

**Fee-for-Service Pharmacy Provider Notice #208**  
**\*\* September 2015 PDL Changes \*\***

**January 06, 2016**

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 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 December 4, 2015.

The Kentucky Medicaid FFS Pharmacy & Therapeutics Advisory Committee was scheduled to meet on September 17, 2015. The Committee did not attain the necessary quorum; however, the proposed Committee recommendations were submitted to the Department for Medicaid Services for consideration, and final decisions were made.

**On February 11, 2016, the following changes will be effective:**

**Existing Drug Classes**

Drug Class	The following products will remain <b>preferred</b> products:	The following products will become <b>preferred</b> products:	The following products will become <b>non-preferred</b> products and require prior authorization (PA):	The following products will remain <b>non-preferred</b> products and require prior authorization (PA):
Oral Oncology, Renal Cell Carcinoma	Afinitor <sup>® QL</sup> Nexavar <sup>® QL</sup> Sutent <sup>® QL</sup>	Votrient <sup>® QL</sup>	Inlyta <sup>® QL</sup>	Afinitor Disperz <sup>® QL</sup>
Oral Oncology, Prostate Cancer	Zytiga <sup>® QL</sup>	bicalutamide <sup>QL</sup> flutamide <sup>QL</sup> Xtandi <sup>® QL</sup>	Casodex <sup>® QL</sup> Eulexin <sup>® QL</sup> Nilandron <sup>® QL</sup>	
Alzheimer's Agents	donepezil 5, 10 mg Exelon <sup>®</sup> Patches memantine tablets Namenda <sup>®</sup> solution rivastigmine capsules			Aricept <sup>®</sup> donepezil ODT, 23 mg Exelon <sup>®</sup> Capsules galantamine galantamine ER Namzaric <sup>®</sup> Namenda <sup>®</sup> tablets Namenda <sup>®</sup> XR Razadyne <sup>®</sup> Razadyne ER <sup>®</sup> rivastigmine patches
Antialcoholic Preparations	naltrexone Vivitrol <sup>®</sup>		acamprosate	Antabuse <sup>®</sup> Campral <sup>®</sup> Depade <sup>®</sup> disulfiram

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Anxiolytics	alprazolam IR tablets, intensol <sup>MD</sup> buspirone chlordiazepoxide <sup>MD</sup> clorazepate <sup>MD</sup> diazepam <sup>MD</sup> lorazepam <sup>MD</sup> oxazepam <sup>MD</sup>			ReVia <sup>®</sup> alprazolam ER <sup>MD</sup> alprazolam ODT <sup>MD</sup> Ativan <sup>® MD</sup> meprobamate <sup>CC</sup> Tranxene-T <sup>® MD</sup> Valium <sup>® MD</sup> Xanax <sup>® MD</sup> Xanax ER <sup>® MD</sup>
Monoamine Oxidase Inhibitors (MAOIs)				Emsam <sup>®</sup> Marplan <sup>®</sup> Nardil <sup>®</sup> Parnate <sup>®</sup> phenelzine tranylcypromine
Antidepressants, Other	bupropion bupropion XL bupropion SR trazodone		nefazodone	Aplenzin <sup>TM</sup> Brintellix <sup>TM</sup> Forfivo XL <sup>TM</sup> Oleptro <sup>TM</sup> Viibryd <sup>TM</sup> Wellbutrin <sup>®</sup> Wellbutrin <sup>® XL</sup> Wellbutrin <sup>® SR</sup>
Selective Norepinephrine Reuptake Inhibitors (SNRIs)	Savella <sup>TM CC</sup> venlafaxine venlafaxine ER capsules	Pristiq <sup>®</sup>		Cymbalta <sup>®</sup> desvenlafaxine ER base desvenlafaxine fumarate ER desvenlafaxine succinate ER duloxetine (Generic Irenka <sup>TM</sup> ) duloxetine delayed release (Generic Cymbalta <sup>®</sup> ) <sup>CC</sup> Effexor XR <sup>®</sup> Fetzima <sup>TM</sup> Irenka <sup>TM</sup> Khedezla <sup>®</sup> venlafaxine ER tablets
Selective Serotonin Reuptake Inhibitors (SSRIs)	citalopram escitalopram tablets fluoxetine capsules, solution fluoxetine ER paroxetine sertraline		fluoxetine tablets Lexapro <sup>TM</sup> solution	Brisdelle <sup>TM CC</sup> Celexa <sup>®</sup> escitalopram solution fluoxetine 90 mg DR fluvoxamine fluvoxamine ER Lexapro <sup>TM</sup> tablets paroxetine controlled release Paxil <sup>®</sup>

