

West Virginia Medicaid Pharmacy Solutions



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WEST VIRGINIA MEDICAID PHARMACY DEPARTMENT

http://www.dhhr.wv.gov/bms/Pharmacy

PROVIDER SERVICES

888-483-0793 888-483-0801 (Pharmacy) 304-348-3360 Monday – Friday 8:00 am until 5:00 pm

PHARMACY HELP DESK& PHARMACY PRIOR AUTHORIZATION (RATIONAL DRUG THERAPY PROGRAM)

800-847-3859 (Phone) 800-531-7787 (Fax) Monday – Saturday 8:30 am until 9:00 pm Sunday 12:00 pm until 6:00 pm

MEMBER SERVICES

888-483-0797 304-348-3365 Monday – Friday 8:00 am until 5:00 pm

PREFERRED DRUG LIST

For a copy of the most recent preferred drug list, visit:

http://www.dhhr.wv.gov/bms/Pharmacy/Pa ges/pdl.aspx

STATE MAXIMUM ALLOWABLE COST (SMAC)

SMAC Review Form:

http://www.dhhr.wv.gov/bms/Pharmacy/Pa ges/smac.aspx

Please refer questions to Magellan at 1-800-763-7382 or e-mail to StateSMACProgram@magellanhealth.com.

NEUROPATHIC PAIN, THE TREATMENT 1, 2, 3, 4, 5, 6

Neuropathic pain can be defined as the pain that evolves as a result of direct injury or disease to the nervous system, specifically the somatosensory system. Neuropathic pain can be caused by a number of disease states, such as diabetes mellitus, herpes zoster and human immunodeficiency virus (HIV) infection, as well as medical interventions (e.g., chemotherapy, surgery) and injuries. Neuropathic pain is most commonly associated with diabetic peripheral neuropathy (DPN), post-herpetic neuralgia (PHN), or lumbar nerve root compression.

Diabetic peripheral neuropathic pain (DPNP) is a common complication of diabetes mellitus. The etiology, though not completely understood, is thought to be multifactorial. Current consensus guidelines (2006) from the Mayo Clinic recommend duloxetine, as well as oxycodone CR, pregabalin and tricyclic antidepressants as first-tier agents for the treatment of DPNP. Venlafaxine ER, along with tramadol and antiepileptics such as carbamazepine, gabapentin, and lamotrigine, are identified as second-tier agents. These guidelines were supported by a grant from the manufacturer of duloxetine. According to the 2011 American Academy of Neurology Guidelines for the management of diabetic neuropathic pain, treatments include pregabalin (Level A recommendation) which is established as effective and amitriptyline, duloxetine, venlafaxine, gabapentin, valproate, opioids (morphine sulfate, oxycodone controlled-release, or tramadol), or topical capsaicin (all Level B recommendations), which are probably effective.

Post-herpetic neuralgia (PHN) is a long-lasting pain disorder that causes pain from stimuli that are not normally painful. The current 2004 American Academy of Neurology treatment guidelines advise that tricyclic antidepressants, gabapentin, pregabalin, opioids, and lidocaine transdermal patches can be used as the first option in treating PHN.⁹

Fibromyalgia is a chronic disorder characterized by pain, fatigue, and sleep disturbances. It predominantly affects women and is difficult to treat. Tricyclic antidepressants (TCAs), a class of drugs not approved for the treatment of fibromyalgia, have been found to be effective in a couple of trials of short duration. ^{10,11} Gabapentin, also not approved for the treatment of fibromyalgia, has data to support its effectiveness in the treatment of fibromyalgia as well. ¹² The American Pain Society (APS) last produced guidelines for fibromyalgia pain treatment in 2005, prior to any product receiving FDA approval for treatment of this condition. ¹³ FDA-approved drugs for the treatment of fibromyalgia now include duloxetine, milnacipran, and pregabalin. The APS guidelines recommend amitriptyline (and other TCAs) or cyclobenzaprine as the initial pharmacologic option, with selective serotonin reuptake inhibitors (SSRIs), tramadol, and opioids also listed as subsequent options. Amitriptyline and cyclobenzaprine received the highest ranking regarding strength and consistency of evidence at the time. There is no comparative evidence to support the superiority of any of these products in fibromyalgia.

