

# Kentucky Department for Medicaid Services

## Drug Review Options

The following chart lists the agenda items scheduled and the options submitted for review at the May 20, 2010 meeting of the Pharmacy and Therapeutics Advisory Committee

Item	Options for Consideration
<b><u>GLP-1 Receptor Agonists Clinical Criteria</u></b>	GLP-1 Receptor Agonists will be approved if metformin, a sulfonylurea, insulin, DPP-4 Inhibitor, or a TZD is seen in history within the past 90 days.
<b><u>Branded Products with Generic Components</u></b>	Require prior authorization for the following products: <ul style="list-style-type: none"> <li>• Zonatuss<sup>®</sup></li> <li>• Orapred ODT<sup>®</sup></li> </ul>
<b><u>New Products to Market: Votrient™</u></b>	Place this product non preferred with similar approval criteria as other agents in the PDL category titled: Protein Tyrosine Kinase Inhibitors.  Votrient™ (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>); OR</li> <li>• bevacizumab (Avastin<sup>®</sup>).</li> </ul>
<b><u>New Products to Market: Zyprexa<sup>®</sup> Relprevv™</u></b>	Place this product non preferred in the PDL category titled: Antipsychotics: Atypical with the same diagnosis criteria as other agents in the class and the following additional clinical criteria:  Zyprexa <sup>®</sup> Relprevv™ will be approved if there has been a previous trial on oral olanzapine and issues with non compliance necessitate an injectable treatment regimen.
<b><u>New Products to Market: Exalgo™</u></b>	Place this product non preferred with similar quantity limits in the PDL class titled Narcotics: Long-Acting.
<b><u>New Products to Market: Ampyra<sup>®</sup></u></b>	Allow Ampyra <sup>®</sup> to pay with a diagnosis of MS (ICD-9 = 340) for an initial 12 weeks of therapy. After the initial 12 weeks of therapy, allow continuation of Ampyra <sup>®</sup> therapy if the drug has shown clinical efficacy as demonstrated by an improvement in walking speed. Additionally, this drug should have a quantity limit of 20 mg per day.
<b><u>New Products to Market: Cayston<sup>®</sup></u></b>	Allow Cayston <sup>®</sup> to pay if one of the following is true: <ul style="list-style-type: none"> <li>• Trial and failure of tobramycin (TOBI<sup>®</sup>); OR</li> <li>• Documented <i>P. aeruginosa</i> of the lungs that is resistant to tobramycin (TOBI<sup>®</sup>).</li> </ul>
<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
<b><u>Thrombopoiesis Stimulating Agents Clinical Criteria</u></b>	<ul style="list-style-type: none"> <li>▪ Promacta<sup>®</sup> and Nplate<sup>™</sup> will be approved for a diagnosis of chronic immune (idiopathic) thrombocytopenic purpura (ITP) ONLY if it is prescribed by a Hematology/Oncology specialist.</li> <li>▪ Neumega<sup>®</sup> will be approved for a diagnosis severe thrombocytopenia following myelosuppressive chemotherapy ONLY if it is prescribed by a Hematology/Oncology specialist.</li> </ul>
<b><u>Topical Steroids</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 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>
<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>
<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>

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<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 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>
<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>

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<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>Proton Pump Inhibitors</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least two agents should be preferred.</li> <li>2. Continue to allow Prevacid SoluTab<sup>®</sup> for patients under the age of 12.</li> <li>3. Continue current quantity limits on all agents in this class.</li> <li>4. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>5. For any new chemical entity in the Proton Pump Inhibitors class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Otic Quinolone Antibiotics</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 agent and one combination 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 Otic: Quinolone Antibiotics class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Otic Steroid and Antibiotic Combinations</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 Otic: Steroid and Antibiotic Combination class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Otic Miscellaneous</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 Otic Miscellaneous class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>

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<b><u>Alpha Blockers for BPH</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least two agents, one of which should be highly selective for the alpha receptors in the genitourinary tract, 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 Blockers for BPH class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Androgen Hormone 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 Androgen Hormone Inhibitors class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Androgen Hormone Inhibitors Clinical Criteria</u></b>	Androgen Hormone Inhibitors will be approved for a diagnosis of benign prostatic hyperplasia (BPH).
<b><u>Electrolyte Depleters</u></b>	<ol style="list-style-type: none"> <li>1. Rename this category Phosphate Binders.</li> <li>2. DMS to select preferred agent (s) based on economic evaluation; however, at least two unique chemical entities, one of which should be a calcium based phosphate binder, 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 Electrolyte Depleters class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Urinary Tract Antispasmodics</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, at least one of which should be liquid oxybutynin IR.</li> <li>2. Only patients who are unable to swallow or tolerate oral medications should be approved for non-oral formulations of agents in this class.</li> <li>3. Continue current quantity limits on all agents in this class.</li> <li>4. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>5. For any new chemical entity in the Urinary Tract Antispasmodic Class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Dermatologics: 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 Dermatologics: Antivirals class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Dermatologics: Antiseborrheic 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 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 Dermatologics: Antiseborrheic class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>

Item	Options for Consideration
<b><u>Dermatologics:</u></b> <b><u>Antibiotic Agents</u></b>	<ol style="list-style-type: none"><li data-bbox="488 264 1533 327">1. DMS to select preferred agent (s) based on economic evaluation; however, at least two unique chemical entities should be preferred.</li><li data-bbox="488 327 1533 390">2. Agents not selected as preferred will be considered non preferred and require PA.</li><li data-bbox="488 390 1533 453">3. For any new chemical entity in the Dermatologics Antibiotics class, require a PA until reviewed by the P&amp;T Advisory Committee.</li></ol>