

# Kentucky Department for Medicaid Services

## Drug Review Options

The following chart lists the agenda items scheduled and the options submitted for review at the March 18, 2010 meeting of the Pharmacy and Therapeutics Advisory Committee

Item	Options for Consideration
<b><u>Branded Products with Generic Components</u></b>	Require prior authorization for the following products: <ul style="list-style-type: none"> <li>• Metozolv ODT<sup>®</sup></li> <li>• Diprolene<sup>®</sup> Gel</li> </ul>
<b><u>New Products to Market: Fanapt<sup>™</sup></u></b>	Place this product preferred with similar approval criteria as other agents in the PDL category titled: Antipsychotics: Atypical.
<b><u>New Products to Market: Dysport<sup>™</sup></u></b>	Allow this product to pay once a diagnosis of cervical dystonia has been confirmed.
<b><u>New Products to Market: Twynsta<sup>®</sup></u></b>	Place this product non preferred in the PDL category titled: Angiotensin Receptor Blocker + CCB (DHP).
<b><u>New Products to Market: Votrient<sup>™</sup></u></b>	Place this product non preferred with similar approval criteria as other agents in the PDL category titled: Protein Tyrosine Kinase Inhibitors.  Votrient <sup>™</sup> (pazopanib) will be approved if the patient has a history of either of the following agents within the past 90 days (unless ALL are contraindicated). <ul style="list-style-type: none"> <li>• sunitinib (Sutent<sup>®</sup>)</li> <li>• sorafenib (Nexavar<sup>®</sup>)</li> </ul>
<b><u>New Products to Market: Actemra<sup>™</sup></u></b>	Place this product non preferred with similar quantity limits and clinical criteria in the PDL category titled: Immunomodulators.
<b><u>New Products to Market: Victoza<sup>®</sup></u></b>	Place this product non preferred with similar approval criteria as other agents in the PDL category titled: Incretin Mimetics.
<b><u>Clinical Criteria Review: Tussionex / TussiCaps<sup>®</sup></u></b>	Tussionex <sup>®</sup> / TussiCaps <sup>®</sup> will be approved if the follow is true:  Trial and failure of two cough and cold products (RX or OTC) without relief of cough.  <b style="text-align: center;"><u>Proposed Quantity Limits:</u></b> <ul style="list-style-type: none"> <li>• Tussionex<sup>®</sup> 10-8 mg/5mL = 10 mL per day</li> <li>• TussiCaps<sup>®</sup> 5-4 mg = 2 capsules per day</li> <li>• TussiCaps<sup>®</sup> 10-8 mg = 2 capsules per day</li> </ul>

Item	Options for Consideration
<b><u>Amylin Analog</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation.</li> <li>2. Allow for use of pramlintide with active insulin therapy only.</li> <li>3. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>4. For any new chemical entity in the Amylin Analog class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Symlin® Clinical Criteria</u></b>	Symlin® will be approved if insulin is seen in history within the past 90 days.
<b><u>Incretin Mimetic</u></b>	<ol style="list-style-type: none"> <li>1. Rename this PDL class GLP-1 Receptor Agonists.</li> <li>2. DMS to select preferred agent (s) based on economic evaluation; however, at least one agent should be preferred.</li> <li>3. Continue to require PA for all agents in this class to ensure appropriate utilization.</li> <li>4. For any new chemical entity in the Incretin Mimetics class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>GLP-1 Receptor Agonists Clinical Criteria</u></b>	GLP-1 Receptor Agonists will be approved if metformin, a sulfonylurea, insulin or a TZD is seen in history within the past 90 days.
<b><u>DPP-4 Inhibitors</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one agent should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the DPP4-Inhibitors class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>DPP-4 Inhibitors Clinical Criteria</u></b>	DPP-4 Inhibitors will be approved if insulin, a sulfonylurea or a TZD is seen in history within the past 90 days.
<b><u>Biguanides</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least metformin should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Diabetes: Biguanides class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Sulfonylureas and Combinations</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least two unique second generation sulfonylureas and one combination product should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Sulfonylureas and Combination class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Alpha Glucosidase Inhibitors</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one agent should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Alpha-Glucosidase Inhibitor class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>

