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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
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 Sunday 12:00 pm until 6:00 pm

MEMBER SERVICES

888-483-0797
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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

Influenza Vaccine 2017-2018 Recommendations

Vaccination against influenza A and B viruses is recommended for everyone \geq 6 months old without a specific contraindication. The effectiveness of influenza vaccine in preventing influenza depends on the match between the vaccine and the circulating strains of influenza. Effectiveness when the match is close is around 40-60%. For the 2016-2017 influenza season, the adjusted overall effectiveness of the vaccine was 42%. Even when the match is poor, the vaccine has still been shown to reduce the risk of hospitalization and death from influenza complications.

There are two vaccine compositions (Trivalent and Quadrivalent) available in the US. Both contain the same two influenza A antigens. The Trivalent composition contains only one influenza B antigen while the Quadrivalent composition contains antigens from the two genetic lineages that have been circulating since the 1980's. Table 1 below shows the Trivalent and Quadrivalent composition for 2017-2018.

Table 1. 2017-2018 Influenza Vaccine Composition

Trivalent Vaccine	
<input type="checkbox"/>	A/Michigan/45/2015 H1N1-like
<input type="checkbox"/>	A/Hong Kong/4801/2014 H3N2-like
<input type="checkbox"/>	B/Brisbane/60/200-like (Victoria lineage)
Quadrivalent Vaccine	
<input type="checkbox"/>	A/Michigan/45/2015 H1N1-like
<input type="checkbox"/>	A/Hong Kong/4801/2014 H3N2-like
<input type="checkbox"/>	B/Brisbane/60/200-like (Victoria lineage)
<input type="checkbox"/>	B/Phuket/3073/2013-like (Yamagata lineage)

Recombinant vs Inactivated Vaccines – a randomized double-blind trial in 8604 adults \geq 50 years old found the probability of influenza illness was 30% lower with a recombinant quadrivalent vaccine than with an inactivated quadrivalent vaccine.

Adjuvanted vs Non adjuvanted – a randomized trial in 7082 adults \geq 65 years old showed that an adjuvanted vaccine provided significantly higher antibody responses than a non adjuvanted vaccine. However, the difference did not meet criteria for superiority status.

High-Dose Vs Standard-Dose – recent studies in adults \geq 65 years old have found that the high-dose vaccine is more effective in reducing the risk of respiratory-related hospital admissions and death than standard-dose vaccines.

In recent seasons, the live-attenuated vaccine, FluMist, has been significantly less effective than inactivated vaccines in preventing influenza in children. Due to concerns over this lower effectiveness, the ACIP advises against using FluMist for persons of any age during the 2017-2018. The 2017-2018 recommendations are shown in the Table 2 below. Table 3 contains the 2017-2018 vaccines with recommended age restrictions.

Table 2. 2017-2018 Influenza Vaccine Recommendations

Recommendation is to vaccinate everyone \geq 6 months old without a specific contraindication including pregnant women. Note: FluLaval Quadrivalent and Fluzone Quadrivalent are the only inactivated vaccines indicated below 2 years of age.
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Healthy Children 2-17 years old

- Any inactivated vaccine

Healthy Adults

- Any inactivated vaccine or recombinant vaccine

Note: Fluad, Fluzone High-Dose and Flublok Quadrivalent have shown greater efficacy in older adults (≥ 65 years old). The ACIP has not made a preferential recommendation.

Pregnant Women

- Any inactivated vaccine or recombinant vaccine

The CDC and American College of Obstetricians and Gynecologists continue to recommend that pregnant women be vaccinated regardless of trimester of pregnancy.

Patients with Egg Allergy

- Any inactivated or recombinant vaccine

Patients with Needle Aversion

- Afluria or Afluria Quadrivalent with needle-free injector or Fluzone Intradermal Quadrivalent

