



West Virginia Medicaid
Pharmacy Solutions



September 2017

**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>

Back to School – Back to Lice

Resumption of the school year may bring the spread of common illnesses such as the common cold, GI viruses, influenza and perhaps the one parents dread most of all...head lice! Head lice infestation occurs in all age groups, but is most prevalent in elementary school children. Reliable prevalence data is not available; however, it's estimated that as many as 12 million infestations occur each year in children from 3 to 11 years of age. Girls appear to contract lice more often than boys and the infestation is less common among African-Americans. Lice that are not attached to a human can only survive for 24 hours; but lice attached to humans will not go away without treatment.

Below is a review of available treatment options:

Pyrethrins are natural extracts from chrysanthemum flowers that are neurotoxic to lice. Pyrethrins are unstable in heat and light, do not kill unhatched eggs and have no residual activity. More than one treatment with pyrethrins may be required. Pyrethrins are available in OTC products usually combined with piperonyl butoxide (Rid and generics). Resistance to pyrethrins is now widespread.

Permethrin 1% (Nix and generics) is a synthetic compound based on the insecticidal components of natural pyrethrins. These products are available over the counter (OTC) and also have widespread resistance. Recent clinical studies indicate that the effectiveness of permethrin has declined to 25% in the US.

Malathion, an organophosphate insecticide, is an irreversible cholinesterase inhibitor. Malathion is pediculicidal and partially ovicidal and usually does not require retreatment. Malathion 5% lotion (Ovide and generics) should be applied for 8-12 hours. Malathion is highly flammable. Patients should be warned not to use a hair dryer or curling iron after applying malathion. Resistance has been reported in Europe but not in the US. The US product also contains tepineol, dipentene and pine needle oil which also have pediculicidal properties. Malathion is classified as pregnancy category B.

Benzyl alcohol 5% lotion (Ulesfia) causes lice to lose the ability to close their respiratory spiracles. The lotion vehicle then obstructs their airways causing asphyxiation. Benzyl alcohol has no ovicidal activity and therefore may require more than one treatment. Clinical trials using benzyl alcohol 5% found elimination of all live lice in 75% of patients examined 14 days after completing two treatments given one week apart. Benzyl alcohol is classified as pregnancy category B.

Spinosad 0.9% suspensions (Natroba) causes neuronal excitation in insects leading to paralysis and death. It appears to be ovicidal and retreatment is usually not needed. Spinosad also contains 10% benzyl alcohol. 85–87% of patients who received 1 or 2 treatments with spinosad were lice free 14 days after the last treatment. Spinosad is classified as pregnancy category B.

Ivermectin binds to glutamate-gated chloride channels in lice inducing paralysis and death. Ivermectin 0.5% lotion (Sklice) is not directly ovicidal, but lice that hatch from treated eggs die within 48 hours after hatching. Clinical trials indicated that 74% of patients were lice free on day 15 after a single treatment with ivermectin 0.5% lotion. Ivermectin 0.5% lotion is classified as pregnancy category C.

Occlusive products like petroleum jelly, mayonnaise, olive oil and some essential oils have been used but their effectiveness has not been established. High concentrations of topical dimethicone are thought to smother lice by blocking their ability to excrete the water taken up when feeding on blood. Trials in Europe, where dimethicone is widely used, found 70–97% effectiveness in eradicating lice by 9–14 days after treatment. LiceMD is a pesticide free, liquid gel formulation containing 100% dimethicone. Dimethicone is not absorbed through the skin.

Please refer questions to Magellan at 1-800-763-7382 or e-mail to StateSMACProgram@magellanhealth.com

Abametapir is an investigational drug that inhibits metalloproteinase enzymes needed for both egg development and survival of hatched lice. In two unpublished trials, a single treatment with abametapir lotion 0.74% (Xeglyze) was 81-88% effective in eradicating lice. In a study of ovicidal efficacy, 100% of abametapir-treated eggs failed to hatch.

