



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III  
Governor

**Bureau for Medical Services  
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Patsy A. Hardy, FACHE, MSN, MBA  
Cabinet Secretary

Pharmaceutical and Therapeutics (P&T) Committee  
August 25, 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.  
Scott Brown, R.Ph.  
Michael Grome, PA-C  
Robert Stanton, Pharm.D.  
Teresa Dunsworth, Pharm.D.  
Teresa Frazer, M.D., FAAP  
Steven R. Matulis, M.D.

### Members Not Present:

Jeffrey V. Ashley, M.D.  
Harriet Nottingham, R.Ph.  
Barbara Koster, N.P.

### 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.  
Kim Curtis, R. Ph.  
Shelagh Harvard  
Theresa Thompson

### 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. Healthcare Reform: Impact on Medicaid Drug Rebates and PDL**

Dr. Clifford reviewed Healthcare Reform and the implications for West Virginia Medicaid drug rebates.

## **IV. Public Comments**

Dr. Mark Casdorff, Novartis, spoke in favor of keeping a preferred long-acting methylphenidate product on the PDL, specifically Focalin XR, that could be sprinkled onto food for patients who had difficulty swallowing tablets or capsules.

Dr. Philip Fisher, Endo, spoke in favor of Opana ER.

Linda Lauer, AstraZeneca, spoke in favor of Seroquel XR.

## **V. Executive Session**

The Committee adjourned to Executive Session at 2:37 and resumed open session at 3:35.

## **VI. Recommended PDL Changes Based on Healthcare Reform: Line Extension Drugs**

The following drugs were called for extraction: Focalin XR, Keppra XR, Opana ER, and Seroquel XR.

Dr. Avery called for a motion on those drugs that were not extracted. A motion was made to accept the proposed PDL status of all non-extracted drugs as recommended by GHS. The motion was seconded and passed.

The following PDL changes were approved:

**A. Aricept ODT to Non-preferred**

PREFERRED AGENTS	NON-PREFERRED AGENTS
ARICEPT (donepezil) EXELON (rivastigmine)	ARICEPT ODT(donepezil) COGNEX (tacrine) galantamine galantamine ER RAZADYNE (galantamine) RAZADYNE ER (galantamine) rivastigmine

**B. Detrol LA and Sanctura XR to Non-preferred, and Toviaz to Preferred**

PREFERRED AGENTS	NON-PREFERRED AGENTS
ENABLEX (darifenacin) oxybutynin oxybutynin ER SANCTURA (trospium) TOVIAZ (fesoterodine) VESICARE (solifenacin)	DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN (oxybutynin) DITROPAN XL (oxybutynin) GELNIQUE (oxybutynin) OXYTROL (oxybutynin) SANCTURA XR (trospium)

**C. Lescol XL to Non-preferred**

PREFERRED AGENTS	NON-PREFERRED AGENTS
CRESTOR (rosuvastatin) LESCOL (fluvastatin) LIPITOR (atorvastatin) lovastatin pravastatin simvastatin	ALTOPREV (lovastatin) LESCOL XL (fluvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)

**D. Maxalt MLT to Non-preferred, and naratriptan to Preferred**

PREFERRED AGENTS	NON-PREFERRED AGENTS
IMITREX NASAL SPRAY(sumatriptan) IMITREX INJECTION (sumatriptan) <sup>CL</sup> naratriptan sumatriptan	AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX tablets (sumatriptan) MAXALT (rizatriptan) MAXALT MLT (rizatriptan) RELPAX (eletriptan) sumatriptan nasal spray/injection* ZOMIG (zolmitriptan)

**E. Daytrana to Preferred**

PREFERRED AGENTS	NON-PREFERRED AGENTS
CONCERTA (methylphenidate) <b>DAYTRANA (methylphenidate)</b> FOCALIN (dexmethylphenidate) FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate methylphenidate ER STRATTERA (atomoxetine)	dexmethylphenidate INTUNIV (guanfacine) METADATE ER (methylphenidate) NUVIGIL (armodafinil) pemoline PROVIGIL (modafinil) RITALIN (methylphenidate) RITALIN LA (methylphenidate) RITALIN-SR (methylphenidate)

The following drugs were discussed:

**A. Focalin XR**

GHS initially recommended that Focalin XR be made a non-preferred drug in the Stimulants and Related Agents, Non-Amphetamine category. Based on updated information, GHS amended their recommendation to keep Focalin XR preferred for the time being. All strengths will be reviewed during the October 27, 2010 meeting. Dr. Fink spoke against the recommendation of GHS by expressing concern about the cost to the State due to line extensions. Dr. Frazer spoke in favor of keeping Focalin XR preferred to minimize the disruption to children during the school year. A motion was made to accept the amended recommendation of GHS. The motion was seconded, votes were taken and the motion carried.

