



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

HOUSE BILL 4208: HYDROCODONE, TRAMADOL, AND BUPRENORPHINE WITH NALOXONE

House Bill 4208 passed during the 2014 Regular Legislative Session, and becomes effective on June 6, 2014. It updated the West Virginia Controlled Substances Act by including adding a number of synthetic cannabinoids to Schedule I and moving buprenorphine to Schedule III in the West Virginia State Code.

Other important highlights include the following:

Hydrocodone In Combination: For Hydrocodone in combination as a Schedule III drug, the new language added to West Virginia Code § 60A-2-208(e) now states: "Provided, That a prescription for this product may not be filled for more than a one month supply or filled or refilled more than three months after the date of the original prescription. Such prescription may not be refilled more than twice". In short, this means that for Schedule III hydrocodone prescriptions, (a) the orders expire 90 days from the date written; (b) they cannot be filled at any one time for more than a 30-day supply; and (c) they can only be refilled a maximum of two times.

This new law applies to current prescriptions already on-file on the effective date of June 6, 2014. If a given prescription is more than ninety (90) days old, it should be considered expired. For a prescription that has been refilled twice or more (even though it may have five refills indicated), it will be in violation of the new statute to dispense any further refills on it. Prescriptions are limited to a thirty day supply, regardless of the quantity specified by the prescriber. For example, if a prescriber writes for a 15-day supply with 3 refills; a pharmacist can only dispense the original and two refills, even though the prescriber wrote for a total of a sixty (60) days' supply. In summary, prescriptions for hydrocodone combinations are limited by each of three parameters: day's supply (maximum of 30), date written (prescription can be no more than 90 days old), and number of refills (2), regardless of the quantity prescribed.)

Tramadol Added To Schedule IV: Added any substance containing tramadol hydrochloride to Schedule IV in West Virginia Code § 60A-2-210(f)(3). As such, beginning June 6, tramadol must be treated as a schedule IV drug for all purposes, including recordkeeping, storage, dispensing, and reporting. Pharmacists should make dispensing software vendors or in-house programmers aware that tramadol needs to be added to the list of drugs required to report to the Controlled Substances Monitoring Program database.

Buprenorphine With Naloxone Restrictions Removed: Struck the language in West Virginia Code § 60A-3-308(e) which was added in 2012 to limit the prescribing and dispensing of a combination of buprenorphine and naloxone to the form of sublingual film. By deleting this subsection in its entirety, a prescriber is free to write for, and a dispenser is free to dispense Suboxone or Zubsolv tablets or any other generic equivalent, or the film, whichever is appropriate for the prescription written.

CO-PAYMENT CHANGE

Please be advised that pharmacy co-payments will change as of May 1, 2014. Co-payments will once again be assessed on the total allowed charge for the prescription, regardless of preferred or non-preferred status.

The table below displays the new co-payment structure. All member categories previously excluded from co-pays will continue to be excluded.

CO-PAYMENT CHANGE (CONTINUED)

| Total Allowed Charge | Co-Payment |
|----------------------|------------|
| \$0.00-\$5.00 | \$0.00 |
| \$5.01-\$10.00 | \$0.50 |
| \$10.01-\$25.00 | \$1.00 |
| \$25.01-\$50.00 | \$2.00 |
| \$50.01 and above | \$3.00 |

Beginning April 1, 2014, members will have a maximum out-of-pocket payment. The calculation of out-of-pocket maximum amounts will be reset on the first day of each quarter. The most the member will be required to pay per quarter for prescription drugs is displayed in the table below.

| Tier Level and Federal Poverty Level (FPL) | Maximum Out of Pocket per Household |
|--|-------------------------------------|
| 1 (Below 50% of FPL) | \$8.00 |
| 2 (50.01%-100% of FPL) | \$71.00 |
| 3 (100.01%-150% of FPL) | \$143.00 |

After July 1, 2014, members' quarterly out-of-pocket maximum costs will be based on pharmacy, medical and dental co-payments combined.

UPCOMING PREFERRED DRUG LIST (PDL) CHANGES

Please be advised that the Bureau for Medical Services, based on recommendations made at the April 23, 2014 meeting of the West Virginia Medicaid Pharmaceutical & Therapeutics Committee, is making the changes listed below to the Preferred Drug List (PDL). The complete PDL with criteria is available on the Bureau's website at <http://www.dhhr.wv.gov/bms/Pharmacy/Pages/pdl.aspx>.

On July 1, 2014, the following changes will be effective:

| Drug Class | Preferred Products: | Non-preferred products |
|---------------------------------|---|------------------------|
| Antibiotics, Inhaled | <ul style="list-style-type: none"> Bethkis | |
| Platelet Aggregation Inhibitors | <ul style="list-style-type: none"> Effient | |

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

SOVALDI PRIOR AUTHORIZATION (PA) CRITERIA

Hepatitis C virus (HCV) infection is the most common chronic blood-borne infection in the United States. Approximately 3.2 million people in the United States are chronically infected although it is estimated that nearly 75 percent of these people may be unaware of their infection due to the insidious progression of the disease.¹ Sovaldi is the first of a wave of new oral medications that is a major advance over current treatments. This drug has demonstrated over 90% success rate in the cure for Hepatitis C; however, the retail price of \$1000 per tablet limits the use of the drug and threatens the sustainability of the Medicaid program and the ability to fund the cost of other life-threatening illnesses. The entire cost of therapy is priced at a minimum of \$84,000 for a 12-week regimen.

The Drug Utilization Review (DUR) Board is responsible for improving the quality of health care for Medicaid members and assisting in containing health care costs. With the concern of providing access to this medication, the DUR Board has established PA criteria for Sovaldi. The approved criteria can be found at: <http://www.dhhr.wv.gov/bms/Pharmacy/Pages/pac.aspx>.

¹ Deming P, Mercier R, Pai, MP, Viral Hepatitis. In: DiPiro JT, ed. Pharmacotherapy A Pathophysiologic Approach. McGraw-Hill 7th ed; 2008;675-691.