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Suite A
Frankfort, KY 40601

Pharmacy Provider Notice #129 – March 17, 2011 PTAC PDL Changes

May 13, 2011

Dear Kentucky Medicaid Provider:

Please be advised that 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 March 17, 2011 meeting and as adopted by the Cabinet for Health and Family Services' Secretary by order dated April 25, 2011.

On June 15, 2011, the following changes will be effective:

- New Drugs to Market
  - The following product (s) will become **preferred**:
    - Amturnide™
  - The following product (s) will become **preferred** and require PA:
    - Pradaxa®
    - Kombiglyze™ XR (QL = 1/day)
  - The following product (s) will become **non-preferred** and require PA:
    - Silenor® (QL = 1/day)
    - Latuda®
    - Kapvay™ (QL = 4/day)
    - Butrans™
    - Lastacaft®
  - The following product (s) will require PA:
    - XGeva™
    - XGeva™ will be approved for a diagnosis of bone metastases resulting from solid tumors only.

On June 16, 2011, the following changes will be effective:

- Branded Products with Generic Components
  - The following product (s) will become **non-preferred** and require Prior Authorization (PA):
    - Nexiclon® XR
    - Millipred®

On June 22, 2011, the following changes will be effective:

- Drug Class Changes
  - Second Generation Anticonvulsants
    - Banzel® CC, Felbatol®, Gabitril®, gabapentin, lamotrigine, levetiracetam, Lyrica® CC, Sabril® CC, topiramate and zonisamide will remain **preferred**.
    - Keppra XR™, Lamictal ODT®, and Lamictal XR® will become **non- preferred** and require PA.
    - Keppra™, Lamictal®, Neurontin®, Topamax®, Vimpat®, and Zonegran® will remain **non- preferred**.
    - Banzel® will be approved if:
      - Diagnosis of Lennox-Gastaut syndrome; OR
      - Trial and failure of one other anticonvulsant.
    - Lyrica® will be approved for any ONE of the following:
      - Diagnosis of Diabetic Peripheral Neuropathy (DPN); OR
      - Diagnosis of Postherpetic Neuralgia (PHN) AFTER adequate trial and failure of OR intolerance OR contraindication to at least one of these first-line agents
        - Tricyclic antidepressant (TCAs); or
        - Anticonvulsant: gabapentin; or
        - Topical: Lidocaine 5% patch.
      - Adjunct for partial onset seizure disorder; OR
      - Diagnosis of Fibromyalgia.
    - Sabril™ will be approved for:
      - Diagnosis of infantile spasms; OR
      - Trial and failure of one other anticonvulsant.
  - Anticonvulsants, Carbamazepine Derivatives
    - Carbatrol®, carbamazepine, carbamazepine XR, Equetro™ and oxcarbazepine will remain **preferred**.
    - Tegretol®, Tegretol® XR, and Trileptal® will remain **non- preferred** and require PA.
  - Oral Oncology Agents
    - Gleevec®, Nexavar®, and Sutent® will remain **preferred**.
    - Iressa®, Sprycel®, Tarceva®, Tykerb® and Xeloda® will become **preferred**.
    - Afinitor®, Tasigna® and Votrient® will remain **non- preferred** and require PA.

On June 29, 2011, the following changes will be effective:

- Prenatal Vitamins Clinical Criteria
  - Prenatal vitamins will be approved if one of the following is true:
    - Patient is female and claim is submitted with pregnancy indicator; OR
    - Patient is actively nursing; OR
    - Patient suffers from a chronic condition associated with wasting (i.e., HIV) or malabsorption.
- Cymbalta® Clinical Criteria
  - Cymbalta® will be authorized for the following diagnoses:
    - 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

- Fibromyalgia
- Chronic musculoskeletal pain: Approval after trial and failure of or intolerance or contraindication to one NSAID.

- New Drug Classes
  - Anticoagulants
    - Arixtra™, Fragmin®, Lovenox®, Pradaxa® CC and warfarin will become **preferred**.
    - Coumadin®, enoxaparin and Innohep® will become **non- preferred** and require PA.
    - Pradaxa® will be approved for a diagnosis of atrial fibrillation via an ICD-9 override.
  - Oral Agents for Gout
    - Allopurinol, probenecid and probenecid/colchicine will become **preferred**.
    - Colcrys™, Uloric® and Zyloprim® will become **non- preferred** and require PA.
    - Uloric® will be approved after adequate trial (at least 3 months) of allopurinol without achievement of serum urate level below 6mg/dL **OR** intolerance **OR** contraindication to allopurinol.
    - Colcrys™ will be approved for:
      - Diagnosis of Familial Mediterranean Fever via an ICD-9 override; OR
      - Trial and failure of one of the following:
        - NSAID (i.e., indomethacin, naproxen, ibuprofen, sulindac, ketoprofen) or
        - Corticosteroid.

Please note that for future prior authorization requests, Magellan Medicaid Administration is now offering real time service! Please contact the Clinical Support Center at (800) 477-3071 to speak with a live agent. The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Suboxone®/Subutex®, Synagis®, and Zyvox®.

Prior authorization forms are located at http://kentucky.fhsc.com. Please fax all requests to Magellan Medicaid Administration 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 members to maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

Sincerely,

Kasie Purvis
Provider Relations Manager