STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Medical Services
Office of Pharmacy Services
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Earl Ray Tomblin
Governor

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

Pharmaceutical and Therapeutics (P&T) Committee
Charleston Civic Center
200 Civic Center Drive
Charleston, WV 25301-2016
September 28, 2011

MINUTES

Members Present:
Steven R. Matulis, M.D
Scott Brown, R.Ph.
David Avery, M.D.
Rodney L. Fink, D.O.
Robert Stanton, PharmD
Teresa Dunsworth, PharmD
Michael Grome, PA-C
Teresa Frazer, M.D., FAAP
Jeffrey V. Ashley, M.D.
Harriet Nottingham, R.Ph.
James D. Bartsch, R.Ph.

Members Not Present:
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
Susan Harman, Legal Counsel
Kim Fetty, Communications Director

Contract Staff/GHS Staff Present:
Laureen Biczak, D.O.
Tim Clifford, M.D.
Chad Bissell, PharmD
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 9:04 a.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 27, 2011 Minutes

Dr. Matulis asked for approval of the minutes from the April 27, 2011 meeting. A motion was made and seconded; the motion carried to approve the minutes as submitted.

B. Explanation of Extraction Process

Dr. Matulis reviewed the extraction process, explaining that first there would be a brief summary of recommended changes, after which the first round extractions would be called for. Extractions could be requested for financial considerations, or for questions from a Pharmaceutical & Therapeutics (P&T) Committee member. Public comments follow the first round of extractions. Each person is allowed three minutes to address the Committee. Once the public comment period is concluded, the Chairman calls for a second round of extractions; at that time, a motion to approve all non-extracted categories as proposed is made and voted upon.

C. PDL Compliance/Generic Percent Report Updates

Dr. Biczak reviewed the Preferred Drug List (PDL) Compliance Report; overall compliance for Q2 2011 was 97%.

Dr. Biczak reviewed the Generic Utilization Report; overall generic utilization for Q2 2011 was 74.4%.

D. Ophthalmic Fluoroquinolones Summary

Dr. Bissell reviewed the Ophthalmic Fluoroquinolones Summary, a follow up to a report presented at the January, 2011 P&T Committee meeting. Dr. Frazer asked why the number of claims dropped by half over the one-year period analyzed. Dr. Bissell stated that the change may have been due to a change in utilization or the number of utilizing members. Dr. Frazer stated that she had checked with the State epidemiologist, who

could offer no explanation for the difference in claims. She stated that the number of patients using the drugs did not change over time and that 5 prescriptions per patient was an unusually high number for the class of drugs included in the analysis. Dr. Bissell stated that the analysis was a cost savings exercise, and was not focused on utilization, which would be a RetroDUR issue. Dr. Frazer stated that the analysis did not appear to support the conclusion that the State had realized savings by putting the age edit in place, but rather because fewer members had been prescribed the agents in question during the second year. Dr. Bissell stated that patients could have been switched to less expensive drugs. Dr. Clifford stated that the trend in the last two years has increasingly been to avoid treating conjunctivitis, since it is often caused by a viral infection or an allergic response. Dr. Frazer stated that the American Academy of Ophthalmology guidelines were not in line with generalized antibiotic guidelines and cited the Sanford Guide as a better representation of antibiotic guidelines for children. Dr. Bissell provided clarification on which products were included in the "other" category and analyzed in the report.

IV. GHS Presents Summary of Recommended PDL Changes

Dr. Bissell reviewed the changes made to the draft PDL since the packet was sent to the members:

A. Ophthalmics for Allergic Conjunctivitis (Alrex)
B. Otic Fluoroquinolones (Ciprodex)

V. Chairman Calls for First Round of Extractions

The following categories were called for extraction:

A. Alzheimer's Agents
B. Angiotensin Modulators
C. Anticoagulants
D. Anticonvulsants
E. Antidepressants, Other
F. Atopic Dermatitis
G. Atypical Antipsychotics
H. Bone Resorption Suppression and Related Agents
I. Bronchodilators and Respiratory Drugs, Anticholinergics and PDE4 Inhibitors
J. Cytokine & Cam Antagonists
K. Fluoroquinolones (Oral)
L. Hepatitis C Treatments
M. Hypoglycemics, Incretin Mimetics/Enhancers
N. Hypoglycemics, Insulins
O. Hypoglycemics, Meglitinides
P. Intranasal Rhinitis Agents

