WEST VIRGINIA Department of Health & Human Resources
Bureau for Medical Services

DUR Capsules

News and Information for West Virginia Providers from the West Virginia Bureau for Medical Services (WVBMS)

Preferred Drug List Updates
December, 2013
Samantha Marks, BS, PharmD Candidate 2014
Doug Brink, PharmD, BCPP

The West Virginia Medicaid Pharmaceutical and Therapeutics Committee has recently approved changes to the Preferred Drug List (PDL) effective January 1, 2014. As a result, certain agents may soon require prior authorization. This newsletter highlights key changes to the PDL that are likely to affect your clinical practice.

Changes to Preferred Proton Pump Inhibitors

Dexilant (dexlansoprazole) is no longer a preferred proton pump inhibitor. Omeprazole (Rx) and pantoprazole remain preferred agents. Prevacid Solutabs do not require a prior authorization for children up to eight (8) years of age. Please note that patients will need new prescriptions for the preferred agents or prior authorization for non-preferred ones as of January 1, 2014.

Sixty day trials of each of the preferred agents, inclusive of a concurrent 30 day trial at the maximum dose of an H_2 antagonist are required before a non-preferred agent will be approved.

Changes to Long Acting Narcotic Analgesics

Methadone is no longer a preferred agent and will require a prior authorization, except for patients with a diagnosis of cancer. Preferred agents are morphine ER and fentanyl patches.

Changes to Preferred Hypoglycemics:

Byetta and Victoza: Now Preferred Agents

Two GLP-1 agonists, Byetta (exenatide) and Victoza (liraglutide), have been added to the preferred drug list. A trial of each of these agents will be required before other GLP-1 agonists, such as Bydureon (exenatide) and Symlin (pramlintide), are approved.

Byetta and Victoza will be authorized for six month intervals if the patient meets all of the following criteria:

1. Diagnosis of Type 2 Diabetes
2. Previous history of a 30 day trial of metformin (unless contraindicated)
3. No history of pancreatitis
4. Not currently being treated with a bolus insulin

Baseline HgbA1c must be submitted within 90 days of the start of therapy. After 6 months, reauthorizations require a ≥1% decrease in HgbA1c until levels are ≤8%.

DPP-4 Agents

The preferred DPP-4 agents are Januvia, Janumet, Juvisync, and Tradjenta. Onglyza and Kombiglyze XR are no longer preferred.

Invokana Requires Prior Authorization

Invokana (canagliflozin) will be authorized for 6 months if all of the following criteria are met:

1. Diagnosis of Type 2 Diabetes
2. 30 day trial of metformin or a metformin combination within the past 6 months
3. HgbA1c levels ≤9% or ≤8% for reauthorization
4. GFR ≥45 ml/min/1.73 m^2

Changes in Preferred Meglitinides

Nateglinide is now a preferred agent. Patients taking branded Starlix (nateglinide) will now require prior authorization. Brand Prandin (repaglinide) remains a preferred drug, while generic repaglinide is non-preferred. A 30 day trial of a preferred agent is required before a non-preferred agent will be authorized.

Humalog Pen/Kwikpen No Longer Preferred

Humalog Pen/Kwikpen (insulin lispro) is no longer a preferred agent. Humalog (insulin lispro) vials and Humalog Mix vials (insulin lispro/lispro protamine) remain on the preferred drug list. Humulin pens and Humalog Mix pens are non-preferred and will be approved only for patients who cannot utilize vials due to impaired vision or dexterity.

Both vials and pens of Novolin, Novolog, Levemir and Lantus are preferred.

Preferred Drugs for Neuropathic Pain

Generic duloxetine has been added to the PDL for the treatment of neuropathic pain. Other preferred agents include capsaicin OTC and gabapentin capsules or solution.

The following agents have been reclassified as non-preferred drugs and will now require prior authorization:

- Cymbalta (duloxetine)
- Gabapentin tablets
- Lyrica (pregabalin)
- Savella (milnacipran).

A trial of a preferred agent will be required before a non-preferred agent will be approved.

Prior authorization for Lyrica will be approved for patients who have a diagnosis of seizure disorders or neuropathic pain associated with a spinal cord injury. Additionally, patients with a diagnosis of fibromyalgia, postherpatic neuralgia, or diabetic neuropathy may be approved for Lyrica if they meet one of the following criteria:

1. History of a trial of gabapentin at a therapeutic dose range (900-2,400 mg/day) for 30 days within the previous 24 month period
2. Intolerance to gabapentin due to a potential adverse drug-drug interaction, drug-disease interaction, or intolerable side effects.

