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

Alex J. Mayer
Cabinet Secretary

Cynthia Beane, MSW, LCSW
Commissioner

Pharmaceutical and Therapeutics (P&T) Committee

January 22, 2025

Location: Virtual only
Time: Executive Session 2:00 PM - 3:00 PM
Time: Open Session 3:00 PM – 5:00 PM

MINUTES

Committee Members Present:
Philip Galapon, MD FAAFP, Chair
Chris Terpening, PharmD, PhD
John Bernabei, RPh (JJ)
Charles Rohrbaugh, RPh
Krista Capehart, PharmD
Toni DiChiacchio, DNP
Schelley Schliesser, PharmD
Michael Cheshire, DO
Brian Hardman, FNP-C
Scott Brown, RPh, Vice Chair
Mitzi Payne, MD
David Gloss, MD

Absent:
Laura Davisson, MD

BMS Staff Present:
Vicki Cunningham, RPh, Director
Bill Hopkins, Operations Manager
Doug Sorvig, Data Analyst
Lori Moles, RPh, Appeals Pharmacist
Gail Goodnight, RPh, Rebate Pharmacist
Kristen Boustany, PharmD
Hyla Harvey, MD, Medical Director

Contract Staff Present:
Robert Capp, MD, Change Healthcare
Joseph Bergondo, PharmD, Change Healthcare
Paige Clayton, PharmD, Change Healthcare
Chris Dolfi, PharmD, Change Healthcare
Priya Shah, PharmD, DUR Coordinator, Rational Drug Therapy Program

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

II. Welcome and Introductions:
Scott Brown welcomed all attendees to the committee meeting. Committee members, Bureau for Medical Services staff, contract staff, and Change Healthcare staff introduced themselves.

III. Housekeeping Items and Updates:

A. Approval of October 23, 2024, Meeting Minutes

The Committee moved to approve October 23, ·2024, meeting minutes, with the addition of the committee's discussion surrounding the Anti-Obesity Class coverage on the Preferred Drug List (PDL). All were in favor of revisions.

B. PDL Compliance / Generic Percent Report Updates:

- Joe Bergondo provided the PDL Compliance and Generic Percent reports.
- Joe Bergondo reviewed the Generic Percent Report; the most updated generic utilization data was unavailable and the data from the last available quarter was reported. Overall generic utilization for Q1 2024 was 85.5%.
- Joe Bergondo reviewed the PDL Compliance Report; the most updated PDL Compliance report data was unavailable and the data from the last available quarter was reported. Overall compliance for Q1 2024 was 92.8%.

IV. Public Comments:

Michele Rayes - Yorvipath

V. New Business

A. New Drug Reviews

i. Antihemophilia Factor Agents, Non-factor Replacement

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
ANTIHEMOPHILIA FACTOR AGENTS[CL/PA]		
CLASS PA CRITERIA: All agents will require prior authorization, and non-preferred agents require medical reasoning explaining why the need cannot be met using a preferred product. All currently established regimens shall be grandfathered with documentation of adherence to therapy.		
NON-FACTOR REPLACEMENT		
	HYMPAVZI (marstacimab-hncg)	

David Gloss made a motion to approve the recommended changes to the Antihemophilia Factor Agents, Non-factor Replacement class; the motion was seconded by Charlie Rohrbaugh. All members were in favor and the motion was approved.