Q. Lipotropics, Other (Non-Statins)
R. Ophthalmic Antibiotics (Fluoroquinolones & Select Macrolides)
S. Ophthalmic Anti-Inflammatories
T. Ophthalmics For Allergic Conjunctivitis
U. Ophthalmics, Glaucoma Agents
V. Otic Fluoroquinolones
W. Platelet Aggregation Inhibitors
X. Proton Pump Inhibitors
Y. Pulmonary Antihypertensives-Endothelin Receptor Antagonists
Z. Pulmonary Antihypertensives – PDE5s
AA. Stimulants And Related Agents
BB. Ulcerative Colitis Agents
CC. Miscellaneous Brand/Generics

VI. Public Comments

Ms. 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.

Michele Cole, Actelion, spoke in favor of Tracleer.

Mark Veerman, Johnson & Johnson, spoke in favor of Xarelto.

Kristina Wenslovas, GlaxoSmithKline, spoke in favor of Horizant.

John Brokars, Eli Lilly, spoke in favor of Insulin Pens.

Melvin Oatis, Shionogi, spoke in favor of Kapvay.

Christiane Arsever, Merck, spoke in favor of Zetia

Susan Barlow, Amylin, spoke in favor of Byetta.

Robert Broersma, Astra Zeneca, spoke in favor of Symbicort.

Susan Thomas, Boehringer Ingelheim, spoke in favor of Tradjenta.

Marsie Ross, Shire, spoke in favor of Intuniv.

Christy Copeland, Shire, spoke in favor of Lialda.

Kristin Crouch, Vertex, spoke in favor of Incivek.

Ali Toumadj, Gilead, spoke in favor of Letairis.

Jamie Jolly, Daiichi Sankyo, spoke in favor of Azor.

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

Michael Bottorff, Boehringer Ingelheim, spoke in favor of Pradaxa.

Richard Arnoto, UCB, spoke in favor of Vimpat.

Gerald Wilson, Amgen, spoke in favor of Enbrel.

Carla McSpadden, Forest, spoke in favor of Viibryd and Daliresp.

Wilbur Sine, Forest, spoke in favor of Viibryd and Daliresp.

Andrew Crowe, Astellas, spoke in favor of Protopic.

Tim Sheffield, Astellas, spoke in favor of Vesicare.

Melissa McAllister, UCB, spoke in favor of Cimzia.

Hussein El-Khatib, Novartis, spoke in favor of Fanapt.

VII. Chairman Calls for Second Round of Extractions

No further categories were called for extraction.

Dr. Matulis asked if there were further pubic comments. No further public comments were presented to the Committee.

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

Dr. Matulis called for a motion on those categories that were not extracted. A motion was made to accept all non-extracted categories as recommended by GHS. The motion was seconded, votes were taken, and the motion carried.

IX. Executive Session

The Committee adjourned to Executive Session at 10:40. The Committee returned from Executive Session at 1:45.

X. Extracted Therapeutic Category Reviews/Committee Recommendations

Dr. Matulis called for a review of the Therapeutic Classes. The following extracted therapeutic categories were reviewed and some were also discussed by the Committee members:

A. Alzheimer's Agents

GHS recommended that the following list be approved. Mr. Brown moved to accept the recommendation of GHS, with the addition of the Exelon Patch to the PDL listing. Dr. Bissell noted that Exelon Patch users would be grandfathered under the recommendation. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
CHOLINESTERASE INHIBITORS	
donepezil	ARICEPT (donepezil) ARICEPT 23mg (donepezil) ARICEPT ODT(donepezil) COGNEX (tacrine) donepezil ODT EXELON (rivastigmine) galantamine galantamine ER RAZADYNE (galantamine) RAZADYNE ER (galantamine) rivastigmine
NMDA RECEPTOR ANTAGONIST	
NAMENDA (memantine)	

B. Angiotensin Modulators

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ACE INHIBITORS	
benazepril captopril enalapril fosinopril lisinopril quinapril ramipril	ACCUPRIL (quinapril) ACEON (perindopril) ALTACE (ramipril) CAPOTEN (captopril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril MONOPRIL (fosinopril) perindopril PRINIVIL (lisinopril) trandolapril UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)
ACE INHIBITOR COMBINATION DRUGS	
benazepril/amlodipine benazepril/HCTZ captopril/HCTZ	ACCURETIC (quinapril/HCTZ) CAPOZIDE (captopril/HCTZ) LEXXEL (enalapril/felodipine)

