



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**

Earl Ray Tomblin
Governor

Rocco S. Fucillo
Cabinet Secretary

Pharmaceutical and Therapeutics Committee

August 15, 2012

Location: Diamond, Rooms B10 and B11
Time: 2:00 PM – 5:00 PM
Charleston, WV 25301
(304) 558-1700

MINUTES

Members Present:

Jeffrey V. Ashley, M.D.
Scott Brown, R.Ph.
Teresa Dunsworth, Pharm.D.
Rodney L. Fink, D.O.
Michael Grome, PA-C
Steven R. Matulis, M.D.
Harriet Nottingham, R.Ph.

Members Not Present:

David Avery, M.D.
James D. Bartsch, R.Ph.
Teresa Frazer, M.D., FAAP
Robert Stanton, Pharm.D.

DHHR/BMS Staff Present:

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

Contract Staff/MMA Staff Present:

Chris Andrews, Pharm.D.
Giovannino Perri, M.D.

Other Contract Staff/State Staff Present:

Steve Small, R.Ph., MS, Director, Rational
Drug
Therapy Program
Eric Sears, R.Ph., Molina

I. Call to Order

Dr. Steven Matulis, Chairperson, called the meeting to order at 2:10PM.

II. Welcome and Introductions

All parties seated at the table introduced themselves.

III. Housekeeping Items/Updates

A. Approval of the September 28, 2011 and April 25, 2012 Minutes

Dr. Matulis asked for approval of the minutes from the September 28, 2011 and April 25, 2012 P&T meetings. A motion was made and seconded; the motion carried to approve the minutes as submitted.

B. PDL Compliance/Generic Percent Report Updates

Dr. Chris Andrews reviewed the Preferred Drug List (PDL) Compliance Report; overall compliance for Q1 2012 was 96.2%. Dr. Andrews reported that the overall generic utilization rate for Q1 2012 was 72.2%.

C. Presentation of other available MMA metrics

Dr. Andrews presented a number of reports that are available to the state to measure PDL metrics. These quarterly reports include monitoring of market shares of products in PDL classes, PDL compliance by class and by product, totals for all applicable rebates due, savings due to rebates and market share movement, and top 25 lists by spend and utilization parameters. Dr. Andrews responded to questions from the P&T Committee members.

Amidst discussion on the reports were comments initiated by Dr. Matulis and Ms. Harriet Nottingham regarding the use of step-edits involving H2 receptor antagonists prior to dispensing proton pump inhibitors.

Following presentation of these reports, Dr. Rodney Fink asked that the compliance report be sorted by noncompliance rates rather than alphabetically. The P&T Committee requested that reports be provided on the CD prior to the P&T meeting going forward and within one PDF file with a table of contents. Dr. Andrews responded that he would follow up on these requests.

IV. Public Comments

Mrs. Peggy King explained the public comment process.

Shane Perrilloux (Teva Respiratory) spoke in favor of Qnasl.

Paula Jiminez (Sanofi) spoke in favor of Sklice.

Charles Duncan (GSK) spoke in favor of Potiga.

V. Executive Session

The Committee adjourned to Executive Session at 2:43PM. The Committee returned from Executive Session at 3:20PM.

VI. Old Business

There was no old business.

VII. New Business

A. Classes to Retire

Dr. Andrews brought to the P&T Committee's attention that BMS had recently moved the generics for Lipitor and Concerta to preferred and the brands to non-preferred. In addition, BMS plans to list the generic for Singulair as preferred and move the brand to non-preferred on 10/1/12.

Dr. Andrews recommended that Cough & Cold, Prenatal Vitamins, and Vitamin D PDL classes be removed from the PDL and instead be managed by a maximum allowed cost (MAC) process. Dr. Fink suggested that the management of the Cough & Cold class using the MAC process may not be appropriate, and further suggested that coverage of the products in this class be discontinued. Ms. King explained that management of the class has been difficult due to the number of agents. She stated that savings could be achieved by setting a flat price rather than micromanaging the statuses. In addition, a state plan amendment would be required in order to cease coverage of Cough & Cold products. Dr. Fink moved that Prenatal Vitamins and Vitamin D classes be removed from the PDL and managed by MAC pricing, but to reject the recommendation for Cough & Cold. Dr. Giovannino Perri offered perspective on the situation from his experiences in Michigan Medicaid. Ms. Nottingham asked if there were other states that had removed coverage of Cough & Cold products, but none were known. The motion carried. Dr. Fink then moved that BMS explore the removal of coverage of Cough & Cold products and report back to the P&T Committee at the October meeting. The motion carried.

