

Pharmacy and Therapeutics Committee Meeting
October 15, 2015
Draft Minutes

Members Present:

Tim Jennings, Pharm.D., Chair
Krishna Madiraju M.D.,
Gill Abernathy, M.S., R.Ph.
Avtar Dhillon, M.D.
Rachel M. Selby-Penczak, M.D.
Mariann Johnson, M.D.
Jack Barber, M.D.
Jason Vourlekis, M.D.

DMAS Staff:

Cynthia Jones, Agency Director
Usha Koduru, Counsel to the Board, Office of the Attorney General
Donna Proffitt RPh. Pharmacy Manager
Keith Hayashi, RPh., Pharmacist

Absent:

Mark Oley, R.Ph.
Nathan Charlton, M.D.
Sue Cantrell, M.D.
Barbara Exum, Pharm.D.

Staff: Provider Synergies/Magellan Medicaid Administration

Debbie Moody, R.Ph., Clinical Account Manager, Virginia
Nancy Eldin Pharm.D., Clinical Manager, Virginia
Doug Brown, R.Ph., MBA, VP, Drug Rebate Manager Medicaid

A quorum was present

Guests:

68 representatives from pharmaceutical companies, providers, advocates, associations, etc.

Welcome and Comments from Cynthia Jones, Agency Director

Cynthia Jones welcomed the members of the Committee and thanked them for their participation in the PDL program. Ms. Jones gave an update on the Governor's Access Plan (GAP) – Seriously Mentally Ill (SMI) Initiative. Over 4500 underserved citizens with mental illness are currently enrolled. These individuals are receiving outpatient services with comprehensive pharmacy benefits. Ms. Jones noted that over the next couple of years, DMAS plans to transition the majority of the remaining Medicaid fee-for-service (FFS) populations into coordinated and integrated managed care models. These populations include (1) individuals with full Medicaid and Medicare benefits, called dual eligibles, who are not participating in the Commonwealth Coordinated Care Program (CCC); and (2) individuals who receive full Medicaid and long-term services and support (LTSS), either through an institution or through one of DMAS' six home and community based services (HCBS) waivers. Ms. Jones also stated that DMAS is in the process of completing regulation changes and State Plan Amendment to change the pharmacy reimbursement to the National Average Drug Acquisition Cost (NADAC) plus a professional dispensing fee of \$10.65. This new methodology will replace the current reimbursement methodology which is based on Average Wholesale Price (AWP).

Call to Order Tim Jennings, Pharm.D., Chairman called the meeting to order.

Comments from Tim Jennings, Pharm.D., Chairman

Dr. Jennings welcomed and thanked the members for their continued participation in the PDL program. Dr. Jennings noted to the speakers that for today's meeting they will have three minutes to present but starting with the next P&T Committee meeting, speakers will be limited to two-minute presentations.

DMAS' Drug Utilization Review (DUR) Board Update: Dr. Dhillon noted that since the last P&T Committee meeting, the DUR Board met on August 20, 2014. At that meeting, the Board re-elected Dr.

Randy Ferrance as chair and elected Bill Rock, PharmD as vice-chair. Also at the meeting, the Board conducted its review of seventeen (17) new drugs and approved both prospective and retrospective clinical edits for these drugs. In addition, the Board approved service authorization criteria for twelve (12) drugs in therapeutic classes not subject to the PDL.

Approval of Minutes from April 16, 2015 meeting Dr. Jennings asked if there were any corrections, additions or deletions to the draft meeting minutes. With no revisions or corrections, the Committee members approved the minutes as written.

