

June 2018

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

NEW ACC/AHA HYPERTENSION GUIDELINES

Heart disease remains the number one killer in America while strokes remain the 5th leading cause of death. One in 3 people in America die from heart disease and strokes combined. There’s an old saying, “an ounce of prevention is worth a pound of cure”. One of the most effective methods of preventing morbidity and mortality from heart disease and stroke is adherence to a healthy lifestyle which includes regular physical activity, healthy eating and adherence to blood pressure medications when prescribed.

The Joint National Committee announced in 2013 that they would no longer publish new guidelines for treating hypertension. This leaves the American College of Cardiology (ACC) and the American Heart Association (AHA) as a key source for guidelines on treating hypertension. In November 2017, the ACC and AHA published updated hypertension guidelines. The committee writing the guidelines was made up of a pharmacist, doctors (including but not limited to cardiologists, epidemiologists, and internists), a nurse, a physician assistant and 2 lay/patient representatives. It also included representatives from a multitude of professional organizations. The American Academy of Family Physicians (AAFP), which was not included among the many professional organizations in writing the new guidelines, announced in December 2017 that they did not endorse the new guidelines.

Here are some key points from the new guidelines:

1. The classification for defining High Blood Pressure was changed to define an average of >130/80 for stage 1 hypertension instead of >140/90. Below is a chart showing the new classification.

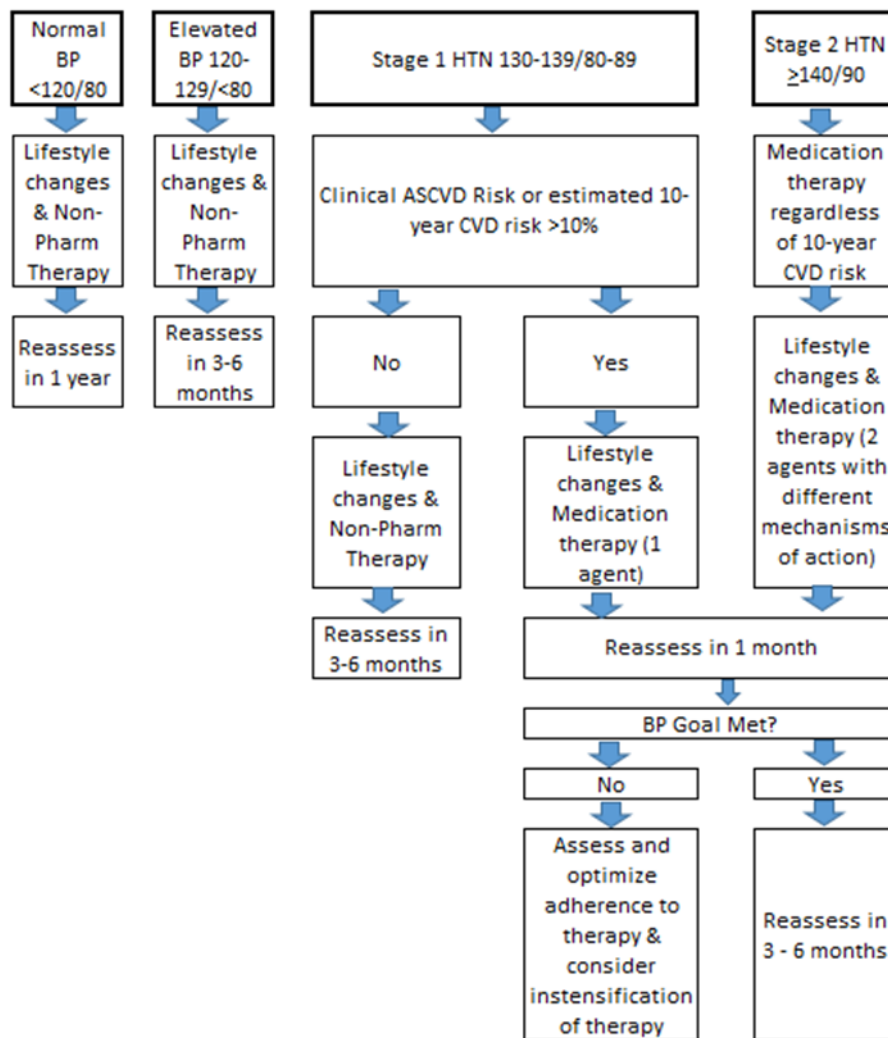
ACA/AHA 2017	SBP		DBP
Normal	<120	and	<80
Elevated	120-129	and	<80
Stage 1 HTN	130-139	or	80-89
Stage 2 HTN	≥140	or	≥90

This new definition of hypertension will change the prevalence of High Blood Pressure. The prevalence of high blood pressure in adults is expected to increase from 32% to 46%. The prevalence in adults age 20 to 45 is expected to have the greatest increase with the prevalence in men expected to triple (11% to 30%) and double in women (10% to 19%).

