



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

Phone: (304) 558-1700 - Fax: (304) 558-1542

Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary

Earl Ray Tomblin
Governor

Pharmaceutical and Therapeutics (P&T) Committee
Diamond, Rooms B10 and B11
Charleston, West Virginia
April 27, 2011

MINUTES

Members Present:

David Avery, M.D.
Rodney L. Fink, D.O.
Scott Brown, R.Ph.
Steven R. Matulis, M.D.
Robert Stanton, Pharm.D.
Teresa Dunsworth, Pharm.D.
Michael Grome, PA-C
Teresa Frazer, M.D., FAAP

Members Not Present:

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

DHHR/BMS Staff Present:

Peggy King, R.Ph., Pharmacy Director
Vicki Cunningham, R.Ph., DUR Coordinator
William Hopkins, Pharmacy Operations
Manager
Lynda Ahmad, Secretary

Contract Staff/GHS Staff Present:

Laureen Biczak, D.O.
Tim Clifford, M.D.

Contract Staff/GHS Staff Present via Teleconference:

Chad Bissell, Pharm.D.
Shelagh Harvard

Other Contract Staff/State Staff Present:

Eric Sears, R.Ph., Molina
Stephen Small, R.Ph., M.S., Rational Drug
Therapy Program

I. Call to Order

Dr. Steven Matulis, Chairperson, called the meeting to order at 2:12 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. Housekeeping Items/Updates

A. Approval of the January 26, 2011 Minutes

Chairman Matulis asked for approval of the minutes from the January 26, 2011 meeting. A motion was made and seconded; the motion carried to approve the minutes as submitted.

B. PDL Compliance/Generic Percent Report Updates

Dr. Biczak reviewed the PDL Compliance Report; overall compliance for Q4 2010 was 97.4%.

Dr. Biczak reviewed the Generic Utilization Report; overall generic utilization for Q4 2010 was 74.5%.

IV. Public Comments

Ms. King explained the public comment process.

Dr. Richard Bowen, Shionogi, spoke in favor of Kapvay.

Dr. Judy Curtis, Sunovion, spoke in favor of Latuda.

Ryan Reid, on behalf of Dr. Stephen Milroy, spoke in favor of generic calcipotriene ointment.

V. Executive Session

The Committee adjourned to Executive Session at 2:22. The Committee returned from Executive Session at 3:12.

VI. Old Business

There was no old business.

VII. New Business

A. New Class Reviews

i. Psoriatic Agents – Topical

GHS recommended that a new Psoriatic Agents - Topical class be added to the PDL and that Dovonex, and Tazorac be listed as preferred; calcipotriene, Taclonex, and Vectical should be added as non-preferred. Mr. Brown moved to amend the motion to add generic calcipotriene ointment as preferred; Dr. Fink seconded the motion. The amended motion was seconded, votes were taken and the motion carried.

PREFERRED AGENTS	NON-PREFERRED AGENTS
DOVONEX (calcipotriene) TAZORAC (tazarotene) calcipotriene ointment	calcipotriene cream TACLONEX (calcipotriene/betamethasone) VECTICAL (calcitriol)

ii. *H. pylori* Combination Treatments

GHS recommended that a new *H. pylori* Combination Treatments class be added to the PDL and that the generic component products along with a preferred PPI be listed as preferred; all brand name products should be added as non-preferred. The motion was seconded, votes were taken and the motion carried.

PREFERRED AGENTS	NON-PREFERRED AGENTS
Please use individual components: preferred PPI (Dexilant or Nexium) amoxicillin tetracycline metronidazole clarithromycin bismuth	HELIDAC (bismuth/metronidazole/tetracycline) PREVPAC (lansoprazole/amoxicillin/clarithromycin) PYLERA (bismuth/metronidazole/tetracycline)

B. New Drug Reviews

i. Abstral

GHS recommended that Abstral be made a non-preferred drug in the Analgesics, Narcotic – Short Acting (Non-parenteral) category. The approved list is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
APAP/codeine ASA/codeine codeine dihydrocodeine/ APAP/caffeine hydrocodone/APAP hydrocodone/ibuprofen hydromorphone levorphanol morphine oxycodone oxycodone/APAP oxycodone/ASA pentazocine/APAP pentazocine/naloxone ROXICET (oxycodone/acetaminophen) tramadol tramadol/APAP	ABSTRAL (fentanyl) ACTIQ (fentanyl) butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol COMBUNOX (oxycodone/ibuprofen) DEMEROL (meperidine) DILAUDID (hydromorphone) fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) MAGNACET (oxycodone/APAP) meperidine NUCYNТА (tapentadol) OPANA (oxymorphone) ONSOLIS (fentanyl) oxycodone/ibuprofen OXYFAST (oxycodone) OXYIR (oxycodone) PANLOR (dihydrocodeine/ APAP/caffeine) PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) ROXANOL (morphine) RYBIX ODT (tramadol) TALACEN (pentazocine/APAP) TALWIN NX (pentazocine/naloxone) TYLENOL W/CODEINE (APAP/codeine) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen) VOPAC (codeine/acetaminophen) XODOL (hydrocodone/acetaminophen) ZAMICET (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen) XOLOX (oxycodone/APAP)

ii. Amturnide

GHS recommended that Amturnide be made a preferred drug in the Angiotensin Modulators, Direct Renin Inhibitors category. The approved list is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
DIRECT RENIN INHIBITORS	
AMTURNIDE (aliskiren/amlodipine/HCTZ)^{AP} TEKAMLO (aliskiren/amlodipine) ^{AP} TEKTURNA (aliskiren) ^{AP} TEKTURNA HCT (aliskiren/HCTZ) ^{AP} VALTURNNA (aliskiren/valsartan) ^{AP}	

iii. Butrans

GHS recommended that Butrans be made a non-preferred drug in the Analgesics, Narcotic – Long Acting (non-parenteral) category. The approved list is below.

