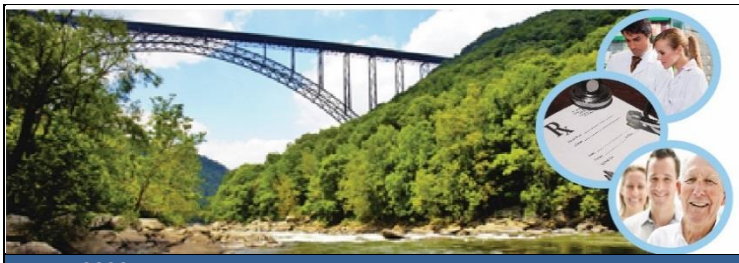

West Virginia Medicaid
Pharmacy Solutions

JUNE, 2020

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

New Treatment Options for Abortive Therapy for Migraine Headaches

The triptan drug class have been the mainstay of abortive treatment for severe migraine attacks since the 1990's. Triptans are effective drugs that have better outcomes than most simple analgesics (acetaminophen and NSAIDS), however, their use can be limited by patients with certain comorbidities such as a history of stroke or heart attack.

The treatment of migraines, both prophylactically and acutely, was relatively stable over the past few decades until the recent explosion of new products onto the market starting in 2018 with the approval of the injectable calcitonin gene-related peptide (CGRP) products: Aimovig (erenumab), Ajovy (fremanezumab), and Emgality (galcanezumab). The above products were indicated for prophylactic treatment only. However, in 2019 the market saw a continued expansion for new oral abortive treatments in the "ditan" and "gepant" class.

The following will provide an overview of these new oral abortive treatment classes, the drugs currently available in each class, and their potential spot in therapy compared to triptans and simple analgesics for abortive therapy.

GEPANTS

Anti-CGRP medications work by inhibiting CGRP which is a protein released by the trigeminal nerve that binds to the CGRP receptor causing dysfunctional signaling which carries pain signals along nerves that are involved in generating the headache pain associated with migraines along with arterial dilation and inflammation. The newer gepants differ from the injectable CGRP products in that they can be taken orally and are smaller molecules that are able to penetrate the blood-brain barrier.

Drug: Nurtec (rimegepant) ODT
Manufacturer: Biohaven Pharmaceuticals
Dosage Form: 75 mg Orally Disintegrating Tablets (ODT)
Directions for Use: One tablet by mouth as needed. Max 75 mg in a 24-hour period. Safety of treating more than 15 migraines per 30-day period has not been established.
Clinical Pearls: Avoid use in severe hepatic and end-stage renal disease. Avoid concurrent use with strong or moderate inducers of CYP3A. Most common adverse effect is nausea.

Drug: Ubrelvy (ubrogepant)
Manufacturer: Allergan

Dosage Form: 50 and 100 mg tablets
Directions for Use: Take 50 or 100 mg by mouth as needed. A second dose, if needed, may be taken at least 2 hours after the initial dose. Max dose is 200 mg in 24-hour period. Safety of treating more then 8 migraines in a 30-day period has not been established.
Clinical Pearls: Avoid use with strong CYP 3A4 inducers and inhibitors. Dose adjustments for severe hepatic or renal impairment. Do not use in end-stage renal disease. Frequent adverse effects include nausea, somnolence, and dry mouth.

DITANS

Triptans work on multiple serotonin (5-HT) receptors in the brain, one of which is also located on blood vessels which can cause vasoconstriction leading to the complications of triptans noted above. Ditans are more specific in their action, working on the 5-HT 1F receptor, likely as an agonist, and do not interact with the 5-HT receptor located on blood vessels. Thus, leading to acute migraine pain reduction while also decreasing coronary risk.

Drug: Reyvow (Lasmiditan)
Manufacturer: Eli Lilly
Dosage Form: 50 and 100 mg tablets
Directions for Use: Take 50, 100, or 200 mg orally as needed. Do not exceed more than one dose in 24 hours. Safety of treating more than 4 migraine attacks in a 30-day period has not been established.
Clinical Pearls: Should not be taken unless patient can wait at least 8 hours between dose and driving or operating machinery. A second dose has not shown to be effective. Not studied in severe hepatic impairment. No renal dose adjustments required. Use caution in combination with CNS depressants (ex: alcohol) and medications that increase serotonin (ex: SSRIs). Most common adverse events include dizziness, fatigue, paresthesia, sedation, and nausea and vomiting.

PLACE IN THERAPY

Most current guidelines have NSAIDS first line for mild to moderate and triptans as first line for moderate to severe acute migraines, however, the newer agents have not yet been incorporated into the current guidelines. The American Headache Society did release a position statement (December 2018) that noted, “these novel treatment options do not result in constriction of blood vessels and may have a special role in patients with cardiovascular contraindications to triptans…patients who have contraindications to the use of triptans or who have failed to respond to or tolerate at least 2 oral triptans…are eligible for ubrogepant, rimegepant, and lasmiditan.”

In addition to the above medications, there appear to be additional future therapies in the pipeline including intranasal IGF-1 (may reduce neuronal hyperexcitability) and neuromodulators (may modulate, or change, the neurological process of a migraine attack via electrical impulses delivered to the

skin). In the coming years patients will have a plethora of newer options for treating their acute migraine attacks.

WV PDL

Below is preferred/non-preferred status of the newer medications as of 10/01/2020

Preferred	Non-Preferred
Nurtec ODT (rimegepant)	Ubrevly (ubrogepant) Reyvow (lasmiditan)

Upcoming PDL Changes

The following changes will be made to the Preferred Drug List (PDL), effective October 1, 2020, pending recommendation and/or 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**
ANALGESICS, NARCOTIC LONG ACTING	Tramadol ER

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	**RECOMMENDED for NON-PREFERRED STATUS**
ACNE AGENTS, TOPICAL	AMZEEQ (minocycline) FOAM
ANDROGENIC AGENTS	JATENZO (testosterone) CAPSULES
ANTIBIOTICS, TOPICAL	XEPI (ozenoxacin) CREAM
ANTIHEMOPHILIA	ESPEROCT (antihemophilic factor)
ANTIHYPERURECEMICS	GLOPERBA (colchicine) SOLUTION
ANTIMIGRAINE AGENTS	NURTEC ODT (rimegepant)
ANTIMIGRAINE AGENTS	REYVOW (Lasmiditan) TABLETS
ANTIMIGRAINE AGENTS	UBRELVY (ubrogepant) TABLETS
ANTPSYCHOTICS, ATYPICAL	CAPLYTA (lumateperone) CAPSULES
ANTPSYCHOTICS, ATYPICAL	SECUADO (asenapine) PATCH
H. PYLORI	TALICIA (omeprazole/amox/rifabutin) CAPSULES
MULTIPLE SCLEROSIS	VUMERITY (diroximel) CAPSULES