ii. Antipsychotics, Atypical and Combinations

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
ANTIPSYCHOTICS, ATYPICAL AND COMBINATION		
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 six (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 Atypical Antipsychotics approved or medically accepted for the member's diagnosis or indication, 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 range.* 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 (aripiprazole) [CL/PA] ABILIFY MAINTENA (aripiprazole)[CL/PA] aripiprazole tablets ARISTADA (aripiprazole)[CL/PA] ARISTADA INITIO (aripiprazole)[CL/PA] asenapine sublingual tablets clozapine INVEGA HAFYERA (paliperidone)[CL/PA*] INVEGA SUSTENNA (paliperidone)[CL/PA] INVEGA TRINZA (paliperidone)[CL/PA**]	ABILIFY MYCITE (aripiprazole) ABILIFY TABLETS (aripiprazole) ADASUVE (loxapine) aripiprazole ODT aripiprazole solution CAPLYTA (lumateperone) clozapine ODT CLOZARIL (clozapine) COBENFY (xanomeline/trospium) ERZOFRI (paliperidone)	**The following criteria exceptions apply to the specified products:** *Invega Hafyera may only be authorized after four (4) months treatment with Invega Sustenna or at least a one (1) three (3) month cycle with Invega Trinza. **Invega Trinza will be authorized after four (4) months treatment with Invega Sustenna.

David Gloss made a motion to approve the recommended changes to the Antipsychotics, Atypical and Combinations class; the motion was seconded by Charlie Rohrbaugh. All members were in favor and the motion was approved.

iii. Diabetes Agents, DPP-4 Inhibitors

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
DIABETES AGENTS, DPP-4 INHIBITORS		
CLASS PA CRITERIA: Non-preferred agents are available only on appeal. **NOTE:** DPP-4 inhibitors will NOT be approved in combination with a GLP-1 agonist.		
JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) TRADJENTA (linagliptin)	alogliptin alogliptin/metformin alogliptin/pioglitazone JENTADUETO XR (linagliptin/metformin) KAZANO (alogliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin) NESINA (alogliptin) ONGLYZA (saxagliptin) OSENI (alogliptin/pioglitazone) sitagliptin sitagliptin/metformin ZITUVIO (sitagliptin) ZITUVIMET (sitagliptin/metformin) ZITUVIMET XR (sitagliptin/metformin)	

David Gloss made a motion to approve the recommended changes to the Diabetes Agents, DPP-4 Inhibitors class; the motion was seconded by Krista Capehart. All members were in favor and the motion was approved.

iv. Epinephrine, Self-Administered

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
EPINEPHRINE, SELF-ADMINISTERED		
CLASS PA CRITERIA: A non-preferred agent may be authorized with documentation showing the patient's inability to follow the instructions, or the patient's failure to understand the training for the preferred agent(s).		
epinephrine (labeler 49502 only) EPIPEN (epinephrine) EPIPEN JR (epinephrine)	AUVI-Q (epinephrine) epinephrine (all labelers except 49502) NEFFY NASAL SPRAY (epinephrine) SYMJEPI (epinephrine)	

David Gloss made a motion to approve the recommended changes to the Epinephrine, Self-Administered class; the motion was seconded by Krista Capehart. All members were in favor and the motion was approved.

v. Hypoparathyroid Agents

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
HYPOPARATHYROID AGENTS		
	YORVIPATH (palopegteriparatide)*	*Yorvipath may be approvable for adult patients diagnosed with hypoparathyroidism who have documentation supporting the inability to achieve disease control with conventional therapies such as prescribed calcium supplements and prescribed active forms of vitamin D.

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

vi. Immunomodulator, Atopic Dermatitis

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
IMMUNOMODULATORS, ATOPIC DERMATITIS		
CLASS PA CRITERIA: Non-preferred agents require a thirty (30) day trial of a medium-to-high potency topical corticosteroid **AND all** preferred agents in this class unless one (1) of the exceptions on the PA form is present. Requirement for topical corticosteroids may be excluded with involvement of sensitive areas such as the face and skin folds.		
ADBRY (tralokinumab)* DUPIXENT (dupilumab)* ELIDEL (pimecrolimus) tacrolimus ointment	CIBINQO (abrocitinib)* EBGLYSS (lebrikizumab) EUCRISA (crisaborole)^P** OPZELURA CREAM (ruxolitinib)* pimecrolimus cream ZORYVE CREAM 0.15% (roflumilast)	*Full PA criteria may be found on the PA Criteria page by clicking the hyperlink **Eucrisa requires a thirty (30) day trial of Elidel **OR** a medium to high potency corticosteroid unless contraindicated.