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				Paxil <sup>®</sup> CR Pexeva <sup>®</sup> Prozac <sup>®</sup> Prozac Weekly <sup>™</sup> Sarafem <sup>®</sup> Zoloft <sup>®</sup>
Tricyclic Antidepressants	amitriptyline clomipramine desipramine imipramine maprotiline mirtazapine nortriptyline		Silenor <sup>®</sup> Surmontil <sup>®</sup>	Anafranil <sup>®</sup> amoxapine doxepin imipramine pamoate Norpramin <sup>®</sup> Pamelor <sup>®</sup> protriptyline Remeron <sup>®</sup> Tofranil <sup>®</sup> Tofranil-PM <sup>®</sup> Vivactil <sup>®</sup>
First-Generation Anticonvulsants	Celontin <sup>®</sup> clonazepam tablets DiaStat <sup>®</sup> divalproex delayed-release ethosuximide felbamate Peganone <sup>®</sup> phenobarbital <sup>CC</sup> Phenytek <sup>®</sup> phenytoin IR/ER primidone <sup>CC</sup> valproate valproic acid	Depakote <sup>®</sup> Sprinkle	divalproex sprinkle Mysoline <sup>®</sup>	clonazepam ODT Depakene <sup>®</sup> Depakote <sup>®</sup> Depakote ER <sup>®</sup> diazepam rectal gel Dilantin <sup>®</sup> divalproex sodium extended-release Felbatol <sup>®</sup> Klonopin <sup>®</sup> Onfi <sup>™</sup> <sup>CC</sup> Stavzor <sup>™</sup> Zarontin <sup>®</sup>
Second-Generation Anticonvulsants	Banzel <sup>™</sup> <sup>CC</sup> Gabitril <sup>®</sup> gabapentin capsules, solution lamotrigine IR tablets, ODT levetiracetam IR solution, tablets Lyrica <sup>®</sup> <sup>CC</sup> Sabril <sup>®</sup> <sup>CC</sup> topiramate IR zonisamide			Fycompa <sup>™</sup> gabapentin tablets Gralise <sup>™</sup> Keppra <sup>™</sup> solution, tablets Keppra XR <sup>™</sup> Lamictal <sup>®</sup> Lamictal <sup>®</sup> ODT Lamictal <sup>®</sup> XR lamotrigine ER levetiracetam ER Neurontin <sup>®</sup> Potiga <sup>®</sup> Qudexy XR <sup>™</sup> tiagabine Topamax <sup>®</sup> topiramate ER Trokendi XR <sup>™</sup>

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				Vimpat® Zonegran®
Carbamazepine Derivatives	Carbatrol® carbamazepine carbamazepine extended-release Equetro™ oxcarbazepine			Aptiom® carbamazepine extended-release (Generic Carbatrol®) Eptitol® Oxtellar™ XR Tegretol® Tegretol® XR Trileptal®

**New Products to Market**

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

Drugs Requiring PA:	Criteria:
Stiolto™ Respimat® <sup>QL</sup>	Stiolto™ Respimat® will be placed non preferred with similar quantity limits in the PDL class titled COPD Agents.
Entresto™ <sup>CC</sup>	Entresto™ will be placed non preferred in the PDL class titled Angiotensin Receptor Blockers; however, Entresto™ will be approved if ALL of the following criteria are met: <ul style="list-style-type: none"> <li>• Age ≥ 18 years ; AND</li> <li>• Diagnosis of chronic heart failure (NYHA Class II-IV); AND</li> <li>• Left ventricular ejection fraction ≤ 40%; AND</li> <li>• No history of angioedema related to previous ACE inhibitor or ARB therapy; AND</li> <li>• No use of an ACE inhibitor within 36 hours of starting sacubitril/valsartan or during therapy; AND</li> <li>• Patient does NOT have diabetes and taking aliskiren; AND</li> <li>• Patient is NOT pregnant.</li> </ul>

**Prior Authorization Criteria**

The clinical criteria for the following drugs and drug classes were reviewed by the Department pursuant to the September P&T meeting agenda:

- ❖ Anxiolytic Duration Edit
- ❖ Milnacipran (Savella™)
- ❖ Duloxetine
- ❖ Clobazam (Onfi™)
- ❖ Rufinamide (Banzel™)
- ❖ Pregabalin (Lyrica®)



- ❖ Vigabatrin (Sabril®)
- ❖ Gabapentin Enacarbil (Horizant™)
- ❖ Lidocaine Patch <sup>QL</sup>
- ❖ Capsaicin Patches (Qutenza®)
- ❖ Paroxetine Mesylate (Brisdelle™)

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 September 17, 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](mailto: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](mailto:kyproviders@magellanhealth.com)

Kentucky Medicaid Fee-for-Service Pharmacy Program’s Contact Information		
<b>Clinical Support Center</b>	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. <b>NOTE: The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Buprenorphine products, Synaxis®, and Zyvox®.</b>
<b>Pharmacy Support Center</b>	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.
<b>Provider Services</b>	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.
<b>Member Services</b>	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.