Table 3. Seasonal Influenza Vaccines for 2017-2018

Vaccine	Formulation	Recommended Age
Inactivated Trivalent		
Afluria (Seqirus)	0.5 ml syringe, 5 ml MD vial	≥ 5 years
Fluad (Seqirus)	0.5 ml syringe	≥ 65 years
Fluvirin (Seqirus)	0.5 ml syringe, 5 ml MD vial	≥ 4 years
Fluzone High-Dose (Sanofi)	0.5 ml syringe	≥ 65 years
Inactivated Quadrivalent		
Afluria Quadrivalent (Seqirus)	0.5 ml syringe, 5 ml MD vial	≥ 18 years
Fluarix Quadrivalent (GSK)	0.5 ml syringe	≥ 3 years
Flucelvax Quadrivalent (Seqirus)	0.5 ml syringe, 5 ml MD vial	≥ 4 years
FluLaval Quadrivalent (GSK)	0.5 ml syringe, 5 ml MD vial	≥ 6 months
Fluzone Quadrivalent (Sanofi)	0.25 ml syringe	<u>6-35 months</u>
Fluzone Quadrivalent (Sanofi)	0.5 ml syr/vial	≥ 3 years
Fluzone Quadrivalent (Sanofi)	5 ml MD vial	≥ 6 months

	Fluzone Intradermal Quadrivalent (Sanofi)	0.1 ml microinjection syringe	18-64 years
	Recombinant Trivalent		
	Flublok (Protein Sciences)	0.5 ml vial	≥ 18 years
	Recombinant Quadrivalent		
	Flublok Quadrivalent (Protein Sciences)	0.5 ml syringe	≥ 18 years
	<p>In summary, vaccination with seasonal influenza vaccine is recommended for everyone ≥ 6 months old without a specific contraindication, including pregnant women. Quadrivalent vaccines have broader coverage against influenza B than Trivalent vaccines. High-dose, adjuvanted and recombinant vaccines provide greater antibody responses than non adjuvanted and inactivated standard-dose vaccines in older adults. Due to concerns over the lack of effectiveness of the live-attenuated vaccine, the ACIP advises against its use in all patients.</p>		

Upcoming PDL Changes

The following changes will be made to the Preferred Drug List (PDL), effective January 1, 2018, 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
ANALGESICS, NARCOTIC LONG ACTING (Non-parenteral)	buprenorphine patch (labeler 00093 only)
ANDROGENIC AGENTS	testosterone enanthate
ANTIANGINAL & ANTI-ISCHEMIC	RANEXA (ranolazine)
ANTIBIOTICS, VAGINAL	CLINDESSE (clindamycin)
ANTICONVULSANTS, ADJUVANTS	divalproex sprinkle
ANTICONVULSANTS, SUCCINIMIDES	ethosuximide capsules
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR VIII	ALPHANATE
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR VIII	HEMOFIL M
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR VIII	HUMATE-P
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR VIII	KOATE
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR VIII	KOATE-DVI
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR VIII	MONOCLATE-P
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR VIII	NOVOEIGHT
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR VIII	WILATE
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR VIII	XYNTHA
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR VIII	XYNTHA SOLOFUSE

NEW PREFERRED DRUGS

THERAPEUTIC CLASS	RECOMMENDED for PREFERRED STATUS
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR IX	ALPHANINE SD
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR IX	BEBULIN
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR IX	BENEFIX
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR IX	IXINITY
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR IX	MONONIE
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR IX	PROFILNINE
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR IX	RIXUBIS
ANTIHYPERURICEMICS	colchicine capsules
ANTIPARASITICS, TOPICAL	NATROBA (spinosad)
ANTIPSORIATICS, TOPICAL	TACLONEX OINT (calcipotriene/betamethasone)
ANTIPSORIATICS, TOPICAL	VECTICAL OINT (calcitriol)
ANTIPSYCHOTICS, ATYPICAL	ARISTADA (aripiprazole)
ANTIPSYCHOTICS, ATYPICAL	quetiapine ER
ANTIRETROVIRALS, COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs	ODEFSEY (emtricitabine/rilpivirine/tenofovir)
BETA BLOCKERS	CORGARD (nadolol)
BLADDER RELAXANT PREPARATIONS	TOVIAZ (fesoterodine)
BONE RESORPTION SUPPRESSION & RELATED AGENTS – BISPHOSPHONATES	ibandronate
COPD AGENTS, ANTICHOLINERGIC-BETA AGONIST COMBINATIONS	BEVESPI (glycopyrrolate/formoterol)
EPINEPHRINE, SELF-INJECTED	epinephrine (labeler 49502 only)
ERYTHROPOIESIS STIMULATING PROTEINS	EPOGEN (rHuEPO)
GLUCOCORTICOIDS, INHALED - GLUCOCORTICOIDS	PULMICORT FLEXHALER (budesonide)
HYPOGLYCEMICS, SGLT2 INHIBITORS	FARXIGA (dapagliflozin)
HYPOGLYCEMICS, SGLT2 COMBINATIONS	SYNJARDY (empagliflozin/metformin)
HYPOGLYCEMICS, SGLT2 COMBINATIONS	SYNJARDY XR (empagliflozin/metformin)
IMMUNOMODULATORS, ATOPIC DERMATITIS	EUCRISA (crisaborole)
IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME/SELECTED GI AGENTS	MOVANTIK (naloxegol)
OPHTHALMIC ANTIBIOTICS	levofloxacin
OPHTHALMIC ANTIBIOTICS	neomycin-bacitracin-polymyxin oint
OPHTHALMIC ANTIBIOTICS	sulfacetamide drops
OPHTHALMIC ANTIBIOTICS	TOBREX OINT (tobramycin)
OPHTHALMIC ANTIBIOTIC/STEROID COMBINATIONS	TOBRADEX SUSP (tobramycin/dexamethasone)
OTIC ANTIBIOTICS	ofloxacin
PROTON PUMP INHIBITORS	NEXIUM POWDER PACKETS (esomeprazole)
PROTON PUMP INHIBITORS	PROTONIX GRANULES (pantoprazole)
STEROIDS, TOPICAL	betamethasone valerate lotion
STEROIDS, TOPICAL	betamethasone valerate oint

