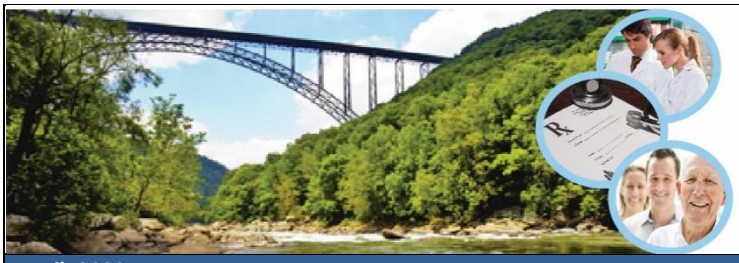

West Virginia Medicaid
Pharmacy Solutions

April, 2022

West Virginia Medicaid Pharmacy Department

https://dhhr.wv.gov/bms/BMS%20Pharmacy

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:
https://dhhr.wv.gov/bms/BMS%20Pharmacy/Pages/Preferred-Drug-List.aspx

State Maximum Allowable Cost (SMAC)

SMAC Review Form:
https://dhhr.wv.gov/bms/BMS%20Pharmacy/SMAC/Pages/default.aspx
Please refer questions to Change Healthcare at 1-855-389-9504 or e-mail to:
PBA_WVSMAC@changehealthcare.com

WV Medicaid Seeking New P&T Committee Members

WV Medicaid is seeking new P&T committee members. Committee members would be required to attend quarterly P&T events.

Responsibilities include providing clinical and fiscal input on a variety of drugs and disease states in order to provide the most clinically sound and cost effective recommendations for preferred drug list placement and establishment of clinical criteria for the Medicaid population within the state.

Currently, P&T meetings are held virtually.

Committee is currently looking to bring on board 2 clinical providers with any of the following specialties: MD, DO, PA, NP

For more information please contact Brian Thompson and/or Richard Sorvig at Brian.M.Thompson@wv.gov and Richard.D.Sorvig@wv.gov

New Oral Migraine Prophylaxis Agents

In January 2022, the second oral Calcitonin Gene-Related Peptide (CGRP) Qulipta (atogepant) for preventative treatment of episodic migraines in adults was approved for addition to the PDL on 4/1/2022. The fist oral CGRP indicated for prophylactic treatment of migraine was Nurtec ODT (rimegepant) which is also indicated for acute treatment of migraine with and without aura. Below we will overview CGRP and these two medications in particular.

2018 introduced the first medication that utilized CGRP for its mechanisms of action. Aimovig (erenumab) was the first monoclonal antibody that antagonized CGRP receptor function for prophylactic treatment. This was followed by multiple other injectable CGRP products and eventually the approval of the first oral products.

CGRP plays a critical role in migraine pathophysiology. It is thought to alleviate migraine pain by modulating pain transmission signals from the trigeminal nerve and by having a vasodilatory effect on the cerebral blood vessels.

Below is a comparison of the two products:

Nurtec ODT (rimegepant)

Indication/s:
- Acute treatment of migraine with or without aura in adults
- Preventative treatment of episodic migraine in adults

How Supplied: 75 mg orally disintegrating tablet
Dose:
- Acute:75 mg taken orally, as needed (75 mg max dose per 24 hours)
- Prophylaxis: 75 mg taken orally every other day

Qulipta (atogepant)

Indication/s:

- Preventative treatment of episodic migraine in adults

How Supplied: 10, 30, and 60 mg tablets

Dose:

- One tablet (10, 30, 60 mg) taken once daily with or without food

Dose adjustments:

- Severe Renal or ESRD: 10 mg once daily

Place in Therapy:

At this point in time, there is no evidence to support that either medication is safer or more effective than the other for prophylaxis of migraine in adults.

WV PDL Placement and Limits

At this point, both products are currently non-preferred for migraine prophylaxis. The current preferred options are the injectable CGRP Aimovig (erenumab) and Ajovy (fremanezumab) which both require a clinical prior authorization.

Nurtec ODT is preferred for acute migraine treatment but requires 3 day trials of 2 preferred triptans before it can be approved. The maximum quantity limit for Nurtec ODT is a limit of 8 tablets per 30 days.

Upcoming PDL Changes

The following changes will be made to the Preferred Drug List (PDL), effective April 1st, 202, having received approval by the P&T Committee, BMS, and Secretary of DHHR.

For a comprehensive PDL, refer to: https://dhhr.wv.gov/bms/BMS%20Pharmacy/Pages/Preferred-Drug-List.aspx

NEW PREFERRED DRUGS

THERAPEUTIC CLASS	RECOMMENDED for PREFERRED STATUS
Alzheimer's Agents	Invega Hafyera (paliperidone)
Antipsychotics, Atypical	Austedo tablet (deutetrabenazine)
VMAT Inhibitors	Ingrezza capsule (valbenazine)
VMAT Inhibitors	tetrabenazine tablet

NEW NON-PREFERRED DRUGS

THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
Analgesics, Narcotic Short Acting	Winlevi cream (clascoterone)
Analgesics, Narcotic LA	belbucca film
Angiotensin Modulators	enalapril solution
Antidepressants, SSRI	paroxetine suspension
Antimigraine Agents, Acute	Trudhesa spray (dihydroergotamine)

NEW NON-PREFERRED DRUGS

THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
Antimigraine Agents, Acute	sumatriptan/naproxen
Antimigraine Agents, Acute	Cafergot (ergotamine/caffeine)
Antimigraine Agents, Acute	D.H.E. 45 Ampule (dihydroergotamine)
Antimigraine Agents, Acute	dihydroergotamine injection, nasal spray
Antimigraine Agents, Acute	Migergot Rectal Suppository (ergotamine/caffeine)
Antimigraine Agents, Acute	Mirgranal Spray (dihydroergotamine)
Antimigraine Agents, Prophylaxis	Qulipta (atogepant)
Antipsychotics, Atypical	Lybalvi (olanzapine and samidorphan)
Beta Blockers	nebivolol
Immunomodulators, Atopic Dermatitis	Opzelura cream (ruxolitinib)
Immunosuppressives, Oral	everolimus tablet
NSAIDS	famotidine/ibuprofen
Ophthalmics, Anti-Inflammatories	difluprednate
Opiate Dependence Treatments	naloxone nasal spray
Proton Pump Inhibitors	dexlansoprazole DR capsule
Tetracyclines	Nuzyra (omadacycline)
VMAT Inhibitors	xenazine tablet