Item	Options for Consideration
<b><u>Meglitinides</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one agent should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Meglitinides class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Bone: Calcitonins</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one product should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Bone: Calcitonins class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Niacin Derivatives</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one single entity niacin product should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Niacin Derivatives class, require PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Skeletal Muscle Relaxants</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least four unique chemical entities, two typically used for spasticity and two typically used as an antispasmodic, should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. Place quantity limits on agents in this category based on FDA maximum recommended dose and duration.</li> <li>4. For any new chemical entity in the Skeletal Muscle Relaxants class, require PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Ophthalmic Direct Acting Miotics</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Ophthalmic Glaucoma Direct Acting Miotics class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Ophthalmic Sympathomimetics</u></b>	<ol style="list-style-type: none"> <li>1. Combine the PDL categories Ophthalmic Alpha-2 Agonists and Ophthalmic Sympathomimetics into one PDL category titled Ophthalmic Sympathomimetics.</li> <li>2. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred.</li> <li>3. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>4. For any new chemical entity in the Ophthalmic Sympathomimetics class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Ophthalmic Beta Blockers</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least three unique chemical entities should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Ophthalmic Beta Blockers class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>

Item	Options for Consideration
<b><u>Ophthalmic Carbonic Anhydrase Inhibitors</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Ophthalmic Carbonic Anhydrase Inhibitors class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Ophthalmic Prostaglandin Agonists</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. Continue current quantity limits on agents in this class.</li> <li>4. For any new chemical entity in the Ophthalmic Prostaglandin Agonists class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Ophthalmic Antibiotics, Non-Quinolones</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least three unique chemical entities and two combination products containing a steroid should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Ophthalmic Antibiotics, Non-Quinolones class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Ophthalmic Antibiotics, Quinolones</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least two unique chemical entities, one of which should be a fourth generation agent, should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Ophthalmic Antibiotics, Quinolones class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Ophthalmic Antivirals</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Ophthalmic Antivirals class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Ophthalmic Antifungals</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Ophthalmic Antifungals class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Ophthalmic Antihistamines</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least two unique chemical entities should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Ophthalmic Antihistamines class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>

Item	Options for Consideration
<b><u>Ophthalmic Mast Cell Stabilizers</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least two unique chemical entities should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Ophthalmic Mast Cell Stabilizers class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Ophthalmic NSAIDs</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least two unique chemical entities should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Ophthalmic NSAIDs class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Ophthalmic Anti-Inflammatory Steroids</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least three unique chemical entities should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Ophthalmic Anti-inflammatory Steroids class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Ophthalmic Decongestants</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Ophthalmic Decongestants class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Ophthalmic Mydriatics &amp; Mydriatic Combos</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least two unique chemical entities, one of which should be atropine, should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Ophthalmic Mydriatics &amp; Mydriatic Combos class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Ophthalmic Immunomodulators</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Ophthalmic Immunomodulator class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Thrombopoiesis Stimulating Agents</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one product indicated for the treatment of thrombocytopenia in patients with chronic immune (idiopathic) thrombocytopenic purpura (ITP) and one product indicated for the prevention of severe thrombocytopenia and the reduction of platelet transfusions following myelosuppressive chemotherapy should be preferred.</li> <li>2. All agents in this class should require PA to ensure appropriate utilization.</li> <li>3. For any new chemical entity in the Thrombopoiesis Stimulating Agents class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>

Item	Options for Consideration
<p><b><u>Thrombopoiesis Stimulating Agents Clinical Criteria</u></b></p>	<p>Promacta® and Nplate™ will be approved for a diagnosis of chronic immune (idiopathic) thrombocytopenic purpura (ITP) ONLY is it is prescribed by a Hematology/Oncology specialist.</p> <p>Neumega® will be approved for a diagnosis severe thrombocytopenia following myelosuppressive chemotherapy ONLY is it is prescribed by a Hematology/Oncology specialist.</p>
<p><b><u>Topical Steroids</u></b></p>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one agent in each of the potency categories (low, medium, high and very high) should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Topical Steroids class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>