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Suite A
Frankfort, KY 40601

Pharmacy Provider Notice #134 – May 19. 2011 PTAC PDL Changes

July 22, 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 May 19, 2011 meeting and as adopted by the Secretary of the Cabinet for Health and Family Services by order dated June 23, 2011.

On August 24, 2011, the following changes will be effective:

- Existing Drug Classes
  - Agents for Pulmonary Hypertension
    - Adcirca™ CC, Letairis™, Revatio™ CC, Tracleer® and Ventavis® will remain **preferred**.
    - Tyvaso™ will remain **non-preferred** and require PA.
    - Sildenafil and tadalafil will be approved for a diagnosis of Pulmonary Arterial Hypertension only. Non oral dosage forms will only be approved for patients who cannot tolerate/absorb medications by mouth.
    - Flolan® (IV epoprostenol) will be approved for a diagnosis of World Health Organization (WHO) functional class (FC) III or IV Pulmonary Arterial Hypertension (PAH).
  - Platelet Inhibitors
    - Aggrenox®, cilostazol, dipyridamole, Effient™, Plavix® and ticlopidine will remain **preferred**.
    - Persantine® will remain **non-preferred** and require PA.
    - Pletal® will become **non-preferred** and require PA.
  - Bile Acid Sequestrants
    - Cholestyramine, cholestyramine light and Prevalite® will remain **preferred**.
    - WelChol® will become **preferred**.
    - Colestid®, colestipol, Questran® and Questran Light® will remain **non-preferred** and require PA.
  - Cholesterol Absorption Inhibitors
    - Zetia® will remain **preferred**.
  - Fibric Acid Derivatives Inhibitors
    - Gemfibrozil, Tricor® and Trilipix™ will remain **preferred**.
    - Antara™, fenofibrate, Fibricor™, Lipofen™, Lofibra® and Triglide™ will remain **non-preferred** and require PA.

- Ometa-3 Fatty Acids
  - Lovaza® CC will remain **preferred**.
  - Lovaza® will be approved after trial and failure of either of the following:
    - fibric acid derivative; OR
    - statin
- Statins
  - Lescol®, Lescol XL®, lovastatin and pravastatin will remain **preferred**.
  - Advicor™, Altoprev®, Mevacor® and Pravachol® will remain **non-preferred** and require PA.
- Statin + CCB Combination
  - Caduet® CC will remain **preferred**.
  - Caduet® will be approved for patients currently taking amlodipine who have had a trial and failure of ALL of the following:
    - simvastatin; AND
    - simvastatin / ezetimibe OR rosuvastatin.
  - Additionally a quantity limit of 1 per day will be applied.

On August 31, 2011, the following changes will be effective:

- Clinical Criteria Reviews
  - Makena® will be approved for members with a singleton pregnancy who have a history of singleton spontaneous preterm birth if:
    - Patient has experienced an adverse reaction to the compounded formulation of 17P hydroxyprogesterone caproate; OR
    - Trial and failure (through previous miscarriage or pre-term birth) of the compounded formulation of 17P hydroxyprogesterone caproate; OR
    - No access to a pharmacy which can compound 17P hydroxyprogesterone caproate.
  - Vivitrol® will be approved for a diagnosis of alcohol dependence or opioid dependence.
  - Leukotriene Receptor Antagonists will be approved if ONE of the following are true:
    - Diagnosis of Asthma; OR
    - Diagnosis of Allergic Rhinitis
      - After trial and failure of a nasal steroid + an oral antihistamine; or
      - Patient is < 2 years of age.
    - Additionally a quantity limit of one per day will be applied to Singulair®, and a two per day quantity limit will be applied to Accolate® and zafirlukast.
  - Clonidine patches will be approved if any one of the following is true:
    - Patient is <15 years old; OR
    - Patient cannot tolerate/absorb PO.
  - Regranex® will be approved for a diagnosis of lower extremity diabetic ulcers.
  - Granulocyte Colony Stimulating Factors (Leukine® [sargramostim], Neulasta® [pegfilgrastim], or Neupogen® [filgrastim]), will be approved for a diagnosis of:
    - Myelosuppressive chemotherapy; OR
    - Induction or consolidation chemotherapy in acute myeloid/myelogenous leukemia; OR
    - Bone marrow transplantation; OR
    - Bone marrow transplant failure or engraftment delay; OR
    - Peripheral blood progenitor cell collection and therapy; OR
    - Severe chronic neutropenia.

