

**** Fee-For-Service Pharmacy Provider Notice #229 – May 2018 PDL Changes ****

August 03, 2018

Please be advised that the Department for Medicaid Services (DMS) 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 May 25, 2018.

The Kentucky Medicaid FFS Pharmacy and Therapeutics Advisory Committee (Committee) met on May 17, 2018. The Committee did not attain the necessary quorum; the expertise, vote, and recommendations of the Committee members in attendance were captured within the Committee’s official recommendations delivered for review. DMS, through its Commissioner, reviewed the recommendations and in consultation rendered its final decisions.

In addition to the changes noted below; the Commissioner also approved updates to the FFS Pharmacy Program’s clinical criteria for opioid medications. Please refer to FFS Pharmacy Provider Notices #227 and #230 for additional information regarding new limitations and prior authorization criteria.

On September 4, 2018, the following changes will be effective:

New Drug Classes

Drug Class	The following products will become <i>preferred</i> products:	The following products will become <i>non-preferred</i> products and require prior authorization (PA):
Antineoplastics Agents, Topical	fluorouracil 5% cream fluorouracil topical solution	<i>Carac</i> [®] <i>diclofenac 3% gel</i> <i>Efudex</i> [®] <i>fluorouracil 0.5% cream</i> <i>Panretin</i> [®] <i>Picato</i> [®] <i>Targretin</i> [®] <i>Tolak</i> [®] <i>Valchlor</i> [®]
Colony Stimulating Factors	Neupogen [®] CC, QL	<i>Granix</i> [®] QL <i>Fulphila</i> [™] QL <i>Leukine</i> [®] QL <i>Neulasta</i> [®] QL <i>Nivestym</i> [™] QL <i>Zarxio</i> [®] QL — <i>grandfathering allowed</i>
Opiate Dependence Treatments	Suboxone [®] film CC, QL	<i>Bunavail</i> [®] QL <i>buprenorphine</i> CC, QL <i>buprenorphine/naloxone tablet</i> QL <i>Probuphine</i> [®] CC, QL <i>Sublocade</i> [™] CC, QL <i>Zubsolv</i> [®] QL

Existing Drug Classes

Drug Class	The following products will remain <i>preferred</i> products:	The following products will become <i>preferred</i> products:	The following products will become <i>non-preferred</i> products and require prior authorization (PA):	The following products will remain <i>non-preferred</i> products and require prior authorization (PA):
Narcotics: Long-Acting	fentanyl transdermal 12, 25, 50, 75, 100 mcg ^{CC, QL} morphine sulfate ER (generic MS Contin [®]) ^{CC, QL}	Embeda [™] ^{CC, QL}		Arymo [®] ER ^{QL} Belbuca [™] ^{QL} buprenorphine patch ^{CC, QL} Butrans [™] ^{CC, QL} ConZip [™] ^{QL} Duragesic [®] ^{CC, QL} Exalgo [™] ^{QL} fentanyl transdermal 37.5, 62.5, 87.5 mcg ^{CC, QL} hydromorphone ER ^{QL} Hysingla [™] ER ^{QL} Kadian [®] ^{QL} Morphabond [™] ER ^{QL} morphine sulfate SA (generic Kadian [®] , Avinza [™]) ^{QL} MS Contin [®] ^{QL} Nucynta [®] ER ^{CC, QL} oxycodone ER ^{QL} OxyContin [®] ^{QL} oxymorphone ER ^{QL} tramadol ER ^{QL} Xtampza [™] ER ^{QL} Zohydro ER [™] ^{QL}
Narcotic Agonist/Antagonists	N/A			butorphanol NS ^{QL} pentazocine/naloxone
Narcotics: Short-Acting	butalbital/APAP/caffeine ^{CC} codeine/APAP ^{CC, MD, QL} hydrocodone/APAP ^{CC, MD, QL} hydrocodone/ibuprofen ^{CC, MD, QL} hydromorphone tablets ^{CC, MD, QL} meperidine solution ^{CC, MD, QL} morphine concentrate, solution, tablets ^{CC, MD, QL} oxycodone solution, tablets ^{CC, MD, QL} oxycodone/APAP ^{CC, MD, QL} tramadol ^{CC, MD, QL}			Ascomp [®] with codeine ^{CC, QL} butalbital/APAP/caffeine/codeine ^{CC, QL} butalbital compound/codeine ^{CC, QL} Capital [®] with codeine ^{MD, QL} carisoprodol compound ^{MD, QL} codeine ^{MD, QL} Demerol [™] ^{MD, QL} dihydrocodeine bitartrate/APAP/caffeine ^{MD, QL} dihydrocodeine bitartrate/ASA/caffeine ^{MD, QL} Dilaudid [®] ^{MD, QL} Fiorinal with codeine ^{MD, QL} hydromorphone liquid, suppositories ^{MD, QL} Ibudone [™] ^{MD, QL} levorphanol ^{MD, QL} meperidine tablets ^{MD, QL} morphine suppository ^{MD, QL} Lorcet [®] ^{MD, QL} Lorcet [®] HD ^{MD, QL} Lorcet [®] Plus ^{MD, QL} Lortab [®] ^{MD, QL} Norco [®] ^{MD, QL}