PREFERRED AGENTS	NON-PREFERRED AGENTS
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)
ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)	
AVAPRO (irbesartan)	ATACAND (candesartan)
BENICAR (olmesartan)	COZAAR (losartan)
DIOVAN (valsartan)	EDARBI (azilsartan)
losartan	TEVETEN (eprosartan)
MICARDIS (telmisartan)	
ARB COMBINATIONS	
AVALIDE (irbesartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ)
BENICAR-HCT (olmesartan/HCTZ)	AZOR (olmesartan/amlodipine)
DIOVAN-HCT (valsartan/HCTZ)	HYZAAR (losartan/HCTZ)
EXFORGE (valsartan/amlodipine)	TEVETEN-HCT (eprosartan/HCTZ)
EXFORGE HCT (valsartan/amlodipine/HCTZ)	TRIBENZOR (olmesartan/amlodipine/HCTZ)
losartan/HCTZ	TWYNSTA (telmisartan/amlodipine)
MICARDIS-HCT (telmisartan/HCTZ)	
DIRECT RENIN INHIBITORS	
AMTURNIDE (aliskiren/amlodipine/HCTZ)[AP]	
TEKAMLO (aliskiren/amlodipine)[AP]	
TEKTURNA (aliskiren)[AP]	
TEKTURNA HCT (aliskiren/HCTZ) [AP]	
VALTURNA (aliskiren/valsartan) [AP]	

C. Anticoagulants

GHS recommended that fondaparinux be added as non-preferred and Pradaxa be moved to non-preferred status. Dr. Avery stated that based on clinical outcomes, Pradaxa should be moved to preferred status in the case of a non-valvular atrial fibrillation diagnosis. He further stated that the drug is on the formulary at many area hospitals and should remain available. Dr. Avery moved to accept the recommendation of GHS with the exception of Pradaxa, which would be moved to the preferred category. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
INJECTABLE	
ARIXTRA (fondaparinux)	enoxaparin
FRAGMIN (dalteparin)	fondaparinux
LOVENOX (enoxaparin)	INNOHEP (tinzaparin)
ORAL	
PRADAXA (dabigatran)[AP]	XARELTO (rivaroxaban)[NR]
warfarin	

D. Anticonvulsants

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ADJUVANTS	
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)[NR]
FELBATOL (felbamate)	felbamate
gabapentin	HORIZANT (gabapentin)
GABITRIL (tiagabine)	KEPPRA (levetiracetam)
levetiracetam	KEPPRA XR (levetiracetam)
lamotrigine	LAMICTAL (lamotrigine)
lamotrigine chewable	LAMICTAL CHEWABLE (lamotrigine)
LYRICA (pregabalin)	LAMICTAL ODT (lamotrigine)
oxcarbazepine tablets	LAMICTAL XR (lamotrigine)
topiramate	levetiracetam ER
TRILEPTAL SUSPENSION (oxcarbazepine)	NEURONTIN (gabapentin)
valproic acid	SABRIL (vigabatrin)
zonisamide	STAVZOR (valproic acid)
	TEGRETOL (carbamazepine)
	TEGRETOL XR (carbamazepine)
	TOPAMAX (topiramate)
	TRILEPTAL TABLETS (oxcarbazepine)
	VIMPAT (lacosamide)
	ZONEGRAN (zonisamide)
BARBITURATES[AP]	
mephobarbital	MEBARAL (mephobarbital)
phenobarbital	MYSOLINE (primidone)
primidone	
BENZODIAZEPINES[AP]	
clonazepam	diazepam rectal gel
DIASTAT (diazepam rectal)	KLONOPIN (clonazepam)
diazepam tablets	
HYDANTOINS[AP]	
DILANTIN INFATABS (phenytoin)	CEREBYX (fosphenytoin)
PEGANONE (ethotoin)	DILANTIN (phenytoin)
phenytoin	PHENYTEK (phenytoin)
SUCCINIMIDES	
CELONTIN (methsuximide)	
ethosuximide	
ZARONTIN (ethosuximide)	