On September 14, 2011, the following changes will be effective:

- New Drug Classes
  - Pancreatic Enzymes
    - Creon® and pancrelipase will become **preferred**.
    - Pancreaze™ and Zenpep® will become **non-preferred** and require PA.
  - Topical Antiparasitics
    - Eurax®, Ovide® and permethrin 5% cream will become **preferred**.
    - Acticin®, Elimite®, lindane, malathion and Ulesfia™ will become **non-preferred** and require PA.
  - Androgenic Agents
    - Androderm® and Androgel® will become **preferred**.
    - Axiron®, Fortesta® and Testim® will become **non-preferred** and require PA.
  - Oral Steroids
    - Cortisone, dexamethasone, budesonide, hydrocortisone, methylprednisolone, prednisolone, prednisolone sodium phosphate, prednisone and Zema-Pak® will become **preferred**.
    - Baycadron®, Celestone®, Celestone Soluspan®, Cortef®, DexPak®, DexPak JR®, Entocort EC®, Millipred®, Orapred®, Orapred ODT®, Pediapred®, Prelone® and Veripred 20® will become **non-preferred** and require PA.
    - Orapred® liquid will be available for children less than 6 years old and Orapred ODT® will be available for children less than 12 years of age without PA.

On September 21, 2011, the following changes will be effective:

- New Drugs to Market
  - The following product (s) will become **non-preferred** and require PA:
    - Edarbi™

- Existing Drug Classes
  - Urinary Tract Antispasmodics
    - Flavoxate, oxybutynin and VESIcare® will remain **preferred**.
    - Enablex® will become **non-preferred** and require PA.
    - Detrol®, Detrol LA®, Ditropan XL®, Gelnique™, oxybutynin ER, Oxytrol™, Sanctura®, Sanctura XR® and trospium will remain **non-preferred** and require PA.
    - Toviaz™ will become **preferred**.
  - Progestins for Cachexia
    - Megestrol acetate will remain **preferred**.
    - Megace® and Megace ES® will become **non-preferred** and require PA.
  - Angiotensin Receptor Blockers
    - Diovan® ST and losartan will remain **preferred**.
    - Atacand®, Avapro®, Benicar®, Cozaar®, Micardis® and Teveten® will remain **non-preferred** and require PA.
    - Edarbi™ will become **non-preferred** and require PA.
    - Diovan® ST will be approved after trial and failure of losartan.
  - Angiotensin Receptor Blockers + Diuretics
    - Diovan HCT® and losartan/HCTZ will remain **preferred**.
    - Atacand HCT®, Avalide®, Benicar HCT®, Hyzaar®, Micardis HCT® and Teveten HCT® will remain **non-preferred** and require PA.

- Diovan HCT® ST will be approved after trial and failure of losartan or losartan/HCTZ.

- Angiotensin Receptor Blockers + CCB (DHP)
  - Exforge® and Exforge HCT® will remain **preferred**.
  - Azor™, Tribenzor® and Twynsta® will remain **non-preferred** and require PA.
- Angiotensin Modulators + CCB Combinations
  - Lotrel® will remain **preferred**.
  - Amlodipine/benazepril, Tarka® and verapamil SR/trandolapril will remain **non-preferred** and require PA.
- Direct Renin Inhibitors
  - Amturnide™, Tekturna®, Tekturna HCT®, Tekamlo® and Valturna® will remain **preferred**.
  - Direct Renin Inhibitors will be approved after trial and failure of an ACE Inhibitor or an ARB.
- Alpha/Beta Blockers
  - Carvedilol and labetalol will remain **preferred**.
  - Coreg®, Coreg CR® and Trandate® will remain **non-preferred** and require PA.
- Beta Blockers
  - Acebutolol, atenolol, betaxolol, bisoprolol, metoprolol succinate ER, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol LA, sotalol and timolol will remain **preferred**.
  - Betapace®, Betapace® AF, Bystolic®, Corgard®, Inderal LA®, Innopran XL®, Kerlone®, Levatol®, Lopressor®, Sectral®, Sorine®, Tenormin®, Toprol XL® and Zebeta® will remain **non-preferred** and require PA.
- Beta Blocker + Diuretics
  - Atenolol/chlorthalidone, bisoprolol/HCTZ, metoprolol/HCTZ, nadolol/bendroflumethiazide and propranolol/HCTZ will remain **preferred**.
  - Corzide®, Lopressor® HCT, Tenoretic® and Ziac® will remain **non-preferred** and require PA.
- Calcium Channel Blockers (non-DHP)
  - Diltiazem, diltiazem ER, verapamil and verapamil ER will remain **preferred**.
  - Calan®, Calan® SR, Cardizem®, Cardizem® CD, Cardizem® LA, Cartia XT®, Covera-HS®, Dilacor XR®, Dilt CD®, Dilt XR®, Diltia XR®, Taztia XT®, Tiazac®, verapamil ER PM, Verelan® and Verelan® PM will remain **non-preferred** and require PA.
- Vasodilator + Nitrate Combinations
  - BiDil® will remain **preferred**.

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.

* Please note the dates that are associated with the above changes are subject to change.

Sincerely,

Kasie Purvis
Provider Relations Manager