Drug Class	The following products will remain <i>preferred</i> products:	The following products will become <i>preferred</i> products:	The following products will become <i>non-preferred</i> products and require prior authorization (PA):	The following products will remain <i>non-preferred</i> products and require prior authorization (PA):
				<p>NucyntaTM MD, QL Opana[®] MD, QL Oxaydo[®] MD, QL oxycodone capsules, concentrate MD, QL oxycodone/ASA MD, QL oxycodone/ibuprofen MD, QL oxymorphone IR MD, QL Panlor[®] MD, QL Percocet[®] MD, QL Primlev[®] (brand and generic) MD, QL Repraxain[®] MD, QL Roxicodone[®] MD, QL Synalgos-DC[®] MD, QL tramadol/APAP MD, QL Tylenol[®] with codeine MD, QL Ultracet[®] MD, QL Ultram[®] MD, QL VanatolTM CC Verdrocet MD, QL Vicodin[®] MD, QL Vicodin ES[®] MD, QL Vicodin HP[®] MD, QL XartemisTM XR MD, QL Xodol[®] MD, QL XylonTM MD, QL ZamicetTM MD, QL</p>
Narcotics: Fentanyl Buccal Products	N/A			<p>Abstral[®] CC, QL Actiq[®] CC, QL fentanyl citrate lollipop CC, QL Fentora[®] CC, QL Lazanda[®] CC, QL Subsys[®] CC</p>
Non-Steroidal Anti-Inflammatory Drugs	<p>celecoxib^{QL} diclofenac sodium DR tablets diclofenac sodium ER ibuprofen indomethacin ketorolac tromethamine^{QL} meloxicam tablets naproxen tablets sulindac</p>	Voltaren [®] gel		<p>Anaprox[®] DS Arthrotec[®] Celebrex[®] QL Daypro[®] DermacinRX Lexitral PharmaPak[®] diclofenac/misoprostol diclofenac potassium diclofenac topical gel (1%), solution diflunisal Duexis[®] CC EC-Naprosyn[®] etodolac etodolac SR Feldene[®] fenoprofen Flector[®] CC flurbiprofen Indocin[®] indomethacin ER</p>

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				ketoprofen ketoprofen ER meclofenamate mefenamic acid meloxicam suspension Mobic® nabumetone Nalfon® Naprelan® EC Naprosyn® naproxen CR naproxen EC naproxen suspension oxaprozin Pennsaid® CC piroxicam Ponstel® Sprix™ CC Tivorbex® tolmetin Vimovo™ CC, QL Vivlodex™ QL Vopac MDS Xrylix™ CC Zipsor™ Zorvolex®
Oral Oncology Agents, Breast Cancer	anastrozole exemestane Ibrance® CC, QL Kisqali® CC, QL letrozole tamoxifen citrate Tykerb® QL Verzenio® CC, QL Xeloda®			Arimidex® Aromasin® capacetabine cyclophosphamide Fareston® Faslodex® Femara® Nerlynx® CC, QL
Oral Oncology, Prostate Cancer	bicalutamide QL Emcyt® CC flutamide QL Xtandi® QL Zytiga® QL	Erleada™ CC, QL Nilandron® QL		Casodex® QL nilutamide QL
Oral Oncology, Skin Cancer	Erivedge™ CC, QL Mekinist™ CC, QL Tafinlar® CC, QL	Odomzo® CC, QL		Cotellic™ CC, QL Zelboraf™ CC, QL

Consent Agenda

The therapeutic classes in the table below were reviewed; no changes were made to the currently posted status for agents in these classes.

