



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.

WEST VIRGINIA MEDICAID POLICY AROUND BUPRENORPHINE ASSISTED DETOX

Effective January 1, 2012, West Virginia Medicaid updated their policy surrounding the use of buprenorphine products for addiction. Below are more specifics; however, if you have additional questions, please visit

<http://www.dhhr.wv.gov/bms/news/Pages/SuboxoneandSubutexCoverageInformation.aspx>.

Prescribers must

- Evaluate patients before requesting/beginning drug therapy. A staff member other than the prescriber may complete this initial evaluation; however, no medication may be given before the prescriber has done his/her own evaluation.
- Request the prior authorization (PA) in writing on the designated PA form via fax or electronic submission. The PA fax form can be found at <http://www.dhhr.wv.gov/bms/news/Pages/SuboxoneandSubutexCoverageInformation.aspx>.
- Be a licensed physician with a degree as a Medical Doctor and/or Doctor of Osteopathic Medicine who is licensed; board certified; is in good standing in the state of West Virginia; qualifies for a waiver under the Drug Addiction Treatment Act (DATA); has notified the Center for Substance Abuse Treatment of the intention to treat addiction patients; and has been assigned a DEA (X) number. Prescriber must be included on the DATA Physician locator.
- Be a West Virginia Medicaid enrolled provider (enrolled directly, enrolled with Managed Care Organization (MCO), employed by a facility that is enrolled with West Virginia Medicaid) who certifies he/she is treating the patient and billing West Virginia Medicaid for this service.
- Complete an attestation that the Board of Pharmacy Prescription Drug Monitoring Program database has been reviewed for other drug use, including benzodiazepines, sedative/hypnotics, and opioids.
- Warn patients of the dangers of ingesting sedating medications with buprenorphine.
- Agree to adhere to the Coordination of Care Agreement that will be signed by the patient, the treating physician, and the treating therapist. This agreement must be retained in medical records and updated annually. If a change in provider occurs, a new agreement must be signed.
- Perform a minimum of two random urine drug screens per month and maintain these results in the patient's medical record. The drug screen must test, at a minimum, for opiates, oxycodone, methadone, buprenorphine, benzodiazepines, PCP/LSD, amphetamines, methamphetamine, and alcohol.

Therapy Services must

- Be performed by a minimum of a master's level Therapist using generally accepted practice of therapies recognized by national accrediting bodies of psychology, psychiatry, counseling, and social work. Alcohol Drug Counselor (ADC) or higher-level accreditation in addiction and psychologists may be treating therapists. In addition, LCSW, LICSW, LPC, or therapists with a master's level degree and two or more years of documented experience in the substance abuse field may provide therapy services.
- Be face-to-face structured interventions designed to improve a patient's cognitive processing and/or functional abilities. Services may be provided in a variety of outpatient settings, but in all settings, the service must be provided on a scheduled basis by designated staff.

Documentation must

- Include a Master Service Plan and an individual therapeutic intervention plan, which includes a schedule detailing when therapy services are to be provided.
- Include, for each therapy service provided, an activity note describing each service or activity provided, the relationship of the service or activity to a specific objective (s) in the therapy plan, the actual intervention utilized and the outcome of the service.
- Include the signature and credentials of the staff providing the service, place of service and date of service.

Patients must

- Have a diagnosis of opioid abuse/dependence (diagnosis code is required).
- Be at least 16 years of age.
- Have no concomitant use of benzodiazepines, sedative/hypnotics, and/or opioids (including tramadol).

Dosing/Prescription limits include

- The maximum initial dose is 24 mg per day for a maximum of 60 days and limited to once per lifetime.
- The maximum maintenance dose is 16 mg per day.
- Early refills are not permitted, including replacement of lost or stolen medication.

UPCOMING PREFERRED DRUG LIST (PDL) CHANGES

Please be advised that the Bureau for Medical Services, based on recommendations made at the April 25, 2012 meeting of the West Virginia Medicaid Pharmaceutical & Therapeutics Committee, is making the following changes to the Preferred Drug List (PDL).

