



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>

Please refer questions to Magellan at 1-800-763-7382 or e-mail to StateSMACProgram@magellanhealth.com.

MANAGED CARE ORGANIZATION UPDATE

Effective **April 1, 2013**, Medicaid beneficiaries enrolled in West Virginia’s managed care program, Mountain Health Trust (MHT), began receiving pharmacy services through their managed care organizations (MCOs). There are three MCOs currently serving MHT members: CoventryCares of West Virginia, The Health Plan of the Upper Ohio Valley, and UniCare Health Plan of West Virginia.

Important Facts about the Pharmacy Transition:

- All three MCOs have chosen to contract with Express Scripts Inc. to administer the pharmacy benefit.
- The MCOs must follow the State’s Preferred Drug List (PDL). The MCO’s criteria for drugs on the PDL will be the same as the criteria used by BMS for fee-for-service (FFS) Medicaid, but the MCOs/Express Scripts will be responsible for approving any requests. For drugs not on the PDL, the MCOs will establish their own utilization management policies, including prior authorization criteria.
- There is a 90-day transition period from April 1 to June 30, during which MCOs must honor existing prior authorizations and allow members to fill prescriptions at any pharmacy enrolled in WV Medicaid under FFS.
- As of July 1, the MCOs must continue to follow any required criteria on the PDL but may implement additional limits (e.g., quantity limits). **Please contact the MCOs at the prescriber numbers below if you have any questions regarding the MCOs’ criteria and limits.** An emergency supply is available upon request by calling the Pharmacy numbers listed below.
- The MCOs may not use mail order pharmacies for their MHT members.
- There are no copays for prescription drugs for any MHT members.
- Nearly all pharmacies participating in WV Medicaid are in the MCOs’ networks.
- Drugs for the treatment of hemophilia are covered by the Medicaid fee-for-service plan. These drugs should not be billed to the Medicaid MCOs.
- For assistance with prior authorization requests or other questions, contact:

	Prescriber	Pharmacy
CoventryCares	1-877-215-4100 or http://chcwestvirginia.coventryhealthcare.com/	1-800-922-1557 or www.express-scripts.com/services/pharmacists/
The Health Plan	1-800-624-6961 ext. 7914 or http://www.healthplan.org/	1-800-922-1557 or www.express-scripts.com/services/pharmacists/
UniCare	1-877-375-6185 or http://www.unicare.com	1-877-337-1102 or www.express-scripts.com/services/pharmacists/

Prior to the implementation, BMS hosted a webinar on the transition. To view the presentation and access additional information on the transition, please visit

<http://www.dhhr.wv.gov/bms/mco/Pages/PharmacyExpansionInformation.aspx>.

To ensure a smooth transition, BMS has been working with the MCOs to address questions and concerns as quickly as possible. If you have any questions, please contact the MCOs or ESI directly at the numbers above.

HIGH POTENCY STATINS AND ACUTE KIDNEY FAILURE¹

Recently published results of a retrospective observational study of more than two million statin users show high potency statin regimens contribute to higher incidence of acute kidney injury. High potency statins were defined as Crestor® (rosuvastatin) 10 mg or greater, Lipitor® (atorvastatin) 20 mg or greater, and Zocor® (simvastatin) 40 mg or greater. The main outcome measure was the number of relative hospitalization rates for acute kidney injury within the first 120 days of starting therapy. Current users of high potency statins were 34 percent more likely to be hospitalized with acute kidney injury (95% CI 1.25-1.43). Prior to this study, liver function was used as the primary monitoring parameter in patients on statin therapy. Findings from this analysis have the potential to influence selection of high potency statins over low potency regimens, and to alter monitoring patterns to include renal function in addition to hepatic enzymes.