- Androgenic Agents
- Antihyperuricemics
- Bone Resorption Suppression and Related
- Erythropoiesis Stimulating Proteins
- Glucocorticoids, Oral
- Growth Hormone
- Oncology, Oral – Hematologic Cancers
- Oncology, Oral – Lung Cancer
- Oncology, Oral – Other
- Oncology, Oral – Renal Cell Carcinoma
- Pancreatic Enzymes
- Phosphate Binders
- Progestins for Cachexia
- Thrombopoiesis Stimulating Proteins

New Products to Market

Drugs Requiring PA	Criteria
Lonhala™ Magnair™	<p>Non-prefer in the PDL class: <i>COPD Agents</i></p> <p>Length of Authorization: 1 year</p> <p>Lonhala™ Magnair™ (glycopyrrolate) is a long-acting muscarinic antagonist indicated for the long-term, maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease. It is available as a solution for inhalation in a unit-dose, single-use 1 mL vial (each vial contains 25 mcg of glycopyrrolate) in either a Starter Kit, which contains 60 unit-dose vials and 1 Magnair nebulizer system, or a Refill Kit, which contains 60 unit-dose vials and a Magnair handset refill.</p> <p>Criteria for Approval:</p> <ul style="list-style-type: none"> • Diagnosis of chronic obstructive pulmonary disease (COPD); AND • Demonstrate treatment failure with 1 other long-acting muscarinic antagonist (LAMA) agents due to technique/delivery mechanism. <p>Age Limit: ≥ 18 years</p> <p>Quantity Limit: 2 vials per day</p>
Solosec™	<p>Non-prefer in the PDL class: <i>Antibiotics, GI</i></p> <p>Length of Authorization: Date of Service (1 day)</p> <p>Solosec™ (secnidazole) is a nitroimidazole antimicrobial indicated for the treatment of bacterial vaginosis in adult women. It is available as granules for oral administration in a 2-gram unit-of-use foil packet.</p> <p>Criteria for Approval:</p> <ul style="list-style-type: none"> • Female patient with diagnosis of bacterial vaginosis (BV); AND • No in vitro resistance to nitroimidazole derivatives (metronidazole, tinidazole, secnidazole) or prior failure of metronidazole or tinidazole for the current course of infection; AND • No hypersensitivity to nitroimidazole derivatives; AND • Trail and failure of, or contraindication to, at least 1 preferred non-nitroimidazole (e.g., clindamycin). <p>Age Limit: ≥ 18 years</p> <p>Quantity Limit: 1 packet per fill</p>

Drugs Requiring PA	Criteria
Steglatro™ and Segluromet™	<p>Non-prefer in the PDL class: <i>Diabetes: SGLT2 Inhibitors</i></p> <p>Length of Authorization: 1 year</p> <ul style="list-style-type: none"> Steglatro™ (ertugliflozin), a sodium-glucose co-transporter 2 (SGLT2) inhibitor, is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus (T2DM). It is available as 5 mg and 15 mg tablets. Its fixed-dose combination with metformin, Segluromet™ (ertugliflozin/metformin), is indicated as an adjunct to diet and exercise to improve glycemic control in adults with T2DM who are not adequately controlled on a regimen containing ertugliflozin or metformin, or in patients who are already treated with both ertugliflozin and metformin. It is available as 2.5/500, 2.5/1000, 7.5/500, and 7.5/1000 mg tablets. <p>Criteria for Approval:</p> <ul style="list-style-type: none"> Diagnosis of type 2 diabetes; AND 3-month trial and failure of 1 preferred SGLT2 inhibitor; OR Contraindication to all preferred SGLT2 inhibitor products. <p>Age Limit: ≥ 18 years</p> <p>Quantity Limit:</p> <ul style="list-style-type: none"> Steglatro™: 1 tablet per day Segluromet™: 2 tablets per day
Steglujan™	<p>Non-prefer in the PDL class: <i>Diabetes: DPP-4 Inhibitors (Hypoglycemics, Incretin Mimetics/Enhancers)</i></p> <p>Length of Authorization: 1 year</p> <p>Steglujan™ (ertugliflozin/sitagliptin) is a fixed-dose combination of ertugliflozin with DPP-4 inhibitor sitagliptin. It is indicated as an adjunct to diet and exercise to improve glycemic control in adults with T2DM when treatment with both ertugliflozin and sitagliptin is appropriate. Steglujan™ is available in 5/100 and 15/100 mg tablets.</p> <p>Criteria for Approval:</p> <ul style="list-style-type: none"> Diagnosis of type 2 diabetes; AND 3-month trial and failure of 1 preferred DPP-4 inhibitor AND 1 preferred SGLT2 inhibitor (taken separately or together); OR <p>3-month trial and failure of a preferred DPP-4/SGLT2 combination product.</p> <p>Age Limit: ≥ 18 years</p> <p>Quantity Limit: 1 tablet per day</p>



To review the complete summary of the final PDL selections and new products to market updates and changes, please refer to the “Commissioner’s Final Decisions” from May 17, 2018 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,

Jade Range, CPhT

Jade Range, CPhT

Contracts 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 a.m. – 4:30 p.m.	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 a.m. – 5:00 p.m.	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.