David Gloss made a motion to approve the recommended changes to the Immunomodulator, Atopic Dermatitis class; the motion was seconded by Charlie Rohrbaugh. All members were in favor and the motion was approved.

vii. 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) LORZONE (chlorzoxazone) metaxalone orphenadrine orphenadrine ER ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) TANLOR (methocarbamol)	Non-preferred agents require thirty (30) day trials of each preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present, with the exception of carisoprodol. *Carisoprodol requires thirty (30) day trials of each of the preferred acute musculoskeletal relaxants and Skelaxin before it will be approved.

David Gloss made a motion to approve the recommended changes to the Skeletal Muscle Relaxants class; the motion was seconded by Charlie Rohrbaugh. All members were in favor and the motion was approved.

viii. Stimulants and Related Agents, Non-Amphetamine

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
STIMULANTS AND RELATED AGENTS		
CLASS PA CRITERIA: A prior authorization is required for adults eighteen (18) years of age or older. Non-preferred agents require a thirty (30) day trial of at least one (1) preferred agent in the same subclass and with a similar duration of effect and mechanism of action, unless one (1) of the exceptions on the PA form is present. **NOTE**: Children under eighteen (18) years of age may continue their existing therapy at the discretion of the prescriber.		
NON-AMPHETAMINE		
atomoxetine* clonidine IR clonidine ER CONCERTA (methylphenidate) dexmethylphenidate IR dexmethylphenidate XR guanfacine ER guanfacine IR methylphenidate IR methylphenidate CD capsules methylphenidate ER 24 tablets (generic CONCERTA) methylphenidate ER tablets (generic RITALIN SR) methylphenidate ER CD capsules methylphenidate solution QUILLICHEW ER (methylphenidate) QUILLIVANT XR (methylphenidate) RITALIN LA (methylphenidate)	ADHANSIA XR (methylphenidate) APTENSIO XR (methylphenidate) AZSTARYS (dexmethylphenidate/serdexmethylphenidate) COTEMPLA XR ODT (methylphenidate) DAYTRANA (methylphenidate) FOCALIN IR (dexmethylphenidate) FOCALIN XR (dexmethylphenidate) INTUNIV (guanfacine ER) JORNAY PM (methylphenidate) METHYLIN SOLUTION (methylphenidate) methylphenidate chewable tablets methylphenidate ER capsules methylphenidate ER 72 mg tablets methylphenidate ER LA capsules methylphenidate LA capsules methylphenidate patches ONYDA XR (clonidine)	*Strattera (atomoxetine) is limited to a maximum of 100 mg per day. **Full PA criteria may be found on the PA Criteria page by clicking the hyperlink.

David Gloss made a motion to approve the recommended changes to the Stimulants and Related Agents, Non-Amphetamine class; the motion was seconded by Micheal Cheshire. All members were in favor and the motion was approved.

ix. Hypoglycemia Agents

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
HYPOGLYCEMIA TREATMENTS		
CLASS PA CRITERIA: Non-preferred agents require clinical reasoning beyond convenience why the preferred glucagon products cannot be used.		
BAQSIMI SPRAY (glucagon) glucagon vial glucagon emergency kit GVOKE (glucagon) ZEGALOGUE (dasiglucagon)	GLUCAGEN HYPOKIT (glucagon)	

Krista Capehart made a motion to approve the recommended changes to the Hypoglycemia Agents class; the motion was seconded by Charlie Rohrbaugh. All members were in favor and the motion was approved.

VI. Old Business

VII. Other Business

David Gloss made a motion to create a nominating committee comprised of the chair and vice chair of the P&T Committee and Drug Utilization Review (DUR) Board; the motion was seconded by Charlie Rohrbaugh. All members were in favor and the motion was approved.

VIII. Next Meeting

The next P&T Committee Meeting is scheduled for April 23, 2025, from 3:30-5:00 PM, Virtual Meeting.

IX. Adjournment

The committee adjourned the meeting at 3:39 PM.