STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Nurtec ODT – Rimegepant is an orally disintegrating CGRP receptor antagonist

*Nurtec ODT requires three (3) day trials of two (2) preferred chemically distinct triptans before it may be approved, unless one (1) of the exceptions on the PA form is present.

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
	ZOMIG (zolmitriptan) ZOMIG ZMT (zolmitriptan)	
	TRIPTAN COMBINATIONS	
	TREXIMET (sumatriptan/naproxen sodium)	
	OTHER	
NURTEC ODT (rimegepant)*	CAMBIA (diclofenac) UBRELVY (ubrogepant)** REYVOW (lasmiditan)**	*Nurtec ODT requires three (3) day trials of two (2) preferred chemically distinct triptans before it may be approved, unless one (1) of the exceptions on the PA form is present.

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Ubrelvy – Ubrogepant is a CGRP receptor antagonist

**Ubrelvy requires three (3) day trials of two (2) preferred chemically distinct triptans as well as a three (3) day trial of Nurtec ODT before it may be approved, unless one (1) of the exceptions on the PA form is present.

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
	ZOMIG (zolmitriptan) ZOMIG ZMT (zolmitriptan)	
	TRIPTAN COMBINATIONS	
	TREXIMET (sumatriptan/naproxen sodium)	
	OTHER	
NURTEC ODT (rimegepant)*	CAMBIA (diclofenac) UBRELVY (ubrogepant)** REYVOW (lasmiditan)**	*Nurtec ODT requires three (3) day trials of two (2) preferred chemically distinct triptans before it may be approved, unless one (1) of the exceptions on the PA form is present. **Ubrelvy requires three (3) day trials of two (2) preferred chemically distinct triptans as well as a three (3) day trial of Nurtec ODT before it may be approved, unless one (1) of the exceptions on the PA form is present.

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Reyvow- serotonin (5-HT) 1F receptor agonist

***Reyvow requires three (3) day trials of 2 preferred chemically distinct triptans as well as a three (3) day trial of Nurtec ODT before it may be approved, unless one (1) of the exceptions on the PA form is present.

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
	ZOMIG (zolmitriptan) ZOMIG ZMT (zolmitriptan)	
	TRIPTAN COMBINATIONS	
	TREXIMET (sumatriptan/naproxen sodium)	
	OTHER	
NURTEC ODT (rimegepant)*	CAMBIA (diclofenac) UBRELVY (ubrogepant)** REYVOW (lasmiditan)**	*Nurtec ODT requires three (3) day trials of two (2) preferred chemically distinct triptans before it may be approved, unless one (1) of the exceptions on the PA form is present. **Ubrelvy requires three (3) day trials of two (2) preferred chemically distinct triptans as well as a three (3) day trial of Nurtec ODT before it may be approved, unless one (1) of the exceptions on the PA form is present. ***Reyvow requires three (3) day trials of 2 preferred chemically distinct triptans as well as a three (3) day trial of Nurtec ODT before it may be approved, unless one (1) of the exceptions on the PA form is present.

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Gloperba Solution – Colchicine Solution

Gloperba may only be authorized for those who are unable to ingest solid dosage forms due to documented oral-motor difficulties or dysphagia.

ANTIHYPERURICEMICS		
CLASS PA CRITERIA: Non-preferred agents require a thirty (30) day trial of one (1) of the preferred agents for the prevention of gouty arthritis attacks (colchicine/probenecid, probenecid, or allopurinol) before they will be approved, unless one (1) of the exceptions on the PA form is present.		
ANTIMITOTICS		
colchicine capsules	colchicine tablets COLCRYS (colchicine) MITIGARE (colchicine) GLOPERBA (colchicine)*	In the case of acute gouty attacks, a ten (10) day supply (twenty (20) capsules) of the preferred agent(s) in this subclass will be authorized per ninety (90) days. *Gloperba may only be authorized for those who are unable to ingest solid dosage forms due to documented oral motor difficulties or dysphagia.

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OFEV – update to existing criteria (addition of FDA approved diagnoses)

Office of Pharmacy Service
Prior Authorization Criteria

OFEV® (Nintedanib)
Effective 10/01/2020
Prior Authorization Request Form

OFEV is a tyrosine kinase inhibitor indicated for the treatment of idiopathic pulmonary fibrosis (IPF), Systemic sclerosis-associated interstitial lung disease and Chronic fibrosing interstitial lung diseases with a progressive phenotype.

Criteria for Approval:

1) Diagnosis of an FDA-approved indication; **AND**
2) Must be prescribed by or in conjunction with a pulmonologist; **AND**
3) Patient must be eighteen (18) years of age or older; **AND**
4) Patient must be enrolled in a smoking cessation program (or must indicate that they do not smoke); **AND**
5) Liver function tests (ALT, AST, and bilirubin) should be conducted prior to the initiation of therapy (documentation required), at regular intervals for the first three (3) months and periodically thereafter. Initial lab results must be submitted with prior authorization request; **AND**
6) Patient must not be pregnant.

Note:

- Patient will be denied coverage if they have previously been treated with OFEV and experienced greater than five (5) times the upper normal limit of ALT and/or AST.

References

1) OFEV package insert 1/2018
2) Lexi-Comp Clinical Application 2/16/2018
3) Lexi- Comp Clinical Application 8/27/2020

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MAT- buprenorphine/naloxone tablets changed to preferred status

CLASS PA CRITERIA: Buprenorphine/naloxone tablets, Bunavail and Zubsolv will only be approved with a documented intolerance of or allergy to Suboxone strips.

CLASS PA CRITERIA: Bunavail and Zubsolv may only be approved with a documented intolerance or allergy to Suboxone strips AND buprenorphine/naloxone tablets.

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
OPIATE DEPENDENCE TREATMENTS		
CLASS PA CRITERIA: Bunavail and Zubsolv may only be approved with a documented intolerance or allergy to Suboxone strips AND buprenorphine/naloxone tablets. WV Medicaid's buprenorphine coverage policy may be viewed by clicking on the following hyperlink: Buprenorphine Coverage Policy and Related Forms		
buprenorphine/naloxone tablets* naloxone NARCAN NASAL SPRAY (naloxone) SUBOXONE FILM (buprenorphine/naloxone)* VIVITROL (naltrexone)	BUNAVAIL (buprenorphine/naloxone) buprenorphine tablets buprenorphine/naloxone film LUCEMYRA (lofexidine) SUBLOCADE (buprenorphine soln)** ZUBSOLV (buprenorphine/naloxone)	* Full PA criteria may be found on the PA Criteria page by clicking the hyperlink. **Sublocade is approvable only on appeal and requires medical reasoning as to why the clinical need cannot be met with a preferred product. VIVITROL no longer requires a PA.