



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

SELF-INJECTED EPINEPHRINE PRODUCTS

Anaphylaxis is an acute, life-threatening medical emergency with many potential triggers such as food, medications, insect stings and bites, and latex. According to the 2010 National Institute of Allergy and Infectious Diseases (NIAID)-Sponsored Food Allergy Guidelines, intramuscular epinephrine is the treatment of choice for all instances of anaphylaxis resulting from food or any other cause.¹ The following is a comparative table which includes information on both EpiPen[®] and Auvi-Q[®].

	EpiPen ²	Auvi-Q ^{3,4}
Initial U.S. Approval	1939	2012
Active Ingredient	epinephrine	epinephrine
Dosage	Inject intramuscularly or subcutaneously into the anterolateral aspect of the thigh, through clothing if necessary. <ul style="list-style-type: none"> Patients greater than or equal to 30 kg (approximately 66 pounds or more): EpiPen 0.3 mg Patients 15 to 30 kg (33 pounds to 66 pounds): EpiPen Jr 0.15 mg 	Inject intramuscularly or subcutaneously into the anterolateral aspect of the thigh, through clothing if necessary. <ul style="list-style-type: none"> Patients greater than or equal to 30 kg (approximately 66 pounds or more): Auvi-Q 0.3 mg Patients 15 to 30 kg (33 pounds to 66 pounds): Auvi-Q 0.15 mg
How Supplied	<ul style="list-style-type: none"> two 0.3 mg auto-injectors and a single trainer two 0.15 mg auto-injectors and a single trainer 	<ul style="list-style-type: none"> two 0.3 mg auto-injectors and a single trainer two 0.15 mg auto-injectors and a single trainer
Training Device Included?	Yes	Yes
Size	Length: 6.25" including the closed cap Width: 1.4"	Length: 3 3/8" Width: 2"
Audible voice instructions?	No	Yes

Epinephrine auto-injector is also currently available on the market. This product is not AB-rated to either EpiPen or Auvi-Q. A generic for EpiPen is expected in June 2015. As the number of prescriptions written to treat allergic reactions grows so does the number of products that are used to treat the condition.

The information provided herein is for informational purposes only and is not intended to replace medical advice offered by physicians.

¹ Boyce JA, Asa'ad A, Burks AW, et al. Guidelines for the diagnosis and management of food allergy in the United States: Report of the NIAID-Sponsored Expert Panel. *J Allergy Clin Immunol.* 2010; 126 (6 Supp): S1-58. Available at: <http://www.niaid.nih.gov/topics/foodallergy/clinical/Pages/default.aspx>. Accessed November 18, 2014.

² EpiPen/EpiPen Jr. [package insert]. Columbia, MD; Mylan; May 2014.

³ Auvi-Q [package insert]. Bridgewater, NJ; Sanofi-Aventis; September 2012.

⁴ <http://www.auvi-q.com/epinephrine-auto-injector-size>

UPCOMING PREFERRED DRUG LIST (PDL) CHANGES

Please be advised that the Bureau for Medical Services, based on recommendations made at the October 22, 2014 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 January 1, 2015, 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):
Angiotensin Modulator Combinations	<ul style="list-style-type: none"> Azor 	
Anti-Allergens, Oral		<ul style="list-style-type: none"> Grastek Ragwitek
Antiparasitics, Topical	<ul style="list-style-type: none"> Natroba 	<ul style="list-style-type: none"> permethrin cream
Antipsoriatics, Topical	<ul style="list-style-type: none"> calcipotriene ointment 	<ul style="list-style-type: none"> Dovonex
Antipsychotics, Atypical	<ul style="list-style-type: none"> Risperdal Consta 	
Cytokine and CAM Antagonists		<ul style="list-style-type: none"> Simponi
Glucocorticoids, Inhaled		<ul style="list-style-type: none"> Flovent Diskus Flovent HFA Pulmicort Flexhaler
Hepatitis B Treatments	<ul style="list-style-type: none"> Tyzeka 	
Hyperparathyroid Agents	<ul style="list-style-type: none"> paricalcitol 	Zemplar
Hypoglycemics, Incretin Mimetics/Enhancers	<ul style="list-style-type: none"> Jentadueto 	
Immune Globulins, IV	<ul style="list-style-type: none"> Gammaplex 	
Immunomodulators, Topical & Genital Warts		<ul style="list-style-type: none"> Condylox solution
Immunosuppressives, Oral	<ul style="list-style-type: none"> sirolimus 	
Intranasal Rhinitis Agents	<ul style="list-style-type: none"> Astepro 	
Irritable Bowel Syndrome	<ul style="list-style-type: none"> Amitiza Linzess 	<ul style="list-style-type: none"> Lotronex
Laxatives and Cathartics	<ul style="list-style-type: none"> Colyte Golytely Nulytely PEG3350 	<ul style="list-style-type: none"> Halflytely-Bisacodyl Moviprep Osmoprep Prepopik Suprep
Lipotropics, Other		<ul style="list-style-type: none"> Tricor Trilipix
Lipotropics, Statins	<ul style="list-style-type: none"> Crestor 	<ul style="list-style-type: none"> Advicor amlodipine/atorvastatin Lescol Lescol XL Simcor
Macrolides/Ketolides	<ul style="list-style-type: none"> Biaxin XL 	
Multiple Sclerosis Agents	<ul style="list-style-type: none"> Extavia 	<ul style="list-style-type: none"> Betaseron Rebif Rebif Rebidose
Neuropathic Pain	<ul style="list-style-type: none"> Lidoderm 	
NSAIDs	<ul style="list-style-type: none"> Voltaren gel 	
Ophthalmics, Anti-Inflammatories-Immunomodulators		<ul style="list-style-type: none"> Restasis
Steroids, Topical Low		<ul style="list-style-type: none"> fluocinolone oil

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