepressants, SSRIs

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.

ANTIDEPRESSANTS, SSRIs^{AP}	
citalopram escitalopram tablets	BRISDELLE (paroxetine) CELEXA (citalopram)

fluoxetine capsules, solution fluvoxamine paroxetine sertraline	escitalopram solution fluvoxamine ER fluoxetine tablets LEXAPRO (escitalopram) LUVOX CR (fluvoxamine) PAXIL (paroxetine) PAXIL CR (paroxetine) paroxetine ER PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)
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J. Antiparasitics, Topical

MMA recommended that this class remain unchanged. A motion was made to accept the recommendations with the addition of Sklice as preferred and permethrin 5% cream as non-preferred. At the Committee's request, Dr. Bandali commented on the financial impact of this change. A vote was taken and the motion was approved.

ANTIPARASITICS, TOPICAL^{AP}	
permethrin (OTC) pyrethrins-piperonyl butoxide OTC SKLICE (ivermectin) ULESFIA (benzyl alcohol)	EURAX (crotamiton) LICE EGG REMOVER OTC (benzalkonium chloride) lindane malathion NATROBA (spinosad) OVIDE (malathion) permethrin 5% cream (RX)* spinosad

K. Antipsychotics, Atypical

MMA recommended that olanzapine be moved to preferred. A motion was made to accept the recommendation with the addition of Abilify and Abilify Maintena as preferred. At the Committee's request, Dr. Bandali commented on the financial impact of adding Abilify Maintena as preferred. A vote was taken and the motion was approved.

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

ATYPICAL ANTIPSYCHOTIC/SSRI COMBINATIONS	
	olanzapine/fluoxetine SYMBYAX (olanzapine/fluoxetine)

L. Cytokine and CAM Antagonists

MMA recommended that Simponi be moved to preferred. The motion to approve the recommendations as presented was made and seconded. A vote was taken and the motion was approved.

CYTOKINE & CAM ANTAGONISTS^{CL}	
ENBREL (etanercept) HUMIRA (adalimumab) SIMPONI (golimumab)	CIMZIA (certolizumab pegol) KINERET (anakinra) ORENCIA (abatacept) STELARA (ustekinumab) XELJANZ (tofacitinib)*

M. Glucocorticoids, Inhaled

MMA recommended that Pulmicort Flexhaler be moved to non-preferred. A motion to accept the recommendation with the exception of Pulmicort Flexhaler was made. At the Committee's request, Dr. Bandali commented on the financial impact of maintaining Pulmicort Flexhaler as preferred. A vote was taken and the motion was approved.

GLUCOCORTICIDS, INHALED^{AP}	
GLUCOCORTICIDS	
ASMANEX (mometasone) FLOVENT HFA (fluticasone) FLOVENT Diskus (fluticasone) PULMICORT FLEXHALER (budesonide) PULMICORT RESPULES (budesonide)* QVAR (beclomethasone)	ALVESCO (ciclesonide) budesonide
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS	
ADVAIR (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT(budesonide/formoterol)	BREO ELLIPTA (fluticasone/vilanterol)

N. *H. pylori* Treatment

MMA recommended that Helidac be moved to preferred status. A motion was made to accept the recommendations with exception of Helidac, due to the current shortage of the tetracycline component.. A vote was taken and the motion was approved.

H. PYLORI TREATMENT	
Please use individual components: preferred PPI (omeprazole or pantoprazole) amoxicillin	HELIDAC (bismuth/metronidazole/tetracycline) OMECLAMOX-PAK (omeprazole/amoxicillin/clarithromycin)

tetracycline metronidazole clarithromycin bismuth	PREVPAC (lansoprazole/amoxicillin/clarithromycin) PYLERA (bismuth/metronidazole/tetracycline)
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O. Hypoglycemics, Incretins

MMA recommended that both Byetta and Victoza be moved to preferred status. A motion was made to accept the recommendations, with the exception of moving Onglyza and any Onglyza combination products to non-preferred status due to a recent study showing an increased incidence of heart failure with Onglyza. A vote was taken and the motion was approved.

HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS	
INJECTABLE	
BYETTA (exenatide) VICTOZA (liraglutide)	BYDUREON (exenatide) SYMLIN (pramlintide)
ORAL ^{AP}	
JANUMET (sitagliptin/metformin) ^{AP} JANUVIA (sitagliptin) ^{AP} JUVISYNC (sitagliptin/simvastatin) ^{AP} TRADJENTA (linagliptin) ^{AP}	JANUMET XR (sitagliptin/metformin) JENTADUETO (linagliptin/metformin) KAZANO (alogliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin) ^{AP} NESINA (alogliptin) ONGLYZA (saxagliptin) ^{AP} OSENI (alogliptin/pioglitazone)

P. Hypoglycemics, Insulins

MMA recommended that Humalog Pen/Kwikpen be moved to non-preferred. The motion to approve the recommendation as presented was made and seconded. A vote was taken and the motion was approved.

HYPOGLYCEMICS, INSULIN AND RELATED AGENTS	
HUMALOG (insulin lispro) HUMALOG MIX VIALS (insulin lispro/lispro protamine) HUMULIN VIALS (insulin) LANTUS (insulin glargine) LEVEMIR (insulin detemir) NOVOLIN (insulin) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/aspart protamine)	APIDRA (insulin glulisine) ^{AP} HUMALOG PEN/KWIKPEN (insulin lispro) HUMALOG MIX PENS (insulin lispro/lispro protamine) HUMULIN PENS (insulin)

Q. Hypoglycemics, SGLT2

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

HYPOGLYCEMICS, SGLT2

INVOKANA (canagliflozin)

R. Immune Globulins, IV

MMA recommended for this new class of Immune Globulins that Bivigam, Carimune NF, Cytogam, Flebogamma DIF, Gamastan S-D, Gammagard, Gammagard S-D, Gamunex-C, Hepagam B, Hizentra, Octagam, and Varizig all be preferred, and Gammaked, Gammaplex, and Privigen be non-preferred. The motion to approve the recommendation as presented was made and seconded. A vote was taken and the motion was approved.

IMMUNE GLOBULINS, IV

BIVIGAM (human immunoglobulin gamma)	GAMMAKED (human immunoglobulin gamma)
CARIMUNE NF NANOFILTERED (human immunoglobulin gamma)	GAMMAPLEX (human immunoglobulin gamma)
CYTOGAM (human cytomegalovirus immune globulin)	PRIVIGEN (human immunoglobulin gamma)
FLEBOGAMMA DIF (human immunoglobulin gamma)	
GAMASTAN S-D VIAL (human immunoglobulin gamma)	
GAMMAGARD LIQUID (human immunoglobulin gamma)	
GAMMAGARD S-D (human immunoglobulin gamma)	
GAMUNEX-C (human immunoglobulin gamma)	
HEPAGAM B (hepatitis b immune globulin (human))	
HIZENTRA (human immunoglobulin gamma)	
OCTAGAM (human immunoglobulin gamma)	
VARIZIG (varicella zoster immune globulin (human))	

S. Intranasal Rhinitis Agents

MMA recommended that this class remain unchanged; however, Mr. Scott Brown pointed out a typographical error on the draft PDL showing that Flonase was preferred and fluticasone propionate was non-preferred. The motion to approve the recommendation as presented was made and seconded. A vote was taken and the motion was approved. The correct statuses are noted below:

INTRANASAL RHINITIS AGENTS^{AP}

ANTICHOLINERGICS

ipratropium	ATROVENT(ipratropium)
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ANTIHISTAMINES

ASTELIN (azelastine) PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine
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COMBINATIONS

	DYMISTA (azelastine / fluticasone)
CORTICOSTEROIDS	
fluticasone propionate NASACORT AQ (triamcinolone) NASONEX (mometasone)	BECONASE AQ (beclomethasone) FLONASE (fluticasone propionate) flunisolide OMNARIS (ciclesonide) QNASL (beclomethasone) RHINOCORT AQUA (budesonide) triamcinolone VERAMYST (fluticasone furoate) ZETONNA (ciclesonide)

