



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bob Wise
Governor

BUREAU FOR MEDICAL SERVICES
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Paul L. Nusbaum
Secretary

December 2002

Dear Medicaid Recipient:

The cost of prescription drugs is increasing faster than other health care services for which Medicaid pays. To keep the services we offer, we must find ways to provide the services we cover in the most efficient manner. In order to save money and ensure you receive the drugs you need, we are creating a preferred drug list (PDL). This will allow you access to medications to keep you healthy. It will allow us to control both quality and prices.

We have formed a committee of physicians, pharmacists and other health care professionals to help us decide which drugs are the best and the most cost effective. The complete list will take several months to develop. We will notify you as we continue to develop the list.

Many of the drugs you currently take will be on the list. The drugs which will not be on the list will still be available if you are unable to take the preferred drugs. Your physician will need to request these for you. Your physician should already be familiar with the process. It has been used for many years.

The pharmacist is allowed to give you a 3-day supply of your medicine if the drug you are taking is not on the PDL. If the pharmacist does not offer this to you, please request it so that you will have medicine until you can contact your physician.

To continue to meet your needs, we need your help. Please work with your physician to use the drugs on the preferred list. If you are unable to use these drugs, then you should let your physician know in advance to avoid delays at the drug store.

I have attached the first part of the preferred drug list so that you will know what to expect. More information about the PDL can be found on our website at www.wvdhhr.org/bms. If you do not have a computer at home, the staff at your local public library should be able to assist you. You can also find the list at your local county DHHR office.

Most drugs on this list will be available without prior authorization. For other drugs, you will need prior approval on or around January 2, 2003. Please either have your physician write a prescription for the preferred drugs or have him/her call for prior authorization before January 2, 2003.

Thank you in advance for your help with this important project.

Sincerely,

A handwritten signature in cursive script that reads "Nancy V. Atkins".

Nancy V. Atkins, MSN, RNC, NP
Commissioner

Attachment

**WEST VIRGINIA MEDICAID
PREFERRED DRUG LIST**

PHASE I

Phase I will be implemented on January 2, 2003. Drugs included in Phase I are:

DRUG CLASS	PREFERRED	NON-PREFERRED
PROTON PUMP INHIBITORS** <i>Implement 1/2/03</i>	<ul style="list-style-type: none"> lansoprazole (Prevacid) rabeprazole (AcipHex) 	<ul style="list-style-type: none"> esomeprazole (Nexium) omeprazole (Prilosec) pantoprazole (Protonix)
MINIMALLY SEDATING ANTIHISTAMINES AND COMBINATIONS <i>Implement 1/2/03</i>	<ul style="list-style-type: none"> desloratadine (Clarinox) loratadine (Claritin) loratadine/pseudoephedrine (Claritin-D 12 hour, Claritin-D 24 hour) 	<ul style="list-style-type: none"> cetirizine (Zyrtec) cetirizine/pseudoephedrine (Zyrtec-D) fexofenadine (Allegra) fexofenadine/pseudoephedrine (Allegra-D)
LEUKOTRIENE RECEPTOR AGONISTS <i>Implement 1/2/03</i>	<ul style="list-style-type: none"> montelukast (Singulair) 	<ul style="list-style-type: none"> zafirlukast (Accolate) zileuton (Zyflo)
BETA AGONISTS (INHALED & PERORAL) <i>Implement 1/2/03</i>	<ul style="list-style-type: none"> albuterol/ipratropium MDI (Combivent) albuterol HFA MDI (Proventil HFA) albuterol syrup, tablets, CFC MDI, inhalation solution (generics) metaproterenol syrup, tablets, inhalation solution (generic only) pirbuterol MDI (Maxair, Maxair Autohaler) salmeterol (Serevent, Serevent Diskus) 	<ul style="list-style-type: none"> albuterol/ipratropium inhalation solution (Duoneb) albuterol HFA MDI (Ventolin HFA) albuterol inhalation solution (Accuneb) albuterol SR tablets (Volmax) formoterol MDI (Foradil) metaproterenol MDI (Alupent)
HISTAMINE 2 ANTAGONISTS <i>Implement 1/2/03</i>	<ul style="list-style-type: none"> cimetidine (Tagamet) generic only famotidine (Pepcid) generic only nizatidine (Axid) generic only ranitidine (Zantac) generic only ranitidine syrup (Zantac) 	<ul style="list-style-type: none"> famotidine orally disintegrating (Pepcid RPD) famotidine suspension (Pepcid) ranitidine 150mg (Zantac EFFERdose)
ANTIMIGRAINE (TRIPITANS) <i>Implement 1/2/03</i>	<ul style="list-style-type: none"> almotriptan (Axert) sumatriptan (Imitrex) all forms 	<ul style="list-style-type: none"> frovatriptan (Frova) naratriptan (Amerge) rizatriptan (Maxalt) zolmitriptan (Zomig)
ANTIINCONTINENCE AGENTS <i>Implement 1/2/03</i>	<ul style="list-style-type: none"> flavoxate (Urispas) oxybutynin (Ditropan) generic only tolterodine (Detrol) tolterodine LA (Detrol LA) 	<ul style="list-style-type: none"> oxybutynin XL (Ditropan XL)
LIPOTROPICS, OTHER <i>Implement 1/2/03</i>	<ul style="list-style-type: none"> cholestyramine (Questran) generic only cholestyramine light (Questran Light) generic only colestipol (Colestid) gemfibrozil (Lopid) generic only niacin ER (Niaspan) fenofibrate (Tricor) 	<ul style="list-style-type: none"> colesevelam (WelChol) niacin ER/lovastatin (Advicor)
GLUCOCORTICOIDS, INHALED <i>Implement 1/2/03</i>	<ul style="list-style-type: none"> beclomethasone CFC (Vanceril) flunisolide (Aerobid, Aerobid M) fluticasone (Flovent, Flovent Rotadisk) fluticasone/salmeterol (Advair) 	<ul style="list-style-type: none"> beclomethasone HFA (QVAR) budesonide (Pulmicort Turbuhaler) budesonide (Pulmicort Respules) triamcinolone (Azmacort)
BETA-ADRENERGIC RECEPTOR BLOCKING AGENTS <i>Implement 1/2/03</i>	<ul style="list-style-type: none"> acebutolol (Sectral) generic only atenolol (Tenormin) generic only betaxolol (Kerlone) generic only bisoprolol (Zebeta) generic only carvedilol (Coreg) labetalol (Normodyne, Trandate) generic only metoprolol (Lopressor) generic only metoprolol XL (Toprol XL) nadolol (Corgard) generic only pindolol (Visken) generic only propranolol (Inderal) generic only propranolol LA (Inderal LA) sotalol (Betapace) generic only timolol (Blocadren) generic only 	<ul style="list-style-type: none"> carteolol (Cartrol) penbutolol (Levatol) sotalol (Betapace AF)

