

STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

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Pharmacy Services
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Cynthia E. Beane Commissioner

Pharmaceutical and Therapeutics Committee

August 23rd, 2023

Location: WebEx only
Time: Executive Session 2:30 PM – 3:30 PM
Time: Open Session 3:30 PM – 5:00 PM
Charleston, WV 25301
(304) 558-1700

MINUTES

Committee Members Present:

Philip Galapon, MD FAAFP, Chair Chris Terpening, PharmD, PhD, Vice-Chair Scott Brown, RPh David Gloss, MD John Bernabei, RPh (JJ) Charles Rohrbaugh, RPh Krista Capehart, PharmD Toni DiChiacchio, DNP Laura Davisson, MD Mitzi Payne, MD

Absent:

Gail Goodnight, RPh. Rebate Pharmacist

Division of Medicaid Staff Present:

Bill Hopkins, Operations Manager Priya Shah, PharmD, DUR Coordinator Doug Sorvig, Data Analyst Lori Moles, RPh Appeals Pharmacist Vicki Cunningham, RPh, Director

Contract Staff Present:

Change Healthcare
Jeffrey Barkin, MD
Joseph Bergondo, PharmD

Other Contract / State Staff Present:

I. Call to Order

Philip Galapon, Chairman, called the meeting to order at 3:32 PM

II. Welcome and Introductions

Philip Galapon welcomed all present to the committee meeting. Committee members, Bureau of Medical Services staff, and Change Healthcare staff introduced themselves.

III. Housekeeping Items / Updates

A. Approval of the April 26th Meeting Minutes

The Committee moved to approve the April 26th, 2023, Meeting Minutes. All were in favor with no objections or revisions.

B. PDL Compliance / Generic Percent Report Updates

Joe Bergondo provided an explanation of the PDL Compliance and Generic Percent reports.

- Joe Bergondo reviewed the Generic Percent Report; overall generic utilization for Q1 2023 was 85.6%
- Joe Bergondo reviewed the PDL Compliance Report; overall compliance for Q1 2023 was 92.6%

IV. Public Comments

Public comments for this meeting were accepted in writing only. Written statements were provided to State and Committee members for review prior to this meeting and are available to the public on the State's website.

V. New Business

A. New Drug Reviews

i. Antibiotics, GI & Related Agents

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ANTIBIOTICS, GI & RELATED AGENTS				
CLASS PA CRITERIA: Non-preferred agents require a fourteen (14) day trial of a preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present.				
FIRVANQ (vancomycin) metronidazole tablet neomycin tinidazole XIFAXAN 200 MG (rifaximin)*	AEMCOLO (rifamycin) tablet** DIFICID (fidaxomicin)* FLAGYL (metronidazole) metronidazole capsule paromomycin VANCOCIN (vancomycin) Vancomycin VOWST (fecal microbiota spores) capsules	*Full PA criteria may be found on the PA Criteria page by clicking the hyperlink. **Aemcolo may be authorized after a trial of Xifaxan 200mg tablets.		

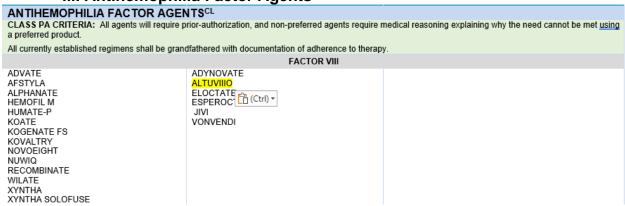
Scott Brown made a motion to approve the changes to the Antibiotics, GI & Related Agents class as recommended; the motion was seconded by Charlie Rohrbaugh. All members were in favor and the motion was approved.

ii. Anticoagulants

ANTICOAGULANTS						
CLASS PA CRITERIA: Non-preferred agents require a trial of each preferred agent in the same sub-class, unless one (1) of the exceptions on the PA form is present.						
ORAL						
ELIQUIS (apixaban)	Dabigatran					
PRADAXA (dabigatran)	PRADAXA (dabigatran etexilate) oral pellets					
warfarin	SAVAYSA (edoxaban)					
XARELTO TABLETS (rivaroxaban)	XARELTO SUSPENSION (rivaroxaban)					

