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

Preferred Drug List Updates

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The West Virginia Pharmaceutical and Therapeutics Committee has recently approved changes to the Preferred Drug List (PDL) effective January 1, 2015. The approved changes will result in certain agents requiring a prior authorization. This newsletter addresses specific changes to the PDL that are likely to affect your clinical practice.

ANALGESICS, NARCOTICS LONG ACTING (NON-PARENTERAL)

Hydromorphone ER and Xartemis™ XR (oxycodone/acetaminophen) will be considered non-preferred. The preferred agents remain fentanyl transdermal and morphine ER tablets.

PA criteria require a six (6) day trial of each of the preferred agents and a six (6) day trial of the generic formulation of a brand preferred agent, if available, with the *exception* of methadone, oxycodone ER, and oxymorphone ER, which will be authorized without a trial of preferred agents if a diagnosis of cancer is submitted.

ANDROGENIC AGENTS

Testosterone gel will be non-preferred effective January 1, 2015. The non-preferred agents will be authorized only if one (1) of the exceptions on the PA form is present.

ANGIOTENSIN MODULATORS

The generic ARB valsartan will be non-preferred. The brand AZOR® (olmesartan/amlodipine) will be a preferred ARB combination agent.

ANTI-ALLERGENS, ORAL

GRASTEK® (timothy grass pollen allergen extract) and RAGWITEK™ (short ragweed pollen allergen extract) will be non-preferred. For specific PA criteria, you may refer to http://www.dhhr.wv.gov/bms/Pharmacy/Pages/pac.aspx.

ANTIPARASITICS, TOPICAL

Natroba™ (spinosad) will be a preferred agent. The generic permethrin 5% cream will be a non-preferred agent.

Trials of the preferred agents, which are age and weight appropriate, are required before non-preferred agents will be authorized.

ANTIPSORIATICS, TOPICAL

Calcipotriene ointment will be a preferred agent. The brand Dovonex® (calcipotriene) will be a non-preferred agent.

Thirty (30) day trials of two (2) preferred unique chemical entities are required before a non-preferred agent will be authorized.

ANTIPSYCHOTICS, ATYPICAL

Brand RISPERDAL® CONSTA® (risperidone) will be a preferred agent. It should be noted that all injectable antipsychotic products require a clinical PA and will be approved on a case-by-case basis.

BETA BLOCKERS

Inderal® XL (propranolol) will be a non-preferred agent.

The criteria require a 14-day trial of each of three (3) chemically distinct preferred agents, including the generic formulation of a requested non-preferred agent, before a non-preferred agent will be authorized.

BONE RESORPTION SUPPRESSION AND RELATED AGENTS

The generic risedronate will be a non-preferred agent.

The criteria require a 30-day trial of alendronate, the only preferred agent.

COPD AGENTS

ANORO™ ELLIPTA™ (umeclidinium/vilanterol) will be a non-preferred agent.

For specific PA criteria, you may refer to http://www.dhhr.wv.gov/bms/Pharmacy/Pages/pac.aspx.

CYTOKINE & CAM ANTAGONISTS

Simponi® (golimumab) will be a non-preferred ANTI-TNF agent.

The criteria require a 90-day trial of each of the preferred agents, HUMIRA® and Enbrel®, before a non-preferred ANTI-TNF agent will be authorized.

Otezla® (apremilast) will be a non-preferred agent.

For specific PA criteria, you may refer to http://www.dhhr.wv.gov/bms/Pharmacy/Pages/pac.aspx.

FLUOROQUINOLONES (ORAL)

The generic ciprofloxacin suspension will be a non-preferred agent.

A five (5) day trial of a preferred agent (CIPRO® SUSPENSION, ciprofloxacin, or levofloxacin) is required before a non-preferred agent will be authorized.

GLUCOCORTICOIDS, INHALED

Flovent® HFA (fluticasone), Flovent® Diskus® (fluticasone), and Pulmicort Flexhaler® (budesonide) will be non-preferred agents.

The criteria require a 30-day trial of each of the preferred agents (Asmanex®, Pulmicort RESPULES®*, and QVAR®) before a non-preferred agent will be authorized.

*Pulmicort RESPULES are preferred for children up to nine (9) years of age. A PA is required for children nine (9) years of age or older and for individuals unable to use an MDI. Brand Pulmicort RESPULES are preferred over the generic formulation.

HEPATITIS B TREATMENTS

Tyzeka® (telbivudine) will be a preferred agent.

HYPERPARATHYROID AGENTS

The generic paricalcitol will be a preferred agent.

ZEMPLAR® (paricalcitol) will be a non-preferred agent.

The criteria require a 30-day trial of a preferred agent before a non-preferred agent will be authorized.

HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS

There is no change to the preferred and non-preferred injectable agents. The oral agent Jentadueto® (linagliptin/metformin) will be preferred.

The following criteria changes will apply:

- All agents (preferred and non-preferred) require a previous 30-day trial of metformin.
- For concurrent insulin use, all agents will be approved in six (6) month intervals. For re-authorizations, documentation that HgBA1C levels have decreased by at least 1% or are maintained at ≤ 8% is required. HgBA1 levels submitted must be for the most recent 30-day period.