QUESTION ABOUT A STATE MAXIMUM ALLOWABLE COST (SMAC)?

Pharmacy providers may submit West Virginia State Maximum Allowable Cost (SMAC) related inquiries directly to the Magellan SMAC Team by completing a Price Research Request form and providing evidence of their pricing or difficulty obtaining the pharmaceutical at the set price (typically an invoice). Once the Price Research request has been received, the Magellan SMAC Team will review available resources and make a determination based on current market availability.

The Magellan SMAC Team will provide a timely written response indicating the outcome (whether approved or denied). If a SMAC price adjustment is not warranted, the Magellan SMAC Team will provide alternatives, when possible, that demonstrate product availability below the current SMAC.

For additional information pertaining to SMAC and to access the Price Research Request form, please visit http://www.dhhr.wv.gov/bms/Pharmacy/Pages/smac.aspx

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UPCOMING PREFERRED DRUG LIST (PDL) CHANGES

Please be advised that the Bureau for Medical Services, based on recommendations made at the October 24, 2012 meeting of the West Virginia Medicaid Pharmaceutical & Therapeutics Committee, is making the changes listed below to the Preferred Drug List (PDL). The complete PDL with criteria is available on the Bureau's website at http://www.dhhr.wv.gov/bms/Pharmacy/Pages/pdl.aspx.

On January 1, 2013, the following changes will be effective:

Drug Class	The following products will become	The following products will become non-preferred
	preferred products:	products and require prior authorization (PA):
Analgesics, Narcotic, Long-Acting, Non-Parenteral	methadone soluble tablets	Kadian
		Opana ER Opana ER
Analgesics, Narcotic, Short-Acting, Non-Parenteral	butalbital/caffeine/APAP w/ codeine	dihydrocodeine/APAP/caffeine hydrograph and a propositioning
		hydromorphone suppositories
		levorphanoloxycodone/ASA (brand)
Angiotopsin Modulators	irbesartan	Avalide
Angiotensin Modulators	• irbesartan/HCTZ	Avanue Avapro
Angiotensin Modulators, Direct Renin Inhibitors	Tibesartan/Tie12	Amturnide
		Tekamlo
		Tekturna
		Tekturna Tekturna HCT
		Valturna
Anticoagulants		Arixtra
Anticoagulants Anticholinergic-Beta Agonist Combinations	Combinant Posnimat	- FILAUG
	Combivent Respirat	- degrees OPT
Anticonvulsants	carbamazepine XR Taggetal XB	clonazepam ODT divelorepy sprinkle
	Tegretol XR	divalproex sprinkle othosyximide sapsule
		ethosuximide capsule Zongatio graphs
Author was to Other		Zarontin syrup
Antidepressants, Other	• bupropion	Marplan Navelile
	Parnate	Nardil Nardil
Autido consento CCDI.	• phenelzine	tranylcypromine sulfate
Antidepressants, SSRIs	escitalopram tablets	fluoxetine tablet
A .: .: 5170 D		Lexapro
Antiemetics, 5HT3 Receptor Blockers		ondansetron solution
Antifungals, Topical		ketaconazole foam Nafria zal
		Naftin gel Pedipirox-4
Antihistamines, Minimally Sedating	cetirizine solution	cetirizine chewable tablets
Antipsychotics, Atypical	Fanapt tablet Latuda	Geodon Invega
	LatudaSaphris	Invega
	Sapnrisziprasidone capsule	
Antivirals, Topical	- Elprusidone cupsule	Abreva OTC
Antivirais, Topicai		Denavir
Bladder Relaxant Preparations		• flavoxate
BPH Agents		Avodart
gente		• Cialis 5 mg
Bronchodilators & Respiratory Drugs, Inhaled,		Maxair
Short-Acting		Ventolin HFA
Calcium Channel Blockers		diltiazem LA
		Matzim LA
		nisoldipine
		verapamil ER PM
Cephalosporins		cefaclor tablet ER
		cefadroxil suspension
		cefditoren