Chris Terpening made a motion to approve the changes to the Anticoagulants class; the motion was seconded by Scott Brown. All members were in favor and the motion was approved.

iii. Antihemophilia Factor Agents



Laura Davisson made a motion to approve the changes to the Antihemophilia Factor Agents class as recommended; the motion was seconded by David Gloss. All members were in favor and the motion was approved.

iv. Antimigraine Agents, Acute

ANTIMIGRAINE AGENTS, ACUTEAR CLASS PA CRITERIA: Non-preferred agents require three (3) day trials of each preferred unique chemical entity as well as a three (3) day trial using the same route of administration as the requested agent (if available), before they will be approved, unless one (1) of the exceptions on the PA form is present. OTHER NURTEC ODT (rimegepant)* CAMBIA (diclofenac) *Nurtec ODT For a diagnosis of Migraine treatment: D.H.E 45 AMPULE (dihydroergotamine)** requires three (3) day trials of two (2) preferred chemically dihydroergotamine injection, nasal spray** MIGERGOT RECTAL SUPPOSITORY distinct triptans before it may be approved, unless one (1) of the exceptions on the PA form is present. Maximum Quantity (ergotamine/<u>caffeine)</u>** MIGRANAL SPRAY (dihydroergotamine)** limit of 8 tablets per 30 days. REYVOW (lasmiditan)** **All non-preferred Ergot alkaloid agents require three (3) day TRUDHESA SPRAY (dihydroergotamine)** trials of (2) preferred triptans as well as a three (3) day trial of UBRELVY (ubrogepant)*** a preferred triptan using the same route of administration as a preferred urplant using the same route of administration as the requested agent (if available), before they will <u>be</u> approved, unless one (1) of the exceptions on the PA form <u>is</u> ZAVZPRET (zavegepant) nasal spray present. Note: Ergot derivatives should not be used with or within 24 hours of triptans. **Additional Ergot Alkaloid criteria: Nasal spray: dihydroergotamine nasal spray and Trudhesa spray may only be authorized after a trial and failure of Migranal spray. Rectal suppository: Migerot rectal suppository may only be authorized after a trial and failure of a preferred triptan nasal spray. dihydroergotamine injection and D.H.E 45 ampule may only be approved for cluster headaches. ***Ubrelvy and Reyvow require three (3) day trials of two (2) preferred chemically distinct triptans as well as a three (3) day trial of Nurtec ODT before they may be approved, unless one (1) of the exceptions on the PA form is present.

David Gloss made a motion to approve the changes to the Antimigraine Agents, Acute class as recommended; the motion was seconded by Charlie Rohrbaugh. All members were in favor and the motion was approved.

v. Antipsychotics, Atypical

ANTIPSYCHOTICS, ATYPICAL

CLASS PA CRITERIA: All antipsychotic agents require prior authorization for children up to eighteen (18) years of age. All PA requests for antipsychotics for children 6 years of age and younger will be reviewed by Medicaid's consultant psychiatrist.

Non-preferred agents require thirty (30) day trials of two (2) preferred agents, including the generic formulation of the requested agent (if available), before they will be approved unless one (1) of the exceptions on the PA form is present. When determining requests for non-preferred products, any trial utilizing a preferred agent whose dose or duration was limited due to adverse effects or clear lack of efficacy will be considered complete only if the agent was being taken within the FDA-approved therapeutic ranged.*

Patients shall be grandfathered onto their existing therapy, provided the requested agent is being used according to the manufacturer label. Continuation of therapy for an off-label indication or non-standard dosage may be granted a thirty (30) day prior-authorization while the Medical Director reviews the request.

