

Fee-for-Service Pharmacy Provider Notice #204
**** July 2015 PDL Changes ****

October 9, 2015

Please be advised that the Department for Medicaid Services is making changes to the Kentucky Medicaid Fee-For-Service (FFS) Pharmacy Preferred Drug List (PDL) based on the Kentucky Medicaid FFS Pharmacy & Therapeutics Advisory Committee’s unofficial recommendations and guidance as adopted by the Commissioner of the Department for Medicaid Services of the Cabinet for Health and Family Services by order dated August 9, 2015.

The Kentucky Medicaid FFS Pharmacy & Therapeutics Advisory Committee was scheduled to meet on July 16, 2015. The committee did not attain the necessary quorum. The committee members present proceeded with the meeting and submitted unofficial recommendations to the Department for Medicaid Services for consideration.

On November 12, 2015, the following changes will be effective:

Existing Drug Classes

Drug Class	The following products will remain preferred products:	The following products will become preferred products:	The following products will become non-preferred products and require prior authorization (PA):	The following products will remain non-preferred products and require prior authorization (PA):
Short-Acting Beta ₂ Adrenergic Agonists	albuterol inhalation solution ^{QL} albuterol low-dose inhalation solution ^{QL} ProAir HFA ^{® QL} Proventil HFA ^{® QL} terbutaline tablets ^{QL}		albuterol oral syrup, tablets ^{QL} albuterol ER tablets ^{QL}	levalbuterol inhalation solution ^{QL} metaproterenol oral syrup, tablets ^{QL} ProAir Respiclick ^{® QL} Ventolin HFA ^{® QL} Vospire ER ^{® QL} Xopenex ^{® QL} Xopenex HFA ^{® QL}
Long-Acting Beta ₂ Adrenergic Agents	Foradil [®] Aerolizer ^{® QL}			Arcapta [™] Neohaler ^{™ QL} Brovana ^{® QL} Perforomist ^{™ QL} Serevent [®] Diskus ^{QL} Striverdi [®] Respimat ^{® QL}
Inhaled Corticosteroids	Asmanex [®] Twisthaler ^{QL}		Pulmicort Flexhaler ^{® QL}	Aerospan ^{™ QL} Alvesco ^{® QL}

Drug Class	The following products will remain preferred products:	The following products will become preferred products:	The following products will become non-preferred products and require prior authorization (PA):	The following products will remain non-preferred products and require prior authorization (PA):
	Flovent Diskus ^{® QL} Flovent HFA ^{® QL} Pulmicort Respules ^{® QL, AE} QVAR ^{™ QL}			Arnuity ^{™ Ellipta} ^{® QL} Asmanex ^{® HFA} ^{QL} budesonide inhalation suspension ^{QL}
Beta Agonists: Combination Products	Advair ^{® Diskus} ^{QL} Advair ^{® HFA} ^{QL} Dulera ^{® QL} Symbicort ^{® QL}			Breo ^{® Ellipta} ^{® QL}
COPD Agents	albuterol-ipratropium inhalation solution ^{QL} Atrovent ^{® HFA} ^{QL} Combivent [®] Respimat ^{® QL} ipratropium inhalation solution ^{QL} Spiriva Handihaler ^{® QL}			Anoro ^{™ Ellipta} ^{™ CC, QL} Daliresp ^{™ QL} Incruse ^{® Ellipta} ^{® QL} Spiriva ^{® Respimat} ^{® QL} Tudorza ^{™ Pressair} ^{™ QL}
Leukotriene Modifiers	montelukast ^{QL} zafirlukast ^{QL}			Accolate ^{® QL} Singulair ^{® QL} Zyflo ^{® QL} Zyflo CR ^{® QL}
First-Generation Antipsychotics	amitriptyline / perphenazine chlorpromazine fluphenazine haloperidol loxapine Orap [®] perphenazine thioridazine thiothixene trifluoperazine			Adasuve [®]
Second-Generation Antipsychotics	Abilify ^{® CC, QL} clozapine ^{CC, QL} Fanapt ^{™ CC, QL} Latuda ^{® CC, QL} olanzapine ^{CC, QL} quetiapine ^{CC, QL} risperidone ^{CC, QL} Saphris ^{® CC, QL} Seroquel XR ^{® CC, QL} ziprasidone ^{CC, QL}			aripiprazole ^{QL} Clozaril ^{® QL} FazaClo ^{® QL} Geodon ^{® QL} Invega ^{® QL} Risperdal ^{® QL} Seroquel ^{® QL} Versacloz ^{™ QL} Zyprexa ^{® QL}

