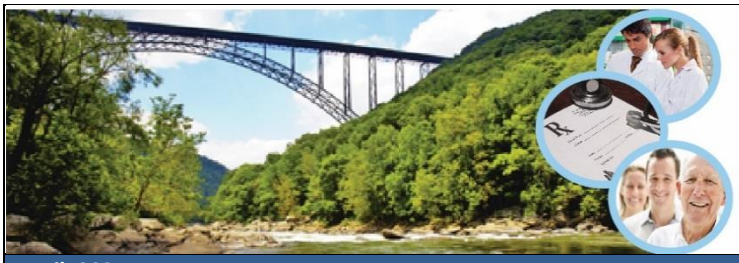

West Virginia Medicaid
Pharmacy Solutions

April, 2021

West Virginia Medicaid Pharmacy Department

https://dhhr.wv.gov/bms/BMS%20Pharmacy

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:
https://dhhr.wv.gov/bms/BMS%20Pharmacy/Pages/Preferred-Drug-List.aspx

State Maximum Allowable Cost (SMAC)

SMAC Review Form:
https://dhhr.wv.gov/bms/BMS%20Pharmacy/SMAC/Pages/default.aspx
Please refer questions to Change Healthcare at 1-855-389-9504 or e-mail to:
PBA_WVSMAC@changehealthcare.com

New Indications for SGLT2 Inhibitors

It was only within the past decade that the diabetic community was first introduced to sodium-glucose cotransporter-2 (SGLT2) inhibitors with the approval of canagliflozin (Invokana®) in March of 2013. A short 7 years later and these products have found a new indication "home" in Heart Failure (HF). In May of last year dapagliflozin (Farxiga®) was approved to reduce the risk for cardiovascular (CV) death and hospitalization in adults with HF (NYHA class II-IV) with reduced ejection fraction (HFrEF) in individuals with and, notably, without diabetes.

This is good news for both the diabetic and heart failure patient and provider communities. A 2020 study[1] of 101,000 people found that even when controlled for abnormal cholesterol and triglyceride levels, elevated blood pressure, sedentary behaviors, smoking, and unacceptable blood glucose levels that patients with Type 2 Diabetes (T2D) had a 21% higher risk of cardiovascular disease and 30% higher risk of heart failure hospitalization than non-diabetics. Additionally, the major cause of morbidity and mortality in T2D is HF.

The initial findings came from the EMPA-REG OUTCOME trial (Empagliflozin Cardiovascular Outcomes Event Trial in Type 2 Diabetes Mellitus Patients—Removing Excess Glucose) which showed a reduction in CV death and hospitalizations for heart failure in high risk T2D patients. Since that time other large trials have confirmed, and shown similar, outcomes from that pivotal trial (CANVAS (canagliflozin)/ CREDENCE (canagliflozin)/ DECLARE-TIMI (dapagliflozin)/ DAPA-HF (dapagliflozin)).

Mechanism of Action

The SGLT2 inhibitors work in Type 2 Diabetics by blocking reabsorption of glucose by the kidneys. SGLT2 is responsible for 90% of the total glucose absorption in the kidney tubule cells. By blocking this high-capacity glucose transporter, the kidney tubule cells pass the glucose into the urine, which is excreted from the body, rather than reclaiming the glucose back into the blood.

The exact mechanism for CV benefit is less clear. Given the quick onset of beneficial effects of these medications, it is unlikely that the benefit is due to a slowing of the atherosclerotic process. One theory is that the primary renal effects of the SGLT2 inhibitors is playing a secondary role in improving HF. For instance, SGLT2's promotion of sodium and water loss and reduced pressure within the kidney can lead to renal protection, increased renal function, and decreased renal stress. These renal protective effects can indirectly improve cardiac function through reducing sympathetic nervous system activation, reducing inflammation, and decreasing oxidate stress.[2]