PDL Management

PDL Phase II – New Drug Review (Therapeutic Class)

1. **Epiduo[®] Forte Gel, Panoxyl[®] 3% Gel, and adapalene lotion (Acne Agents):** Dr. Madiraju presented the clinical information on Epiduo[®] Forte Gel (benzoyl peroxide, adapalene), Panoxyl[®] 3% Gel (benzoyl peroxide), and adapalene lotion (generic for Differin[®]). Dr. Madiraju motioned that Epiduo[®] Forte Gel, Panoxyl[®] 3% Gel, and adapalene lotion be PDL eligible. With the motion seconded, the Committee voted unanimously to consider these products as PDL eligible.
2. **Natesto[™] Nasal Gel (Androgenic Agents):** Dr. Madiraju presented the clinical information on Natesto[™] Nasal Gel. Dr. Madiraju motioned that Natesto[™] Nasal Gel be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this product as PDL eligible.
3. **Cresemba[®] (Antifungals, Oral):** Dr. Madiraju presented the clinical information on Cresemba[®]. Dr. Madiraju motioned that Cresemba[®] be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this product as PDL eligible.
4. **naftifine cream (Antifungals, Topical):** Dr. Madiraju noted the new generic naftifine cream, the generic for Naftin[®] Cream. Dr. Madiraju motioned that naftifine cream be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this product as PDL eligible.
5. **almotriptan (Antimigraine Agents):** Dr. Barber noted the new generic almotriptan, the generic for Axert[®]. Dr. Barber motioned that almotriptan be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this product as PDL eligible.
6. **Daklinza[™] and Technivie[™] (Antivirals, Hepatitis C):** Dr. Selby-Penczak presented the clinical information on Daklinza[™] (daclatasvir) and Technivie[™] (ombitasvir, paritaprevir, ritonavir). Dr. Selby-Penczak motioned that Daklinza[™] and Technivie[™] be PDL eligible. With the motion seconded, the Committee voted unanimously to consider these products as PDL eligible.

Speakers

- Mohamed Omar, PhD, RPh, Director, Health Economics & Outcomes Research, BMS (Daklinza[™])
 - Olivia Lee, PharmD, Medical Outcomes Science Liaison, Abbvie (Technivie[™])
7. **risedronate (Bone Resorption Suppression):** Dr. Selby-Penczak noted the new generic risedronate, the generic for Atelvia[™]. Dr. Selby-Penczak motioned that risedronate be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this product as PDL eligible.

8. **Toujeo® Solostar® (Diabetes Hypoglycemics Insulins):** Dr. Selby-Penczak presented the clinical information on Toujeo® Solostar® (insulin glargine). Dr. Selby-Penczak motioned that Toujeo® Solostar® be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this product as PDL eligible.
9. **Glatopa® (Multiple Sclerosis):** Dr. Selby-Penczak presented the clinical information on Glatopa® (glatiramer acetate). Dr. Selby-Penczak motioned that Glatopa® be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this product as PDL eligible.
10. **Tivorbex™ and naproxen cream (Nonsteroidal Anti-Inflammatory Drugs):** Dr. Selby-Penczak presented the clinical information on Tivorbex™ and naproxen cream (generic for Naprelan®). Dr. Selby-Penczak motioned that Tivorbex™ and naproxen cream be PDL eligible. With the motion seconded, the Committee voted unanimously to consider these products as PDL eligible.
11. **aspirin, dipyridamole (Platelet Aggregation Inhibitors):** Dr. Barber noted the new generic aspirin, dipyridamole (generic for Aggrenox®). Dr. Barber motioned that aspirin, dipyridamole be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this product as PDL eligible.
12. **Aptensio® XR (Stimulants and Related Agents):** Dr. Barber presented the clinical information on Aptensio® XR (methylphenidate). Dr. Barber motioned that Aptensio® XR be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this product as PDL eligible.
13. **DermacinRX® Lexitral Topical Cream (Topical Analgesic Agents and Anesthetics):** Dr. Selby-Penczak presented the clinical information on DermacinRX® Lexitral Topical Cream (diclofenac/capsicum). Dr. Selby-Penczak motioned that DermacinRX® Lexitral be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this product as PDL eligible.