West Virginia Preferred Drug List, Phase I

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<p>CORTICOSTEROIDS, NASAL <i>Implement 1/2/03</i></p>	<ul style="list-style-type: none"> • flunisolide (Nasalide) generic only • fluticasone (Flonase) • mometasone (Nasonex) 	<ul style="list-style-type: none"> • flunisolide (Nasarel) • beclomethasone (Beconase, Vancenase) • beclomethasone AQ (Beconase AQ, Vancenase AQ) • budesonide (Rhinocort) • budesonide aqua (Rhinocort Aqua) • triamcinolone (Nasacort) • triamcinolone AQ (Nasacort AQ)
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** Prior authorization required

The following categories were reviewed and the agents were added to the Preferred Drug List. However, these agents will not be implemented on January 2, 2003. Implementation for these two categories will occur on February 1, 2003.

DRUG CLASS	PREFERRED	NON-PREFERRED
<p>CALCIUM CHANNEL BLOCKERS <i>Implement 2/1/03</i></p>	<ul style="list-style-type: none"> ▼ diltiazem (Cardizem) generic only ▼ diltiazem SR (Cardizem SR, Cardizem CD, Dilacor XR, Tiazac) generic only ▼ felodipine (Plendil) ▼ isradipine (Dynacirc) ▼ isradipine SR (Dynacirc CR) ▼ nifedipine (Cardene) generic only ▼ nifedipine SR (Adalat CC, Procardia XL) generic only ▼ nimodipine (Nimotop) ▼ nisoldipine (Sular) ▼ verapamil (Calan, Isoptin) generic only ▼ verapamil ER (Verelan PM) ▼ verapamil SR (Calan SR, Isoptin SR) generic only 	<ul style="list-style-type: none"> ▼ amlodipine (Norvasc) ▼ bepridil (Vascor) ▼ nifedipine SR (Cardene SR) ▼ nifedipine (Adalat, Procardia) generic and brand ▼ verapamil ER (Covera-HS) ▼ verapamil SR (Verelan)
<p>HMG-CoA REDUCTASE INHIBITORS <i>Implement 2/1/03</i></p>	<ul style="list-style-type: none"> ▼ fluvastatin (Lescol) ▼ fluvastatin XL (Lescol XL) ▼ lovastatin (Mevacor) generic only ▼ lovastatin ER (Altacor) ▼ simvastatin (Zocor) 	<ul style="list-style-type: none"> ▼ atorvastatin (Lipitor) ▼ pravastatin (Pravachol)