PREFERRED AGENTS	NON-PREFERRED AGENTS
CONCERTA (methylphenidate) <b>DAYTRANA (methylphenidate)</b> FOCALIN (dexmethylphenidate) FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate methylphenidate ER STRATTERA (atomoxetine)	dexmethylphenidate INTUNIV (guanfacine) METADATE ER (methylphenidate) NUVIGIL (armodafinil) pemoline PROVIGIL (modafinil) RITALIN (methylphenidate) RITALIN LA (methylphenidate) RITALIN-SR (methylphenidate)

**B. Keppra XR**

GHS recommended that Keppra XR be made a non-preferred drug in the Anticonvulsants, Adjuvants category. GHS further recommended grandfathering those patients with a seizure disorder. Mr. Bartsch asked whether there was a specific timeframe attached to the grandfathering recommendation. Dr. Biczak replied that there was no timeframe included. A motion was made to accept the recommendation of GHS with grandfathering recommendation to the Bureau. The motion was seconded, votes were taken and the motion carried.

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>ADJUVANTS</b>	
carbamazepine	BANZEL(rufinamide)

CARBATROL (carbamazepine)	carbamazepine XR
DEPAKOTE SPRINKLE (divalproex)	DEPAKENE (valproic acid)
divalproex EC	DEPAKOTE (divalproex)
divalproex ER	DEPAKOTE ER (divalproex)
divalproex DR	EQUETRO (carbamazepine)
EPITOL (carbamazepine)	FANATREX SUSPENSION (gabapentin) <sup>NR</sup>
FELBATOL (felbamate)	KEPPRA (levetiracetam)
gabapentin	<b>KEPPRA XR (levetiracetam)</b>
GABITRIL (tiagabine)	LAMICTAL (lamotrigine)
levetiracetam	LAMICTAL CHEWABLE (lamotrigine)
lamotrigine	LAMICTAL ODT (lamotrigine)
lamotrigine chewable	LAMICTAL XR (lamotrigine)
LYRICA (pregabalin)	NEURONTIN (gabapentin)
oxcarbazepine tablets	SABRIL (vigabatrin)
topiramate	STAVZOR (valproic acid)
TRILEPTAL SUSPENSION (oxcarbazepine)	TEGRETOL (carbamazepine)
valproic acid	TEGRETOL XR (carbamazepine)
zonisamide	TOPAMAX (topiramate)
	TRILEPTAL TABLETS (oxcarbazepine)
	VIMPAT (lacosamide)
	ZONEGRAN (zonisamide)

### C. Opana ER

GHS recommended that Opana ER be made a non-preferred drug in the Analgesics, Narcotic - Long Acting (Non-parenteral) category. GHS further recommended grandfathering cancer patients for 60 days, allowing for a long transition to a preferred long-acting narcotic. Mr. Brown addressed the general need for more options in this PDL category. Dr. Avery agreed with Mr. Brown. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken and the motion carried.

PREFERRED AGENTS	NON-PREFERRED AGENTS
fentanyl transdermal	AVINZA (morphine)
KADIAN (morphine) 10mg, 20mg, 30mg, 50mg, 60mg, 100mg	DOLOPHINE (methadone)
methadone	DURAGESIC (fentanyl)
morphine ER	EXALGO ER (hydromorphone) <sup>NR</sup>
	EMBEDA (morphine/naltrexone)
	KADIAN (morphine) 80mg, 200mg
	MS CONTIN (morphine)
	<b>OPANA ER (oxymorphone)</b>
	ORAMORPH SR (morphine)
	oxycodone ER
	OXYCONTIN (oxycodone)
	RYZOLT ER (tramadol)
	tramadol ER
	ULTRAM ER (tramadol)

### D. Seroquel XR

GHS recommended that Seroquel XR be made a non-preferred drug in the Antipsychotics, Atypical (Oral) category. GHS further recommended grandfathering schizophrenia patients for 60 days. Mr. Bartsch inquired as to whether Ms. King felt that 60 days was enough time for patients with schizophrenia. Ms. King explained that the timeframe gives physicians 60 days from the October 1<sup>st</sup> implementation to request a PA for the patient to be transitioned. Mr. Grome asked if patients may remain on Seroquel XR. Ms. King replied

that it would be possible for patients to remain on the drug as long as their physician made a strong case for not moving the patient to another drug. Ms. King further explained that HID will send a targeted mailing to physicians containing a list of patients currently on the drug. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken and the motion carried.

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>ORAL</b>	
clozapine GEODON (ziprasidone) INVEGA (paliperidone) risperidone risperidone ODT risperidone solution SEROQUEL (quetiapine)	ABILIFY (aripiprazole) CLOZARIL (clozapine) FANAPT (iloperidone) <sup>NR</sup> FAZACLO (clozapine) RISPERDAL (risperidone) RISPERDAL ODT (risperidone) RISPERDAL SOLUTION (risperidone) SAPHRIS (asenapine) SEROQUEL XR (quetiapine) ZYPREXA (olanzapine)

Dr. Avery stated that all of the changes voted on will take effect on October 1, 2010.

## VII. Other Business

There was no other business.

## 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.