West Virginia Medicaid PDL
Recommended Changes Summary
Pharmaceutical & Therapeutics Committee Meeting
January 25, 2012

Therapeutic Drug Class	Brand Name (Route)	P&T Committee Recommendations	PA Criteria
ANALGESICS, NARCOTIC - LONG ACTING	CONZIP (ORAL)	Non-Preferred	**No change in criteria for this class- Six (6) day trials each of two (2) preferred unique long acting chemical entities are required before a non-preferred agent will be approved unless one of the exceptions on the PDL form is present. The generic form of the requested non-preferred agent, if available, must be tried before the non-preferred agent will be approved.**
ANALGESICS, NARCOTIC - LONG ACTING	NUCYNTA ER (ORAL)	Non-Preferred	
Antibiotics, GI			**A fourteen (14) day trial of a corresponding generic preferred agent is required before a non-preferred brand agent will be approved.**
ANTIBIOTICS, GI	ALINIA SUSPENSION (ORAL)	Preferred	
ANTIBIOTICS, GI	ALINIA TABLET (ORAL)	Preferred	
ANTIBIOTICS, GI	DIFICID (ORAL)	Non-Preferred	**Specific criteria adopted by DUR Board:** Dificid will be prior authorized if the following criteria are met: 1. Diagnosis of *severe Clostridium difficile infection 2. Prior treatment with vancomycin for 10-14 days with no response **Persistent diarrhea with unchanged clinical symptoms* *3. Patient has any of the following risk factors: age >65 years, hypoalbuminemia, is in an immunocompromised state, or has severe underlying disease.* Please refer to PA Guidelines (BMS website) for Treatment Regimens for Mild, Moderate and Severe Clostridium dificile infections
ANTIBIOTICS, GI	FLAGYL CAPSULE (ORAL)	Non-Preferred	Trial of generic preferred agents
ANTIBIOTICS, GI	FLAGYL ER (ORAL)	Non-Preferred	Trial of generic preferred agents
ANTIBIOTICS, GI	FLAGYL TABLET (ORAL)	Non-Preferred	Trial of generic preferred agents
ANTIBIOTICS, GI	METRONIDAZOLE CAPSULE (ORAL)	Non-Preferred	Trial of preferred formulation

ANTIBIOTICS, GI	METRONIDAZOLE TABLET (ORAL)	Preferred	
ANTIBIOTICS, GI	NEO-FRADIN (ORAL)	Preferred	
ANTIBIOTICS, GI	NEOMYCIN (ORAL)	Preferred	
ANTIBIOTICS, GI	TINDAMAX (ORAL)	Preferred	
ANTIBIOTICS, GI	VANCOCIN HCL (ORAL)	Non-Preferred	A fourteen (14) day trial of metronidazole is required for C. dificile infections of mild to moderate severity before Vancocin will be approved unless one of the exceptions on the PA form is present. Vancocin will be approved for severe C. dificile infections with no previous trial of metronidazole. (Please refer to PA Guidelines (BMS website) for Treatment Regimens for Mild, Moderate and Severe Clostridium dificile infections.)
ANTIBIOTICS, GI	XIFAXIN (ORAL)	Non-Preferred	**Specific criteria applies-** Xifaxin 550 mg. will be prior authorized if the following criteria are met: 1.Diagnosis of hepatic encephalopathy. 2.Patient is ≥18 years of age. 3.History of treatment with lactulose. 4.Concurrent treatment with lactulose. Xifaxin 200 mg. will be prior authorized if the following criteria are met: 1.Diagnosis of traveller's diarrhea caused by non-invasive strains of E. coli for patients between 12 and 18 years of age 2.Diagnosis of traveller's diarrhea caused by noninvasive strains of E. coli **and** a previous trial of ciprofloxacin for ten (10) days for patients over 18 years of age.
Antibiotics, Inha;ed			**A twenty-eight (28) trial of the preferred agent is required before the non-preferred agent will be approved unless one of the exceptions on the PA form is present**.
ANTIBIOTICS, INHALED	CAYSTON (INHALATION)	Non-Preferred	
ANTIBIOTICS, INHALED	TOBI (INHALATION)	Preferred	
ANTICOAGULANTS	XARELTO (ORAL)	Preferred	Approved for a diagnosis of atrial fibrillation (Auto PA) or for deep vein thrombosis prophylaxis for 35 days for hip replacement and 12 days for knee replacement.
Pediculocides, Scabicides			**No change in criteria for this class -** **Trials of the preferred agents (which are age and weight appropriate) are required before non-preferred agents will be approved unless one of the exceptions on the PA form is present.**

PEDICULOCIDES/SCABICIDES	LYCELLE (TOPICAL)	Non-Preferred	
Bronchodilators (Long Acting)			**No change in criteria for this class- Thirty (30) day trials each of the preferred agents in the corresponding group are required before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present.**
BRONCHODILATORS (LONG ACTING)	ARCAPTA NEOHALER (INHALATION)	Non-Preferred	
Colony Stimulating Factors			**A thirty day trial of one of the the preferred agents is required before the non-preferred agent will be authorized unless one of the exceptions on the PA form is present**
COLONY STIMULATING FACTORS	NEUPOGEN VIAL (INJECTION)	Preferred	
COLONY STIMULATING FACTORS	LEUKINE (INJECTION)	Preferred	
COLONY STIMULATING FACTORS	NEUPOGEN DISP SYRIN (INJECTION)	Preferred	
COLONY STIMULATING FACTORS	NEULASTA (INJECTION)	Non-Preferred	
Phosphate Binders			**No change in criteria for this class- Thirty (30) day trials o f at least two preferred agents are required unless one of the exceptions on the PA form is present.**
PHOSPHATE BINDERS	PHOSLYRA (ORAL)	Non-Preferred	
Platelet Aggegration Inhibitors			**No change in criteria for this class – A thirty (30) day trial of a preferred agent is required before a non-preferred agent will be approved unless one of the exceptions on the PA form is present.**
PLATELET AGGREGATION INHIBITORS	BRILINTA (ORAL)	Non-Preferred	
Muscle Relaxants			**No change in criteria for this class- Thirty (30) day trials of the preferred acute musculoskeletal relaxants are required before a non-preferred acute musculoskeletal agent will be approved, with the exception of carisoprodol. Thirty (30) day trials of the preferred acute musculoskeletal relaxants and Skelaxin are required before carisoprodol will be approved.**
MUSCLE RELAXANTS	LORZONE (ORAL)	Non-Preferred	