DUR Capsules
News and Information for West Virginia Providers from the West Virginia Bureau for Medical Services (WVBMS)

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Topics Covered in This Issue

Preferred Drug List Updates

The West Virginia Pharmaceutical and Therapeutics Committee has recently approved changes to the Preferred Drug List (PDL), which will be effective January 1, 2016. The approved changes will result in certain agents requiring a prior authorization. This newsletter addresses specific changes to the PDL that are likely to affect your clinical practice.

Alzheimer's Agents

Namzaric™ (donepezil/memantine) will be considered non-preferred.

Analgesics, Narcotics Long-acting (Non-parenteral)

Butrans® (buprenorphine) and Nucynta® ER (tapentadol) will be preferred. Generic fentanyl transdermal patches of strengths 37.5, 62.5, and 87.5 mcg/hr. will be considered non-preferred.

PA criteria require a six (6) day trial of two (2) chemically distinct preferred agents and a six (6) day trial of the generic formulation of a brand preferred agent. If no generic form is available for the requested non-preferred brand agent, then another generic non-preferred agent must be trialed instead.

Analgesics, Narcotics Short-acting (Non-parenteral)

Nucynta® (tapentadol) and generic oxycodone concentrate and solution will be considered preferred agents. Generic oxycodone capsules will be non-preferred.

PA criteria for generic fentanyl buccal, nasal, and sublingual products require a diagnosis of cancer and as an adjunct to a long-acting agent and will not be authorized for monotherapy.

ANDROGENIC AGENTS

Testim® (testosterone) and Natesto™ (testosterone) will be non-preferred agents.

ANGIOTENSIN MODULATORS

ARB Combinations

Tribenzor® (olmesartan/amlodipine/HCTZ) and the generic combination valsartan/amlodipine will be preferred agents. Exforge® (valsartan/amlodipine) and Entresto™ (valsartan/sacubitril) will be non-preferred.

PA criteria for Entresto™ require patients diagnosed with heart-failure NYHA classification 2-4 with an EF less than (<) 40%. No preferred drug trial is required to receive authorization.

ANTICOAGULANTS, INJECTABLE

Fragmin® will be non-preferred.

ANTICONVULSANTS

Adjuvants

Felbamate, Fycompa® (perampanel), levetiracetam ER, oxcarbazepine suspension, and topiramate ER will be preferred agents. Topiramate ER will be authorized after a 30-day trial of topiramate IR.

Felbatol® (felbamate) and Trileptal® suspension (oxcarbazepine) will be non-preferred agents. Patients stabilized on Felbatol® will be grandfathered.

Hydantoins

Dilantin® (phenytoin sodium, extended) will be a preferred agent.

ANTIFUNGALS, ORAL

Cresemba® (isavuconazonium) will be a non-preferred agent.

ANTIPSYCHOTICS, ATYPICAL

Clozapine ODT and olanzapine ODT will be preferred agents. Invega Trinza™ (paliperidone) will be a preferred agent but will only be authorized after four (4) months treatment with Invega Sustenna™. Rexulti® (brexpiprazole) and Saphris® (asenapine) will be non-preferred.

PA criteria for Latuda® (lurasidone) requires a history of a trial of one other preferred drug.

PA criteria allow patients stabilized on a non-preferred drug to continue that drug.

BETA BLOCKERS

Generic propranolol ER will be a non-preferred agent but will be authorized for patients with a diagnosis of migraines. Existing users will be grandfathered for use in migraine prophylaxis.

BLADDER RELAXANT PREPARATIONS

Toviaz® (fesoterodine) will be a non-preferred agent.

BRONCHODILATORS, BETA AGONISTS

ProAir® RespiClick (albuterol) will be a non-preferred agent.

COPD AGENTS

Anticholinergic-Beta Agonist Combinations

Stiolto™ Respimat® (tiotropium/olodaterol) will be a non-preferred agent.

PA criteria for Anoro® Ellipta® and Stiolto Respimat will require the following criteria to be met:

1) Patient must be 18 years of age or older; **AND**
2) Patient must have had a diagnosis of COPD; **AND**
3) Patient must have had a 30-day trial of a LABA; **AND**
4) Patient must have had a **concurrent** 30-day trial with a long-acting anticholinergic.

PA criteria for non-preferred agents require more than a sole diagnosis of asthma.

CYTOKINE & CAM ANTAGONISTS

Cosentyx® (secukinumab) will be a preferred agent only for treatment of plaque psoriasis and only after inadequate response to a 90-day trial of Humira®.