PDL Phase I – Annual Review

1. **Antibiotics, Vaginal:** Dr. Selby-Penczak presented the Antibiotics, Vaginal clinical information. Dr. Selby-Penczak motioned that Antibiotics, Vaginal continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
2. **Bile Salts:** Dr. Selby-Penczak presented the Bile Salts clinical information. Dr. Selby-Penczak motioned that Bile Salts continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
3. **Phosphate Binders:** Dr. Selby-Penczak presented the Phosphate Binders clinical information. Dr. Selby-Penczak motioned that Phosphate Binders continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
4. **Angiotensin Modulators (ACEs, ARBs, and Combination Products):**

Speaker

- Pallav Raval, PharmD, MBA, Medical Science Liaison, Novartis (Entresto™)

Ms. Abernathy presented the Angiotensin Modulators (ACEs, ARBs, and Combination Products) clinical information. Ms. Abernathy motioned that Angiotensin Modulators (ACEs, ARBs, and Combination Products) continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

5. **Angiotensin Modulators II (Direct Renin Inhibitors and Combination Products):** Ms. Abernathy presented the Angiotensin Modulators II (Direct Renin Inhibitors and Combination Products) clinical information. Ms. Abernathy motioned that Angiotensin Modulators II (Direct Renin Inhibitors and Combination Products) continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
6. **Antihypertensives, Sympatholytics:** Ms. Abernathy motioned that Antihypertensives, Sympatholytics continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
7. **Beta Blockers (Includes Combination Products):** Ms. Abernathy presented the Beta Blockers clinical information. Ms. Abernathy motioned that Beta Blockers continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
8. **Calcium Channel Blockers (Includes Dihydropyridine and Non-Dihydropyridine Agents):** Ms. Abernathy motioned that Calcium Channel Blockers continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
9. **Lipotropics, Other (Includes Bile Acid Sequestrants, Cholesterol Absorption Inhibitor Agent, Fibric Acid Derivatives, Microsomal Triglyceride Transfer Protein Inhibitor, Oligonucleotide Inhibitors, Omega 3 Agents, and Proprotein Convertase Subtilisin/Kexin type 9 (PCSK9)):** Ms. Abernathy presented the Lipotropics, Other clinical information. Ms. Abernathy motioned that Lipotropics, Other continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
10. **Lipotropics, Statins:** Ms. Abernathy presented the Lipotropics, Statins clinical information. Ms. Abernathy motioned that Lipotropics, Statins continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
11. **Pulmonary Hypertension Agents (Endothelin-1 Agents, PDE-5 Inhibitors, Prostacyclin Analogues, Prostacyclin Vasodilator, and Soluble Guanylate Cyclase Stimulators):**

Speaker

- Lee Ann McDowell, PharmD, Senior Medical Liaison, Actelion (Opsumit®)

Ms. Abernathy presented the Pulmonary Hypertension Agents clinical information. Ms. Abernathy motioned that Pulmonary Hypertension Agents continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

12. **Alzheimer's Agents:** Dr. Dhillon presented the Alzheimer's Agents clinical information. Dr. Dhillon motioned that Alzheimer's Agents continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

13. Anticonvulsants:

Speaker

- Ronald DePue, PharmD, Director, Health Economics & Outcomes Research, Sunovion Pharmaceuticals, Inc. (Aptiom®)

Dr. Dhillon presented the Anticonvulsants clinical information. Dr. Dhillon motioned that Anticonvulsants continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

14. Antidepressants, Other: Dr. Dhillon motioned that Antidepressants, Other continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

15. Antidepressants, SSRI: Dr. Dhillon motioned that Antidepressants, SSRI continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

16. Antipsychotics:

Speakers

- Ronald DePue, PharmD, Director, Health Economics & Outcomes Research, Sunovion Pharmaceuticals, Inc. (Latuda®)
- Michael DeLucia, Director Medical Affairs, Otsuka (Rexulti®)

Dr. Dhillon presented the Antipsychotics clinical information. Dr. Dhillon motioned that Antipsychotics continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