B. New Class Reviews

a. Acne Agents, Topical

MMA recommended that the following agents in the Acne Agents, Topical category be listed as non-preferred: Akne-mycin, clindamycin foam, erythromycin medicated swab, tretinoin cream, gel, Panoxyl-4, -8 OTC, Persa gel OTC, Sastid, Sulpho-Lac, and benzoyl peroxide/urea. The motion was made and seconded. A vote was taken and the motion was approved. The P&T Committee requested that MMA evaluate this class for managing by MAC values.

Preferred	Non-Preferred
ANTI-INFECTIVE	
AZELEX (azelaic acid) clindamycin gel, lotion, medicated swab, solution	ACZONE (dapsonsone) AKNE-MYCIN (erythromycin) CLEOCIN-T (clindamycin)

Preferred	Non-Preferred
erythromycin gel, solution sulfacetamide suspension	CLINDACIN PAC (clindamycin) CLINDAGEL (clindamycin) clindamycin foam erythromycin medicated swab EVOCLIN (clindamycin) KLARON (sodium sulfacetamide) OVACE/PLUS (sulfacetamide) sulfacetamide cleanser
RETINOID	
RETIN A MICRO (tretinoin) TAZORAC (tazarotene)	adapalene ATRALIN (tretinoin) AVITA (tretinoin) DIFFERIN (adapalene) RETIN-A (tretinoin) tretinoin cream, gel
KERATOLYTICS	
benzoyl peroxide cleanser OTC, 10% cream OTC, gel Rx & OTC, lotion OTC, 5% & 10% wash OTC TL 4.25% BPO MX (benzoyl peroxide)	BENZEFOAM (benzoyl peroxide) BENZEFOAM ULTRA (benzoyl peroxide) benzoyl peroxide cloths, medicated pads benzoyl peroxide/aloe OTC benzoyl peroxide/urea BPO (benzoyl peroxide) DELOS (benzoyl peroxide) DESQUAM-X (benzoyl peroxide) LAVOCLEN (benzoyl peroxide) PACNEX/HP/LP (benzoyl peroxide) PANOXYL-4, -8 OTC (benzoyl peroxide) PERSA-GEL OTC (benzoyl peroxide) SASTID (sulfur) SE-BPO (benzoyl peroxide) SULPHO-LAC (sulfur)
COMBINATION AGENTS	
erythromycin/benzoyl peroxide sulfacetamide solution sulfacetamide/sulfur wash/cleanser	10-1 (sulfacetamide/sulfur) ACANYA (clindamycin phosphate/benzoyl peroxide) AVAR/-E/LS (sulfur/sulfacetamide) BENZAACLIN GEL (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) benzoyl peroxide/clindamycin gel benzoyl peroxide/urea CERISA (sulfacetamide sodium/sulfur)

Preferred	Non-Preferred
	CLARIFOAM EF (sulfacetamide/sulfur) CLENIA (sulfacetamide sodium/sulfur) DUAC (benzoyl peroxide/clindamycin) EPIDUO (adapalene/benzoyl peroxide) GARIMIDE (sulfacetamide/sulfur) INOVA 4/1, 5/2 (benzoyl peroxide/salicylic acid) NUOX (benzoyl peroxide/sulfur) PRASCION (sulfacetamide sodium/sulfur) SE 10-5 SS (sulfacetamide/sulfur) SSS 10-4 (sulfacetamide /sulfur) sulfacetamide sodium/sulfur cloths, lotion, pads, suspension sulfacetamide sodium/sulfur/ urea SUMADAN (sulfacetamide/sulfur) SUMAXIN/TS (sulfacetamide sodium/sulfur) VELTIN (clindamycin/tretinoin) ZIANA (clindamycin/tretinoin)

b. Antiparasitics, Topical

MMA recommended that both Natroba and Ulesfia be made preferred drugs with a step-edit of a trial of permethrin; Ovide and Lice Egg Remover OTC were recommended as non-preferred. The motion was made and seconded to approve the recommendations without the step-edit due to the probable use of OTC products before patients acquire prescriptions for treating head lice. Following discussion, a vote was taken and the motion failed. The motion was made and seconded to approve the recommendations without the step-edit and without Natroba listed as preferred. A vote was taken and the motion was approved.

Preferred	Non-preferred
permethrin (Rx and OTC) pyrethrins-piperonyl butoxide OTC ULESFIA (benzyl alcohol)	EURAX (crotamiton) lindane LICE EGG REMOVER OTC (benzalkonium chloride) malathion NATROBA (spinosad) OVIDE (malathion) SKLICE (ivermectin)

C. **New Drug Reviews**

a. Dymista

MMA recommended that Dymista be made a non-preferred drug in the Intranasal Rhinitis Agents – Combinations category. The motion was made and seconded. A vote was taken and the motion was approved.