T. Lipotropics, Other

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

LIPOTROPICS, OTHER (Non-statins)^{AP}	
BILE ACID SEQUESTRANTS	
cholestyramine colestipol tablets	COLESTID (colestipol) colestipol granules KYNAMRO (mipomersen) QUESTRAN (cholestyramine) WELCHOL (colesevelam)*
CHOLESTEROL ABSORPTION INHIBITORS	
ZETIA (ezetimibe) ^{AP}	
FATTY ACIDS	
	LOVAZA (omega-3-acid ethyl esters) ^{AP} VASCEPA (icosapent ethyl)
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 43mg, 130mg fenofibrate nanocrystallized 48mg, 145mg fenofibric acid LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)
NIACIN	
niacin NIACOR (niacin) NIASPAN (niacin) SLO-NIACIN (niacin)	

U. Multiple Sclerosis

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.

MULTIPLE SCLEROSIS AGENTS^{CL, AP}	
INTERFERONS	
AVONEX (interferon beta-1a) AVONEX PEN (interferon beta-1a) BETASERON (interferon beta-1b) REBIF (interferon beta-1a) REBIF REBIDOSE (interferon beta-1a)	EXTAVIA (interferon beta-1b)
NON-INTERFERONS	
COPAXONE (glatiramer)	AMPYRA (dalfampridine)* GILENYA (fingolimod) ** AUBAGIO (teriflunomide)*** TECFIDERA (dimethyl fumarate)****

V. Neuropathic Pain

MMA recommended that duloxetine (expected release date of December 2013) be moved to preferred and Cymbalta, gabapentin tablets, Lyrica capsules, and Savella be moved to non-preferred status. The motion to approve the recommendations as presented was made, seconded and approved.

NEUROPATHIC PAIN	
capsaicin OTC duloxetine gabapentin capsules, solution	CYMBALTA (duloxetine) gabapentin tablets GRALISE (gabapentin)* HORIZANT (gabapentin) LIDODERM (lidocaine)** AP LYRICA CAPSULE (pregabalin)*** AP LYRICA SOLUTION (pregabalin)*** AP NEURONTIN (gabapentin) QUTENZA (capsaicin) SAVELLA (milnacipran)**** ZOSTRIX OTC (capsaicin)

W. NSAIDs

MMA recommended that ketoprofen, nabumetone, and piroxicam be moved to preferred status. The motion to approve the recommendations as presented was made and seconded. A vote was taken and the motion was approved.

NSAIDS^{AP}	
NON-SELECTIVE	
diclofenac (IR, SR) etodolac IR flurbiprofen ibuprofen (Rx and OTC) INDOCIN SUSPENSION (indomethacin) indomethacin ketoprofen ketorolac nabumetone naproxen (Rx and OTC) piroxicam sulindac	ANAPROX (naproxen) ANSAID (flurbiprofen) CAMBIA (diclofenac) CATAFLAM (diclofenac) CLINORIL (sulindac) DAYPRO (oxaprozin) diflunisal DUEXIS (famotidine/ibuprofen) etodolac SR FELDENE (piroxicam) fenoprofen INDOCIN SUPPOSITORIES (indomethacin) indomethacin ER ketoprofen ER

	meclofenamate mefenamic acid MOTRIN (ibuprofen) NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) oxaprozin PONSTEL (meclofenamate) SPRIX (ketorolac) tolmetin VOLTAREN (diclofenac) ZIPSOR (diclofenac potassium)
NSAID/GI PROTECTANT COMBINATIONS	
	ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol VIMOVO (naproxen/esomeprazole)
COX-II SELECTIVE	
meloxicam	CELEBREX (celecoxib) MOBIC (meloxicam)
TOPICAL^{AP}	
	FLECTOR PATCH (diclofenac) PENNSAID (diclofenac) VOLTAREN GEL (diclofenac)

X. Opiate Dependence Treatments

MMA recommended that Vivitrol be added to the PDL as a preferred agent.. The motion to approve the recommendations as presented was made and seconded. A vote was taken and the motion was approved.