The criteria require 90-day trials of both Humira and Enbrel® unless one (1) of the exceptions on the PA form is present before a non-preferred anti-TNF agent will be authorized. For the indication of plaque psoriasis, an additional 90-day trial of Cosentyx will be required.

EPINEPHRINE, SELF-INJECTED

EpiPen® (epinephrine) and EpiPen Jr® (epinephrine) will be preferred agents. Auvi-Q® (epinephrine) will be a non-preferred agent.

GLUCOCORTICOIDS, INHALED

Glucocorticoids

Use of non-preferred Aerospan® will be authorized for children ages 6 through 11 years old without a trial of a preferred agent.

Glucocorticoid/Bronchodilator Combinations

Breo® Ellipta® (fluticasone/vilanterol) will be a preferred agent. Advair Diskus® (fluticasone/salmeterol) will be a non-preferred agent. Please note that Advair will not be

grandfathered. Breo Ellipta is also a combination of an inhaled steroid and a long –acting beta agonist and it onlyh requires once daily inhalation.

GROWTH HORMONE

Nutropin AQ® (somatropin) will be a preferred agent.

HEPATITIS C TREATMENTS

Sovaldi® (sofosbuvir) and Technivie™ (ombitasvir/paritaprevir/ritonavir) will be preferred agents. Daklinza™ (daclatasvir); Moderiba™ (ribavirin, USP) 400 mg, 600 mg; and Moderiba™ Dose Pack will be non-preferred.

Formerly, WV Medicaid prior-authorization criteria had required a fibrosis score of F3 or greater on the Metavir scale. The new criteria for will require a fibrosis score of F2 or greater. Abstinence and compliance requirements are still in effect.

For medication-specific PA criteria, you may refer to http://www.dhhr.wv.gov/bms/BMS%20Pharmacy/PACriteria/Pages/default.aspx.

HYPERPARATHYROID AGENTS

Natpara® (parathyroid hormone) will be a non-preferred agent.

HYPOGLYCEMICS, BIGUANIDES

This is a new class to the PDL.

Preferred Agents	Non-preferred Agents
Metformin	Fortamet® (metformin ER)
Metformin ER	Glucophage® (metformin)
	Glucophage® XR (metformin ER)
	Glumetza® (metformin ER)
	Riomet® (metformin)

The criteria require a 90-day trial of one (1) preferred agent before a non-preferred agent will be authorized unless one (1) of the exceptions on the PA form is present. Glumetza® will only be approved after a 30-day trial of Fortamet®.

HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS

The following criteria changes will apply to all Incretin Mimetics/Enhancers:

- All agents (preferred and non-preferred) require a previous history of a 30-day trial of metformin.
- Non-preferred agents will require a 90 trial of a preferred agent, unless otherwise specified.
- All agents will be approved in six (6) month intervals. For re-authorizations, documentation that A1C levels have decreased by at least 1% or are maintained at less than or equal to (≤) 8% is required. A1C levels submitted must be for the most recent 30-day period.

Injectable

Bydureon® (exenatide) will be a preferred agent after a 30-day trial of Byetta® and will not be authorized with concurrent insulin therapy of any kind.

Concurrent therapy with a bolus insulin is contraindicated with all agents in this class.

Oral

Januvia® (sitagliptin) and Janumet® (sitagliptin/metformin) will be non-preferred agents.

Preferred agents are Tradjenta and Jentadueto.

PA criteria require 90-day trials of each chemically distinct preferred agent before a non-preferred agent will be approved. (Non-preferred combination drugs require a 90-day trial of Jentadueto®).

HYPOGLYCEMICS, INSULIN AND RELATED AGENTS

Novolin® (insulin) will be a non-preferred agent.

Non-preferred Toujeo® SoloStar® will be authorized only after six (6) months of compliance on preferred long-acting insulin. Toujeo will **only** be approved for once daily doses of at least 60 units.

HYPOGLYCEMICS, MEGLITINIDES

The following criteria changes will apply:

- All agents (preferred and non-preferred) require a previous history of a 30-day trial of metformin.
- All agents will be approved in six (6) month intervals. For re-authorizations, documentation that A1C levels have decreased by at least 1% or are maintained at less than or equal to (≤) 8% is required. A1C levels submitted must be for the most recent 30-day period.