Drug Class	The following products will remain preferred products :	The following products will become preferred products :	The following products will become non-preferred products and require prior authorization (PA):	The following products will remain non-preferred products and require prior authorization (PA):
Injectable Antipsychotics	Abilify® Maintena ^{CC, QL} fluphenazine decanoate ^{CC, QL} Geodon ^{CC, QL} haloperidol decanoate ^{CC, QL} Invega® Sustenna ^{CC, QL} olanzapine ^{CC, QL} Risperdal® Consta ^{CC, QL}	haloperidol lactate ^{CC, QL} Invega Trinza ^{CC, QL}	Haldol® lactate ^{QL}	Haldol® Decanoate ^{QL} Zyprexa ^{QL} Zyprexa® Relprevv ^{QL}
Second-generation Antipsychotic and SSRI Combination	Symbyax ^{CC, QL}			olanzapine/fluoxetine ^{QL}
Stimulants and Related Agents	Adderall XR ^{CC, QL} dexmethylphenidate IR ^{CC, QL} dextroamphetamine IR ^{CC, QL} dextroamphetamine ER ^{CC, QL} Focalin XR ^{CC, QL} guanfacine ER ^{CC, QL} Metadate CD ^{CC, QL} Metadate ER ^{CC, QL} Methylin® chewable tablets ^{QL} methylphenidate IR tablets, capsules ^{CC, QL} methylphenidate ER/SA/SR ^{CC, QL} methylphenidate ER OROS ^{CC, QL} mixed amphetamine salts IR ^{CC, QL} Quillivant TM XR ^{CC, QL} Strattera ^{CC, QL} Vyvanse TM ^{CC, QL}			Adderall ^{QL} Aptensio XR ^{QL} clonidine ER ^{QL} Concerta ^{QL} Daytrana TM ^{QL} Desoxyn ^{QL} Dexedrine ^{QL} dexmethylphenidate ER ^{QL} dextroamphetamine solution ^{QL} Evekeo TM ^{QL} Focalin TM ^{QL} Intuniv TM ^{QL} Kapvay TM ^{QL} methamphetamine ^{QL} Methylin® Solution ^{QL} methylphenidate (Generic Metadate CD [®]) ^{QL} methylphenidate chewable (Generic Methylin® chewable tablets) ^{QL} methylphenidate LA (Generic Ritalin® LA) ^{QL}

Drug Class	The following products will remain preferred products:	The following products will become preferred products:	The following products will become non-preferred products and require prior authorization (PA):	The following products will remain non-preferred products and require prior authorization (PA):
				methylphenidate solution ^{QL} mixed amphetamine salts ER ^{QL} Procentra ^{TM QL} Ritalin ^{® QL} Ritalin LA ^{® QL} Zenzedi ^{TM QL}
Narcolepsy Agents	Provigil ^{® CC, QL}			modafinil ^{QL} Nuvigil ^{® QL} Xyrem ^{® QL}

New Products to Market

The following product (s) will become **non preferred** and require prior authorization (PA):

Drugs Requiring PA:	Criteria:
Cresemba [®]	Cresemba [®] will be placed non preferred in the PDL class titled Oral Antifungals.
Namzaric [®]	Namzaric [®] will be placed non preferred in the PDL class titled Alzheimer's Agents.
Corlanor [®]	Ivabradine (Corlanor [®]) will be approved if ALL of the following criteria are met: <ul style="list-style-type: none"> • Diagnosis of chronic heart failure that is symptomatic; AND • Documentation of LVEF < 35 percent; AND • Patient is in sinus rhythm; AND • Documentation of resting heart rate > 70 bpm; AND • Patient is receiving maximally-tolerated doses of either bisoprolol, carvedilol, or metoprolol succinate extended release as verified by claims history. If no history of claims for a beta blocker, documentation of reason for contraindication to beta blocker therapy is required.

Prior Authorization Criteria

The clinical criteria for the following drugs and drug classes were discussed during the July P&T meeting:

- ❖ Second-Generation Antipsychotics
- ❖ Injectable Antipsychotics



- ❖ Second-Generation antipsychotics and SSRI Combination
- ❖ Stimulants and Related Agents
- ❖ Narcolepsy Agents

To review the complete summary of the final preferred drug list (PDL) selections and new products to market updates and changes, please refer to the “Commissioner’s Final Decisions from July 16, 2015” posted on the provider web portal at: <https://kyportal.magellanhealth.com> (by clicking the Resources/Documents/Committees/P&T tabs).

Thank you for helping Kentucky Medicaid members maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible. Please contact **Magellan Medicaid Administration** at kyproviders@magellanhealth.com for any additional information or questions you may have.

Sincerely,

Harris Taylor, CPhT

Harris Taylor, CPhT
 Provider Relations Manager
kyproviders@magellanhealth.com

Kentucky Medicaid Fee-for-Service Pharmacy Program’s Contact Information		
Clinical Support Center	1-800-477-3071 Sunday – Saturday 24 hours a day	Please contact the Clinical Support Center to request a prior authorization (PA) or to check the status of a request. NOTE: The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Buprenorphine products, Synagis®, and Zyvox®.
Pharmacy Support Center	1-800-432-7005 Sunday – Saturday 24 hours a day	Please contact the Pharmacy Support Center when claims assistance is required. Timely filing, lock-in, and early refill (ER) overrides can be obtained through this call center.
Provider Services	1-877-838-5085 Monday – Friday 8:00 am – 4:30 pm	Please contact Provider Services if you have questions about enrollment or when updating your license or bank information.
Member Services	1-800-635-2570 Monday – Friday 8:00 am – 5:00 pm	Please contact Member Services if you are a member or if you as the provider have questions regarding the member’s benefits or eligibility coverage dates.