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		• cefpodoxime
		cephalexin tablet Spectracef
GI Antibiotics		Alinia
Glucocorticoids, Inhaled		Pulmicort Flexhaler
Glucocorticoids, Topical	fluocinonide emollient	betamet diprop / prop gly lotion
	hydrocortisone solution OTC	betamet diprop / prop gly oint.
	hydrocortisone-aloe ointment OTC	betamethasone dipropionate oint.
	hydrocortisone/min oil/pet oint.	betamethasone valerate oint.
	Neosporin OTC	desoximetasone
	hydrocortisone butyrate oint/solution	fluocinonide oint.
		triamcinolone acetonide lotion Arus Chaplia IIC
		Aqua Glycolic HC Describe Letting
		Desonide Lotion
		hydrocortisone acetate/urea hydrocortisone lating bydrocortisone (alea call)
		hydrocortisone lotion, hydrocortisone/aloe gel Pediadorm UC
		Pediaderm HC Pediaderm TA
		Pediaderm TA fluocinolone acetonide
		Halac Halonate
		Ultravate Pac Cream
Laubatuiana Madifiaa		
Leukotriene Modifies		Singulair
Lipotropics, Other	Niacin OTC	colestipol granules
	Niacor	• Lovaza
	Slo-Niacin OTC	
	Zetia	
Lipotropics, Statins		Crestor
NSAIDs		diflunisal
		etodolac tab SR
		indomethacin capsule ER
		oxaprozin
Ophthalmic Antibiotics	 bacitracin/polymyxin B sulfate Oint. 	bacitracin
	erythromycin	BLEPH-10
	gentamicin	garamycin
	Ilotycin	Natacyn
	 polymyxin/trimethoprim 	neomycin/bacitracin/polymyxin Oint
	sulfacetamide solution	neomycin-polymyxin-gramicidin
	tobramycin	Neosporin
		Polytrim
		sulfacetamide ointment
		Tobrex
		Zymar
Ophthalmic Antibiotic/Steroid Combinations	Maxitrol	
	 neomycin/bacitracin/poly/HC 	
Ophthalmic Anti-inflammatory	dexamethasone	Flarex
	diclofenac	• FML
	fluorometholone	FML Forte
	prednisolone acetate	Maxidex
		Omnipred
		Ozurdex
		Pred Forte
		Pred Mild
		prednisolone sodium phosphate
		Retisert
		Triesence
Ophthalmic, Glaucoma		apraclonidine
		betaxolol
		lopidine

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Oral Fluoroquinolones		ciprofloxacin ER
		levofloxacin solution
Otic Antibiotics	Cortisporin Solution	Coly-Mycin S
	 neomycin/polymixin/HC solution/suspension 	Cortisporin-TC
Pancreatic Enzymes	Pancrelipase (Oral)	
Parathyroid Agents	Hectorol	
Phosphate Binders	Eliphos (Oral)	calcium acetate (Oral)
		Fosrenol (Oral)
		Renvela
Progesterones for Cachexia		Megace ES
Psoriatic Agents, Topical	calcipotriene solution	
Pulmonary Antihypertensives, Endothelin	Tracleer (Oral)	
Receptor Antagonists		
Pulmonary Antihypertensives, PDE5s		Revatio (Intraven)
Pulmonary Antihypertensives, Prostacyclins		Veletri
Sedative Hypnotics		• temazepam 22.5 mg & 7.5 mg
Skeletal Muscle Relaxants		dantrolene sodium (oral)
Stimulants and Related Agents		dextroamphetamine Capsule ER
		methylphenidate solution
Sublingual Nitroglycerin	Nitrolingual Spray	
Topical Antibiotics		Centany
		 neomycin/polymyxin/pramoxine
Ulcerative Colitis Agents	 balsalazide 	Colazal

