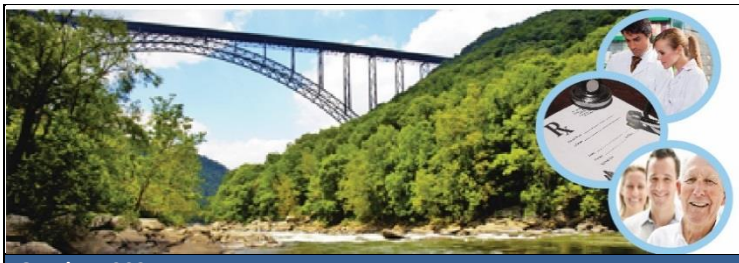

West Virginia Medicaid
Pharmacy Solutions

October, 2021

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

Multiple Sclerosis Overview

Multiple Sclerosis (MS) is an autoimmune disorder affecting the brain and spinal cord where the body attacks the coating of the nerve cells called the myelin sheath. MS affects about 2.5 million people worldwide and 400,000 people in the US. MS often affects women more than men by a ratio of 3 to 1.

Symptoms of MS are related to altered nerve transmission due to the damage to the myelin sheath around the nerve cells. These symptoms are often variable and unpredictable and may include numbness, tingling, mood changes, gait (walking) impairment, memory impairment, fatigue, pain, and vision issues, among others.

4 Subtypes of Multiple Sclerosis

- Clinically Isolated Syndrome
  - Clinically Isolated Syndrome or CIS is a first episode of neurologic symptoms that are characteristic of MS and are caused by demyelination and inflammation of the nerve cells. The symptoms must last for at least 24 hours and may or may not involve lesions on the brain shown on magnetic resonance imaging (MRI). Not everyone who develops CIS will develop MS.
- Relapsing-Remitting
  - This is the most common subtype and involves attacks of new or increasing neurologic symptoms. These attacks are followed by full or partial remissions or a decrease or absence of neurological symptoms. 85% of all individuals initially diagnosed with MS will be diagnosed with Relapsing-Remitting MS.
- Secondary Progressive
  - Secondary Progressive MS is characterized by a gradual worsening of symptoms and neurologic functioning over time following an initial presentation of relapsing-remitting disease.
- Primary Progressive
  - Primary Progressive MS is a progressive worsening of neurologic function from the onset of symptoms and occurs in only about 10% of adult cases.

Diagnosis

Diagnosis of MS is primarily done clinically. Typically, diagnosis is confirmed through a combination of a neurological exam, MRI to locate lesions in the central nervous system caused by loss of myelin, and contrast gadolinium which shows where inflammation is present and if there is a breakdown of the blood-brain barrier.

Treatment

Treatment of MS involves treating the relapses and the chronic symptoms caused by the disease. The symptoms of MS affect multiple body systems and can involve medications from numerous classes. Chronic symptoms often treated with medications can include bladder problems, fatigue, depression, spasticity, tremors, and others.

Most of the agents used for treating MS help to delay or prevent future relapses or further neurologic damage and are called disease modifying therapies. The earliest of these therapies were the interferon medications which were initially approved in the mid 90's and were the first medication class to help affect disease progression.

In that time the disease modifying class has exploded with new entrants to the market including the first oral agent fingolimod (Gilenya®) in 2010.

The following are all the FDA approved disease modifying therapies by route of administration:

Injectable Medications

- Avonex® (interferon beta-1a)
- Betaseron® (interferon beta-1b)
- Copaxone® (glatiramer acetate)
- Extavia® (interferon beta-1b)
- Glatiramer Acetate Injection (glatiramer acetate)
- Glatopa® (glatiramer acetate)
- Kesimpta® (ofatumumab)
- Plegridy® (peginterferon beta-1a)
- Rebif® (interferon beta-1a)

Oral Medications:

- Aubagio® (teriflunomide)
- Bafiertam™ (monomethyl fumarate)
- dimethyl fumarate
- Gilenya® (fingolimod)
- Mavenclad® (cladribine)
- Mayzent® (siponimod)
- Ponvory™ (ponesimod)
- Tecfidera® (dimethyl fumarate)
- Vumerity® (diroximel fumarate)
- Zeposia® (ozanimod)

Infused medications

- Lemtrada® (alemtuzumab)
- Novantrone® (mitoxantrone)
- Ocrevus® (ocrelizumab)
- Tysabri® (natalizumab

Upcoming PDL Changes

The following changes will be made to the Preferred Drug List (PDL), effective October 1, 2021, 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
PITUITARY SUPPRESSIVE AGENTS LHRH	Orilissa (elagolix)
PITUITARY SUPPRESSIVE AGENTS LHRH	Oriahnn (elagolix, estradiol, norethindrone)

NEW NON-PREFERRED DRUGS

THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
ANALGESICS, NARCOTIC SHORT ACTING	Qdolo solution (tramadol)
ANTICONVULSANTS	Elepsia XR tablets (levetiracetam)
ANTICONVULSANTS	rufinamide tablets
BLADDER RELAXANT PREPARATIONS	Gemtesa tablets (vibegron)
BLADDER RELAXANT PREPARATIONS	Vesicare LS suspension (solifenacin)
BRONCHODILATORS, BETA-AGONISTS	arformoterol solution
BRONCHODILATORS, BETA-AGONISTS	formoterol solution
MULTIPLE SCLEROSIS AGENTS	Ponvory tablets (ponesimod)
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	bepotastine solution
OPHTHALMICS, ANTI-INFLAMMATORIES	loteprednol gel
PITUITARY SUPPRESSIVE AGENTS, LHRH	Myfrembree tablets (relugolix, estradiol, norethindrone)
STIMULANTS AND RELATED AGENTS	Qelbree capsules (viloxazine)