Below is a chart of treatment options with administration recommendations and estimated cost:

Drug	Brand	Resistance	FDA-Approved Lower Age or Weight Limit	Administration	Pregnancy Category	Cost (WAC)/Size
Ivermectin 0.5% lotion	Sklice	No	6 months	Apply to dry hair and scalp for 10 minutes then rinse	C	\$297.60/4 oz.
Spinosad 0.9% suspension	Natroba	No	6 months	Apply to dry hair for 10 minutes then rinse. Repeat 7 days later if necessary.	B	\$246.10/4 oz.
Benzyl alcohol 5% lotion	Ulesfia	No	6 months	Apply to dry hair for 10 minutes then rinse. Repeat 7 days later if necessary.	B	\$181.30/8 oz.
Pyrethrins w/piperonyl butoxide shampoo	Rid/generics	Yes	2 years	Apply to dry hair for 10 minutes then shampoo. Repeat 7-10 days later.		\$15-\$20/8 oz.
Permethrin 1% crème rinse	Nix	Yes	2 months	Apply to shampooed, towel dried hair for 10 minutes, then rinse. Repeat 7 days later		\$18-\$21/4 oz.
Malathion 0.5% lotion	Ovide/generic	Not in US	6 years	Apply to dry hair for 8-12 hrs. then shampoo. Repeat 7-9 days later if necessary.	B	\$221.70-\$246.40/2 oz.

Upcoming PDL Changes

The following changes will be made to the Preferred Drug List (PDL), effective October 1, 2017, 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
COPD AGENTS, ANTICHOLINERGIC-BETA AGONIST COMBINATIONS	ANORO ELLIPTA (umeclidinium/vilanterol)
HEPATITIS C TREATMENTS	MAVYRET (pibrentasvir/glecaprevir)
HYPOGLYCEMICS, SGLT2 INHIBITORS	JARDIANCE (empagliflozin)
STIMULANTS AND RELATED AGENTS, NON-AMPHETAMINE	atomoxetine (labeler 66993 only)

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
ANTIEMETICS - SUBSTANCE P ANTAGONISTS	aprepitant
ANTIPARKINSON'S AGENTS - OTHER ANTIPARKINSON'S AGENTS	rasagiline
ANTIPSYCHOTICS, ATYPICAL - SINGLE INGREDIENT	quetiapine er
ANTIRETROVIRALS - COMBINATION PRODUCTS – PROTEASE INHIBITORS	lopinavir/ritonavir
ANTIVIRALS, ORAL - ANTI-INFLUENZA	oseltamivir
BETA BLOCKERS - BETA BLOCKER/DIURETIC COMBINATION DRUGS	metoprolol/hctz er
BETA BLOCKERS - BETA BLOCKER/DIURETIC COMBINATION DRUGS	nadolol/bendroflumethiazide
COPD AGENTS - ANTICHOLINERGIC-BETA AGONIST COMBINATIONS	UTIBRON (indacaterol/glycopyrrolate)
CYTOKINE & CAM ANTAGONISTS - OTHERS	ILARIS (canakinumab)
HEPATITIS B TREATMENTS	VEMLIDY (tenofovir alafenamide fumarate)
HYPERPARATHYROID AGENTS	RAYALDEE (calcifediol)
HYPOGLYCEMICS, GLP-1 AGONISTS	ADLYXIN (lixisenatide)
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS	BASAGLAR (insulin glarine)
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS	SOLIQUA (insulin glargine/lixisenatide)
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS	XULTOPHY (insulin degludec/liraglutide)
IMMUNOMODULATORS, ATOPIC DERMATITIS	EUCRISA (crisaborole)
IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME/SELECTED GI AGENTS	TRULANCE (plecanatide)
LIPOTROPICS, OTHER (Non-statins) - CHOLESTEROL ABSORPTION INHIBITORS	ezetimibe
STIMULANTS AND RELATED AGENTS, NON-AMPHETAMINE	STRATTERA (atomoxetine)