Additionally, Lyrica may be subject to step edit and/or diagnosis criteria beginning 1/1/2013. Lyrica will be approved for a diagnosis of seizure disorders or neuropathic pain associated with a spinal cord injury. For a diagnosis of fibromyalgia, postherpetic neuralgia, or diabetic neuropathy, patients must have a history of therapeutic failure of gabapentin at a therapeutic dose range (900-2,400 mg/day) for thirty (30) days within the previous 24-month period or intolerance due to a potential adverse drug-drug interaction, drug-disease interaction, or intolerable side effect. In cases of renal impairment, doses may be adjusted based on the degree of impairment.

Thank you for helping West Virginia Medicaid members maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

¹O'Connor AB, Dworkin RH. Treatment of Neuropathic Pain: An Overview of Recent Guidelines. American Journal of Medicine. 2009; 122(10A):S22-S32.

² Goldenberg DL, Burckhardt C, Crofford L, et al. Management of fibromyalgia syndrome. JAMA. 2004; 292(19):2388-2395.

³ Burckhardt CS, Goldenberg D, Crofford L, et al. Guideline for the management of fibromyalgia syndrome pain in adults and children. American Pain Society; 2005. Available at: http://persweb.connect2amc.com/aps/PRODUCTS/ProductDetail/tabid/55/Default.aspx?ProductId=473. Accessed November 2, 2012.

⁴ Clauw DJ. Fibromyalgia: update on mechanisms and management. Journal of Clinical Rheumatology. 2007; 13(2):102-109.

⁵ Perahia DG, Pritchett YL, Desaiah D, et al. Efficacy of duloxetine in painful symptoms: an analgesic or antidepressant effect? Int Clin Psychopharmacol. 2006; 21(6):311-317.

⁶ Rooks DS. Fibromyalgia treatment update. Curr Opin Rheumatol. 2007; 19(2):111-117.

Consensus Guidelines: Assessment, Diagnosis, and Treatment of Diabetic Peripheral Neuropathic Pain. Mayo Clinic Proceedings. 2006; 81:S1-32.

⁸ Bril V, England J, Franklin GM, et al. Evidence-based guideline: treatment of painful diabetic neuropathy. Report of the American Academy of Neurology, the American Association of Neuromuscular and Electrodiagnostic Medicine, and the American Academy of Physical Medicine and Rehabilitation. Neurology. 2011; 76(20):1758-65.

⁹ Dubinsky RM, Kabbani H, El-Chami Z, et al. Practice parameter: treatment of postherpetic neuralgia: an evidence-based report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology. 2004; 63(6):959-65.

¹⁰ Heymann RE, Helfenstein M, Feldman D. A double-blind, randomized, controlled study of amitriptyline, nortriptyline and placebo in patients with fibromyalgia. An analysis of outcome measures. Clin Exp Rheumatol. 2001; 19(6):697-702.

¹¹ Carette S, Bell MJ, Reynolds WJ, et al. Comparison of amitriptyline, cyclobenzaprine, and placebo in the treatment of fibromyalgia. A randomized, double-blind clinical trial. Arthritis Rheum. 1994; 37(1):32-40.

¹² Arnold LM, Goldenberg DL, Stanford SB, et al. Gabapentin in the treatment of fibromyalgia: a randomized, double-blind, placebo-controlled, multicenter trial. Arthritis Rheum. 2007; 56(4):1336-44.

¹³ Buckhardt CS, Goldenberg D, Crofford L, et al. Guideline for the management of fibromyalgia syndrome pain in adults and children. American Pain Society; 2005. 109 p. (Clinical practice guideline; no. 4).