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**Pharmacy Provider Notice #164 – March 21, 2013 PTAC PDL Changes**

July 15, 2013

Dear Kentucky Medicaid Provider:

Please be advised that the Department for Medicaid Services is making changes to the Kentucky Medicaid Fee-For-Service Pharmacy Preferred Drug List (PDL) based on recommendations from the Kentucky Medicaid Fee-For-Service Pharmacy & Therapeutics Advisory Committee at its March 21, 2013 meeting and as adopted by the Commissioner of the Cabinet for Health and Family Services by order dated May 31, 2013.

**On August 15, 2013, the following changes will be effective:**

○ **New Drugs to Market**

- The following product (s) will become **preferred** and require PA:
  - Stivarga<sup>®</sup> (QL = 4 per day)
    - Stivarga<sup>®</sup> will only be approved for a diagnosis of metastatic colorectal cancer (mCRC) after trial and failure of all of the following:
      - Fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy;
      - AND
      - An anti-VEGF therapy, AND
      - If KRAS wild type, an anti-EGFR therapy; OR
    - A diagnosis of gastrointestinal stromal tumors (GIST) after trial and failure of one preferred oral oncology agent that is FDA-approved for GIST.
- The following product (s) will become **non-preferred** and require PA:
  - Vascepa<sup>®</sup>
  - Prepopik<sup>™</sup>
  - Linzess<sup>™</sup>
  - Ultresa<sup>™</sup>
  - Eliquis<sup>®</sup>
  - Iclusig<sup>™</sup> (QL = 15 mg: 2 per day; 45 mg: 1 per day)
  - Aubagio<sup>®</sup> (QL = 1 per day)
- The following product (s) will become **non-preferred** and require PA:
  - Xeljanz<sup>™</sup> (QL = 2 per day)
    - Xeljanz<sup>™</sup> will be approved after trial and failure of one preferred Immunomodulator.

**Existing Class Reviews**

- **Multiple Sclerosis Agents**
  - Betaseron<sup>®</sup> (QL), Copaxone<sup>®</sup> (QL), and Rebif<sup>®</sup> (QL) will remain **preferred**.

- Ampyra<sup>™ (QL)(CC)</sup>, Extavia<sup>® (QL)</sup>, and Gilenya<sup>™ (QL)</sup> will remain **non-preferred** and require PA.
- Avonex<sup>® (QL)</sup> and Aubagio<sup>® (QL)</sup> will become **non-preferred** and require a PA.
- **New Generation Antidepressants**
  - Bupropion, bupropion SR, mirtazapine, nefazodone, and trazodone will remain **preferred**.
  - Aplenzin<sup>™</sup>, bupropion ER/XL, Forfivo XL<sup>®</sup>, Oleptro<sup>™</sup>, Remeron<sup>®</sup>, Wellbutrin<sup>®</sup>, Wellbutrin<sup>®</sup> XL, and Wellbutrin<sup>®</sup> SR will remain **non-preferred** and require PA.
  - Mirtazapine ODT will become **non-preferred** and require PA.
- **Tricyclic Antidepressants**
  - Amitriptyline, clomipramine, desipramine, imipramine, and nortriptyline will remain **preferred**.
  - Maprotiline will become **preferred**.
  - Tofranil<sup>®</sup>, Tofranil-PM<sup>®</sup>, Surmontil<sup>®</sup>, and Vivactil<sup>®</sup> will remain **non-preferred** and require PA.
  - Anafranil<sup>®</sup>, amoxapine, doxepin, imipramine pamoate, Norpramin<sup>®</sup>, Pamelor<sup>®</sup>, protriptyline, and trimipramine will become **non-preferred** and require PA.
- **Antimigraine: 5-HT<sub>1</sub> Receptor Agonists**
  - Sumatriptan<sup>(QL)</sup> will remain **preferred**.
  - Alsuma<sup>™ (QL)</sup>, Amerge<sup>® (QL)</sup>, Axert<sup>® (QL)</sup>, Cambia<sup>™ (QL)</sup>, Frova<sup>™ (QL)</sup>, Imitrex<sup>® (QL)</sup>, Maxalt<sup>® (QL)</sup>, Maxalt-MLT<sup>® (QL)</sup>, naratriptan<sup>(QL)</sup>, Relpax<sup>™ (QL)</sup>, Sumavel<sup>™ (QL)</sup> Dosepro<sup>™ (QL)</sup>, Treximet<sup>™ (QL)</sup>, Zomig<sup>® (QL)</sup>, and Zomig-ZMT<sup>® (QL)</sup> will remain **non-preferred** and require PA.
- **Anxiolytics**
  - Alprazolam, buspirone, chlordiazepoxide, clorazepate, diazepam, and oxazepam will remain **preferred**.
  - Lorazepam will become **preferred**.
  - Niravam<sup>® (CC)</sup>, Tranxene-T<sup>® (CC)</sup>, Valium<sup>®</sup>, Vistaril<sup>®</sup>, and Xanax<sup>® (CC)</sup> will remain **non-preferred** and require PA.
  - Alprazolam ER, alprazolam ODT, Ativan<sup>®</sup>, meprobamate, and Xanax ER<sup>® (CC)</sup> will become **non-preferred**.
- **Anxiolytics Duration Edit**
  - Benzodiazepines, with the exception of clonazepam, will be available without requiring a prior authorization for the initial 60 days per a 365 day period. For therapy beyond 60 days, prior authorization will be required and approved if requested by the prescriber as follows:
    - Approve for 6 months for the following diagnoses:
      - Anxiety
      - Anxiety disorder
      - Panic attacks/disorder
      - Agoraphobia
      - Social phobia
      - Depression
      - Chemotherapy-induced nausea & vomiting
      - Status epilepticus
    - Approve for 1 month for a diagnosis of acute alcohol withdrawal
    - Approve for 1 year for a diagnosis of seizures.
- **Alzheimer's: Cholinesterase Inhibitors**
  - Donepezil, Exelon<sup>®</sup> Patch, and rivastigmine will remain **preferred**.

