West Virginia Medicaid
Pharmacy Solutions

SEPTEMBER, 2019

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

Hemophilia

Hemophilia is a bleeding disorder in which the blood does not clot properly. While hemophilia is usually an inherited disorder, in rare cases, a person can develop hemophilia later in life. Hemophilia occurs in about 1 of every 5,000 male births. Currently, about 20,000 males in the United States have hemophilia. Hemophilia can lead to spontaneous bleeding as well as bleeding following injuries or surgery. People with hemophilia have low levels of either factor VIII or factor IX clotting factors.

Hemophilia can result in: (1) bleeding within joints that can lead to chronic joint disease and pain, (2) bleeding in the head and sometimes in the brain which can cause long term problems such as seizures and paralysis, and (3) death if bleeding occurs in a vital organ and cannot be stopped.

The two most common types of hemophilia are Hemophilia A and Hemophilia B. Hemophilia A, also called Classic Hemophilia, is caused by a lack or decrease of clotting factor VIII. Hemophilia B, also called Christmas Disease, is caused by a lack or decrease of clotting factor IX.

Common signs of hemophilia include:

- Bleeding into the joints that can cause swelling and pain in the joints (such as the knees, elbows, and ankles)
- Bleeding into the skin or muscle and soft tissue causing a hematoma
- Bleeding of the mouth and gums that can be hard to stop after losing a tooth
- Bleeding after circumcision
- Bleeding after vaccinations or other injections
- Bleeding in the head of an infant after a difficult delivery
- Blood in the urine or stool
- Frequent and hard-to-stop nosebleeds.

The best way to treat hemophilia is to replace the missing blood clotting factor so that the blood can clot properly. This is typically done by injecting treatment products, called clotting factor concentrates, into a person's vein. Clinicians typically prescribe treatment products for episodic care or prophylactic care. Episodic care is used to stop a patient's bleeding episodes; prophylactic care is used to prevent bleeding episodes from occurring. Today, it is possible for people with hemophilia, and their families, to learn how to give their own clotting factor treatment products at home. Giving factor treatment products at home means that bleeds can be treated quicker, resulting in less serious bleeding and fewer side effects.

Hemophilia (2nd page)

The two main types of clotting factors available are:

Plasma-derived Factor Concentrates
Several factor treatment products are available that are made from human plasma proteins. The plasma is collected from many people, and then it goes through several processes to separate it into components, such as clotting factors. The clotting proteins are then made into a freeze-dried product, which is tested and treated to kill any potential viruses before it is packaged for use.

Recombinant Factor Concentrates
Until 1992, all factor replacement products were made from human plasma. In 1992, the U.S. Food and Drug Administration (FDA) approved recombinant factor VIII (8) concentrate, which does not come from human plasma. This concentrate is genetically engineered using DNA technology. Commercially prepared factor concentrates are treated to remove or inactivate bloodborne viruses. Additionally, recombinant factors VIII (8) and IX (9) do not contain any plasma or albumin, and therefore, cannot spread any bloodborne viruses.

Below is a list of available clotting factor agents:

Factor VIII			Factor IX
ADVATE	KOGENATE FS		ALPHANINE SD
ADYNOVATE	KOVALTRY		ALPROLIX
AFSTYLA	MONOCLATE-P		BEBULIN
ALPHANATE	NOVOEIGHT		BENEFIX
ELOCTATE	NUWIQ		IDELVION
HELIXATE FS	RECOMBINATE		IXINITY
HEMOFIL M	VONVENDI		MONONINE
HUMATE-P	WILATE		PROFILNINE
JIVI	XYNTHA		REBINYN
KOATE	XYNTHA SOLOFUSE		RIXUBIS
KOATE-DVI			

NOTE: Products with gray shading are recombinant products.

Upcoming PDL Changes

The following changes will be made to the Preferred Drug List (PDL), effective change date (10/1/2019), 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 NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	**RECOMMENDED for NON-PREFERRED STATUS**
ANDROGENIC AGENTS	XYOSTED (testosterone enanthate)
ANTICONVULSANTS - BENZODIAZEPINES	SYMPAZAN (clobazam film)
ANTIFUNGALS, ORAL	TOLSURA (itraconazole)
ANTIPSYCHOTICS, ATYPICAL – SINGLE INGREDIENT	ABILIFY MYCITE (aripiprazole)
BPH TREATMENTS – ALPHA BLOCKERS	SILODOSIN
COPD AGENTS – ANTICHOLINERGIC	YUPELRI SOLUTION (revefenacin)
EPINEPHRINE, SELF-INJECTED	SYMJEPI (epinephrine)
OPHTHALMICS, ANTI-INFLAMMATORIES	INVELTYS (loteprednol)
OPHTHALMICS, ANTI-INFLAMMATORIES-IMMUNOMODULATORS	CEQUA (cyclosporine)
OPHTHALMICS, GLAUCOMA AGENTS – PROSTAGLANDIN ANALOGS	XELPROS (latanoprost)
STEROIDS, TOPICAL – VERY HIGH & HIGH POTENCY	BRYHALI LOTION (halobetasol)
STEROIDS, TOPICAL – VERY HIGH & HIGH POTENCY	LEXETTE FOAM (halobetasol)