HYPOGLYCEMICS, SGLT2 INHIBITORS

All agents will be approved in six (6) month intervals if the following criteria are met:

- **Initial starts** require a diagnosis of type 2 diabetes and an A1C taken within the last 60 days reflecting the patient's current and stabilized regimen. Current A1C must be less than or equal to (≤) 10.5%. No agent in this category shall be approved except as add on therapy to a regimen consisting of metformin (unless contraindicated) and at least one other oral agent prescribed at the maximum tolerable doses for at least 60 days.
- **Re-authorizations** require continued maintenance on a regimen consisting of metformin and at least one other oral agent at the maximum tolerable doses. Documentation must be submitted that the A1C has decreased by at least 1% or is maintained at less than or equal to (≤) 8%.

HYPOGLYCEMICS, TZD

The following criteria changes will apply:

- All agents (preferred and non-preferred) require a previous history of a 30-day trial of metformin.

- All agents will be approved in six (6) month intervals. For re-authorizations, documentation that A1C levels have decreased by at least 1% or are maintained at less than or equal to (≤) 8% is required. A1C levels submitted must be for the most recent 30-day period.

IMMUNE GLOBULINS, IV

Gammaked® (human immunoglobulin gamma), Octagam® (human immunoglobulin gamma), and Privigen® (human immunoglobulin gamma) will be preferred agents.

INTRANASAL RHINITIS AGENTS

The brand corticosteroid Qnasl® HFA (beclomethasone) will be a preferred agent. The brand corticosteroid Nasonex® (mometasone) will be a non-preferred agent.

LIPOTROPICS, OTHER (NON-STATINS)

Fatty Acids

PA criteria require the patient to have an initial triglyceride level greater than or equal to (≥) 500 mg/dL and to have had inadequate response or intolerance to trials of BOTH a nicotinic acid and a fibrate, unless otherwise contraindicated.

Fibric Acid Derivatives

The generics fenofibrate 150 mg and fenofibrate nanocrystallized 48 mg, 145 mg will be preferred. Brand Fibricor™ (fenofibric acid) 120 mg will be a non-preferred agent.

PCSK-9 Inhibitors

Praluent® (alirocumab) will be a non-preferred agent. For specific PA criteria, you may refer to http://www.dhhr.wv.gov/bms/BMS%20Pharmacy/PACriteria/Pages/default.aspx.

MULTIPLE SCLEROSIS AGENTS

Interferons

Betaseron® (interferon beta-1b) will be a preferred agent. Extavia® KIT (interferon beta-1b) will be a non-preferred agent.

Non-Interferons

Gilenya® (fingolimod) will be a preferred agent with the criteria that it will be approved after a 30-day trial of a preferred injectable agent. Glatopa™ (glatiramer) will be non-preferred.

NEUROPATHIC PAIN

Brand Irenka™ (duloxetine) will be non-preferred.

OPHTHALMIC ANTIBIOTICS

Besivance® (besifloxacin) and combination neomycin/polymyxin/gramicidin will be preferred agents.

OPHTHALMIC ANTIBIOTIC/STEROID COMBINATIONS

Tobradex® ST (tobramycin/ dexamethasone) will be a preferred agent. Blephamide® S.O.P. (prednisolone/sulfacetamide) will be non-preferred.

OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS

Alrex® (loteprednol) will be a non-preferred agent.

OPHTHALMICS, GLAUCOMA AGENTS

Sympathomimetics

Alphagan® P 0.15% solution (brimonidine) will be a non-preferred agent.

OTIC ANTIBIOTICS

Cipro® HC (ciprofloxacin/hydrocortisone) and ciprofloxacin will be preferred agents. Ofloxacin will be non-preferred.

SEDATIVE HYPNOTICS

PA criteria require 30-day trials of the preferred agents in both categories before any non-preferred agent will be authorized unless one (1) of the exceptions on the PA form is present. All agents in this class will be limited to 15 tablets in a 30-day period.

STIMULANTS AND RELATED AGENTS

Amphetamines

Dexedrine® ER and the generic dextroamphetamine IR will be preferred agents. Brand Evekeo™ (amphetamine) will be non-preferred.

Non-amphetamine

Clonidine IR, guanfacine IR, dexmethylphenidate IR, methylphenidate ER (authorized generic Concerta®, Actavis labeler 00591), and Methylin® solution (methylphenidate) will be preferred agents.

Aptensio™ XR (methylphenidate), Focalin™ IR (dexmethylphenidate), methylphenidate chewable tablets, and methylphenidate ER will be non-preferred.