17. Sedative Hypnotics (Includes Other Hypnotics): Dr. Barber motioned that Sedative Hypnotics continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

18. Immunological Atopic Dermatitis: Dr. Madiraju presented the Immunological Atopic Dermatitis clinical information. Dr. Madiraju motioned that Immunological Atopic Dermatitis continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

19. Steroids, Topical: Dr. Madiraju presented the Steroids, Topical clinical information. Dr. Madiraju motioned that Steroids, Topical continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

20. Growth Hormones:

Speakers

- Erik Hecht, PharmD, Medical Liaison, Novo-Nordisk (Norditropin®)
- Donna King, PhD, Director, Medical & Research Specialist, Pfizer (Genotropin®)

Dr. Madiraju presented the Growth Hormones clinical information. Dr. Madiraju motioned that Growth Hormones continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

21. **Glucocorticoids, Oral:** Dr. Madiraju motioned that Glucocorticoids, Oral continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
22. **Hereditary Angioedema (HAE):** Ms. Abernathy motioned that Hereditary Angioedema (HAE) continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
23. **Progestins for Cachexia:** Dr. Johnson motioned that Progestins for Cachexia continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
24. **Antiemetic/Antivertigo Agents:** Dr. Johnson presented the Antiemetic/Antivertigo Agents clinical information. Dr. Johnson motioned that Antiemetic/Antivertigo Agents continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
25. **H. Pylori Treatment:** Dr. Johnson motioned that H. Pylori Treatment continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
26. **Histamine-2 Receptor Antagonists (H-2RA):** Dr. Johnson motioned that Histamine-2 Receptor Antagonists continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
27. **Gastrointestinal (GI) Motility, Chronic:** Dr. Johnson presented the Gastrointestinal (GI) Motility, Chronic clinical information. Dr. Johnson motioned that Gastrointestinal (GI) Motility, Chronic continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
28. **Proton Pump Inhibitors:** Dr. Johnson motioned that Proton Pump Inhibitors continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
29. **Ulcerative Colitis (Oral and Rectal):** Dr. Johnson presented the Ulcerative Colitis (Oral and Rectal) clinical information. Dr. Johnson motioned that Ulcerative Colitis (Oral and Rectal) continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
30. **BPH Agents (includes Alpha Blockers, Androgen Hormone Inhibitors and Phosphodiesterase (PDE) 5 Inhibitor for BPH treatment):** Dr. Johnson motioned that BPH Agents continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
31. **Bladder Relaxants:** Dr. Johnson motioned that Bladder Relaxants continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

32. **Ophthalmics - Antibiotic/Steroid Combinations:** Dr. Madiraju motioned that Ophthalmics - Antibiotic/Steroid Combinations continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
33. **Ophthalmics - Antibiotics:** Dr. Madiraju motioned that Ophthalmics - Antibiotics continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
34. **Ophthalmics - Anti-Inflammatory Agents (includes Ophthalmic NSAIDS & Corticosteroids):** Dr. Madiraju motioned that Ophthalmics - Anti-Inflammatory Agents continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
35. **Ophthalmics - Allergic Conjunctivitis (includes Ophthalmic Antihistamines & Mast Cell Stabilizers):** Dr. Madiraju presented the Ophthalmics - Allergic Conjunctivitis clinical information. Dr. Madiraju motioned that Ophthalmics - Allergic Conjunctivitis continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
36. **Ophthalmics - Glaucoma Agents (includes Alpha-2 Adrenergic, Beta-blockers, Carbonic Anhydrase Inhibitors, Prostaglandin Inhibitors):** Dr. Madiraju presented the Ophthalmics - Glaucoma Agents clinical information. Dr. Madiraju motioned that Ophthalmics - Glaucoma Agents continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
37. **Anti-Allergens, Oral:** Dr. Vourlekis motioned that Anti-Allergens, Oral continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
38. **Antibiotics, Inhaled:**

