STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

Alex J. Mayer, PhD, MS, PMP
Cabinet Secretary

Christy D. Donohue, CMC
Commissioner

Pharmaceutical and Therapeutics Committee

January 28, 2026

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
Scott Brown, RPh, Vice Chair
Jodi Biller, DNP, APRN, FNP-BC
Krista Capehart, PharmD
Michael Cheshire, DO
Laura Davisson, MD
Charles Rohrbaugh, RPh
Schelley Schliesser, PharmD
Chris Terpening, PharmD, PhD

Absent:
Mitzi Payne, MD
John Bernabei, RPh (JJ)
Brian Hardman, FNP-C
David Gloss, MD

Division of Medicaid Staff Present:
Kristen Boustany, PharmD, Director
Gail Goodnight, RPH Rebate Pharmacist
Bill Hopkins, Operations Manager
Lori Moles, RPH Appeals Pharmacist
Priya Shah, PharmD, DUR Coordinator
Doug Sorvig, Data Analyst

Contract Staff Present:
Change Healthcare/OptumRx
Joseph Bergondo, PharmD
Robert Capp, MD
Paige Clayton, PharmD

Rational Drug Therapy
Chris Hale
Angie Wowczuk

Gainwell Technologies
Eric Sears

I. Call to Order

Philip Galapon, Chairman, called the meeting to order at 3:02 PM.

II. Welcome and Introductions

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

III. Housekeeping Items / Updates

A. Approval of the October Meeting Minutes

The Committee moved to approve the October 29th, 2025, Meeting Minutes. All members present were in favor.

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 Q4 2025 was 87.7%.
- Joe Bergondo reviewed the PDL Compliance Report; overall compliance for Q4 2025 was 97.2%.

IV. Public Comments

Public comments for this meeting were only accepted in writing. 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. Antidepressants, Other

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
ANTIDEPRESSANTS, OTHER		
CLASS PA CRITERIA: See below for individual subclass criteria.		
MONOAMINE OXIDASE INHIBITORS (MAOIs)[AP]		
	MARPLAN (isocarboxazid) NARDIL (phenelzine) phenelzine tranylcypromine	Patients stabilized on MAOI agents will be grandfathered.
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)[AP]		
desvenlafaxine succinate ER (generic PRISTIQ) duloxetine capsules venlafaxine ER capsules venlafaxine ER tablets venlafaxine IR tablets	desvenlafaxine fumarate ER FETZIMA (levomilnacipran) PRISTIQ (desvenlafaxine)	Non-preferred agents require separate 30-day trials of a preferred agent in this subclass **AND** a Selective Serotonin Reuptake Inhibitor (SSRI) before they will be approved, unless one of the exceptions on the PA form is present.
SECOND GENERATION NON-SSRI, OTHER[AP]		
bupropion IR bupropion SR bupropion XL mirtazapine trazodone	AUVELITY (dextromethorphan HBr/bupropion)* EMSAM (selegiline) EXXUA (gepirone) FORFIVO XL (bupropion) nefazodone RALDESY SOLUTION (trazodone)**	Non-preferred agents require separate 30-day trials of a preferred agent in this subclass **AND** an SSRI before they will be approved, unless one of the exceptions on the PA form is present.

Scott Brown made a motion to approve the changes to the Antidepressants Other class as recommended; the motion was seconded by Charles Rohrbaugh. All members were in favor and the motion was approved.

ii. Antimigraine Agents, Acute

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
ANTIMIGRAINE AGENTS, ACUTE[AP]		
CLASS PA CRITERIA: Non-preferred agents require three-day trials of each preferred unique chemical entity as well as a three-day trial using the same route of administration as the requested agent (if available), before they will be approved, unless one of the exceptions on the PA form is present.		
OTHER		
NURTEC ODT (rimegepant)* UBRELVY (ubrogepant)*	BREKIYA (dihydroergotamine) CAMBIA (diclofenac) D.H.E 45 AMPULE (dihydroergotamine)** dihydroergotamine injection, nasal spray** ELYXYB (celecoxib) MIGERGOT RECTAL SUPPOSITORY (ergotamine/caffeine)** REYVOW (lasmiditan)*** TRUDHESA NASAL SPRAY (dihydroergotamine) ZAVZPRET NASAL SPRAY (zavegepant)****	*Nurtec ODT and Ubrelvy for a diagnosis of **Migraine Treatment**: requires three-day trials of two preferred chemically distinct triptans before it may be approved, unless one of the exceptions on the PA form is present. Maximum Quantity Limits: • Nurtec: eight tablets per 30 days • Ubrelvy: 10 tablets per 30 days **All non-preferred Ergot Alkaloid agents require three-day trials of two preferred triptans as well as a three-day trial of a preferred triptan using the same route of administration as the requested agent (if available), before they will be approved, unless one of the exceptions on the PA form is present. **NOTE: Ergot derivatives**

Scott Brown made a motion to approve the changes to the Antimigraine Agents, Acute class; the motion was seconded by Charles Rohrbaugh. All members were in favor and the motion was approved.