Preferred	Non-preferred
	DYMISTA (azelastine / fluticasone)

b. Intermezzo

MMA recommended that Intermezzo be made a non-preferred drug in the Sedative Hypnotics – Other category. The motion was made and seconded. A vote was taken and the motion was approved.

Preferred	Non-preferred
zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) chloral hydrate EDLUAR SL (zolpidem) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin) SOMNOTE (chloral hydrate) SONATA (zaleplon) zaleplon zolpidem tartrate ER ZOLPIMIST SPRAY (zolpidem)

c. Omeclamox-Pak

MMA recommended that Omeclamox-Pak be made a non-preferred drug in the *H. Pylori* Combination Treatments category. The motion was made and seconded. A vote was taken and the motion was approved.

Preferred	Non-preferred
Please use individual components: preferred PPI (Dexilant, omeprazole or pantoprazole) amoxicillin tetracycline metronidazole clarithromycin bismuth	HELIDAC (bismuth/metronidazole/tetracycline) OMECLAMOX-PAK (omeprazole/amoxicillin/clarithromycin) PREVPAC (lansoprazole/amoxicillin/clarithromycin) PYLERA (bismuth/metronidazole/tetracycline)

d. Potiga

MMA recommended that Potiga be made a non-preferred drug in the Anticonvulsants – Adjuvants category. The motion was made and seconded. A vote was taken and the motion was approved.

Preferred	Non-preferred
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	GRALISE (gabapentin)
GABITRIL (tiagabine)	HORIZANT (gabapentin)
levetiracetam	KEPPRA (levetiracetam)
lamotrigine	KEPPRA XR (levetiracetam)
lamotrigine chewable	LAMICTAL (lamotrigine)
LYRICA (pregabalin)	LAMICTAL CHEWABLE (lamotrigine)
oxcarbazepine tablets	LAMICTAL ODT (lamotrigine)
topiramate	LAMICTAL XR (lamotrigine)
TRILEPTAL SUSPENSION (oxcarbazepine)	levetiracetam ER
valproic acid	NEURONTIN (gabapentin)
zonisamide	ONFI (clobazam)
	POTIGA (ezogabine)
	SABRIL (vigabatrin)
	STAVZOR (valproic acid)
	TEGRETOL (carbamazepine)
	TEGRETOL XR (carbamazepine)
	TOPAMAX (topiramate)
	TRILEPTAL TABLETS (oxcarbazepine)
	VIMPAT (lacosamide)
	ZONEGRAN (zonisamide)

e. Qnasl

MMA recommended that Qnasal be made non-preferred in the Intranasal Rhinitis Agents – Corticosteroids category. The motion was made and seconded. A vote was taken and the motion was approved.

Preferred	Non-preferred
fluticasone propionate	BECONASE AQ (beclomethasone)
NASACORT AQ (triamcinolone)	flunisolide
NASONEX (mometasone)	FLONASE (fluticasone propionate)
	NASALIDE (flunisolide)
	NASAREL (flunisolide)
	OMNARIS (ciclesonide)
	QNASL (beclomethasone)
	RHINOCORT AQUA (budesonide)
	triamcinolone

Preferred	Non-preferred
	VERAMYST (fluticasone furoate) ZETONNA (ciclesonide)

f. Sorilux

MMA recommended that Sorilux be made non-preferred in the Psoriatic Agents – Topical category. The motion was made and seconded. A vote was taken and the motion was approved.

Preferred	Non-preferred
alcipotriene ointment DOVONEX (calcipotriene) TAZORAC (tazarotene)	calcipotriene solution calcitriol SORILUX (calcipotriene) TACLONEX (calcipotriene/betamethasone) VECTICAL (calcitriol)

g. Zetonna

MMA recommended that Zetonna be made non-preferred in the Intranasal Rhinitis Agents – Corticosteroids category. The motion was made and seconded. A vote was taken and the motion was approved.

Preferred	Non-preferred
fluticasone propionate NASACORT AQ (triamcinolone) NASONEX (mometasone)	BECONASE AQ (beclomethasone) flunisolide FLONASE (fluticasone propionate) NASALIDE (flunisolide) NASAREL (flunisolide) OMNARIS (ciclesonide) QNASL (beclomethasone) RHINOCORT AQUA (budesonide) triamcinolone VERAMYST (fluticasone furoate) ZETONNA (ciclesonide)

D. Line extension products

Dr. Andrews recapped the CMS guidance from February 2012 regarding the classification of pharmaceutical products as “line extensions”, and therefore subject to a potentially higher rebate payment that would go entirely to the federal government. Dr. Andrews explained that the following list of products was supported by the FDA classification of the NDA chemical type according to the CMS guidelines and the FDA website:

- 2 - New ester, new salt, or other noncovalent derivative
- 3 - New formulation
- 4 - New combination
- 6 - New indication

BMS wants the P&T Committee to be aware of this distinction in the event that CMS produces a final ruling on the line extension definition. BMS may take action on these products outside of the P&T meeting process in order to minimize the payment of rebates to the federal government. The P&T Committee asked that Dr. Andrews email to all members a list of the products presented.