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

iv. Fortesta

GHS recommended that Fortesta be made a non-preferred drug in the Androgenic Agents category. The approved list is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANDRODERM (testosterone) ANDROGEL (testosterone)	AXIRON (testosterone)^{NR} FORTESTA (testosterone) TESTIM (testosterone)

v. Kapvay

GHS recommended that Kapvay be made a non-preferred drug in the Stimulants and Related Agents, Non-Amphetamine category. The approved list is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
NON-AMPHETAMINE	
CONCERTA (methylphenidate) DAYTRANA (methylphenidate) FOCALIN (dexmethylphenidate) FOCALIN XR (dexmethylphenidate) guanfacine METADATE CD (methylphenidate) methylphenidate methylphenidate ER STRATTERA (atomoxetine)	dexmethylphenidate INTUNIV (guanfacine extended-release) KAPVAY (clonidine) METADATE ER (methylphenidate) NUVIGIL (armodafinil) pemoline PROVIGIL (modafinil) RITALIN (methylphenidate) RITALIN LA (methylphenidate) RITALIN-SR (methylphenidate)

vi. Lastacft

GHS recommended that Lastacft be made a non-preferred drug in the Ophthalmics for Allergic Conjunctivitis category. The approved list is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ALAWAY (ketotifen) ALREX (loteprednol) cromolyn ketorolac 0.5% OPTIVAR (azelastine) PATADAY (olopatadine) PATANOL (olopatadine) ZADITOR OTC (ketotifen)	ACULAR (ketorolac) ALAMAST (pemirolast) ^{AP} ALOCRIL (nedocromil) ^{AP} ALOMIDE (Iodoxamide) ^{AP} azelastine BEPREVE (bepotastine) ^{AP} CROLOM (cromolyn) ^{AP} DUREZOL (difuprednate)^{NR} ELESTAT (epinastine) ^{AP} EMADINE (emedastine) ^{AP} ketotifen LASTACFT (alcaftadine) OPTICROM (cromolyn) ^{AP} ZYRTEC ITCHY EYE (ketotifen) ^{AP}

vii. Latuda

GHS recommended that Latuda be made a non-preferred drug in the Antipsychotics, Atypical, Single Ingredient category. The approved list is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
SINGLE INGREDIENT	
clozapine GEODON (ziprasidone) INVEGA (paliperidone) INVEGA SUSTENNA (paliperidone)* risperidone risperidone ODT risperidone solution SEROQUEL (quetiapine) ^{AP (25mg Tablet Only)}	ABILIFY (aripiprazole) CLOZARIL (clozapine) FANAPT (iloperidone) FAZACLO (clozapine) LATUDA (lurasidone) RISPERDAL (risperidone) RISPERDAL CONSTA (risperidone)* RISPERDAL ODT (risperidone) RISPERDAL SOLUTION (risperidone) SAPHRIS (asenapine) SEROQUEL XR (quetiapine) ZYPREXA (olanzapine) ZYPREXA INTRAMUSCULAR (olanzapine)*

viii. Natroba

GHS recommended that Natroba be made a non-preferred drug in the Pediculicides/Scabicides category. The approved list is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
OVIDE (malathion) permethrin (Rx and OTC) pyrethrins-piperonyl butoxide	EURAX (crotamiton) lindane malathion 0.5% lotion NATROBA (spinosad) ULESFIA 5% LOTION (benzyl alcohol)

i. Nexiclon

GHS recommended that Nexiclon XR be made a non-preferred drug in the Miscellaneous/Brand Generic, Clonidine category. The approved list is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
CLONIDINE	
CATAPRES-TTS (clonidine) clonidine tablets	clonidine patch NEXICLON XR (clonidine) CATAPRES TABLETS (clonidine)

Mr. Brown moved to accept all new drug recommendations as presented, without further review. The motion was seconded, votes were taken and the motion carried.

Dr. Frazer expressed concern that step edits on Intuniv were too extensive and noted that she would favor fewer edits on both Intuniv and Kapvay. She requested information in regard to the cost of Polytrim ophthalmic drops relative to Viamox. Dr. Frazer asked that the studies included

on the new drug reviews include more information such as the “N” and the confidence intervals.

VIII. Next Meeting Date

The next meeting of the P&T Committee will be held on October 26, 2011 at 9:00 a.m. in the Charleston Civic Center, Charleston, WV.

IX. Other Business

There was no other business.

X. Adjournment

A motion was made, was seconded, votes were taken and the motion carried to adjourn the meeting of the Pharmaceutical and Therapeutics Committee. The meeting adjourned at 3:25.