OPIATE DEPENDENCE TREATMENTS

SUBOXONE FILM (buprenorphine/naloxone) ^{CL} VIVITROL (naltrexone) ^{CL}	SUBOXONE TABLETS (buprenorphine/naloxone) buprenorphine/naloxone tablets ZUBSOLV (buprenorphine/naloxone)
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Y. Pancreatic Enzymes

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.

PANCREATIC ENZYMES^{AP}

CREON PANCRELIPASE 5000 ZENPEP	PANCREAZE PERTZYE ULTRESA VIOKACE
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Z. Platelet Aggregation Inhibitors

MMA recommended that this class remain unchanged. A motion was made to accept the recommendations with the addition of Brilinta as preferred. At the Committee's

request, Dr. Bandali commented on the financial impact of this change. A vote was taken and the motion was approved.

PLATELET AGGREGATION INHIBITORS^{AP}

AGGRENOX (dipyridamole/ASA) BRILINTA (ticagrelor) clopidogrel	dipyridamole EFFIENT (prasugrel)* PERSANTINE (dipyridamole) PLAVIX (clopidogrel) TICLID (ticlopidine) ticlopidine
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AA. Proton Pump Inhibitors

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

PROTON PUMP INHIBITORS^{AP}

omeprazole (Rx) pantoprazole PREVACID SOLUTABS (lansoprazole)*	ACIPHEX (rabeprazole) DEXILANT (dexlansoprazole) esomeprazole strontium lansoprazole Rx NEXIUM (esomeprazole) omeprazole/sodium bicarbonate (Rx) PREVACID CAPSULES (lansoprazole) PRILOSEC Rx (omeprazole) PROTONIX (pantoprazole) ZEGERID Rx (omeprazole/sodium bicarbonate)
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BB. Stimulants and Related Agents

MMA recommended that Procentra be moved to preferred and dextroamphetamine (refer to Other Business for additional information), Intuniv, and Methylin be moved to non-preferred. Patients stabilized on non-preferred agents will be grandfathered. The motion to approve the recommendations as presented was made and seconded. A vote was taken and the motion was approved.

STIMULANTS AND RELATED AGENTS

AMPHETAMINES	
amphetamine salt combination IR dextroamphetamine PROCENTRA (dextroamphetamine) VYVANSE (lisdexamfetamine)	ADDERALL (amphetamine salt combination) ADDERALL XR* (amphetamine salt combination) amphetamine salt combination ER DESOXYN (methamphetamine) DEXEDRINE (dextroamphetamine) dextroamphetamine ER dextroamphetamine solution DEXTROSTAT (dextroamphetamine) methamphetamine ZENZEDI (dextroamphetamine)
NON-AMPHETAMINE	

<p>DAYTRANA (methylphenidate) FOCALIN (dexmethylphenidate) FOCALIN XR (dexmethylphenidate) guanfacine METADATE CD (methylphenidate) methylphenidate methylphenidate ER (generic Concerta, Ritalin SR, Metadate ER, Methylin ER) STRATTERA (atomoxetine)*</p>	<p>CONCERTA (methylphenidate) dexmethylphenidate INTUNIV (guanfacine extended-release) ** KAPVAY ER (clonidine)** METADATE ER (methylphenidate) METHYLIN CHEWABLE TABLETS, SOLUTION (methylphenidate) methylphenidate solution methylphenidate CD methylphenidate ER (generic Ritalin LA) modafinil NUVIGIL (armodafinil) pemoline PROVIGIL (modafinil) *** QUILLIVANT XR (methylphenidate) RITALIN (methylphenidate) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate)</p>
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XII. Next Meeting

The next P&T meeting is scheduled for January 29, 2014 at 2PM in the Bureau for Medical Services' offices, Diamond Building, 350 Capitol Street, Charleston, WV.

XIII. Other Business

Dr. McPeak suggested further evaluation of the class of Stimulants to provide options for those patients younger than six years of age. After further review, BMS chose to maintain dextroamphetamine as preferred.

XIV. Adjournment

The meeting was adjourned at 3:18 PM.

Submitted by,

Nina Bandali, PharmD