

Secretary for Health and Family Services Selections for Preferred Products

This is a summary of the final Preferred Drug List (PDL) selections made by the Secretary for Health and Family Services based on the November 20, 2008 Pharmacy and Therapeutics Advisory Committee (PTAC) Meetings.

Description of Recommendation	P & T Vote	Final Decisions (s)
<p><u>Agents for Pulmonary Hypertension</u></p> <ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based upon economic evaluation; however, at least bosentan and one phosphodiesterase type five (PDE-5) inhibitor should be preferred. 2. Sildenafil will be subject to prior authorization criteria to ensure it is being used for PAH. 3. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 4. For any agent not selected as preferred, DMS to allow continuation of therapy if there is a paid claim in the past 90 day. 5. For any new chemical entity in the Oral Agents for Pulmonary Hypertension class, require a PA until reviewed by the P&T Advisory Committee. 	<p>Passed 11 For 0 Against</p>	<p><u>Selected Preferred Agent (s)</u> Revatio™^{CC} Letairis® Tracleer®</p>
<p><u>Clinical Criteria for Revatio™</u> Revatio™ will be authorized for the treatment of Pulmonary Arterial Hypertension ONLY.</p>	<p>Passed 11 For 0 Against</p>	<ul style="list-style-type: none"> • Place on the PDL as Preferred with the following clinical criteria • Revatio™ will be authorized for the treatment of Pulmonary Arterial Hypertension ONLY.
<p><u>Oral 5-ASA Derivatives</u></p> <ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based upon economic evaluation; however, at least two unique chemical entities, one of which should be approved for pediatric use, should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any new chemical entity in the 5-ASA Derivatives, Oral Preparations class, require a PA and until reviewed by the P&T Advisory Committee. 	<p>Passed 11 For 0 Against</p>	<p><u>Selected Preferred Agent (s)</u> Asacol® balsalazide Pentasa® sulfasalazine sulfasalazine DR</p>

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<p><u>Nitroimidazoles</u></p> <ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based upon economic evaluation; however, at least immediate release metronidazole should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any new chemical entity in the nitroimidazole class, require a PA until reviewed by the P&T Advisory Committee. 	<p>Passed 11 For 0 Against</p>	<p><u>Selected Preferred Agent (s)</u> metronidazole</p>
<p><u>New Drugs to Market: Stavzor™</u> Place this product non preferred in the PDL category titled Anticonvulsants, First Generation; however, any patient currently taking this product should be allowed to continue therapy via a 90 day electronic look back.</p>	<p>Passed 11 For 0 Against</p>	<p>Add to PDL as Non Preferred; however, allow for continuation of therapy via 90 day electronic look back.</p>
<p><u>New Drugs to Market: Alvesco®</u> Place this product non preferred in the PDL category titled Corticosteroids, Inhaled with quantity limits sufficient to allow for the maximum recommended daily dose.</p>	<p>Passed 11 For 0 Against</p>	<p>Add to PDL as Non Preferred with quantity limits sufficient to allow for the maximum recommended daily dose.</p>
<p><u>New Drugs to Market: Nplate™</u> Allow this product to pay unrestricted as Platelet Proliferation Stimulants are not listed on the KY PDL.</p>	<p>Passed 11 For 0 Against</p>	<p>Allow this product to pay unrestricted.</p>
<p><u>New Drugs to Market: Zamicet™</u> Place this product non preferred in the PDL category titled Analgesics: Short-Acting with the same duration edit as other hydrocodone/APAP combination products.</p>	<p>Passed 11 For 0 Against</p>	<p>Add to PDL as Non Preferred with the same duration edit as other hydrocodone/APAP combination products.</p>
<p><u>New Drugs to Market: Durezol™</u> Place this product non preferred in the PDL category titled Ophthalmic Ant-Inflammatory Steroids.</p>	<p>Passed 11 For 0 Against</p>	<p>Add to PDL as Non Preferred</p>
<p><u>New Drugs to Market: Keppra® XR</u> Based on the committee's previous recommendation for this class, place this product preferred in the PDL category titled Anticonvulsants: Second Generation.</p>	<p>Passed 9 for 2 Abstentions 0 Against</p>	<p>Add to PDL as Preferred</p>
<p><u>New Drugs to Market: venlafaxine ER</u> Place this product non preferred in the PDL category titled Antidepressants: SNRIs.</p>	<p>Passed 11 for 0 Against</p>	<p>Add to PDL as Non Preferred</p>

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<p><u>Selective Norepinephrine Reuptake Inhibitors (SNRIs)</u></p> <ol style="list-style-type: none"> 1. DMS to select preferred agent(s) based upon economic evaluation; however, at least one long acting SNRI should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any agent not selected as preferred, DMS to allow continuation of therapy if there is a paid claim in the past 90 day. 4. Any new chemical entity in the SNRI class will require a PA until reviewed by the P&T Advisory Committee. 5. If duloxetine is selected as a non preferred agent, it should have additional criteria to allow for its use in fibromyalgia and diabetic peripheral neuropathic pain unless there are other SNRIs that gain those FDA-approved indications in the future. 	<p>Passed 9 for 2 Against</p>	<p><u>Selected Preferred Agent (s)</u> venlafaxine IR Effexor® XR</p>
<p><u>Cymbalta® Clinical Criteria</u></p> <p>Cymbalta® will be authorized for the following diagnoses:</p> <ul style="list-style-type: none"> ○ Depression/Major Depressive Disorder/Generalized Anxiety Disorder/Social Anxiety Disorder/Panic Disorder: Approval after trial and failure or intolerance or contraindication to one preferred SNRI. ○ Diabetic peripheral neuropathic pain via an ICD9 Override ○ Fibromyalgia via an ICD9 Override 	<p>Passed 9 for 1 Abstention 1 Against</p>	<ul style="list-style-type: none"> ● Place on the PDL as Non Preferred with the following clinical criteria ● Cymbalta® will be authorized for the following diagnoses: <ul style="list-style-type: none"> ○ Depression/Major Depressive Disorder/Generalized Anxiety Disorder/Social Anxiety Disorder/Panic Disorder: Approval after trial and failure or intolerance or contraindication to one preferred SNRI. ○ Diabetic peripheral neuropathic pain via an ICD9 Override ○ Fibromyalgia via an ICD9 Override