On July 1, 2012, the following changes will be effective:

- The following products will be added as **non-preferred products** and require prior authorization (PA):
 - ◆ In the Analgesics, Narcotic – Short Acting (Non-parenteral) class, Oxecta® (oxycodone)
 - ◆ In the Angiotensin Modulators, ARB Combinations class, Edarbyclor™ (azilsartan/chlorthalidone)
 - ◆ In the Anticonvulsants, Adjuvants, Onfi™ (clobazam)
 - ◆ In the Beta Blockers (Oral) & Miscellaneous Antianginals (Oral), Beta Blocker/Diuretic Combination Drugs class, Dutoprol™ (metoprolol ER/HCTZ ER)
 - ◆ In the Hypoglycemics, Incretin Mimetics/Enhancers, Oral class, Janumet® XR (sitagliptin/metformin), and Jentadueto™ (linagliptin/metformin)
 - ◆ In the Ophthalmics, Glaucoma Agents, Combination Agents class, Cosopt® PF (dorzolamide/timolol)
 - ◆ In the Ophthalmics, Glaucoma Agents, Prostaglandin Analogs class, Zioptan® (tafluprost)
- PDL changes will be made in the following drug classes:
 - ◆ Hypoglycemics, Incretin Mimetics/Enhancers, Injectable
 - ❖ Bydureon® (exenatide), Byetta® (exenatide), Symlin® (pramlintide) and Victoza® (liraglutide) will be non-preferred and require prior authorization (PA).
 - ◆ Immunosuppressives
 - ❖ Azathioprine, cyclosporine modified, cyclosporine, mycophenolate mofetil, Rapamune® (sirolimus) and tacrolimus will be preferred.
 - ❖ Azasan® (azathioprine), CellCept® (mycophenolate mofetil), Myfortic® (mycophenolic acid), Neoral® (cyclosporine, modified), Prograf® (tacrolimus), Sandimmune® (cyclosporine) and Zortress® (everolimus) will be non-preferred and require prior authorization (PA).
 - ◆ Ophthalmic Antibiotic/Steroid Combinations
 - ❖ Blephamide® (prednisolone/sulfacetamide), Blephamide S.O.P.® (prednisolone/sulfacetamide), Maxitrol® ointment (neomycin/polymyxin/dexamethasone), neomycin/polymyxin/dexamethasone, sulfacetamide/prednisolone and Tobradex® Suspension (tobramycin/dexamethasone) will be preferred.
 - ❖ Neomycin/bacitracin/polymyxin/hydrocortisone, neomycin/polymyxin/hydrocortisone, Poly-Pred® (prednisolone/neomycin/polymyxin B), Pred-G® (prednisolone/gentamicin), Tobradex® ointment (tobramycin/dexamethasone), Tobradex ST® (tobramycin/dexamethasone), tobramycin/dexamethasone suspension and Zylet® (loteprednol/tobramycin) will be non-preferred and require prior authorization (PA).

Thank you for helping West Virginia Medicaid members maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

WEST VIRGINIA MEDIWEB

West Virginia MediWeb is the clinical web portal for the West Virginia Medicaid program. This web portal is available to all enrolled prescribers and pharmacy providers and allows access to their patients' pharmacy and medical history. The medical history includes outpatient visits, emergency room utilization, in-patient hospitalizations, diagnoses and procedure codes. MediWeb also allows prescribers to submit electronic prior authorization requests for drugs directly to the Rational Drug Therapy Program. In addition, a free e-prescribing application is available to enrolled prescribers. This tool can be valuable for coordinating your patients' care, preventing duplications of laboratory testing and other procedures, preventing therapeutic or ingredient duplications of your patients' prescriptions and gaining an accurate record of your patients' medical history. Instructions for enrollment and applications are available online at <http://www.dhhr.wv.gov/bms/mwportal/Pages/default.aspx>

Prescribers: As you know, signatures are often very difficult to read, so please place your NPI on each prescription you write.

Pharmacists: To find/verify a prescriber's NPI, please visit <https://npes.cms.hhs.gov/NPES/NPIRegistryHome.do>.