



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.

GRANDFATHERING TO END

Effective **April 1, 2013**, existing users of rosuvastatin (Crestor®) will be required to switch to a preferred product. Preferred products in the statin category are atorvastatin, Lescol®, Lescol XL®, lovastatin, pravastatin, and simvastatin.

The Adult Treatment Panel (ATP) III guidelines consider lipid-lowering therapy to be part of treatment of patients with or at risk for cardiovascular disease.¹ If given at an appropriate dose, these guidelines do not endorse one statin over another for safety or efficacy. As illustrated by the table below, any of the HMG-CoA reductase inhibitors can safely lower LDL-C by the 30 percent required in most patients to reach goal.

Drug	Strength	Effect on LDL-C	Effect on HDL-C	Effect on Triglycerides
atorvastatin	10 mg	↓ 25-35%	↓0.1-↑9%	↓ 17-37%
	10-20 mg	↓ 36-45%		
	40 mg	↓ 46-50%		
	80 mg	↓ 51-60%		
fluvastatin (Lescol®)	20-40 mg	↓ <25%	↓3-↑9%	↓ 2.7-23%
	40-80 mg	↓ 25-35%		
	80 mg	↓ 36-45%		
fluvastatin XL (Lescol XL®)	80 mg	↓ 25-45%	↑7-11%	↓ 19-25%
lovastatin	10-20 mg	↓ <25%	↑3-10%	↓ 6-27%
	20-40 mg	↓ 25-35%		
	40-80 mg	↓ 36-45%		
pravastatin	10-20 mg	↓ <25%	↑2-12%	↓ 9-24%
	20-40 mg	↓ 25-35%		
	80 mg	↓ 36-45%		
rosuvastatin (Crestor®)	5-10 mg	↓ 36-45%	↑8-14%	↓ 10-35%
	10 mg	↓ 46-50%		
	10-40 mg	↓ 51-60%		
simvastatin	5 mg	↓ <25%	↑3-16%	↓ 9-34%
	5-20 mg	↓ 25-35%		
	20-80 mg	↓ 36-45%		
	80 mg	↓ 46-50%		

Given that one statin is not superior to another, cost must be taken into account. The average cost per prescription for generic products like atorvastatin, simvastatin, pravastatin and lovastatin is \$7-\$22. However, the average cost per prescription for Crestor® is over \$140.

MOUNTAIN HEALTH TRUST MEMBERS TRANSITION TO PHARMACY MCOs

Effective **April 1, 2013**, Medicaid beneficiaries enrolled in West Virginia’s managed care program, Mountain Health Trust (MHT), will begin receiving pharmacy services through their managed care organizations (MCOs). There are three MCOs currently serving MHT members: CoventryCares of West Virginia, The Health Plan of the Upper Ohio Valley, and UniCare Health Plan of West Virginia.

Important Facts about the Pharmacy Transition:

- All three MCOs have chosen to contract with Express Scripts Inc. to administer the pharmacy benefit.
- The MCOs must follow the State’s Preferred Drug List (PDL). The MCO’s criteria for drugs on the PDL will be the same as the criteria used by BMS for fee-for-service Medicaid, but the MCOs/Express Scripts will be responsible for approving any requests. For drugs not on the PDL, the MCOs will establish their own utilization management policies, including prior authorization criteria.

- There is a 90-day transition period from April 1 to June 30, during which MCOs must honor existing prior authorizations and allow members to fill prescriptions at any pharmacy enrolled in WV Medicaid under FFS.
- The MCOs may not use mail order pharmacies for their MHT members.
- There are no copays for prescription drugs for any MHT members.
- Nearly all pharmacies participating in WV Medicaid are in the MCOs' networks.
- For assistance with prior authorization requests or other questions, contact:

	Prescribers	Pharmacies
CoventryCares	1-877-215-4100 or http://chcwestvirginia.coventryhealthcare.com/	1-800-922-1557 or www.express-scripts.com/services/pharmacists/
The Health Plan	1-800-624-6961 ext. 7914 or http://www.healthplan.org/	1-800-922-1557 or www.medco.com/rph
UniCare	1-877-375-6185 or http://www.unicare.com	1-877-337-1102 or www.express-scripts.com/services/pharmacists/

After the transition, BMS will closely monitor the MCOs' delivery of pharmacy services through a combination of monthly, quarterly, and annual program reporting on claims processing, PDL compliance, quality measurement, grievances and appeals, and provider network statistics. BMS will host webinars for pharmacies and other providers in February and March. Please visit www.dhhr.wv.gov/bms for more information.

UPCOMING PREFERRED DRUG LIST (PDL) CHANGES

Please be advised that the Bureau for Medical Services, based on recommendations made at the January 30, 2013 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 April 1, 2013, the following changes will be effective:

Drug Class	The following products will become preferred products:	The following products will become non-preferred products and require prior authorization (PA):
Anticonvulsants	• phenytoin infatabs	• tiagabine • lamotrigine ER
NSAIDs, NSAID/GI Protectant Combinations		• diclofenac/misoprostol
Pulmonary Antihypertensives – PDE5s		• sildenafil
Lipotropics, Other (Non-Statins), Fibric Acid Derivatives		• fenofibrate nanocrystallized
Angiotensin Modulators, ARB Combinations		• candesartan/HCTZ
Analgesics, Narcotic – Long Acting (Non-parenteral)		• oxymorphone ER
Glucocorticoids (Topical), Very High & High Potency		• betamethasone valerate foam
Antimigraine Agents, Triptans		• rizatriptan / rizatriptan MLT
Antihistamines, Minimally Sedating		• desloratadine ODT
Hypoglycemics, TZD Combinations		• pioglitazone/glimepiride
Stimulants and Related Agents, Non-Amphetamines		• methylphenidate CD
Leukotriene Modifiers	• montelukast granules	
Antidepressants, Second Generation Non-SSRI, Other		• Forfivo XL
Bladder Relaxant Preparations		• Myrbetriq • trospium ER
Bone Resorption Suppression and Related Agents, Bisphosphonates		• Binosto
Bronchodilators and Respiratory Drugs, Anticholinergics		• Tudorza
Bronchodilators and Respiratory Drugs, Anticholinergic-Beta Agonist Combinations	• Combivent Respimat	
Cephalosporins and Related Antibiotics, Cephalosporins		• Suprax chewable tablets
Cytokine and CAM Antagonists		• Xeljanz
Multiple Sclerosis Agents, Non-Interferons		• Aubagio
Pancreatic Enzymes		• Ultresa

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

¹ Grundy SM, Cleeman JI, Bairy Merz CN, et al. Implications of recent clinical trials for the National Cholesterol Education Program Adult Treatment Panel III Guidelines. *Circulation*. 2004; 110:227-239.