*According to manufacturer dosing recommendations

SINGLE INGREDIENT ABILIFY ASIMTUFII (aripipraz ABILIFY MAINTENA (aripiprazole)CL The following criteria exceptions apply to the specified ABILIEY MYCITE (ariningazole) products: ariningazole tablets ARISTADA (aripiprazole)CL ABILIFY TABLETS (aripiprazole) *Invega Hafvera may only be authorized after four months ADASUVE (loxapine) ARISTADA INITIO (aripiprazole)CL treatment with Invega Sustenna or at least a one three-month asenapine sublingual tablets aripiprazole ODT cycle with Invega Trinza. clozapine aripiprazole solution INVEGA HAFYERA (paliperidone)*CL CAPLYTA (lumateperone) **Invega Trinza will be authorized after four months' treatment INVEGA SUSTENNA (paliperidone) clozapine ODT with Invega Sustenna CLOZARIL (clozapine) INVEGA TRINZA (paliperidone)* **Quetiapine 25 mg will be authorized: lurasidone FANAPT (iloperidone) GEODON (ziprasidone) GEODON IM (ziprasidone) olanzapine For a diagnosis of schizophrenia or olanzapine ODT For a diagnosis of bipolar disorder or When prescribed concurrently with other strengths of INVEGA ER (paliperidone) paliperidone ER PERSERIS (risperidone)^{CL} LATUDA (lurasidone) Seroquel in order to achieve therapeutic treatment LYBALVI (olanzapine and samidorphan)*** quetiapine** Quetiapine 25 mg will not be authorized for use as a quetianine FR NUPLAZID (pimavanserin) ** RISPERDAL CONSTA (risperidone)CL sedative hypnotic. olanzapine IM^c REXULTI (brexipiprazole) risperidone solution, tablet, ODT ***Patient must have had a positive response with RISPERDAL (risperidone) ziprasidone SAPHRIS (asenapine) SECUADO (asenapine) olanzapine and experienced clinically significant weight gain (documentation must be provided) which necessitated SEROQUEL (quetiapine) disruption of treatment. Patient must also have had an SEROQUEL XR (quetiapine) intolerance, inadequate treatment response or contraindication to 2 preferred antipsychotics (such as VERSACLOZ (clozapine) aripiprazole and ziprasidone) which have a lower potential of VRAYLAR (capriprazine)**** weight gain prior to Lybalvi approval. Prior to initiating VRAYLAR DOSE PAK (capriprazine)***** Lybalvi, there should be at least a 7-day opioid-free ZYPREXA (olanzapine) ZYPREXA IM (olanzapine)^{CL} interval from the last use of short-acting opioids, and at least a 14-day opioid-free interval from the last use of ZYPREXA RELPREVV (olanzapine) long-acting opioids to avoid precipitation of opioid ****Nuplazid may only be authorized for the treatment of Parkinson Disease Induced Psychosis after documented treatment failure with quetiapine. ***** Vraylar may be authorized for the indication of Bipolar Depression only after failure of a 30-day trial of Latuda and a 30-day trial of either quetiapine OR a combination of olanzapine + fluoxetine. All other indications require class

Scott Brown made a motion to approve the changes to the Antipsychotics, Atypical class (Abilify Asimtufi) as recommended; the motion was seconded by Laura Davisson. All members were in favor and the motion was approved.

criteria to be followed.

Charlie Rohrbaugh made a motion to approve the changes to the Antipsychotics, Atypical class (Uzedy) as recommended; the motion was seconded by Laura Davisson. All members were in favor and the motion was approved.

vi. Growth Hormones and Achondroplasia Agents

INCRELEX (mecasermin)

GROWTH HORMONES AND ACHONDROPLASIA AGENTS^{©L}

CLASS PA CRITERIA: Non-preferred agents require three (3) month trials of each preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present.

GENOTROPIN (somatropin) NORDITROPIN (somatropin)

NUTROPIN AQ (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) SKYTROFA (Ionapegsomatropin) VOXZOGO (vosoritide)** ZOMACTON (somatropin) ZORBTIVE (somatropin)

Patients already on a non-preferred agent will receive authorization to continue therapy on that agent for the duration of the existing PA

*Full PA criteria for Voxzogo may be found on the PA Criteria page by clicking the hyperlink.