E. Antidepressants, Other

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
SNRIS[AP]	
CYMBALTA (duloxetine) venlafaxine ER capsules	EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) PRISTIQ (desvenlafaxine) venlafaxine VENLAFAXINE ER Tablets (venlafaxine)
SECOND GENERATION NON-SSRI, OTHER[AP]	
bupropion SR bupropion XL mirtazapine SAVELLA (milnacipran)[AP*] trazodone	APLENZIN (bupropion hbr) bupropion IR DESYREL (trazodone) EMSAM (selegiline) 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)

F. Atypical Antipsychotics

GHS recommended that the following list be approved. GHS stated that no new clinical or fiscal information was available that suggested the need for a recommended change; therefore, no recommendation to change the status of any agent in the class was presented. Mr. Brown made a motion to accept the recommendation of GHS, with a request that the class be revisited by the Committee at the next meeting due to the number of generics expected to enter the market within the coming months. The motion was seconded, votes were taken, and the motion carried. The approved category 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)*
ATYPICAL ANTIPSYCHOTIC/SSRI COMBINATIONS	
	SYMBYAX (olanzapine/fluoxetine)

G. Atopic Dermatitis

GHS recommended that the following list be approved. Elidel will remain a preferred product, but it was recommended that an AutoPA be added requiring a trial with a preferred topical corticosteroid prior to coverage of Elidel. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ELIDEL (pimecrolimus) AP	PROTOPIC (tacrolimus)

H. Bone Resorption Suppression And Related Agents

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
BISPHOSPHONATES	
alendronate FOSAMAX SOLUTION (alendronate)	ACTONEL (risedronate) ACTONEL WITH CALCIUM (risedronate/ calcium) ATELVIA (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX TABLETS (alendronate) FOSAMAX PLUS D (alendronate/vitamin D) ZOMETA (zoledronic acid)
OTHER BONE RESORPTION SUPPRESSION AND RELATED AGENTS	
MIACALCIN (calcitonin)	calcitonin EVISTA (raloxifene) FORTEO (teriparatide) FORTICAL (calcitonin) PROLIA (denosumab) XGEVA (denosumab)

I. Bronchodilators and Respiratory Drugs, Anticholinergics and PDE4 Inhibitors

GHS recommended that the following list be approved and that the West Virginia DUR Board create clinical prior authorization criteria for the new sub-category. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTICHOLINERGIC	
ATROVENT HFA (ipratropium) ipratropium SPIRIVA (tiotropium)	
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS	
COMBIVENT (albuterol/ipratropium)	albuterol/ipratropium DUONEB (albuterol/ipratropium)
PDE4 INHIBITOR	
	DALIRESP (roflumilast)

J. Cytokine & Cam Antagonists

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ENBREL (etanercept) HUMIRA (adalimumab)	CIMZIA (certolizumab/pegol) KINERET (anakinra) ORENCIA (abatacept) SUBCUTANEOUS SIMPONI (golimumab)

K. Fluoroquinolones (Oral)

GHS recommended that the following list be approved. Dr. Bissell stated that as of October 1, 2011, Levaquin will move from preferred to non-preferred status; the generic equivalent, levofloxacin, will move to preferred status. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
CIPRO (ciprofloxacin) Suspension ciprofloxacin ciprofloxacin ER levofloxacin	AVELOX (moxifloxacin) CIPRO (ciprofloxacin) Tablets CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) FLOXIN (ofloxacin) LEVAQUIN (levofloxacin) NOROXIN (norfloxacin) ofloxacin PROQUIN XR (ciprofloxacin)

L. Hepatitis C Treatments

GHS recommended that the following list be approved and that the West Virginia DUR Board consider creating clinical prior authorization criteria to ensure proper use and monitoring. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
INCIVEK (telaprevir)[CL]	COPEGUS (ribavirin)
PEGASYS (pegylated interferon)	INFERGEN (consensus interferon)
PEG-INTRON (pegylated interferon)	REBETOL (ribavirin)
ribavirin	RIBAPAK DOSEPACK (ribavirin)
VICTRELIS (boceprevir)[CL]	RIBASPHERE (ribavirin)

M. Hypoglycemics, Incretin Mimetics/Enhancers

GHS recommended that the following list be approved. Dr. Avery stated that Byetta and Victoza should be moved to non-preferred status with the same prior authorization criteria. Mr. Brown asked for clarification of Dr. Avery's motion. Dr. Avery motioned that Byetta be moved to non-preferred status. Dr. Frazer asked for clarification on the step criteria related to Byetta and Victoza. Dr. Avery stated that the current criteria would not change. He stated that either Byetta or Victoza would be approved after a patient stepped through one of the oral agents. Dr. Avery restated his motion to move Byetta to non-preferred status. The motion was seconded. Dr. Frazer asked for more information regarding the financial impact of the change and various other scenarios. Dr. Clifford stated that keeping the status quo would create neither a negative or positive fiscal effect. Dr. Matulis restated the motion, votes were taken, and the motion carried.