Speaker

- Nauman Chaudary, MD, Director Adult Cystic Fibrosis Program, VCU

Dr. Vourlekis motioned that Antibiotics, Inhaled continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

39. **Antihistamines Minimally Sedating:** Dr. Madiraju motioned that Antihistamines Minimally Sedating continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
40. **Bronchodilators Long Acting Beta Adrenergics:** Dr. Madiraju motioned that Bronchodilators Long Acting Beta Adrenergics continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.
41. **Bronchodilators Short Acting Beta Adrenergics:** Dr. Vourlekis presented the Bronchodilators Short Acting Beta Adrenergics clinical information. Dr. Vourlekis motioned that Bronchodilators Short Acting Beta Adrenergics continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

42. COPD (includes Anticholinergics, Bronchodilators and Phosphodiesterase 4 (PDE4) Inhibitors):

Speakers

- Cindy Garris, Health Outcomes Liaison, GSK (Anoro[®] Ellipta[®] and Incruse[®] Ellipta[®])
- Erica Jessie, PharmD, Assoc. Director Health Economics & Outcomes Research, Boehringer-Ingelheim (Stiolto[™] Respimat[®])

Dr. Vourlekis presented the COPD Agents clinical information. Dr. Vourlekis motioned that COPD Agents continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

- 43. Cough & Cold Agents (Legend):** Dr. Vourlekis motioned that Cough & Cold Agents (Legend) continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

44. Epinephrine, Self-Injected:

Speaker

- Marc Bernarducci, PharmD, Director, Medical Science Liaison, Mylan (Epi Pen[®])

Dr. Vourlekis motioned that Epinephrine, Self-Injected continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

45. Respiratory Glucocorticoids (includes nebulized solutions, metered dose inhalers and combinations):

Speaker

- Cindy Garris, Health Outcomes Liaison, GSK (Breo[®] Ellipta[®] and Arnuity[™] Ellipta[®]))

Dr. Vourlekis presented the Respiratory Glucocorticoids clinical information. Dr. Vourlekis motioned that Respiratory Glucocorticoids continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

- 46. Intranasal Rhinitis (includes Antihistamines and Corticosteroids):** Dr. Vourlekis presented the Intranasal Rhinitis clinical information. Dr. Vourlekis motioned that Intranasal Rhinitis continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

- 47. Leukotriene Modifiers:** Dr. Vourlekis presented the Leukotriene Modifiers clinical information. Dr. Vourlekis motioned that Leukotriene Modifiers continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

Comments from the Office of the Attorney General

Ms. Usha Koduru from the Attorney General's office stated that under the Virginia Freedom of Information Act (FOIA), specifically Virginia Code section 2.2-3711, a public body such as the P&T Committee, may go into a closed session for any one of the 47 reasons listed in that statute. The discussion of manufacturer and wholesaler prices is not one of the 47 reasons listed.

She stated the Attorney General strongly supports the principles of open government embodied by the FOIA and believes in the opportunity of the Commonwealth's citizens to witness the operation of government to the fullest extent.

Federal Law 42 U.S.C. 1396r-8(b) (3) (D) requires such pricing information to be kept confidential. On this point, federal law supersedes the Virginia FOIA. Since the P&T Committee must discuss this pricing information as part of its duties, pursuant to federal law a confidential meeting must occur for the consideration of this pricing information she cautioned only this confidential pricing information should be discussed.

Dr. Madiraju made a motion for the P&T Committee to resume the meeting in another room to discuss this confidential information regarding prices charged by the manufacturers and wholesalers of the drug classes discussed at this P&T Committee meeting. This confidential meeting is authorized by Federal Law at 42 U.S.C. § 1396r-8(b) (3) (D) that requires this information be kept confidential.

The motion was seconded and unanimously approved by the Committee.