iii. Cytokine and CAM Antagonists

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
CYTOKINE & CAM ANTAGONISTS[CL/PA]		
CLASS PA CRITERIA: Non-preferred agents require 90-day trials of all preferred agents which are indicated for the diagnosis, unless one of the exceptions on the PA form is present. *Patients stabilized for at least six months on their existing non-preferred regimen shall be grandfathered (provided the current therapy is for a labeled indication AND a more cost-effective biosimilar product is not available). In cases where a biosimilar exists but is also non-preferred, the PA vendor shall advise the provider which product is the most cost-effective agent. All off-label requests require review by the medical director.* **Full PA criteria may be found on the PA Criteria page by clicking the link.**		

OTHERS		
KINERET (anakinra) ORENCIA CLICKJECT, VIALS (abatacept) OTEZLA (apremilast) PYZCHIVA (ustekinumab-ttwe)*** TALTZ (ixekizumab)* TYENNE (tocilizumab-aazg) XELJANZ (tofacitinib)	ACTEMRA ACTPEN (tocilizumab) ACTEMRA SUBCUTANEOUS (tocilizumab) BIMZELX (bimekizumab-bkzx) COSENTYX (secukinumab) ENTYVIO (vedolizumab) ILARIS (canakinumab) ILUMYA (tildrakizumab) IMULDOSA (ustekinumab-srlf) KEVZARA (sarilumab) OLUMIANT (baricitinib) OMVOH (mirikizumab-mrkz) ORENCIA SYRINGE (abatacept) OTEZLA XR (apremilast) OTULFI (ustekinumab-aauz) RINVOQ ER (upadacitinib)** SELARSDI (ustekinumab-aekn) SKYRIZI (risankizumab-rzaa) SOTYKTU (deucravacitinib) STELARA SUBCUTANEOUS (ustekinumab) STEQEYMA (ustekinumab-stba) TOFIDENCE (tocilizumab-bavi) TREMFYA (guselkumab)	*Taltz will be authorized for treatment of plaque psoriasis, psoriatic arthritis, and ankylosing spondylitis only after inadequate response to a 90-day trial of one preferred Anti-TNF agent. **Full PA criteria for Rinvoq ER may be found on the PA Criteria page by clicking the hyperlink. ***In addition to the Class Criteria, Pyzchiva may be authorized for a diagnosis of an FDA approved indication after a 90-day trial of one preferred Anti-TNF agent.

Scott Brown made a motion to approve the changes to the Cytokine and CAM Antagonists class as recommended; the motion was seconded by Krista Capehart. All members were in favor and the motion was approved.

iv. Hereditary Angioedema (HAE) Agents

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
HEREDITARY ANGIOEDEMA (HAE) AGENTS		
CLASS PA CRITERIA: Non-preferred agents require 30-day trials of each preferred agent before they will be approved, unless one of the exceptions on the PA form is present.		
ACUTE		
icatibant BERINET (C1 esterace inhibitor)	EKTERLY (sebetralstat) FIRAZYR (icatibant) KALBITOR (ecallantide) RUCONEST (C1 esterase inhibitor, recombinant) SAJAZIR (icatibant)	
PROPHYLAXIS		
HAEGARDA (C1 esterase inhibitor) TAKHZYRO SYRINGE (lanadelumab-flyo)	ANDEMBRY (garadacimab-gxii) CINRYZE (C1 Esterase inhibitor) DAWNZERA (donidalorsen) ORLADEYO (berotralstat) TAKHZYRO VIAL (lanadelumab-flyo)	

Scott Brown made a motion to approve the changes to add the new class Hereditary Angioedema (HAE) Agents to the PDL as recommended; the motion was seconded by Charles Rohrbaugh. All members were in favor and the motion was approved.

Scott Brown made a second motion to approve the changes to the drugs in the new Hereditary Angioedema (HAE) class, Acute and Prophylaxis as recommended; the motion was seconded by Charles Rohrbaugh. All members were in favor and the motion was approved.

v. MABS (ANTI-IL/IgE)/(Tyrosine Kinase Inhibitors)

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
MABS, (ANTI-IL/IgE)/(TYROSINE KINASE INHIBITORS)		
CLASS PA CRITERIA: Non-preferred agents require 90-day trials of all preferred agents which are indicated for the diagnosis. **Full PA criteria may be found on the PA Criteria page by clicking the hyperlink.**		
DUPIXENT (dupilumab) FASENRA (benralizumab) NUCALA AUTOINJECTOR, SYRINGE (mepolizumab) RHAPSIDO (remibrutinib) XOLAIR VIAL (omalizumab)	NUCALA VIAL (mepolizumab) TEZSPIRE (tezepelumab-ekko) XOLAIR SYRINGE (omalizumab)	

Scott Brown made a motion to approve the changes to the MABS (ANTI-IL/IgE)/(Tyrosine Kinase Inhibitors) class as recommended; the motion was seconded by Krista Capehart. All members were in favor and the motion was approved.