Scott Brown made a motion to approve the changes to the Growth Hormones and Achondroplasia Agents class as recommended; the motion was seconded by David Gloss. All members were in favor and the motion was approved.

vii. Hypoglycemics, Insulin and Related Agents HYPOGLYCEMICS, INSULIN AND RELATED AGENTS

CLASS PA CRITERIA: Non-preferred agents require a ninety (90) day trial of a pharmacokinetically similar agent before they will be approved, unless one (1) of the exceptions on the PA form is present. APIDRA (insulin glulisine) ADMELOG (insulin lispro) * Non-preferred insulin combination products require that the HUMALOG (insulin lispro) AFREZZA (insulin) patient must already be established on the individual agents HUMALOG JR KWIKPEN (insulin lispro) BASAGLAR (insulin glargine) at doses not exceeding the maximum dose achievable with HUMALOG KWIKPEN U-100 (insulin lispro) FIASP (insulin aspart) the combination product, and require medical reasoning HUMALOG KWIKPEN U-200 (insulin lispro) beyond convenience or enhanced compliance as to why the

HUMALOG MIX PENS (insulin lispro/lispro protamine) HUMALOG MIX VIALS (insulin lispro/lispro

protamine) HUMULIN 70/30 (insulin)

HUMULIN R U-500 VIAL (insulin) HUMULIN R U-500 KWIKPEN (insulin) insulin aspart flexpen, penfill, vial insulin aspart/aspart protamine pens, vials insulin glargine (labeler 00955 only)

insulin lispro kwikpen U-100, vial LANTUS (insulin glargine) LEVEMIR (insulin detemir) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/aspart protamine)

NOVOLIN N (insulin) TOUJEO SOLOSTAR (insulin glargine) TOUJEO MAX SOLOSTAR (insulin glargine)

HUMULIN PENS (insulin) HUMULIN R VIAL (insulin) HUMULIN N VIAL (insulin) insulin glargine insulin lispro junior kwikpen insulin lispro protamine mix LYUMJEV (insulin lispro) NOVOLIN (insulin)

VOGLAR (insulin glargine-aglr) SEMGLEE (insulin glargine) SOLIQUA (insulin glargine/lixisenatide)* TRESIBA (insulin dealudec)* TRESIBA FLEXTOUCH (insulin degludec)** XULTOPHY (insulin degludec/liraglutide)*

**Tresiba U-100 may be approved only for: Patients who have demonstrated at least a 6-month history of compliance on a preferred long-acting insulin and who continue to have regular incidents of hypoglycemia.

clinical need cannot be met with a combination of preferred

**Patients stabilized on Tresiba may be grandfathered at the

request of the prescriber, if the prescriber considers the preferred products to be clinically inappropriate.

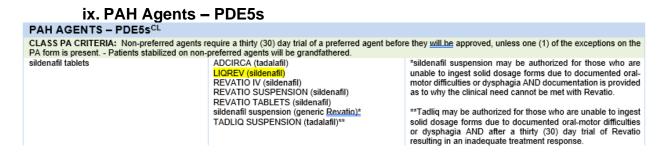
single-ingredient agents

**Tresiba U-200 may be approved only for: Patients who require once-daily doses of at least 60 units of long-acting insulin and have demonstrated at least a 6-month history of compliance on preferred long-acting insulin and who continue to have regular incidents of hypoglycemia.