Mr. Brown moved that GHS address the last minute supplemental rebate offer that was presented on behalf of Tradjenta and that the Committee vote on the addition of the agent at a later date. Dr. Biczak recommended that the Committee vote on the matter before them and then give permission for the Bureau to make the drug preferred if it should become cost comparable to the other preferred agents. The approved category is below. Dr. Avery made a motion to approve the addition of Tradjenta to the preferred list if the price came into the acceptable range. The motion was seconded, votes were taken, and the motion carried. The approved category list is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
INJECTABLE	
	BYETTA (exenatide)[AP]
	SYMLIN (pramlintide)
	VICTOZA (liraglutide)
ORAL[AP]	
JANUMET (sitagliptin/metformin)	TRADJENTA (linagliptin)
JANUVIA (sitagliptin)	
KOMBIGLYZE XR (saxagliptin/metformin)	
ONGLYZA (saxagliptin)	

N. Hypoglycemics, Insulins

GHS recommended that Levemir be made NP and that current patients be given a grace period in which to switch from Levemir to Lantus, to allow for the necessary office visits and dosing adjustments. Dr. Avery moved to keep Levemir in preferred status. The motion was seconded, votes were taken, and the motion carried.

Mr. Brown asked what the financial impact of moving the Humalog Mix Pens to preferred status. Dr. Clifford stated that utilization has been suppressed for a long period of time and that it would be difficult to determine how much utilization would increase if the Mix Pens were changed to preferred status. He further stated that most of the states with which GHS works have made all of the pens subject to clinical prior authorization; neurologically impaired and blind patients are authorized to use the pens. Mr. Brown moved that the class be accepted as presented and that GHS provide more data regarding pens at the next meeting. Dr. Clifford stated that GHS will provide an exhibit that shows all pens and vials, with pricing for the last two quarters. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
HUMALOG (insulin lispro) vials HUMALOG PEN/KWIKPEN (insulin lispro) HUMALOG MIX (insulin lispro/lispro protamine) vials only HUMULIN (insulin) vials only LANTUS (insulin glargine) all forms LEVEMIR (insulin detemir) NOVOLIN (insulin) all forms NOVOLOG (insulin aspart) all forms NOVOLOG MIX all forms (insulin aspart/aspart protamine)	APIDRA (insulin glulisine)[AP] HUMALOG MIX PENS (insulin lispro/lispro protamine) HUMULIN PEN (insulin)

O. Hypoglycemics, Meglitinides

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
MEGLITINIDES	
PRANDIN (repaglinide)[AP] STARLIX (nateglinide)	nateglinide
MEGLITINIDE COMBINATIONS	
	PRANDIMET (repaglinide/metformin)

P. Intranasal Rhinitis Agents

GHS recommended that the following list be approved. Additionally, it was recommended that the age edit on Veramyst be removed. Dr. Bissell reviewed the Nasal Steroid Summary provided to the Committee. Dr. Frazer asked for clarification on the Summary. Dr. Bissell and Dr. Biczak explained the purpose behind the report. Dr. Frazer and Dr. Biczak discussed the financial aspects of the summary; Dr. Biczak stated

that the financials provided did not include supplemental rebate data. Dr. Frazer stated that a discussion of the financials during Executive Session would have helped her to understand GHS' recommendation in open session. Dr. Biczak stated that the true costs were significantly lower, that savings would be achieved by removing the age edit, and that the purpose of the exhibit was to point out utilization, not pricing differences. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTICHOLINERGICS	
ipratropium	ATROVENT(ipratropium)
ANTIHISTAMINES	
ASTELIN (azelastine) PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine
CORTICOSTEROIDS	
fluticasone propionate NASACORT AQ (triamcinolone) NASONEX (mometasone)	BECONASE AQ (beclomethasone) flunisolide FLONASE (fluticasone propionate) NASALIDE (flunisolide) NASAREL (flunisolide) OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide) triamcinolone VERAMYST (fluticasone furoate)