Following the Confidential Session, the Committee members re-assembled in the 7th floor conference room. Dr. Jennings confirmed that to the best of each of the Committee member's knowledge the only information discussed at the confidential meeting was information regarding prices charged by the manufacturers and wholesalers of the drug classes discussed at this P&T Committee meeting. As authorized by Federal Law at 42 U.S.C. § 1396r-8(b) (3) (D) that requires this information to be kept confidential. A motion was made to resume the meeting. The motion was seconded and unanimously approved by the Committee.

<i>PDL Changes Effective January 1, 2016</i>
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New Drugs Phase II: Dr. Madiraju motioned that TechnivieTM and DaklinzaTM are preferred with clinical criteria. The motion was seconded and unanimously approved by the Committee.

Dr. Madiraju motioned that all other products presented remain non-preferred. The motion was seconded and unanimously approved by the Committee.

Phase I Annual Review

Dr. Madiraju made the following motions that were seconded and approved unanimously by the Committee (note the motions are for changes to the current PDL status):

1. **Lipotropics – Fibrin Acid Derivatives:** fenofibrate (generic Fenoglide[®]) and fenofibrate (generic Tricor[®]) are non-preferred. Tricor[®] is preferred.
2. **Lipotropics – Omega 3 Fatty Acid Agent:** Omega-3 Acid Ethyl Esters continues to be non-preferred.
3. **Lipotropics – Niacin Derivatives:** Niacor[®] is non-preferred.
4. **Lipotropics – Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitor:** RepathaTM Syringe, RepathaTM Sureclick, Praluent[®] Pen, and Praluent[®] Syringe are non-preferred.
5. **Antibiotics, Inhaled:** Kitabis[®] Pak and Bethkis[®] are preferred. TobiTM Inhalation is non-preferred.

6. **Anticonvulsants:** Depakote® Sprinkle, felbamate tablet, and felbamate suspension are preferred. Divalproex sprinkle, Felbatol® Tablet, and Felbatol® suspension are non-preferred.
7. **Epinephrine, Self-Injected:** Auvi-Q® is preferred. EpiPen® and EpiPen® Jr are non-preferred.
**Post meeting addition: On October 28, 2015, Sanofi announced a voluntary nationwide recall of Auvi-Q® due to potential inaccurate dosage delivery. Due to the unavailability of Auvi-Q®, EpiPen® and EpiPen® will remain as preferred agents on Virginia Medicaid's PDL effective 1/1/16.
8. **Alzheimer's Agents:** memantine tablet is preferred. Namenda® tablet and memantine tablet dose pack are non-preferred.
9. **Glucocorticoids, Oral:** budesonide EC is preferred. Entocort® EC is non-preferred.
10. **Antibiotics, Vaginal:** metronidazole gel is preferred. Metrogel® and Vandazole® Gel are non-preferred.
11. **Beta Adrenergic Agents Short Acting:** Proair® HFA is preferred.
12. **Nasal Steroids:** fluticasone is preferred.
13. **Antihistamines: Intranasal:** Astepro® 0.15% is non-preferred.
14. **H. Pylori Treatment:** Prevpac® is non-preferred.
15. **Urinary Antispasmodics:** Oxytrol® Transdermal is non-preferred.
16. **Leukotriene Modifiers:** Accolate® is non-preferred.
17. **Ophthalmic for Allergic Conjunctivitis - Antihistamines:** Pazeo™ is preferred.
18. **Ophthalmic – Glaucoma Agents – Alpha 2 Adrenergic Agents :** apraclonidine 0.5% drops is preferred and Iopidine® is non-preferred.
19. **Ophthalmic – Glaucoma Agents – Beta Blockers :** Combigan® is preferred.
20. **Androgen Hormone Inhibitors for BPH:** Avodart® is non-preferred.
21. **ACE Inhibitors and ACE Inhibitors + Diuretic Combinations:** captopril/HCTZ is non-preferred.
22. **Angiotensin Receptor Blockers and Angiotensin Receptor Blockers + Diuretic Combinations:** Entresto™ is preferred with clinical criteria.
23. **Phosphate Binders:** Renvela® Tablet is preferred.