MEDICAID EXPANSION

On May 2, 2013, Governor Earl Ray Tomblin announced West Virginia Medicaid would expand its coverage to individuals from 19 to 64 years of age making up to 138% of the Federal Poverty Level (FPL). Under the expansion, Medicaid coverage will be extended to include a family of four making up to \$32,499 or an individual making up to \$15,856. More than 90,000 individuals will become eligible for Medicaid services with the expansion. All newly eligible (expansion) individuals will be enrolled into the managed care program.

As a part of the expansion, Medicaid will extend its current managed care program to include behavioral health, personal care, pediatric dentistry and non-emergency medical transportation. Current Medicaid members enrolled in managed care will also receive all of these services through their managed care organization.

Medicaid will start to enroll the newly eligible population on October 1, 2013 with coverage beginning on January 1, 2014. Check the Bureau for Medical Services website for updates on the expansion <http://www.dhhr.wv.gov/bms/Pages/MedicaidExpansion.aspx>.

GENDER AND NEW FDA REQUIREMENT FOR ZOLPIDEM²

On January 10, 2013, the Food and Drug Administration (FDA) made a safety announcement regarding the popular insomnia medication zolpidem (trade names Ambien[®], Ambien[®] CR, Edluar[®], Zolpimist[™]). Manufacturers of drugs that contain zolpidem were required to update their labeling to lower the recommended dosage for women. This mandate is based on data from a study that concluded higher dosages of zolpidem are associated with decline in next-day alertness. Although decline was observed in both men and women, studies show that women eliminate zolpidem at a slower rate than men and are more likely to maintain higher levels of the drug overnight. Lower dosages would result in lower blood levels in the morning. Per the new FDA requirement, dosages should be reduced by half in women. Further, the FDA recommends providers consider the lowest effective dose in men. Existing regimens should remain unchanged until patients consult with their prescriber.

UPCOMING PREFERRED DRUG LIST (PDL) CHANGES

Please be advised that the Bureau for Medical Services, based on recommendations made at the April 24, 2013 meeting of the West Virginia Medicaid Pharmaceutical & Therapeutics Committee, is making the changes listed below to the Preferred Drug List (PDL). The complete PDL with criteria is available on the Bureau's website at <http://www.dhhr.wv.gov/bms/Pharmacy/Pages/pdl.aspx>.

On July 1, 2013, the following changes will be effective:

Drug Class	The following products will become preferred products:	The following products will become non-preferred products and require prior authorization (PA):
Impetigo Agents, Topical		mupirocin cream
Lipotropics, Other (Non statins), Fibric Acid Derivatives		fenofibrate 43 mg, 130 mg (Generic for Antara)
Misc Brand/Generic, Substance Abuse Treatments		Buprenorphine/naloxone tablets
Antifungals (Oral)		Onmel
Lipotropics, Other (Non statins), Fatty Acids		Vascepa
Ophthalmic Anti-inflammatories		<ul style="list-style-type: none"> • Ilevro • Lotemax gel
Ulcerative Colitis Agents	Delzicol DR	Giazo
Anticonvulsants		Oxtellar XR
Anticonvulsants, Oral		Eliquis
Stimulants and Related Agents, Non-Amphetamine		Quillivant XR
Hypoglycemics, Incretin Mimetics/Enhancers, Oral		<ul style="list-style-type: none"> • Nesina • Kazano • Oseni
Phosphate Binders	Renagel 800 mg (effective 4/1/2013)	
Multiple Sclerosis Agents, Interferons	Rebif Rebidose (effective 4/1/2013)	

Thank you for helping West Virginia Medicaid members maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

¹ Dormuth, Colin, et. al. Use of High Potency Statins and Rates of Admission for Acute Kidney Injury: Multi-center, Retrospective Observational Analysis of Administrative Databases. BMJ 2013;346:f880. <http://www.bmj.com/content/346/bmj.f880>. [Accessed April 2013].

² Zolpidem Containing Products: Drug Safety Communication - FDA Requires Lower Recommended Doses. <http://www.fda.gov/Drugs/Safety/ucm334033.htm>. Extracted April 24, 2013.