- Galantamine will become **preferred**.
- Aricept<sup>®</sup>, Aricept<sup>®</sup> ODT, Exelon<sup>®</sup>, galantamine ER, Razadyne<sup>®</sup>, and Razadyne ER<sup>®</sup> will remain **non-preferred** and require PA.
- Donepezil ODT will become **non-preferred** and require PA.
- **Alzheimer's: NMDA Receptor Antagonists**
  - Namenda<sup>®</sup> will remain **preferred**.
- **Antialcoholic Agents**
  - Campral<sup>®</sup>, naltrexone, and Vivitrol<sup>®</sup> will remain **preferred**.
  - Antabuse<sup>®</sup>, disulfiram, Depade<sup>®</sup>, and ReVia<sup>®</sup> will now become **non-preferred** and require PA.
- **Narcolepsy Agents**
  - Provigil<sup>®</sup> <sup>(CC)</sup> <sup>(QL)</sup> will become **preferred**.
  - Modafinil <sup>(CC)</sup> <sup>(QL)</sup>, Nuvigil<sup>®</sup> <sup>(CC)</sup> <sup>(QL)</sup>, and Xyrem<sup>®</sup> <sup>(CC)</sup> <sup>(QL)</sup> will become **non-preferred** and require PA.
- **Skeletal Muscle Relaxants**
  - Baclofen <sup>(QL)</sup>, chlorzoxazone <sup>(QL)</sup>, cyclobenzaprine <sup>(QL)</sup>, dantrolene sodium <sup>(QL)</sup>, methocarbamol <sup>(QL)</sup>, orphenadrine citrate <sup>(QL)</sup>, orphenadrine compound <sup>(QL)</sup>, and tizanidine tablets <sup>(QL)</sup> will remain **preferred**.
  - Amrix<sup>®</sup> <sup>(QL)</sup> <sup>(MD)</sup>, carisoprodol <sup>(QL)</sup> <sup>(MD)</sup>, carisoprodol compound <sup>(QL)</sup> <sup>(MD)</sup>, cyclobenzaprine ER <sup>(QL)</sup> <sup>(MD)</sup>, Dantrium<sup>®</sup> <sup>(QL)</sup>, Fexmid<sup>®</sup> <sup>(QL)</sup> <sup>(MD)</sup>, Flexeril<sup>®</sup> <sup>(QL)</sup> <sup>(MD)</sup>, Lioresal<sup>®</sup> <sup>(QL)</sup>, metaxalone <sup>(QL)</sup>, Robaxin<sup>®</sup> <sup>(QL)</sup>, Skelaxin<sup>®</sup> <sup>(QL)</sup>, Soma<sup>®</sup> <sup>(QL)</sup> <sup>(MD)</sup>, tizanidine capsules <sup>(QL)</sup>, and Zanaflex<sup>®</sup> <sup>(QL)</sup> will remain **non-preferred** and require PA.
  - Lorzone<sup>®</sup> <sup>(QL)</sup>, methocarbamol/aspirin <sup>(QL)</sup>, and Parafon Forte DSC<sup>®</sup> <sup>(QL)</sup> will become **non-preferred** and require PA.
- **Tobacco Cessation**
  - Bupropion SR <sup>(QL)</sup> <sup>(MD)</sup>, Chantix<sup>®</sup> <sup>(QL)</sup> <sup>(MD)</sup>, nicotine buccal/gum <sup>(QL)</sup> <sup>(MD)</sup>, nicotine lozenge <sup>(QL)</sup> <sup>(MD)</sup>, and nicotine transdermal <sup>(QL)</sup> <sup>(MD)</sup> will remain **preferred**.
  - Nicoderm CQ<sup>®</sup> <sup>(QL)</sup> <sup>(MD)</sup>, Nicorette<sup>®</sup> <sup>(QL)</sup> <sup>(MD)</sup>, Nicorette<sup>®</sup> lozenge <sup>(QL)</sup> <sup>(MD)</sup>, Nicotrol<sup>®</sup> Inhaler <sup>(QL)</sup> <sup>(MD)</sup>, Nicotrol<sup>®</sup> NS <sup>(QL)</sup> <sup>(MD)</sup>, and Zyban<sup>®</sup> <sup>(QL)</sup> <sup>(MD)</sup> will remain **non-preferred** and require PA.
- **Dopamine Receptor Agonists**
  - Pramipexole and ropinirole will remain **preferred**.
  - Bromocriptine will become a **preferred** product.
  - Mirapex<sup>®</sup>, Mirapex<sup>®</sup> ER, Neupro<sup>®</sup>, Requip<sup>®</sup>, Requip<sup>®</sup> XL, and ropinirole ER will remain **non-preferred** and require PA.
  - Parlodel<sup>®</sup> will become **non-preferred** and require PA.