Provigil® will be preferred over its generic equivalent and Nuvigil®. The criteria for these drugs require patients to be 16 years of age or older with a diagnosis of narcolepsy.

COMPLETE PDL AVAILABLE ONLINE

The intent of this newsletter is to inform you of the key changes to the West Virginia Medicaid PDL, which will take effect January 1, 2016. It is not intended to serve as a comprehensive list of changes. To access the current list of preferred and non-preferred agents, visit the following website: http://www.dhhr.wv.gov/bms/Pharmacy/Pages/pac.aspx.

Opioid Medication Therapy Management Program at WVU

There is an abundant supply of disparaging statistics regarding the consistently increasing numbers of human lives lost to diseases prevalent to West Virginia, such as addiction or obesity, but each single life is what is truly important to remember. Addiction comes in many forms of unimaginable cravings for legal or illegal substances or actions, such as sugar, caffeine, nicotine, gambling, opioid pain medications, and many others. Recovery has been said to start once a person hits "rock bottom," and with that in mind, our state of West Virginia consistently leads the amount of prescription drug overdose deaths per capita on a national level. Where better than here in West Virginia to have some of the best solutions to the national opioid epidemic be developed?

The WV Violence and Injury Prevention Program (VIPP) has partnered with the WV Bureau of Medical Services (BMS) and the WVU Injury Control and Research Center (ICRC) to collaborate on the *Prescription Drug Overdose (PDO): Boost for State Prevention* grant from the Centers for Disease Control & Prevention (CDC). This CDC grant has provided the opportunity for improving the WV Prescription Drug Monitoring Program (PDMP) and implementing an Opioid Medication Therapy Management (O-MTM) Program at WVU.

The O-MTM Program's goal is to educate patients and providers on appropriate pain management. First, in an effort to educate patients, the O-MTM Program is providing telephonic complete medication reviews (CMRs) to WV Medicaid non-HIV and non-cancer patients who have received 62 days of an opioid medication over the course of the last 90 days. The typical phone conversation with patients reviews topics such as opioid overdose and abuse risk assessment, the safety concerns of opioid medication doses greater than 50 morphine milligram equivalents (MME), drug interactions (such as an opioid and a benzodiazepine), proper medication disposal, opioid side effects (e.g., constipation, tiredness, respiratory depression, increased sensitivity to pain, etc.), the opioid overdose antidote (naloxone), non-pharmacological concepts (proper diet, exercise, and sleep), and assessing for adequate and safe reduction in pain and improved function for patients.

The O-MTM Program is also addressing healthcare professional education via the development of pain management guidelines for our state of West Virginia. These guidelines are being developed by an expert pain management panel of 20 West Virginia residents including doctors, nurses, dentists, pharmacists, and state health officials. Most other medical conditions (such as high blood pressure or diabetes) have set guidelines as to how to approach the treatment of the respective conditions; however, both pain and the typical current guidelines on how to treat it tend to be subjective. There is currently no "holy grail" of pain medication that completely avoids the risk of addiction while eliminating all pain; however, pain is one of the most important signals from the body that something is out of balance and whether it should be eliminated is a bigger question.

All in all, much is being done in our state of West Virginia to address the national opioid epidemic, and you can rest assured that WV BMS is on the frontline of the opioid battlefield.

Introducing Dr. Kelly Melvin

Dr. Kelly Melvin, an assistant professor in the Department of Psychiatry and Behavioral Medicine at Marshall University Joan C. Edwards School of Medicine (JCESOM), has served as a physician consultant to the WV Bureau for Medical Services since February. Specifically, Dr. Melvin has worked with the Office of Pharmacy Services to review medication appeals for children and adolescents receiving psychiatric medications. He has also assisted in the development of an evidence-based approval process for pediatric patients receiving atypical antipsychotics. Dr. Melvin is a 2005 graduate of the JCESOM, and completed a residency in general psychiatry and a fellowship in child and adolescent psychiatry at Vanderbilt University School of Medicine in Nashville, TN. He is board certified in both specialties. Dr. Melvin provides outpatient psychiatric services to patients of all ages, treats hospitalized adult patients at St. Mary's Medical Center, where he also performs electroconvulsive therapy (ECT), and is very active in the teaching of both medical students and resident physicians.

The DUR Capsules is a quarterly newsletter published for West Virginia Medicaid Providers. Information concerning West Virginia Medicaid can be accessed online at http://www.dhhr.wv.gov/bms/.

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