NEW PREFERRED DRUGS

THERAPEUTIC CLASS	RECOMMENDED for PREFERRED STATUS
STEROIDS, TOPICAL	CLODAN (clobetasol propionate)
STEROIDS, TOPICAL	triamcinolone acetonide lotion
STIMULANTS AND RELATED AGENTS, AMPHETAMINE	VYVANSE CHEWABLE (lisdexamfetamine)
STIMULANTS AND RELATED AGENTS, NON-AMPHETAMINE	APTENSIO XR (methylphenidate)
STIMULANTS AND RELATED AGENTS, NON-AMPHETAMINE	armodafinil
STIMULANTS AND RELATED AGENTS, NON-AMPHETAMINE	modafinil

NEW NON-PREFERRED DRUGS

THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
ANALGESICS, NARCOTIC LONG ACTING (Non-parenteral)	ARYMO ER (morphine sulfate)
ANALGESICS, NARCOTIC LONG ACTING (Non-parenteral)	buprenorphine patch (all labelers excl 00093)
ANALGESICS, NARCOTIC SHORT ACTING (Non-parenteral)	pentazocine-naloxone
ANDROGENIC AGENTS	AVEED (testosterone undecanoate)
ANDROGENIC AGENTS	STRIANT BUCCAL (testosterone)
ANESTHETICS, TOPICAL	LIDOTRAL CREAM (lidocaine)
ANTICONVULSANTS, ADJUVANTS	DEPAKOTE SPRINKLE (divalproex)
ANTICONVULSANTS, SUCCINIMIDES	ZARONTIN CAPSULES (ethosuximide)
ANTIFUNGALS, TOPICAL – ANTIFUNGAL/STEROID COMBINATIONS	nystatin/triamcinolone cream
ANTIFUNGALS, TOPICAL – ANTIFUNGAL/STEROID COMBINATIONS	nystatin/triamcinolone ointment
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR VIII	ADVATE
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR VIII	ADYNOVATE
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR VIII	ELOCTATE
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR VIII	KOGENATE FS
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR VIII	KOVALTRY
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR VIII	NUWIQ
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR VIII	RECOMBINATE
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR VIII	VONVENDI
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR IX	ALPROLIX
ANTIHEMOPHILIA FACTOR AGENTS – FACTOR IX	IDELVION
ANTIHYPERURICEMICS	MITIGARE (colchicine)
ANTIPARASITICS, TOPICAL	spinosad
ANTIPSORIATICS, TOPICAL	calcipotriene ointment
ANTIPSORIATICS, TOPICAL	calcipotriene/betamethasone ointment
ANTIPSORIATICS, TOPICAL	tazarotene cream

