



79 C. Michael Davenport Blvd.
 Suite A
 Frankfort, KY 40601

April 7, 2010

Dear Kentucky Medicaid Provider:

The Department for Medicaid Services is making changes to the Kentucky Medicaid Preferred Drug List (PDL) based on recommendations from the Kentucky Medicaid Pharmacy & Therapeutics Advisory Committee at its November 19, 2009 meeting and as adopted by the Cabinet for Health and Family Services' Secretary by order dated January 7, 2010.

On May 12, 2010, the following changes will be effective:

- Drug Class Changes
 - Immunomodulators
 - Enbrel[®] (QL 8 per month) and Humira[®] (QL 2 per month) will remain **preferred**.
 - Cimzia[®] (QL 1 per month) and Kineret[®] (QL 30 per month) and Simponi[™] (QL 1 per month) will remain **non-preferred**.
 - Orencia[®] (QL 8 per month), Amevive[®] (QL 4 per month), Remicade[®] and Stelara[™] (QL 1-2mL per month) will become **non-preferred**.
 - All agents in this class will require PA, and the following PA criteria will be applied:

Drug	Diagnosis	Prior Therapy
Orencia [®] (abatacept)	Rheumatoid arthritis	Trial and failure of 1 DMARD
	Juvenile Idiopathic Arthritis (JIA)	Trial and failure of 1 DMARD
Humira [®] (adalimumab)	Rheumatoid Arthritis	Trial and failure of 1 DMARD
	Juvenile Idiopathic Arthritis	Trial and failure of 1 DMARD

	(JIA)	
	Ankylosing Spondylitis	None
	Plaque Psoriasis	<p>Trial and failure of two of the following therapies:</p> <ul style="list-style-type: none"> • Methotrexate • Cyclosporine • Oral retinoid • Topical corticosteroids • Phototherapy/UV light • Coal tar preparations
	Crohn's Disease	<p>Failure of conventional therapy of at least one agent in at least 2 of the following classes (not all inclusive):</p> <ul style="list-style-type: none"> • 5-ASA agents –examples: Mesalamine (Pentasa, Asacol, Rowasa) • Corticosteroids –examples: Cortenema, Prednisone • Immunosuppressives– examples: Azathioprine (Imuran), 6-Mercaptopurine (Purinethol)
	Psoriatic Arthritis	<p>Trial and failure of one of the following treatment:</p> <ul style="list-style-type: none"> • Oral NSAID • Methotrexate alone • Intra-articular corticosteroid
Amevive [®] (alefacept)	Plaque Psoriasis	<p>Trial and failure of two of the following therapies:</p> <ul style="list-style-type: none"> • Methotrexate • Cyclosporine • Oral retinoid • Topical corticosteroids • Phototherapy/UV light • Coal tar preparations
Kineret [®] (anakinra)	Rheumatoid Arthritis	Trial and failure of 1 DMARD
Cimzia [®] (certolizumab pegol)	Rheumatoid Arthritis	Trial and failure of 1 DMARD
	Crohn's Disease	<p>Failure of conventional therapy of at least one agent in at least 2 of the following classes (not all inclusive):</p> <ul style="list-style-type: none"> • 5-ASA agents –examples: Mesalamine (Pentasa, Asacol, Rowasa)

		<ul style="list-style-type: none"> • Corticosteroids –examples: Cortenema, Prednisone • Immunosuppressives– examples: Azathioprine (Imuran), 6-Mercaptopurine (Purinethol)
Enbrel (etanercept)	Rheumatoid Arthritis	Trial and failure of 1 DMARD
	Juvenile Idiopathic Arthritis (JIA)	Trial and failure of 1 DMARD
	Ankylosing Spondylitis	None
	Plaque Psoriasis	Trial and failure of two of the following therapies: <ul style="list-style-type: none"> • Methotrexate • Cyclosporine • Oral retinoid • Topical corticosteroids • Phototherapy/UV light • Coal tar preparations
	Psoriatic Arthritis	Trial and failure of one of the following treatment: <ul style="list-style-type: none"> • Oral NSAID • Methotrexate alone • Intra-articular corticosteroid
Simponi™ (golimumab)	Rheumatoid Arthritis	Trial and failure of 1 DMARD
	Ankylosing Spondylitis	None
	Psoriatic Arthritis	Trial and failure of one of the following treatment: <ul style="list-style-type: none"> • Oral NSAID • Methotrexate alone • Intra-articular corticosteroid
Remicade® (infliximab)	Rheumatoid Arthritis	Trial and failure of 1 DMARD
	Ankylosing Spondylitis	None

	Plaque Psoriasis	<p>Trial and failure of two of the following therapies:</p> <ul style="list-style-type: none"> • Methotrexate • Cyclosporine • Oral retinoid • Topical corticosteroids • Phototherapy/UV light • Coal tar preparations
	Crohn's Disease	<p>Failure of conventional therapy of at least one agent in at least 2 of the following classes (not all inclusive):</p> <ul style="list-style-type: none"> • 5-ASA agents –examples: Mesalamine (Pentasa, Asacol, Rowasa) • Corticosteroids –examples: Cortenema, Prednisone • Immunosuppressives– examples: Azathioprine (Imuran), 6-Mercaptopurine (Purinethol)
	Ulcerative Colitis	<p>Trial and failure of one of the following treatments:</p> <ul style="list-style-type: none"> • Corticosteroid • Immunosuppressant
	Fistulizing Crohn's Disease	None
	Psoriatic Arthritis	<p>Trial and failure of one of the following treatment:</p> <ul style="list-style-type: none"> • Oral NSAID • Methotrexate alone • Intra-articular corticosteroid
Stelara™ (ustekinumab)	Plaque Psoriasis	<p>Trial and failure of two of the following therapies:</p> <ul style="list-style-type: none"> • Methotrexate • Cyclosporine • Oral retinoid • Topical corticosteroids • Phototherapy/UV light • Coal tar preparations

- Non preferred products will require no less than a one month trial and failure of one preferred product which is approved for the same diagnosis.
- Multiple Sclerosis Agents
 - Avonex® (QL 4 per month), Avonex® (QL 4 per month) Administration Pack, Betaseron® (QL 15 per month), Copaxone® (QL 1 per month) and Rebif® (QL 12 per month) will remain **preferred**.

- Extavia[®] (QL 15 per month) will become **non-preferred**.
- Calcium Channel Blockers (DHP)
 - Afeditab[®] CR, amlodipine, felodipine ER, isradipine, nicardipine, nifedipine, nifedipine SA/ER and nimodipine will remain **preferred**.
 - Adalat[®] CC, Cardene[®] SR, Dynacirc[®] CR, Nimotop[®], Norvasc[®], Plendil[®], Procardia[®], Procardia[®] XL and Sular[®] will remain **non-preferred** and require PA.
 - Nisoldipine ER will become **non-preferred** and require PA.

Prior authorization forms are located at <http://kentucky.fhsc.com>. Please fax all requests to First Health Services at the following numbers:

- Non-Urgent: (800) 365-8835
- Urgent: (800) 421-9064
- Mental Health Providers: (800) 453-2273
- Long Term Care: (800) 453-2273

Thank you for helping Kentucky Medicaid maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

Sincerely,

Kasie Purvis

Pharmacy Provider Educator