Dr. Madiraju made the following motion to make no changes to the following PDL drug classes, which was seconded and approved unanimously by the Committee:

- Lipotropics – Bile Acid Sequestrants
- Lipotropics – Cholesterol Absorption Inhibitor (CAI)

- Lipotropics – Niacin Derivatives & HMG COA Reductase Inhibitors (Statins) Combination
- Lipotropics – Microsomal Triglyceride Transfer Protein Inhibitor
- Lipotropics – Oligonucleotide Inhibitor
- Beta Adrenergic Agents Short Acting Nebulizers
- Beta Adrenergic Agents Long Acting
- Ophthalmic for Allergic Conjunctivitis – Mast Cell Stabilizers
- Ophthalmic – Glaucoma Agents – Carbonic Anhydrase Inhibitors
- Ophthalmic – Glaucoma Agents – Prostaglandin Analogs
- Alpha-Blockers for BPH
- Phosphodiesterase (PDE) Type 5 Inhibitor for BPH
- Direct Renin Inhibitors (Include Combinations)
- ACE Inhibitors + Calcium Channel Blocker Combinations
- Angiotensin Receptor Blockers + Calcium Channel Blocker Combinations
- Anti-Allergens, Oral
- Antidepressants, Other
- Antidepressants, SSRIs
- Antiemetic/Antivertigo Agents
- Second Generation Antihistamines and Combinations
- Antihypertensives, Sympatholytics
- Antipsychotics
- Beta Blockers and Beta Blockers + Diuretic Combinations
- Bile Salts
- Non-Dihydropyridine Calcium Channel Blockers
- Dihydropyridine Calcium Channel Blockers
- COPD – Bronchodilators and Phosphodiesterase 4 (PDE4) Inhibitors
- Cough and Cold, Non-Narcotic
- Cough and Cold, Narcotic
- GI Motility, Chronic
- Inhaled Glucocorticoids – Metered Dose Inhalers, Nebulizer Solution, and Combination Products (Glucocorticoids and Beta Adrenergic)
- Growth Hormones
- HAE Treatments
- Atopic Dermatitis – Topical
- Lipotropics – HMG COA Reductase Inhibitors and Combinations (High Potency Statins)
- Lipotropics – HMG COA Reductase Inhibitors (Statins)
- Ophthalmic Antibiotic-Steroid Combinations
- Ophthalmic Antibiotics
- Ophthalmic, Anti-Inflammatories – Ophthalmic NSAIDs and Corticosteroids
- PAH Agents, Oral and Inhaled – PDE5 Inhibitor, Endothelin-1 Agents, Prostacyclin Analogues, Prostacyclin Vasodilator, and Soluble Guanylate Cyclase Stimulators
- Progestins Used for Cachexia
- Proton Pump Inhibitors
- Sedative Hypnotics – Benzodiazepine and Non-Benzodiazepine
- Steroids, Topical Low
- Steroids, Topical Medium
- Steroids, Topical High

- Steroids, Topical Very High
- Ulcerative Colitis – Oral and Rectal
- H2 Receptor Antagonists

Clinical Criteria

The Committee reviewed and discussed the proposed clinical criteria. Dr. Madiraju made the following motion to implement clinical criteria for the following drugs and drug classes, which was seconded and approved unanimously by the Committee:

- Antifungals, Oral (Cresemba[®])
- Antivirals Hepatitis C (Daklinza[™] and Technivie[™])
- Stimulants and Related Agents (Aptensio[®] XR)
- Cardiac Medications Angiotension Modulators (Entresto[™])
- Lipotropics, Other (Praluent[®] and Repatha[™])
- GI Motility, Chronic (Relistor[®])
- Genitourinary, BPH (Cialis[®] and tadalafil)
- Antibiotics, Inhaled
- Bronchodilators Long Acting Beta Adrenergics

The next P&T Committee Meeting is tentatively scheduled for April 14, 2016.

Dr. Jennings adjourned the meeting.