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Suite A
Frankfort, KY 40601

Fee-For-Service Pharmacy Provider Notice #146 – March 15, 2012 PTAC PDL Changes

May 9, 2012

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 15, 2012 meeting and as adopted by the Secretary of the Cabinet for Health and Family Services by order dated April 20, 2012.

On June 6, 2012, the following changes will be effective:

- New Drugs to Market
  - The following product (s) will become **preferred**:
    - Xarelto®
    - Juvisync™ (QL = 1 per day)
  - The following product (s) will become **preferred** and require PA:
    - Zelboraf™ (QL = 8 per day)
      - Zelboraf™ will only be approved after confirmation that the serine-threonine protein kinase BRAF **(**BRAF) V600E mutation has been detected by an FDA-approved test.
    - Xalkori® (QL = 2 per day)
      - Xalkori® will only be approved after confirmation of non-small cell lung cancer (NSCLC) that is anaplastic lymphoma kinase (ALK)-positive as detected by an FDA-approved test.
    - Jakafi™ (QL = 2 per day)
      - Jakafi™ will only be approved for a diagnosis of intermediate or high risk myelofibrosis (MF).
    - Brilinta™
      - Brilinta™ will only be approved for a diagnosis of acute coronary syndrome (ACS).
  - The following product (s) will become **non-preferred** and require PA:
    - Dificid™
    - Arcapta™ (QL = 1 per day)
    - Duexis®
    - Onfi™
    - Edarbyclor™
    - Dutoprol™

- New Drug Classes
  - Hepatitis C: Oral Protease Inhibitors
    - Incivek™ (QL = 6 per day) and Victrelis™ (QL = 12 per day) will become **preferred**.
      - Incivek™ will be approved for a diagnosis of hepatitis C (CHC) genotype 1 infection if the patient is receiving concurrent therapy with ribavirin and peginterferon.
      - Victrelis™ will be approved for a diagnosis of hepatitis C (CHC) genotype 1 infection after the patient has received 4 weeks of ribavirin and peginterferon therapy if the patient is receiving concurrent therapy with ribavirin and peginterferon.
- Existing Drug Classes
  - Hepatitis C: Interferons
    - PEGASYS®, PEGASYS® ProClick, PEGIntron™ and PEGIntron™ Redipen® will remain **preferred**.
    - Infergen® will remain **non-preferred** and require PA.
      - After the initial 16 weeks of therapy, interferons will be approved if there is at least a 2 logarithmic unit decrease in HCV RNA levels at treatment week 12.
      - Limitation on length of therapy is based on product:
        - Interferon alfacon-1
          - INF naïve – 24 weeks total therapy
          - INF relapse – 48 weeks total therapy
        - Peginterferon alfa-2a OR 2b
          - Genotype 1, 4, age 2-17 years, OR HIV positive – 48 weeks total therapy
          - Genotype 2, 3 – 24 weeks total therapy
  - Hepatitis C: Ribavirins
    - Ribasphere™ 400 mg and ribavirin tablets will remain **preferred**.
    - Copegus® and Rebetol® will remain **non-preferred** and require PA.
    - Ribapack™, Ribasphere™ 600 mg and ribavirin capsules will become **non-preferred** and require PA.
      - Ribavirins will pay at point-of-sale if there is concurrent interferon therapy in history.
  - Topical Retinoids
    - Adapalene, Retin-A Micro® and tretinoin will remain **preferred**.
    - Atralin™, Differin®, Retin-A®, Tazorac® and Veltin™ will remain **non-preferred** and require PA.
    - Avita®, Epiduo™ and Retin-A Micro® Pump will become **non-preferred** and require PA.

On June 13, 2012, the following changes will be effective:

- Existing Drug Classes
  - Beta Agonists, Short-Acting
    - Albuterol inhalation solution, albuterol low-dose inhalation solution, Proventil HFA® and ProAir HFA® will remain **preferred**.
    - Albuterol oral syrup and tablets and terbutaline tablets will become **preferred**.
    - Maxair® Autohaler and Xopenex® will remain **non-preferred** and require PA.

        - Levalbuterol inhalation solution, metaproterenol inhalation solution, metaproterenol oral tablets, Ventolin HFA® and Xopenex® HFA will become **non-preferred** and require PA.
    - Beta Agonists, Long-Acting
        - Serevent® Diskus will remain **preferred**.
        - Foradil® Aerolizer® will become **preferred**.
        - Brovana® and Perforomist® will remain **non-preferred** and require PA.
        - Arcapta™ will become **non-preferred** and require PA.
    - Corticosteroids, Inhaled
        - Asmanex® Twisthaler, budesonide respules (AE, <8 years of age), Flovent Diskus®, Flovent HFA® and QVAR™ will remain **preferred**.
        - Alvesco®, Pulmicort Flexhaler® and Pulmicort Respules® will remain **non-preferred** and require PA.
    - Beta Agonists: Combination Products
        - Advair® Diskus, Advair® HFA and Symbicort® will remain **preferred**.
        - Dulera® will become **preferred**.
    - Leukotriene Modifiers
        - Singulair® and zafirlukast will remain **preferred** and require PA.
        - Accolate® and Zyflo CR® will remain **non-preferred** and require PA.
    - COPD Agents
        - Albuterol/ipratropium inhalation solution, Atrovent® HFA, Combivent®, ipratropium inhalation solution and Spiriva Handihaler® will remain **preferred**.
        - Duoneb® will remain **non-preferred** and require PA.
        - Daliresp™ will become **non-preferred** and require PA.
    - Corticosteroids, Intranasal
        - Fluticasone propionate and Nasonex® will remain **preferred**.
        - Beconase AQ®, Flonase®, flunisolide, Nasacort AQ®, Omnaris™, Rhinocort Aqua® and triamcinolone will remain **non-preferred** and require PA.
        - Veramyst® will become **non-preferred** and require PA.
    - Antihistamines, Intranasal
        - Astepro® and azelastine will remain **preferred**.
        - Astelin® and Patanase™ will remain **non-preferred** and require PA.
    - Antihistamines, Non-Sedating
        - Cetirizine OTC, loratadine OTC and loratadine/pseudoephedrine OTC will remain **preferred**.
        - Allegra®, Allegra-D® 12-Hour, Allegra-D® 24-Hour, Clarinex®, Clarinex-D® 12-Hour, Clarinex-D® 24-Hour, fexofenadine, fexofenadine/pseudoephedrine 12-Hour, fexofenadine/pseudoephedrine 24-Hour, levocetirizine and Semprex D® will remain **non-preferred** and require PA.
        - Cetirizine syrup will become **non-preferred** and require PA.
- New Drug Classes
    - Anticholinergics, Intranasal
        - Ipratropium nasal spray will become **preferred**.
        - Atrovent® will become **non-preferred** and require PA.
    - Antibiotics, Inhaled
        - TOBI® will become **preferred**.
        - Cayston® will become **non-preferred** and require PA.
    - Self Injectable Epinephrine
        - Epi Pen®, Epi Pen® Jr., Twinject® and Twinject® Jr. will become **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 https://kentucky.magellanmedicaid.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 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