

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 October 14, 2008 Pharmacy and Therapeutics Advisory Committee (PTAC) Meetings.

Description of Recommendation	P & T Vote	Final Decisions (s)
<p><u>Patanase™ Nasal Spray</u> Place this product non preferred in the PDL category titled Antihistamines, Intranasal</p>	<p>Passed 8 for 0 against</p>	<p>Add to PDL as Non Preferred</p>
<p><u>Luvox™ CR</u> Place this product non preferred in the PDL category titled Antidepressants: SSRIs</p>	<p>Passed 8 for 0 against</p>	<p>Add to PDL as Non Preferred</p>
<p><u>Pristiq™</u> Place this product non preferred in the PDL category titled Antidepressants: SNRIs</p>	<p>Passed 8 for 0 against</p>	<p>Add to PDL as Non Preferred</p>
<p><u>Renvela™</u> Place the product non preferred in the PDL category titled Electrolyte Depletes.</p>	<p>Passed 8 for 0 against</p>	<p>Add to PDL as Non Preferred</p>
<p><u>Lamisil® Granules</u> Place this product non preferred in the PDL category titled Antifungals: Oral</p>	<p>Passed 8 for 0 against</p>	<p>Add to PDL as Non Preferred</p>
<p><u>Bystolic™</u> Place this product non preferred in the PDL category titled Beta Blockers.</p>	<p>Passed 8 for 0 against</p>	<p>Add to PDL as Non Preferred</p>
<p><u>Pylera™</u> Place this product non preferred in the PDL category titled Combination Products for H. pylori.</p>	<p>Passed 8 for 0 against</p>	<p>Add to PDL as Non Preferred</p>

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<p><u>Cimzia®</u></p> <ul style="list-style-type: none"> • Place this product non preferred in the PDL category titled Immunomodulators with clinical criteria as stated below. • Cimzia® will be approved if all of the following criteria are met: <ul style="list-style-type: none"> ○ Diagnosis of Crohn’s Disease ○ Failure of conventional therapy with at least one agent in at least 2 of the following classes (not all inclusive): <ul style="list-style-type: none"> ▪ 5-ASA agents –examples: Mesalamine (Pentasa, Asacol, Rowasa) ▪ Corticosteroids –examples: Cortenema, Prednisone ▪ Immunosuppressives– examples: Azathiaprine (Imuran), 6-Mercaptopurine (Purinethol) ○ Failure of Humira therapy ○ No active or chronic infection 	<p>Passed 8 for 0 against</p>	<ul style="list-style-type: none"> • Add to PDL as Non Preferred with the following clinical criteria • Cimzia® will be approved if all of the following criteria are met: <ul style="list-style-type: none"> ○ Diagnosis of Crohn’s Disease ○ Failure of conventional therapy with at least one agent in at least 2 of the following classes (not all inclusive): <ul style="list-style-type: none"> ▪ 5-ASA agents – examples: Mesalamine (Pentasa, Asacol, Rowasa) ▪ Corticosteroids – examples: Cortenema, Prednisone ▪ Immunosuppressives– examples: Azathiaprine (Imuran), 6-Mercaptopurine (Purinethol) ○ Failure of Humira therapy ○ No active or chronic infection
<p><u>Seroquel® XR</u> Place this product preferred in the PDL category titled Antipsychotics: Atypicals with the same criteria as the rest of the atypical class.</p>	<p>Passed 8 for 0 against</p>	<p>Add to PDL as Preferred with the same criteria as the rest of the atypical class.</p>

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<p><u>Voltaren® Gel</u></p> <ul style="list-style-type: none"> • Place this product non preferred in the PDL category titled Non-Steroidal Anti-inflammatory Drugs with clinical criteria for approval without trial and failure with oral NSAIDs if there is an inability to swallow/tolerate PO medications. • Voltaren® gel will be approved if one of the follow criteria are met: <ul style="list-style-type: none"> ○ Inability to swallow/tolerate PO medications. ○ Trial and failure (unless contraindicated or intolerant to) of two oral NSAIDs 	<p>Passed 8 for 0 against</p>	<ul style="list-style-type: none"> • Add to PDL as Non Preferred with the following clinical criteria • Voltaren® gel will be approved if one of the follow criteria are met: <ul style="list-style-type: none"> ○ Inability to swallow/tolerate PO medications. ○ Trial and failure (unless contraindicated or intolerant to) of two oral NSAIDs
<p><u>Iquix®</u> Place this product non preferred in the PDL category titled Ophthalmic Antibiotics, Quinolone; however, PA would be bypassed if diagnosis of corneal ulcers.</p>	<p>Passed 8 for 0 against</p>	<p>Add to PDL as Non Preferred with PA bypass via ICD-9 override for corneal ulcers.</p>
<p><u>CNL8™ Nail Kit</u> Place this product non preferred in the PDL category titled Dermatologics: Antifungal Agents.</p>	<p>Passed 7 for 1 abstention 0 against</p>	<p>Add to PDL as Non Preferred</p>
<p><u>Calphron®</u> Place this product non preferred in the PDL category titled Electrolyte Depletes.</p>	<p>Passed 8 for 0 against</p>	<p>Add to PDL as Non Preferred</p>
<p><u>Xyzal® Oral Solution</u> Place this product non preferred in the PDL category titled Antihistamines, Non-Sedating.</p>	<p>Passed 8 for 0 against</p>	<p>Add to PDL as Non Preferred</p>
<p><u>Taclonex® Scalp Solution</u> Allow this product to pay unrestricted as antipsoriatics are not listed on the KY PDL.</p>	<p>Passed 8 for 0 against</p>	<p>Allow this product to pay unrestricted until the entire class is reviewed by the committee.</p>
<p><u>Asmanex® 110 mcg</u> Place this product preferred in the PDL category titled Corticosteroids, Inhaled.</p>	<p>Passed 8 for 0 against</p>	<p>Add to PDL as Preferred</p>
<p><u>Nexium® Packets</u> Place this product non preferred in the PDL category titled Proton Pump Inhibitors.</p>	<p>Passed 8 for 0 against</p>	<p>Add to PDL as Non Preferred</p>
<p><u>Glumetza®</u> Place this product non preferred in the PDL category titled Diabetes: Biguanides.</p>	<p>Passed 8 for 0 against</p>	<p>Add to PDL as Non Preferred</p>