2. Ten percent of patients with high blood pressure have a secondary cause such as drug induced HBP from substances such as caffeine, corticosteroids and oral contraceptives. The new guidelines provide advice on how to screen for and diagnose these causes.
3. Nonpharmacological management of high blood pressure (lifestyle changes) is recommended for all stages to both prevent and treat HBP. Nonpharmacological interventions include weight loss, a heart healthy diet, reduced dietary sodium intake, increased intake of potassium (preferably by dietary changes), increased physical activity (90 – 150 minutes of aerobic exercise per week) and moderation or avoidance of alcohol intake (limit of 2 drinks per day for men and 1 drink per day for women).
4. Drug therapy decisions are impacted by the level of blood pressure and the underlying risk of atherosclerotic cardiovascular disease (ACSVD).
5. First line treatment is recommended to be selected from one of four classes of medications:
 - a. Thiazide diuretics (chlorthalidone is preferred)

- b. Calcium channel blockers
 - c. Angiotensin converting enzyme inhibitors
 - d. Angiotensin receptor blockers
- In most adults with hypertension, treatment requires more than one agent. The choice of antihypertensive medication with a specific BP lowering medication is occasionally determined by the need to manage another illness.
6. Adherence to therapy plays a major role in improving treatment and control of hypertension in adults. Evidence based recommendations conclude that once daily dosing of blood pressure medications and use of combination pills rather than individual components may help in adherence to therapy.

The biggest change in the guidelines is the change in treatment recommendations based on the change in the definition of hypertension. Below is a graph that highlights the new treatment recommendations.



Prescriber Enrollment Required for Prescription Payment

Starting July 18, 2018, prescriptions for opioids written by prescribers not enrolled in West Virginia Medicaid will deny. This is the first phase of implementation of a CMS mandate requiring all prescribers for Medicaid members be enrolled in the Medicaid program. There will be no edit

	<p>overrides or prior authorizations issued. The final phase of the program will be implemented on January 1, 2019, and ALL prescriptions written by unenrolled prescribers will deny at that time. Please call Molina Medicaid Solutions at 888-483-0801 if you are prescribing for West Virginia Medicaid members and are not currently enrolled.</p>
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Upcoming PDL Changes

The following changes will be made to the Preferred Drug List (PDL), effective July 1, 2018, pending recommendation and/or approval by the P&T Committee, BMS, and Secretary of DHHR.

For a comprehensive PDL, refer to <http://www.medicaid.ms.gov/providers/pharmacy/preferred-drug-list/>.

NEW PREFERRED DRUGS	
THERAPEUTIC CLASS	RECOMMENDED for PREFERRED STATUS
ACNE AGENTS, TOPICAL – ROSACEA AGENTS	FINACEA GEL (azelaic acid)
ACNE AGENTS, TOPICAL – ROSACEA AGENTS	MIRVASO GEL (brimonidine)
ACNE AGENTS, TOPICAL – ROSACEA AGENTS	metronidazole cream
ACNE AGENTS, TOPICAL – ROSACEA AGENTS	metronidazole gel (NDCs 00115-1474-46, 00168-0275-45, 00713-0637-37, 51672-4116-06, 66993-0962-45 only)
ANTIHYPERURICEMICS	MITIGARE (colchicine)
ANTIRETROVIRALS - COMBINATION PRODUCTS – INTEGRASE STRAND TRANSFER INHIBITORS & NUCLEOSIDE ANALOG RTIs	BIKTARVY (bictegravir/emtricitabine/tenofovir alafenamide)
GLUCOCORTICOIDs, INHALED	QVAR REDHALER (beclomethasone)
PLATELET AGGREGATION INHIBITORS	prasugrel
STIMULANTS AND RELATED AGENTS	COTEMPLA XR ODT (methylphenidate)

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
ACNE AGENTS, TOPICAL – ROSACEA AGENTS	FINACEA FOAM (azelaic acid)
ACNE AGENTS, TOPICAL – ROSACEA AGENTS	METROCREAM (metronidazole)
ACNE AGENTS, TOPICAL – ROSACEA AGENTS	METROGEL GEL (metronidazole)
ACNE AGENTS, TOPICAL – ROSACEA AGENTS	METROLOTION (metronidazole)
ACNE AGENTS, TOPICAL – ROSACEA AGENTS	metronidazole lotion
ACNE AGENTS, TOPICAL – ROSACEA AGENTS	metronidazole gel (all other NDCs)
ACNE AGENTS, TOPICAL – ROSACEA AGENTS	NORITATE CREAM (metronidazole)
ACNE AGENTS, TOPICAL – ROSACEA AGENTS	RHOFADE (oxymetazoline)
ACNE AGENTS, TOPICAL – ROSACEA AGENTS	ROSADAN (metronidazole)
ACNE AGENTS, TOPICAL – ROSACEA AGENTS	SOOLANTRA CREAM (metronidazole)
ANTIDEPRESSANTS, SSRIs	paroxetine 7.5 mg capsules
ANTIHYPERURICEMICS	colchicine capsules
ANTIHYPERURICEMICS	DUZALLO (allopurinol/lesinurad)

NEW NON-PREFERRED DRUGS

THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
ANTIRETROVIRALS - PROTEASE INHIBITORS (PEPTIDIC)	Fosamprenavir
COPD AGENTS	TRELEGY ELLIPTA (fluticasone/umeclidinium/vilanterol)
FLUOROQUINOLONES (Oral)	BAXDELA (delafloxacin)
GLUCOCORTICOIDS, INHALED	ARMONAIR RESPICLICK (fluticasone)
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS	FIASP (insulin aspart)
IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME/SELECTED GI AGENTS	SYMPROIC (naldemedine)
PLATELET AGGREGATION INHIBITORS	EFFIENT (prasugrel)
STIMULANTS AND RELATED AGENTS	CONCERTA (methylphenidate)
STIMULANTS AND RELATED AGENTS	methylphenidate ER (generic CONCERTA)
STIMULANTS AND RELATED AGENTS	QUILLIVANT XR SUSP (methylphenidate)