Analgesics, Narcotic Long-Acting

Kadian (morphine) - 3

Opana ER (oxymorphone) - 3

Angiotensin Modulators

Avalide (irbesartan/HCTZ) - 4

Benicar HCT (olmesartan/HCTZ) - 4

Diovan HCT (valsartan/HCTZ) - 4

Micardis HCT (telmisartan/HCTZ) - 4

Angiotensin Modulators Combinations

Amturnide (aliskiren/amlodipine/HCTZ) - 4

Exforge (valsartan/amlodipine) - 4

Exforge HCT (valsartan/amlodipine/HCTZ) - 4

Tekamlo (aliskiren/amlodipine) - 4

Tekturna HCT (aliskiren/HCTZ) - 4

Valturna (aliskiren/valsartan) - 4

Anticonvulsants

Carbatrol (carbamazepine) - 3

Antidepressants, SSRI

Lexapro (escitalopram) - 3

Antihistamines, Minimally Sedating

Alavert-D (loratadine/pseudoephedrine) - 3

Antiparkinson's Agents

Stalevo (levodopa/carbidopa/entacapone) - 4

Hypoglycemics, Incretin Mimetics/Enhancers

Janumet (sitagliptin/metformin) - 4

Juvisync (sitagliptin/simvastatin) - 4

Kombiglyze XR (saxagliptin/metformin) - 4

Lipotropics, Other

Niaspan (niacin) - 3

Trilipix (fenofibric acid) - 2

Lipotropics, Statins

Advicor (lovastatin/niacin) - 4

Lescol XL (fluvastatin) - 3

Simcor (simvastatin/niacin ER) - 4

Phosphate Binders

Renvela (sevelamer carbonate) - 3

Platelet Aggregation Inhibitors

Aggrenox (dipyridamole/aspirin) - 4

Proton Pump Inhibitors

Dexilant (dexlansoprazole) - 2

Stimulants and Related Agents

Focalin (dexmethylphenidate) - 3

Focalin XR (dexmethylphenidate) - 3

Intuniv (guanfacine extended-release) - 3

Metadate CD (methylphenidate) - 3

Substance Abuse Treatments

Suboxone filmtabs (naloxone/buprenorphine) - 4

Ulcerative Colitis Agents

Apriso (mesalamine) - 3

Asacol (mesalamine) 400 mg - 3

Pentasa (mesalamine) 250 mg – 3

E. Tiered PDL discussion

Dr. Andrews presented financial evaluations for Antipsychotics and Lipotropics, Other that divided those PDL classes into tiers instead of the traditional “preferred” and “non-preferred” statuses in response to the P&T Committee’s request from the April meeting. Dr. Andrews explained that while these evaluations are hypothetical and contingent on agreeable supplemental rebate offers from manufacturers, there would probably be the opportunity to apply this strategy during the October P&T meeting. Mr. Brown acknowledged that this evaluation is what he described at the April P&T meeting. The P&T Committee engaged in discussions involving commercial plan models and co-pays.

VIII. Next Meeting

The next P&T meeting is scheduled for October 24, 2012 at 9AM at the Charleston Civic Center in Charleston, WV.

IX. Other Business

Ms. King updated the P&T Committee on the state’s plan to move pharmacy coverage to managed care organizations, likely beginning in early 2013 with TANF recipients. SSI coverage by MCOs will be delayed. It was remarked that the MCOs in question all use Express Scripts. In response to a question from Mr. Brown, Ms. King remarked that mail order will not be permitted. The MCOs will abide by the Medicaid PDL. The P&T Committee engaged in other discussion regarding dispensing outside of state lines and the possibility of Medicaid recipients changing MCOs.

Ms. King explained that the P&T Committee is due for officer elections. Mr. Brown has exhausted his eligibility for Vice-Chair, but Dr. Matulis still has terms available to serve as Chair. Dr. Matulis was nominated for Chair. The motion was seconded. A vote was taken and the motion was approved. Mr. James Bartsch was nominated as Vice-Chair in absentia. The motion was seconded. A vote was taken and the motion was approved pending Mr. Bartsch’s acceptance.

X. Adjournment

The meeting was adjourned at 4:20PM.