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<p><u>Amitiza™</u></p> <ul style="list-style-type: none"> • Leave this product preferred in the PDL category titled Laxatives and Cathartics with the following criteria via an ICD-9 override. • Amitiza™ will be approved if both of the following criteria are met: <ul style="list-style-type: none"> ○ Diagnosis of IBS-C ○ Diagnosis of Chronic Idiopathic Constipation 	<p>Passed 8 for 0 against</p>	<ul style="list-style-type: none"> • Leave this product Preferred with the following clinical criteria via an ICD-9 override. • Amitiza™ will be approved if both of the following criteria are met: <ul style="list-style-type: none"> ○ Diagnosis of IBS-C ○ Diagnosis of Chronic Idiopathic Constipation
<p><u>Kuvan™</u> Allow this product to pay unrestricted as PKU agents are not listed on the KY PDL.</p>	<p>Passed 8 for 0 against</p>	<p>Allow t his product to pay unrestricted.</p>
<p><u>Requip® XL</u> Place this product non preferred in the PDL category titled Non-ergot Dopamine Receptor Agonists.</p>	<p>Passed 8 for 0 against</p>	<p>Add to PDL as Non Preferred</p>
<p><u>Relistor®</u></p> <ul style="list-style-type: none"> • Allow this product to pay at POS after clinical criteria have been met via the prior authorization process. • Relistor® will be approved if all of the follow criteria are met: <ul style="list-style-type: none"> ○ Diagnosis of opioid-induced constipation, ○ Patients has advanced illness, which is defined as a terminal disease (incurable cancer or other end-stage disease) ○ Trial and failure (unless contraindicated or intolerant to) of on agent in each of the following drug classes: <ul style="list-style-type: none"> ▪ Stool softening agent (Example: docusate) AND ▪ Peristalsis-inducing agent (Examples: bisacodyl, casanthranol, senna) 	<p>Passed 8 for 0 against</p>	<ul style="list-style-type: none"> • Allow this product to pay after the following clinical criteria have been met. • Relistor® will be approved if all of the follow criteria are met: <ul style="list-style-type: none"> ○ Diagnosis of opioid-induced constipation, ○ Patients has advanced illness, which is defined as a terminal disease (incurable cancer or other end-stage disease) ○ Trial and failure (unless contraindicated or intolerant to) of on agent in each of the following drug classes: <ul style="list-style-type: none"> ▪ Stool softening agent (Example: docusate) AND ▪ Peristalsis-inducing agent (Examples: bisacodyl, casanthranol, senna)

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<p><u>Breze™ Pads Kit</u> Place this product non preferred in the PDL category titled Dermatologics: Antibiotic Agents for Acne.</p>	<p>Passed 8 for 0 against</p>	<p>Add to PDL as Non Preferred</p>
<p><u>Pulmonary Hypertension Agents (Tabled)</u></p>	<p>Tabled</p>	<p>Tabled</p>
<p><u>Ophthalmic Macrolides</u></p> <ol style="list-style-type: none"> 1. Break the Ophthalmic Macrolides out into its own PDL category. 2. DMS to select preferred agent (s) based upon economic evaluation; however, at least one ophthalmic macrolide should be preferred. 3. If azithromycin 1% solution is selected as a non preferred product, allow for its use via an ICD-9 override for chalazia and blepharitis. 4. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 5. For any new chemical entity in the Ophthalmic Macrolide class, require a PA until reviewed by the P&T Advisory Committee. 	<p>Passed 8 for 0 against</p>	<p><u>Selected Preferred Agent (s)</u> Erythromycin 0.5% ointment</p>
<p><u>Low Potency Statins</u></p> <ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based upon economic evaluation; however, at least fluvastatin, lovastatin and pravastatin must 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 statin class, require a PA and appropriate quantity limit until reviewed by the P&T Advisory Committee. 	<p>Passed 8 for 0 against</p>	<p><u>Selected Preferred Agent (s)</u> Lovastatin Pravastatin Lescol® Lescol® XL</p>

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<p>Flector™ Clinical Criteria Flector™ will be approved if one of the follow criteria is met:</p> <ul style="list-style-type: none"> • Inability to swallow/tolerate PO medications. • Trial and failure (unless contraindicated or intolerant to) of two oral NSAIDs 	<p>Passed 8 for 0 against</p>	<ul style="list-style-type: none"> • Leave on the PDL as Non Preferred with the following clinical criteria: • Flector™ will be approved if one of the follow criteria is met: <ul style="list-style-type: none"> ○ Inability to swallow/tolerate PO medications. ○ Trial and failure (unless contraindicated or intolerant to) of two oral NSAIDs