

West Virginia Retrospective Drug Utilization Review NEWSLETTER

Quarter 2 2026

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Widaplik
(telmisartan, amlodipine,
and indapamide)

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FDA APPROVAL SPOTLIGHT



- Food and Drug Administration (FDA) approved on June 5, 2025, Widaplik is a combination tablet with an angiotensin receptor blocker, dihydropyridine calcium channel blocker, and thiazide diuretic indicated for the treatment of hypertension in adults.
- This medication is particularly important for patients with uncontrolled/resistant hypertension because it reduces pill burden and may improve adherence for those requiring multiple medications, leading to better blood pressure control and reduced risk of cardiovascular events such as stroke and myocardial infarction.

Dosing: Telmisartan 10-20 mg, amlodipine 1.25-2.5 mg, and indapamide 0.625-1.25 mg once daily; dose may be titrated after 2 weeks of therapy. Max daily dose: Telmisartan 40 mg, amlodipine 5 mg & indapamide 2.5 mg.

Boxed Warnings: Fetal Toxicity. Drugs acting on the RAAS system can cause injury and death to the developing fetus, when pregnancy is known, discontinue Widaplik immediately!

Contraindications: Known hypersensitivity to telmisartan, amlodipine, indapamide, or to other sulfonamide derived drugs and anuria.

Drug Interactions: NSAIDs (increased risk of renal impairment), Simvastatin (if co-administered, do not exceed Simvastatin 20mg PO QD), Aliskerin (in diabetic patients)

Adverse Drug Reactions

- Hypotension
- Electrolyte Imbalances (hypo/hyperkalemia, hyponatremia, hypomagnesemia)
- Impaired renal function
- Glucose Imbalances
- Hyperuricemia
- Acute Angle-Closure Glaucoma, Acute Myopia, and Choroidal Effusion
- Fetal Toxicity

Pivotal Clinical Trials	
GMRx2_PCT trial (NCT04518306)	GMRx2_ACT trial (NCT04518293)
-Phase 3, randomized, double-blind, placebo-controlled trial that compared Wildaplik in 2 dose options with placebo to assess the efficacy and safety at lowering blood pressure to achieve goals. -Demonstrated significant reductions in blood pressure and confirmed the efficacy of the triple-combination therapy. -At Week 4, clinic BP control (<140/90 mm Hg) was 37% with placebo, 65% and 70% with both Wildaplik doses (both doses P < 0.001 vs placebo)	-Phase 3, randomized, double-blind, active-controlled trial that compared Wildaplik to each of its 3 dual-drug combinations (Telmisartan + amlodipine, Telmisartan + indapamide, Amlodipine + indapamide) to assess the efficacy of the 3 combination-drug to any two-drug combination. -Demonstrated that triple therapy in a single pill is more effective than any two-drug combination -BP reduction compared with dual therapies (–2.5 mmHg vs telmisartan/indapamide, –5.4 mmHg vs telmisartan/amlodipine, –4.4 mmHg vs 3 amlodipine/indapamide) with a BP control rate of 74% with Wildaplik vs 53–61% with dual therapies.

References

- Wildaplik. Lexi-Drugs. UpToDate, Inc.; 2025. https://online.lexi.com/lco/action/doc/retrieve/docid/patch_f/7600023
- WIDAPLIK (telmisartan, amlodipine, and indapamide) tablets [prescribing information]. Silver Spring, MD: U.S. Food and Drug Administration; 2025. NDA 219423. Revised 6/2025. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/219423s000lbl.pdf

Legislative Update

West Virginia House Bill 5430

West Virginia's (WV) House Bill 5430 (HB5430), signed into law in April 2026, introduces significant reforms to pharmacy benefit management and establishes new initiatives aimed at regulating pharmacy benefit managers and pharmaceutical cost-containment by implementing the following:

- Limit amounts charged and reimbursed by pharmacy benefit managers (PBMs)
- Pharmacy cost containment tool
- Biennial study of pharmacy dispensing fee

New Medicaid Pharmacy Cost-Containment Pilot

One of the most notable impacts of HB5430, is the creation of a one-year Medicaid pharmacy cost-containment pilot program, implemented on July 1, 2026. Through this program, the WV Medicaid program must partner with a pharmacy cost-containment vendor that will engage with Medicaid prescribing providers by providing information from internal analysis, including:

- Lowest cost pharmaceutical options
- Clinically appropriate polypharmacy reduction strategies

The pharmacy cost containment initiative does not mandate changes in clinical practice. Providers are not required to modify prescribing patterns based on the information presented by the cost containment vendor. Additionally, it is vital to note that the net-price paid for medication by Medicaid is often proprietary and not equal to available wholesale acquisition (WAC) pricing, primarily due to supplemental rebate contracts.

Medicaid Net Pricing

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List Price

Pharmacy Dispensing Fee Study

HB5430 requires the Office of the Insurance Commissioner to conduct a study of the cost to dispense outpatient prescription drugs in WV. The study must be done by soliciting data and relevant information from licensed pharmacies and analyzing similar data from surrounding states. The first study must be completed by December 1, 2026 and biennially thereafter.

Additional Pharmacy and PBM Reforms

Beyond Medicaid-specific changes, HB 5430 includes provisions to ensure reimbursement for a prescription drug or service is not less than the national average drug acquisition cost (NADAC) plus a dispensing fee of \$10.49. A PBM may not reimburse a pharmacy less than it reimburses its own affiliated pharmacies for the same prescription drug or service. Additionally, the PBM cannot charge a health plan or health care payor more than the amount paid to the pharmacy. The legislation also includes language intended to protect 340B entities and support fair reimbursement practices.

References

1. West Virginia Legislature. Committee Substitute for House Bill 5430: Relating to Pharmaceutical Benefits. 2026 Regular Session. Passed March 13, 2026.
https://www.wvlegislature.gov/Bill_Text_HTML/2026_SESSIONS/RS/bills/hb5430%20sub1%20enr.pdf
2. LegiScan. West Virginia House Bill 5430 (2026 Regular Session): Relating to Pharmaceutical Benefits. Published April 1, 2026.
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