



West Virginia Medicaid Pharmacy Solutions



March 2017

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/Pages/pdl.aspx>

STATE MAXIMUM ALLOWABLE COST (SMAC)

SMAC Review Form:

<http://www.dhhr.wv.gov/bms/Pharmacy/Pages/smac.aspx>

Saving Lives with Naloxone

Deaths from overdoses of narcotic prescription painkillers more than tripled in the U.S. from 2000 to 2014. These drugs now kill more people than heroin and cocaine combined. The abuse/addiction to these drugs is believed to be linked to a rise in the use of heroin. Many people who abuse painkillers switch to heroin for two reasons: it is cheaper and often easier to get. The 2012 National Survey on Drug Use and Health reported that nearly twice as many Americans use heroin compared to 2007. Deaths from heroin overdose quadrupled between 2002 and 2013.

The White House drug policy office now urges first responders, such as police and firefighters, to carry naloxone. Naloxone is a pure opioid antagonist that is available in an injectable form and as a nasal spray. Naloxone blocks the effects of drugs made from opium, or opioids and can also reverse the effects of an overdose of these drugs. When administered in usual doses and in the absence of opioids or agonistic effects of other opioid antagonists, it exhibits essentially no pharmacologic activity. Since naloxone wears off after about an hour, a person who has overdosed may stop breathing and need another dose. It's important to get medical help as quickly as possible.

In an effort to save lives, some states are allowing for easier access to naloxone. In some states, if you, a family member, or a friend is addicted to heroin or narcotic painkillers, you can carry naloxone. In Wisconsin, physicians, paramedics and the AIDS Resource Center of Wisconsin (ARCW) can prescribe Narcan. According to the Wisconsin State Council on Alcohol and Other Drug Abuse report, this ARCW policy has saved more than 2,000 lives from 2005-2012.

The educational component includes (but not limited to): overdose prevention techniques; recognizing signs and symptoms of overdose; airway and breathing assessment/rescue breathing/recovery position; naloxone storage, carrying and administration in emergency. The target population to receive free naloxone kits includes (but not limited to): emergency medical care for opioid poisoning; suspected illicit or nonmedical opioid use; high dose opioid prescriptions (>80 morphine equivalent dose); methadone prescription to an opioid naïve patient; opioid use with other risk factors such as HIV/AIDS, alcohol use, benzodiazepine use; released prisoners; release from detoxification or abstinence programs; patients entering maintenance treatment programs and voluntary requests.

Over twenty other states have also implemented programs allowing for access to naloxone. After all, there "aren't any do-overs when you're dead". A Wisconsin Fire Chief Deputy and Paramedic said whether you believe Narcan helps or hinders, it all boils down to one thing, and that is saving someone's life. He also said that to a relative or parent of an addict that has to save a loved one's life, the availability and administration of naloxone is a blessing. Baltimore started handing out naloxone in 2004. Baltimore officials have rejected the mindset that widespread distribution of naloxone encourages drug use and are not troubled by repeat offenders stating that research shows that relapses are common, even with treatment.

Easy access to naloxone may not be the cure for the opioid and heroin addiction epidemic but it's a start. Derrick Hunt, director of Baltimore's Community Risk Reduction program may have said it best when he said, "You want to keep the person alive until they make better choices."

In West Virginia, naloxone is available through a variety of methods. Senate Bill 335 (2015) authorized prescribers to write prescriptions for non-Emergency Medical Services (EMS) first responders, and individuals at high-risk of opioid or opiate overdose, as well as their family members, friends and caregivers in the attempt to reduce the high mortality rate in the state.

In 2016, legislation was passed that allows naloxone to be dispensed to customers by pharmacists without a prescription, as long as minimum informational and educational requirements are met (see the WV Board of Pharmacy naloxone protocol online at:

<p>Please refer questions to Magellan at 1-800-763-7382 or e-mail to StateSMACProgram@magellanhealth.com</p>	<p>http://www.wvbop.com/index.php?option=com_content&view=article&id=127&Itemid=125). Prescriptions are required for Medicaid members and for most other insurers.</p> <p>In 2017, the West Virginia Department of Health and Human Resources (WV DHHR), in partnership with the West Virginia University Injury Control Research Center (WVU ICRC), initiated a state-level naloxone distribution program. This program is providing over 8,000 naloxone rescue kits, at no cost, to non-EMS first response agencies (such as police and fire departments), and to a variety of organizations across the state that conduct “take-home” naloxone programs. The take-home programs will dispense naloxone at no cost to individuals who complete training in overdose recognition and response (including how to administer naloxone), and who choose to receive and carry it.</p> <p>Additionally, as part of a recently awarded grant from the Substance Abuse and Mental Health Services Agency (SAMHSA), the West Virginia Bureau for Behavioral Health and Health Facilities (WV BBHBF) is in the process of selecting up to six, high-risk counties in the state to participate in planning and implementing tailored community-level overdose prevention programs that may include equipping additional non-EMS first response agencies with naloxone, and initiating new take-home and on-site naloxone programs. Additional communities will be engaged in later phases of this program. Naloxone is becoming more widely available in West Virginia. Since the first naloxone programs authorized by Senate Bill 335 emerged in the fall of 2015, dozens of such programs have been initiated, thousands of naloxone doses have been prescribed, and several hundred lives have been saved.</p> <p>Any first responder or take-home naloxone program in West Virginia that have not been contacted about receiving naloxone rescue kits under this program, should contact Ms. Sheena Sayres at the WVU ICRC at (304) 293-6682. Additionally, anyone interested in obtaining a list of currently known, active take-home naloxone programs in WV, can obtain that information from Ms. Sayres as well.</p>
---	---

Upcoming PDL Changes

There are currently no PDL changes pending due to the cancellation of the January 2017 P&T Meeting. The next meeting will be on April 26, 2017.

For a comprehensive PDL, refer to <http://www.dhhr.wv.gov/bms/Pharmacy/ptc/Pages/default.aspx>.