NEW NON-PREFERRED DRUGS

THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
ANTIPSYCHOTICS, ATYPICAL	LATUDA (lurasidone)
BETA BLOCKERS	nadolol
BLADDER RELAXANT PREPARATIONS	VESICARE (solifenacin)
BONE RESORPTION SUPPRESSION & RELATED AGENTS – OTHER	calcitonin-salmon nasal
COPD AGENTS, ANTICHOLINERGIC	SEEBRI NEOHALER(glycopyrrolate)
COPD AGENTS, ANTICHOLINERGIC-BETA AGONIST COMBINATIONS	ANORO ELLIPTA (umeclidinium/vilanterol)
COPD AGENTS, ANTICHOLINERGIC-BETA AGONIST COMBINATIONS	COMBIVENT RESPIMAT (albuterol/ipratropium)
CYTOKINE & CAM ANTAGONISTS	COSENTYX (secukinumab) single pen and syringe packs only
CYTOKINE & CAM ANTAGONISTS	SILIQ (brodalumab)
EPINEPHRINE, SELF-INJECTED	epinephrine (labeler 54505 and 00115)
GLUCOCORTICOID, INHALED - GLUCOCORTICOID	ASMANEX TWISTHALER (mometasone)
GLUCOCORTICOID, INHALED - GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS	AIRDUO RESPICLICK (fluticasone/salmeterol)
GLUCOCORTICOID, INHALED - GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS	BREO ELLIPTA (fluticasone/vilanterol)
GROWTH HORMONE	NUTROPIN AQ (somatropin)
HEPATITIS C TREATMENTS	PEGASYS (pegylated interferon)
HEPATITIS C TREATMENTS	PEG-INTRON (pegylated interferon)
HEPATITIS C TREATMENTS	SOVALDI (sofosbuvir)
HEPATITIS C TREATMENTS	TECHNIVIE (ombitasvir/paritaprevir/ritonavir)
HEPATITIS C TREATMENTS	VIEKIRA PAK (dasabuvir/ombitasvir/paritaprevir/ritonavir)
HEPATITIS C TREATMENTS	VIEKIRA XR (dasabuvir/ombitasvir/paritaprevir/ritonavir)
INTRANASAL RHINITIS AGENTS – ANTIHISTAMINES	PATANASE (olopatadine)
INTRANASAL RHINITIS AGENTS - CORTICOSTEROIDS	QNASL HFA (beclomethasone)
IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME/SELECTED GI AGENTS	LINZESS (linaclotide)
OPHTHALMIC ANTIBIOTICS	BESIVANCE (besifloxacin)
OPHTHALMIC ANTIBIOTICS	MOXEZA (moxifloxacin)
OPHTHALMIC ANTIBIOTICS	moxifloxacin
OPHTHALMIC ANTIBIOTICS	VIGAMOX (moxifloxacin)
OPHTHALMIC ANTIBIOTIC/STEROID COMBINATIONS	TOBRADEX ST (tobramycin/dexamethasone)
OPHTHALMIC ANTIBIOTIC/STEROID COMBINATIONS	tobramycin/dexamethasone suspension
OTIC ANTIBIOTICS	ciprofloxacin
OTIC ANTIBIOTICS	neomycin/polymyxin/HC solution/suspension
OTIC ANTIBIOTICS	OTIPRIO VIAL (ciprofloxacin)
PROTON PUMP INHIBITORS	PREVACID SOLUTABS (lansoprazole)
STEROIDS, TOPICAL	desonide cream, ointment

NEW NON-PREFERRED DRUGS

THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
STEROIDS, TOPICAL	fluocinonide cream
STEROIDS, TOPICAL	fluocinonide solution
STEROIDS, TOPICAL	fluocinonide emollient
STEROIDS, TOPICAL	halobetasol propionate
STEROIDS, TOPICAL	hydrocortisone butyrate cream/oint/solution
STEROIDS, TOPICAL	hydrocortisone valerate
STIMULANTS AND RELATED AGENTS, NON-AMPHETAMINE	methylphenidate CD
STIMULANTS AND RELATED AGENTS, NON-AMPHETAMINE	methylphenidate ER (generic CONCERTA) all labelers excluding labeler 00591
ULCERATIVE COLITIS AGENTS	DELZICOL (mesalamine)
ULCERATIVE COLITIS AGENTS	PENTASA (mesalamine) 250 mg