vi. NSAID

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
NSAIDS[AP]		
CLASS PA CRITERIA: See below for subclass PA criteria.		
COX-II SELECTIVE		
celecoxib	CELEBREX (celecoxib) VYSCOXA (celecoxib)	

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

vii. Opiate Dependence Treatments

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
OPIATE DEPENDENCE TREATMENTS		
CLASS PA CRITERIA: Bunavail and Zubsolv may only be approved with a documented intolerance or allergy to Suboxone films AND buprenorphine/naloxone tablets. *West Virginia Medicaid's buprenorphine coverage policy may be viewed by clicking on the following hyperlink: Buprenorphine Coverage Policy and Related Forms		
BRIXADI (buprenorphine)[CL/PA] buprenorphine/naloxone tablets KLOXXADO NASAL SPRAY (naloxone) naloxone cartridge, syringe, vials naloxone nasal spray (OTC)	BUNAVAIL FILMS (buprenorphine/naloxone) buprenorphine tablets buprenorphine/naloxone films lofexidine LUCEMYRA (lofexidine)*	*Full PA criteria may be found on the PA Criteria page by clicking the hyperlink.
NARCAN NASAL SPRAY (naloxone) REXTOVY NASAL SPRAY (naloxone) SUBLOCADE (buprenorphine solution)[CL/PA] SUBOXONE FILMS (buprenorphine/naloxone) VIVITROL (naltrexone)	naloxone nasal spray (Rx) OPVEE NASAL SPRAY (nalmefene) ZIMHI (naloxone hydrochloride) ZUBSOLV (buprenorphine/naloxone) ZURNAI INJECTION (nalmefene)	

Krista Capehart made a motion to approve the changes to the Opiate Dependence Treatments class as recommended; the motion was seconded by Charles Rohrbaugh. All members were in favor and the motion was approved.

viii. Pulmonary Artery Hypertension (PAH) Agents

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
PULMONARY ARTERY HYPERTENSION (PAH) AGENTS[CL/PA]		
CLASS PA CRITERIA: Non-preferred agents require a 30-day trial of a preferred agent before they will be approved, unless one of the exceptions on the PA form is present.		
PAH AGENTS – PROSTACYCLINS		
epoprostenol (generic FLOLAN) epoprostenol (generic VELETRI) ORENITRAM ER (treprostinil) REMODULIN (treprostinil sodium)	FLOLAN (epoprostenol) treprostinil (generic REMODULIN) TYVASO (treprostinil) TYVASO DPI (treprostinil) UPTRAVI (selexipag) VELETRI (epoprostenol) YUTREPIA (treprostinil)	

Scott Brown made a motion to approve the changes to the Pulmonary Artery Hypertension (PAH) Agents class as recommended; the motion was seconded by Charles Rohrbaugh. All members were in favor and the motion was approved.

ix. Skeletal Muscle Relaxants

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**

SKELETAL MUSCLE RELAXANTS[AP]		
CLASS PA CRITERIA: See below for individual subclass criteria.		
ACUTE MUSCULOSKELETAL RELAXANT AGENTS		
chlorzoxazone (generic PARAFON FORTE) cyclobenzaprine IR 5 mg and 10 mg methocarbamol	AMRIX (cyclobenzaprine) carisoprodol* carisoprodol/ASA* carisoprodol/ASA/codeine* chlorzoxazone (generic LORZONE) cyclobenzaprine ER cyclobenzaprine IR 7.5 mg FEXMID (cyclobenzaprine) metaxalone orphenadrine orphenadrine ER SOMA (carisoprodol) TANLOR (methocarbamol) TONMYA SUBLINGUAL (cyclobenzaprine)	Non-preferred agents require 30-day trials of each preferred agent before they will be approved, unless one of the exceptions on the PA form is present, with the exception of carisoprodol. *Carisoprodol requires 30-day trials of each of the preferred acute musculoskeletal relaxants and metaxalone before it will be approved.

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

x. Ulcerative Colitis Agents

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
ULCERATIVE COLITIS AGENTS[AP]		
CLASS PA CRITERIA: Non-preferred agents require 30-day trials of each preferred dosage form or chemical entity before the corresponding non-preferred agent of that dosage form or chemical entity will be approved, unless one of the exceptions on the PA form is present.		
ORAL		
balsalazide mesalamine ER capsule (Generic APRISO) mesalamine DR tablet (Generic LIALDA) PENTASA 250 mg and 500 mg (mesalamine) sulfasalazine	AZULFIDINE (sulfasalazine) budesonide ER tablets DIPENTUM (olsalazine) LIALDA (mesalamine) mesalamine DR capsule (Generic DELZICOL) mesalamine ER capsule (Generic PENTASA) mesalamine ER tablet (Generic ASACOL) ZEPOSIA (ozanimod)	

Scott Brown made a motion to approve the changes to the Ulcerative Colitis Agents class as recommended; the motion was seconded by Krista Capehart. All members were in favor and the motion was approved.

VI. Old Business

VII. Other Business

VIII. Next Meeting

The next P&T Committee Meeting is scheduled for April 22nd, 2026, *(Virtual)*

IX. Adjournment

The committee adjourned the meeting at 3:34