Looking to the Future

The new indication for the SGLT2s adds to a growing arsenal of established medications for HFrEF: ACE-Inhibitors, ARBs, Beta Blockers, Mineralocorticoid Receptor Antagonists, ivabradine (Corlanor®),

	sacubitril/valsartan (Entresto®), and the recently approved vericiguat (Verquvo®). However, data show that while these therapies are associated with reduced mortality that 5-year mortality and hospital readmission rates remain poor at 75% and 82% respectively.[3] Add to this that only last month Entresto received approval as the first medication for Heart Failure with Preserved Ejection Fraction there is clearly room for improvement in this space in the coming years. References: 1. Wright AK, Suarez-Ortegon, F, Read SH, et. al. Risk Factor Control and Cardiovascular Event Risk in People with Type 2 Diabetes in Primary and Secondary Prevention Settings. CIRCULATION. 2020; 142:1925-1936. doi: 10.1161/CIRCULATIONAHA.120.046783 2. Lopaschuk G, Verma S. Mechanisms of Cardiovascular Benefits of Sodium Glucose Co-Transporter 2 (SGLT2) Inhibitors. JACC: BASIC TO TRANSLATIONAL SCIENCE. 2020; 5 (6): 632-644. doi: 10.1016/j.jacbts.2020.02.004 3. Lam C, Chandramouli C, Ahooja V, et. al. SLGT-2 Inhibitors in Heart Failure: Current Management, Unmet Needs, and Therapeutic Prospects. JAHA. 2019; 8 (20): e013389. doi: 10.116/JAHA.119.013389

Upcoming PDL Changes

The following changes will be made to the Preferred Drug List (PDL), effective April 1, 2021, pending recommendation and/or approval by the P&T Committee, BMS, and Secretary of DHHR..

For a comprehensive PDL, refer to: https://dhhr.wv.gov/bms/BMS%20Pharmacy/Pages/Preferred-Drug-List.aspx

NEW PREFERRED DRUGS

THERAPEUTIC CLASS	RECOMMENDED for PREFERRED STATUS
ANTIRETROVIRALS	TIVICAY PD (dolutegravir sodium)
ANTIRETROVIRALS	TROGARZO VIAL (ibalizumab)
ANTIRETROVIRALS	RUKOBIA TABLET (fostemsavir tromethamine)
CROHNS DISEASE ORAL STEROIDS	budesonide ER capsule
HEPATITIS C TREATMENTS	sofosbuvir/velpatasvir tablets (labeler 72626)

NEW NON-PREFERRED DRUGS

THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
ACNE AGENTS, TOPICAL	ZILZXI FOAM (minocycline)
ANTICONVULSANTS	FINTEPLA SOLUTION (fenfluramine)
ANTICONVULSANTS	rufinamide oral suspension
ANTIFUNGALS, TOPICAL	tavaborole topical solution
ANTIPARASITICS, TOPICAL	ivermectin lotion
ANTIPARKINSONS AGENTS	KYNMOBI FILM (apomorphine)
ANTIPSYCHOTICS, ATYPICAL	asenapine sublingual tablets
ANTIRETROVIRALS	emtricitabine/tenofovir
ANTIRETROVIRALS	efavirenz/emtricitabine/tenofovir
COPD AGENTS	BREZTRI AEROSPHERE (budesonide/glycopyrrolate/formoterol)
CROHNS DISEASE ORAL STEROIDS	ENTOCORT EC CAPSULE (budesonide)
CROHNS DISEASE ORAL STEROIDS	ORTIKOS CAPSULE (budesonide)
HEPATITIS C TREATMENTS	EPCLUSA TABLETS (sofosbuvir/velpatasvir)
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS	LYMUJEV KWIKPEN (insulin lispro)
IRRITABLE BOWEL SYNDROME/SELECTED GI AGENTS	lubiprostone capsule
LIPOTROPICS, OTHER	icosapent ethyl
MULTIPLE SCLEROSIS AGENTS	ZEPOSIA CAPSULE (ozanimod)
NSAIDS	LICART PATCH (diclofenac)
NSAIDS	meloxicam submicronized capsule
PITUITARY SUPPRESSIVE AGENTS, LHRH	ORIAHNN CAPSULE (elagolix-estradiol-norethindrone)