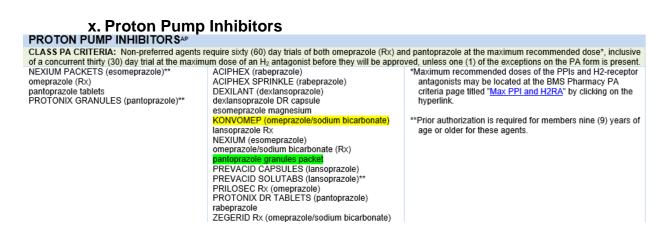
Scott Brown made a motion to approve the changes to the Hypoglycemics, Insulin and Related Agents class as recommended; the motion was seconded by Charlie Rohrbaugh. All members were in favor and the motion was approved.

viii. Lipotropics, Statins LIPOTROPICS, STATINSAF CLASS PA CRITERIA: See below for individual sub-class criteria. STATINS atorvastatin ALTOPREV (lovastatin) Non-preferred agents require twelve (12) week trials of two (2) preferred agents, including the generic formulation of the lovastatin TORVALIQ (atorvastatin) pravastatin CRESTOR (rosuvastatin) requested non-preferred agent, before they will be approved, rosuvastatin EZALLOR SPRINKLE (rosuvastatin)* unless one (1) of the exceptions on the PA form is present. simvastatin** fluvastatin fluvastatin ER *Ezallor SPRINKLE will only be authorized for those who are LESCOL XL (fluvastatin) unable to ingest solid dosage forms due to documented oralmotor difficulties or dysphagia LIPITOR (atorvastatin) LIVALO (pitavastatin) PRAVACHOL (pravastatin) **Zocor/simvastatin 80mg tablets will require a clinical PA. ZOCOR (simvastatin)* ZYPITAMAG (pitavastatin)

Scott Brown made a motion to approve the changes to the Lipotropics, Statins class as recommended; the motion was seconded by Laura Davisson. All members were in favor and the motion was approved.



Charlie Rohrbaugh made a motion to approve the changes to the PAH Agents – PDE5s class as recommended; the motion was seconded by Scott Brown. All members were in favor and the motion was approved.



Chris Terpening made a motion to approve the changes to the Proton Pump Inhibitors class (Konvomep) as recommended; the motion was seconded by Laura Davisson. All members were in favor and the motion was approved.

Charlie Rohrbaugh made a motion to approve the changes to the Proton Pump Inhibitors class (pantoprazole granules) as recommended; the motion was seconded by Krista Capehart. All members were in favor and the motion was approved.

xi. VMAT Inhibitors

VMAT INHIBITORS		
CLASS PA CRITERIA: All agents require a prior authorization. Full PA criteria may be found on the PA Criteria page by clicking the hyperlink.		
AUSTEDO TABLET (deutetrabenazine) AUSTEDO XR (deutetrabenazine) INGREZZA CAPSULE (valbenazine) tetrabenazine tablet	xenazine tablet	

Chris Terpening made a motion to approve the changes to the VMAT Inhibitors class as recommended; the motion was seconded by Krista Capehart. All members were in favor and the motion was approved.

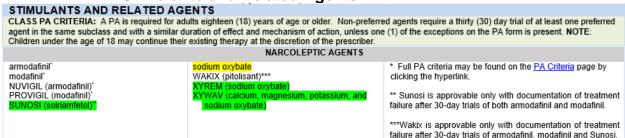
B. Class Review

i. Lipotropics, Other (Non-statins)

LIPOTROPICS, OTHER (Non-statins)					
CLASS PA CRITERIA: Non-preferred agents require a twelve (12) week trial of a preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present.					
PCSK-9 INHIBITORS					
PRALUENT (alirocumab)*	LEQVIO (inclisiran)	*Full PA criteria may be found on the PA Criteria page by			
REPATHA (evolocumab)*		clicking the hyperlink.			

Chris Terpening made a motion to approve the changes to the Lipotropics, Other (Nonstatins) class as recommended; the motion was seconded by Laura Davisson. All members were in favor and the motion was approved.

ii. Stimulants and Related Agents



Charlie Rohrbaugh made a motion to approve the changes to the Stimulants and Related Agents class as recommended; the motion was seconded by Scott Brown. All members were in favor and the motion was approved.

VI. Old Business

VII. Other Business

There was no other business discussed at this time.

VIII. Next Meeting

The next P&T Committee Meeting is scheduled for October 25th, 2023, from 9:00 AM-5:00 PM, In Person Meeting.

IX. Adjournment

The committee adjourned the meeting at 4:16 PM.