Q. Lipotropics, Other (Non-Statins)

GHS recommended that the following list be approved with an AutoPA for Welchol allowing coverage as an add-on therapy for patients with Type II diabetes after first trying an oral agent (sulfonylurea, thiazolidinedione (TZD) or metformin). Mr. Brown asked about the financial impact of moving Zetia to preferred status as an additional add-on therapy. Dr. Clifford stated that the move would create contracting issues with the preferred brand. A motion was made to accept the recommendation of GHS. The move was seconded. Dr. Clifford offered to revisit the issue at the January meeting. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
BILE ACID SEQUESTRANTS	
cholestyramine colestipol WELCHOL (colesevelam)[AP]	COLESTID (colestipol) QUESTRAN (cholestyramine)
CHOLESTEROL ABSORPTION INHIBITORS	
	ZETIA (ezetimibe)
FATTY ACIDS	
LOVAZA (omega-3-acid ethyl esters)[AP]	
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 NIASPAN (niacin)	NIACELS (niacin) NIACOR (niacin) NIADELAY (niacin) SLO-NIACIN (niacin)

R. Ophthalmic Antibiotics (Fluoroquinolones & Select Macrolides)

GHS recommended that the following list be approved and that the age edit currently in place should apply to all of the preferred products in the category. A motion was made to accept the recommendation of GHS. Dr. Frazer stated that the data regarding the class seemed to be flawed, pointing out that the prescriptions per patient were very high. She stated that the age edit for the fluoroquinolones was possibly not as useful as the data described. She further stated that the recommendation was not in line with the primary source of antibiotic use in children. She recommended that the age step edit be removed from the category. Dr. Biczak clarified that Dr. Frazer was referring to the Sanford Guide and stated that the Guide was one source and was referring specifically to bacterial conjunctivitis, and that other references such as the Harriet Lane Handbook did not contain the same recommendations. Dr. Matulis suggested sending the criteria to the DUR Board to decide, as it would be their charge to determine specific criteria for use of drugs on the PDL. A motion was made to accept the recommendation of GHS. Mr. Brown and Dr. Bissell discussed the use of the step edit language in the recommendation; Dr. Bissell stated that the step edit has been in place for the entire category for over a year, and was previously voted on by the Committee. He further stated that GHS' mention of the step edit in the recommendation was simply meant to bring the new addition in line with the rest of the category and was not a recommendation for step criteria, per se. Dr. Avery stated that the Committee should approve the category as recommended and send a letter to the DUR Board, asking them to review the step edit for the class. Dr. Clifford agreed that the data presented by GHS should be reanalyzed. Mr. Brown amended his original motion to accept GHS' recommendation to motion that Moxeza be added with preferred status, all existing step criteria remain in place for the category, and that a letter be sent to the DUR Board asking them to review the criteria. The motion was seconded, votes were taken, and

the amended motion carried. The original motion to add Moxeza to the preferred list was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ciprofloxacin MOXEZA (moxifloxacin) ofloxacin VIGAMOX (moxifloxacin) ZYMAR (gatifloxacin) **The American Academy of Ophthalmology guidelines on treating bacterial conjunctivitis recommend as first line treatment options: erythromycin ointment, sulfacetamide drops, or polymyxin/trimethoprim drops. Alternative treatments include bacitracin ointment, sulfacetamide ointment, polymyxin/bacitracin ointment, fluoroquinolone drops, or azithromycin drops. All generic forms of ophthalmic erythromycin, sulfacetamide, and polymyxin/trimethoprim, polymyxin/bacitracin and bacitracin are preferred.	AZASITE (azithromycin) BESIVANCE (besifloxacin) CILOXAN (ciprofloxacin) levofloxacin OCUFLOX (ofloxacin) QUIXIN (levofloxacin) ZYMAXID (gatifloxacin)