Immune Globulins Added to PDL

The PDL now includes a category for immune globulins. Immune globulin agents will be approved according to FDA approved indications, with a trial of preferred agents being required when appropriate.

Preferred agents:

- Bivigam (human immunoglobulin gamma)

- Carimune NF Nanofiltered (human immunoglobulin gamma)
- Cytogam (human cytomegalovirus immune globulin)
- Flebogamma DIF (human immunoglobulin gamma)
- Gamastan S-D Vial (human immunoglobulin gamma)
- Gammagard Liquid (human immunoglobulin gamma)
- Gammagard S-D (human immunoglobulin gamma)
- Gamunex-C (human immunoglobulin gamma)
- Hepagam B (hepatitis B immune globulin (human))
- Hizentra (human immunoglobulin gamma)
- Octagam (human immunoglobulin gamma)
- Varizig (varicella zoster immune globulin (human))

Non-Preferred Agents

- Gammaked (human immunoglobulin gamma)
- Gammaplex (human immunoglobulin gamma)
- Privigen (human immunoglobulin gamma)

New Prior Authorization Requirements for Ketoconazole

Ketoconazole has been reclassified as a non-preferred agent. Prior authorization requests for ketoconazole will be approved if ALL of the following criteria are met:

1. Diagnosis of one of the following fungal infections:
    - Blastomycosis
    - Coccidiodomycosis
    - Histoplasmosis
    - Chromomycosis
    - Paracoccidioidomycosis
2. Documented failure or intolerance of all other diagnosis-appropriate antifungal therapy
3. Baseline assessment of liver status, including ALT, AST, total bilirubin, alkaline phosphatase, prothrombin time, and INR before starting treatment
4. Weekly monitoring of serum ALT for the duration of treatment. (If ALT increases to a level above the upper limit of normal OR 30% above baseline, or if the patient develops symptoms of liver dysfunction, treatment should be interrupted and a full set of liver tests should be obtained).
5. Assessment of all concomitant medications for potential adverse drug interactions with ketoconazole
6. Ketoconazole will not be approved for treatment for fungal infections of the skin and nails

PDL Updates for Amphetamines and Related ADHD Agents

Amphetamines:

Procentra (dextroamphetamine) is now a preferred agent. Amphetamine salt combination IR and Vyvanse (lisdexamfetamine) remain preferred agents.

Generic dextroamphetamine has been reclassified as a non-preferred agent and will require prior authorization. One of the preferred agents from each group (amphetamines and non-amphetamines) must be tried for 30 days before a non-preferred agent will be authorized. Additionally, a long-acting preferred agent in each class must be tried for 30 days before a non-preferred long-acting stimulant will be approved. Adderall XR is now preferred over its generic long-acting equivalents.

Non-Amphetamines:

Intuniv (guanfacine extended-release), Methylin Chewable Tablets (methylphenidate), and Methylin Solution (methylphenidate) are no longer preferred agents. Patients stabilized on Intuniv prior to this change will be

grandfathered and can remain on their current regimen. Prior authorization for new patients will require a 30 day trial of one of the preferred agents from each group (amphetamines and non-amphetamines).

Complete PDL Available Online

This newsletter highlights key changes to the West Virginia Medicaid PDL which will take effect January 1, 2014. This is not intended to serve as a comprehensive list of changes. To access the complete list of West Virginia Medicaid PDL changes and see the current list of preferred drugs please visit the Bureau for Medical Services website at:

http://www.dhhr.wv.gov/bms/Pharmacy/Pages/pdl.aspx.

References

1. West Virginia Medicaid Preferred Drug List. West Virginia Bureau for Medical Services. October, 2013. Available at http://www.dhhr.wv.gov/bms/Pharmacy/Pages/pdl.aspx.

The DUR Capsules is a quarterly newsletter published for West Virginia Medicaid Providers. Information concerning West Virginia Medicaid can be accessed online at http://www.dhhr.wv.gov/bms/

Bureau for Medical Services
Nancy Atkins, Commissioner
Bureau for Medical Services
Office of Pharmacy Services
Vicki Cunningham, RPh Pharmacy Director

Health & Human Resources
Bureau for Medical Services
350 Capital Street, Room 251
Charleston, WV 25301-3709