IMMUNE GLOBULINS, IV

Gammaplex® (human immunoglobulin gamma) will be a preferred agent.

IMMUNOMODULATORS, TOPICAL & GENITAL WART AGENTS

Condylox® Solution (podofilox) will be a non-preferred agent.

The criteria require a 30-day trial of both preferred agents, Aldara® and Condylox® Gel, before a non-preferred agent will be authorized.

IMMUNOSUPPRESSIVES, ORAL

The generic sirolimus will be a preferred agent.

INTRANASAL RHINITIS AGENTS

The brand antihistamine Astepro® (azelastine) will be a preferred agent.

The generic corticosteroid budesonide will be a non-preferred agent. The criteria require a 30-day trial of each of the preferred agents, generic fluticasone propionate and brand NASONEX®.

IRRITABLE BOWEL SYNDROME

This is a new class to the PDL.

Amitiza® (lubiprostone) and Linzess® (linaclotide) are the preferred agents in this class.

LOTRONEX® (alosetron) is the non-preferred agent.

The criteria require a trial of a preferred agent before a non-preferred agent will be authorized.

LAXATIVES

This is a new class to the PDL.

Preferred Agents	Non-preferred Agents
Colyte®	HalfLytely®-Bisacodyl Kit
GoLYTELY®	MoviPrep®
NuLYTELY®	OsmoPrep®
PEG-3350	Prepopik®
	SUPREP®

The criteria require a 30-day trial of each of the preferred agents before a non-preferred agent will be authorized.

LIPOTROPICS

Non-statins

TriCor® (fenofibrate nanocrystallized) and Trilipix™ (fenofibric acid) will be non-preferred agents.

The criteria require a 12-week trial each of one (1) of the preferred agents before a non-preferred agent will be authorized.

Statins

CRESTOR® (rosuvastatin) will be a preferred agent.

Lescol® and Lescol® XL will be non-preferred agents.

The criteria require a 12-week trial each of two (2) of the preferred statins, including the generic formulation of a requested non-preferred agent, before a non-preferred agent will be authorized.

Statin Combinations

Advicor® (lovastatin/niacin), SIMCOR® (simvastatin/niacin ER), and generic amlodipine/atorvastatin will be non-preferred agents.

The criteria require 30-day concurrent trials of the appropriate single agents before a statin combination will be authorized.

MACROLIDES/KETOLIDES

Biaxin® XL (clarithromycin) will be a preferred agent.

MULTIPLE SCLEROSIS AGENTS, INTERFERONS

EXTAVIA® Kit (interferon beta-1b) will be a preferred agent, whereas EXTAVIA® vials will be non-preferred.

The non-preferred agents are:

- BETASERON® Kit (interferon beta-1b)
- Rebif® (interferon beta-1a)
- Rebif® Rebidose® (interferon beta-1a)
- EXTAVIA® vial (interferon beta-1b)

The criteria require a diagnosis of multiple sclerosis and a 30-day trial of a preferred agent in the corresponding class (interferon or non-interferon) before a non-preferred agent will be authorized.

NEUROPATHIC PAIN

Lidoderm® (lidocaine) will be a preferred agent and will only be authorized for a diagnosis of post-herpetic neuralgia.

NSAIDS, TOPICAL

Voltaren® Gel (diclofenac) is the only preferred topical agent and will be authorized if the following criteria are met:

- 30-day trial of two (2) of the preferred oral NSAIDS
- The patient is on anticoagulant therapy or the patient has had a GI bleed or ulcer diagnosed in the last two (2) years

There will be a limit of 100 grams per month.

The generic diclofenac solution will be non-preferred.

The criteria require a 30-day trial of each of the preferred oral NSAIDS before a topical NSAID gel or solution will be authorized.

OPHTHALMICS, ANTI-INFLAMMATORIES-IMMUNOMODULATORS

Restasis® (cyclosporine) is the only drug in this class, and it is a non-preferred agent.

For specific PA criteria, you may refer to http://www.dhhr.wv.gov/bms/Pharmacy/Pages/pac.aspx.

PAH Agents, Prostacyclins

Orenitram® ER (treprostinil) will be a non-preferred agent.

The criteria require a 30-day trial of a preferred agent, including the preferred generic form of the non-preferred agent, before a non-preferred agent will be authorized.

Topical Steroids

Medium Potency

The generic clocortolone cream will be non-preferred.

Low Potency

The generic fluocinolone oil will be non-preferred.

The criteria require a five (5) day trial of one (1) form of each preferred unique active ingredient in the corresponding potency group before a non-preferred agent will be authorized.

Complete PDL Available Online

The intent of this newsletter is to inform you of the key changes to the West Virginia Medicaid PDL, which will take effect January 1, 2015. It is not intended to serve as a comprehensive list of changes. To access the current list of preferred and non-preferred agents, visit the following website: http://www.dhhr.wv.gov/bms/Pharmacy/Pages/pac.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/.

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