S. Ophthalmic Anti-Inflammatories

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded. Dr. Stanton asked about the cost differences between Nevanac and some of the other non-preferred agents. Dr. Clifford stated that the agents were financially comparable. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
flurbiprofen ketorolac 0.4% NEVANAC (nepafenac)	ACULAR LS (ketorolac) ACUVAIL 0.45% (ketorolac tromethamine) **AP** BROMDAY (bromfenac) diclofenac[AP] DUREZOL (difluprednate)[AP] LOTEMAX (loteprednol) VEXOL (rimexolone) XIBROM (bromfenac)

T. Ophthalmics For Allergic Conjunctivitis

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

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

U. Ophthalmics, Glaucoma Agents

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
COMBINATION AGENTS	
COMBIGAN (brimonidine/timolol) dorzolamide/timolol	COSOPT (dorzolamide/timolol)
BETA BLOCKERS	
betaxolol BETOPTIC S (betaxolol) carteolol levobunolol metipranolol timolol	BETAGAN (levobunolol) BETIMOL (timolol) ISTALOL (timolol) OPTIPRANOLOL (metipranolol) TIMOPTIC (timolol)
CARBONIC ANHYDRASE INHIBITORS	
AZOPT (brinzolamide) dorzolamide	TRUSOPT (dorzolamide)
PARASYMPATHOMIMETICS	
CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) PHOSPHOLINE IODIDE (echothiophate iodide) pilocarpine	ISOPTO CARPINE (pilocarpine) PILOPINE HS (pilocarpine)
PROSTAGLANDIN ANALOGS	
latanoprost LUMIGAN (bimatoprost) TRAVATAN-Z (travoprost)	XALATAN (latanoprost)
SYMPATHOMIMETICS	
ALPHAGAN P (brimonidine) brimonidine 0.2% dipivefrin	brimonidine 0.15% PROPINE (dipivefrin)

V. Otic Fluoroquinolones

GHS recommended that the following list be approved with an age restriction on Ciprodex, allowing it for children under the age of 8 and under, but requiring prior authorization for members over the age of 8. A motion was made to accept the recommendation of GHS and that the Committee send letter to DUR Board asking for a

review of the criteria. Dr. Frazer stated that it was not the Committee's mandate to review and approve criteria; she stated that the Committee should not approve any part of the recommendation from GHS and that the DUR Board should handle the criteria. Dr. Biczak stated that the criteria recommended were part of the negotiated supplemental rebate contract. She stated that GHS' aim was to notify the Committee of the terms of the contract. Dr. Matulis clarified that the Committee would be voting on the recommendation of the drugs in the class. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
CIPRODEX (ciprofloxacin/dexamethasone) ofloxacin	CIPRO HC (ciprofloxacin/hydrocortisone) CETRAXAL 0.2% SOLUTION (ciprofloxacin) FLOXIN (ofloxacin)

W. Platelet Aggregation Inhibitors

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
AGGRENOX (dipyridamole/ASA) cilostazol PLAVIX (clopidogrel)	BRILINTA (ticagrelor)[NR] dipyridamole EFFIENT (prasugrel) PERSANTINE (dipyridamole) PLETAL (cilostazol) TICLID (ticlopidine) ticlopidine

X. Proton Pump Inhibitors

GHS recommended that the following list be approved. Dr. Stanton asked about the financial impact of the recommendation. Dr. Clifford stated that the recommended changes would allow the State to realize close to 1 million dollars in savings annually. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
DEXILANT (dexlansoprazole) omeprazole pantoprazole	ACIPHEX (rabeprazole) lansoprazole NEXIUM (esomeprazole) NEXIUM PACKETS (esomeprazole) omeprazole/sodium bicarbonate PREVACID capsules (lansoprazole) (Rx and OTC) PREVACID Solu-Tabs (lansoprazole) PRILOSEC (omeprazole) PROTONIX (pantoprazole) ZEGERID OTC (omeprazole)

Y. Pulmonary Antihypertensives-Endothelin Receptor Antagonists

GHS recommended that the following list be approved and that current Tracleer users be grandfathered. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
LETAIRIS (ambrisentan)	TRACLEER (bosentan)

Z. Pulmonary Antihypertensives – PDE5s

GHS recommended that the following list be approved. Mr. Brown asked about the financial impact of moving Revatio to non-preferred status. Dr. Clifford stated that the difference would be roughly $20,000 to $25,000 per year. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ADCIRCA (tadalafil) REVATIO (sildenafil)	