### New Class Reviews

- **Anticholinergics, Parkinson's**
  - Benztropine and trihexyphenidyl will become **preferred**.
- **Catechol-O-Methyltransferase (COMT) Inhibitors**
  - Comtan<sup>®</sup> will become **preferred**.
  - Entacapone and Tasmar<sup>®</sup> will become **non-preferred** and require PA.
- **Dopamine Precursor/Dopa Decarboxylase Inhibitors**
  - Levodopa/carbidopa, levodopa/carbidopa ODT, and levodopa/carbidopa controlled release will become **preferred**.
  - Parcopa<sup>™</sup>, Sinemet<sup>®</sup>, and Sinemet<sup>®</sup> CR will become **non-preferred** and require PA.
- **Dopamine Precursor/Dopa Decarboxylase Inhibitor/COMT Inhibitor**

- There are currently no **preferred** agents in this class.
- Levodopa/carbidopa/entacapone and Stalevo<sup>®</sup> will become **non-preferred** and require PA.
- **MAO-B Inhibitors**
  - Selegiline tablets will become **preferred**.
  - Azilect<sup>®</sup>, selegiline capsules, and Zelapar<sup>™</sup> will become **non-preferred** and require PA.
- **MAOIs**
  - There are currently no **preferred** agents in this class.
  - Emsam<sup>®</sup>, Marplan<sup>®</sup>, Nardil<sup>®</sup>, Parnate<sup>®</sup>, phenelzine, and tranylcypromine will become **non-preferred** and require PA.

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<sup>®</sup>/Subutex<sup>®</sup>, Synagis<sup>®</sup>, and Zyvox<sup>®</sup>.

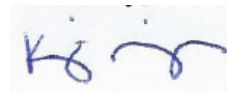
Prior authorization forms are located at <https://kentucky.magellanmedicaid.com>. Please fax all requests to Magellan Medicaid Administration at the following numbers:

- 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,



Kasia Purvis  
Provider Relations Manager