AA. Stimulants And Related Agents

GHS recommended that the following list be approved. Mr. Brown asked if there were studies that showed the use of Intuniv as a first line agent. A motion was made to accept the recommendation of GHS. The motion was seconded. Dr. Frazer asked if short-acting amphetamine salts and dextroamphetamine should move to non-preferred status. Ms. King asked whether children sometimes use both a long- and short-acting agent. She stated that if the short-acting amphetamine salts and dextroamphetamine were moved to non-preferred status, then patients would need a prior authorization in order to receive the agents. Dr. Clifford clarified that based on the current recommendation, patients would only need to go through one long-acting step in order to get the non-preferred agent. Ms. King stated that patients will have time to move to Vyvanse. Dr. Biczak provided a clarification on Intuniv and that it can be used as combination therapy or monotherapy. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
AMPHETAMINES	
amphetamine salt combination dextroamphetamine VYVANSE (lisdexamfetamine)	ADDERALL (amphetamine salt combination) ADDERALL XR (amphetamine salt combination) amphetamine salt combination ER DESOXYN (methamphetamine) DEXEDRINE (dextroamphetamine) DEXTROSTAT (dextroamphetamine) methamphetamine PROCENTRA (dextroamphetamine)[NR]
NON-AMPHETAMINE	
CONCERTA (methylphenidate) DAYTRANA (methylphenidate) FOCALIN (dexmethylphenidate) FOCALIN XR (dexmethylphenidate) guanfacine INTUNIV (guanfacine extended-release) METADATE CD (methylphenidate) methylphenidate methylphenidate ER STRATTERA (atomoxetine)	dexmethylphenidate KAPVAY ER (clonidine) METADATE ER (methylphenidate) methylphenidate ER (Generic Concerta) NUVIGIL (armodafinil) pemoline PROVIGIL (modafinil) RITALIN (methylphenidate) RITALIN LA (methylphenidate) RITALIN-SR (methylphenidate)

BB. Ulcerative Colitis Agents

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ORAL	
APRISO (mesalamine) ASACOL (mesalamine) 400mg COLAZAL (balsalazide) DIPENTUM (olsalazine) PENTASA (mesalamine) 250mg sulfasalazine	ASACOL HD (mesalamine) 800mg AZULFIDINE (sulfasalazine) balsalazide LIALDA (mesalamine) PENTASA (mesalamine) 500mg
RECTAL	
CANASA (mesalamine) mesalamine	SF ROWASA (mesalamine)

CC. Miscellaneous Brand/Generics

GHS recommended that the following list be approved. Dr. Stanton asked if generics were going to become available for Suboxone. Dr. Clifford stated that no real timeframe had been established. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
CLONIDINE	
CATAPRES-TTS (clonidine) clonidine tablets	clonidine patch NEXICLON XR (clonidine) CATAPRES TABLETS (clonidine)
MEGESTROL	
MEGACE ES (megestrol) megestrol	MEGACE (megestrol)
SUBLINGUAL NITROGLYCERIN	
nitroglycerin sublingual NITROSTAT SUBLINGUAL (nitroglycerin)	NITROLINGUAL (nitroglycerin) NITROMIST (nitroglycerin)
OCTREOTIDE	
SANDOSTATIN (octreotide)	octreotide
EPINEPHRINE	
TWINJECT (epinephrine) EPIPEN (epinephrine)	
ORAL CONTRACEPTIVES	
LO SEASONIQUE (ethinyl estradiol/levonorgestrel) SEASONIQUE (ethinyl estradiol/levonorgestrel) YASMIN (ethinyl estradiol/drospirenone)	BEYAZ (ethinyl estradiol/drospirenone/levomefolate) Gianvi (ethinyl estradiol/drospirenone) Ocella (ethinyl estradiol/drospirenone) YAZ (ethinyl estradiol/drospirenone)
SUBSTANCE ABUSE TREATMENTS	
SUBOXONE (buprenorphine) FILM[CL]	SUBOXONE (buprenorphine) TABS[CL]

XI. Next Meeting Date

The next meeting of the P&T Committee will be held on January 25, 2012 at 2:00 p.m. in the Diamond Building, Charleston, WV.

XII. Other Business

Dr. Frazer asked for data related to the percentage of the Medicaid budget allocated to patients 18 years of age and under.

Ms. King asked that Committee members fully complete the form left at their seat, including current email address.

XIII. 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 2:55.