Kentucky Department for Medicaid Services
Pharmacy and Therapeutics Advisory Committee Recommendations

May 18, 2017

The following chart provides a summary of the recommendations that were made by the Pharmacy and Therapeutics (P&T) Advisory Committee at the **May 18, 2017** meeting.

Although the Committee met on May 18, 2017, the necessary quorum was not achieved; however, the expertise, vote and recommendations of the Committee members in attendance were captured and the Committee delivered the unofficial recommendations reflected below for review.

Pending is the review by the Commissioner of the Department for Medicaid Services of the Cabinet for Health and Family Services of these recommendations and final decisions.

	Description of Recommendation	P & T Vote
1	**Topical Acne Agents** • DMS to select preferred agent(s) based on economic evaluation; however, at least multiple generic formulations of benzoyl peroxide, 1 topical antibiotic agent for acne, and tretinoin should be preferred. • Agents not selected as preferred will be considered non-preferred and require PA. • For any new chemical entity in the *Topical Acne Agents* class, require PA until reviewed by the P&T Advisory Committee.	**Passed** 6 For 0 Against

	Description of Recommendation	P & T Vote
2	**Topical Acne Agents Criteria Review:** **Current Criteria for *Topical Antibiotic Agents for Acne*:** **Length of Authorization:** 1 year **Criteria for Approval:** • Trial and failure of a 1-month trial of at least 2 different preferred agents within the same class, within the last 90 days. **Current Criteria for *Topical Retinoids for Acne:*** **Length of Authorization:** 1 year **Criteria for Approval:** • Therapeutic failure of at least a 1-week trial of at least 2 preferred agents within the last 90 days. **Recommended change for both *Topical Antibiotic Agents for Acne* and *Topical Retinoids for Acne:*** **Length of Authorization**: 1 year **Criteria for Approval**: • Must have trial and failure of all preferred products before moving to a non-preferred product. *NOTE: patients do not have to try different strengths of the same active ingredient.	**Passed** 6 For 0 Against
3	**Analgesic Narcotics: Long-Acting** • DMS to select preferred agent(s) based on economic evaluation; however, at least 1 long-acting form of morphine and transdermal fentanyl should be preferred. • Agents not selected as preferred will be considered non-preferred and require PA. • For any new chemical entity in the *Analgesic Narcotics: Long-Acting* class, require PA until reviewed by the P&T Advisory Committee.	**Passed** 6 For 0 Against
4	**Analgesic Narcotics: Short-Acting**: • DMS to select preferred agent(s) based on economic evaluation; however, at least generic formulations of hydrocodone, hydromorphone, morphine, and oxycodone should be preferred. • Agents not selected as preferred will be considered non-preferred and require PA. • For any new chemical entity in the *Analgesic Narcotics: Short-Acting* class, require PA until reviewed by the P&T Advisory Committee.	**Passed** 6 For 0 Against

	Description of Recommendation	P & T Vote
5	**Analgesic Narcotics: Fentanyl Buccal Products**: • DMS to select preferred agent(s) based on economic evaluation. • Require prior approval for all of these agents to ensure utilization based on FDA-approved indication. • For any new chemical entity in the *Fentanyl Buccal Products* class, require PA until reviewed by the P&T Advisory Committee.	**Passed** 6 For 0 Against
6	**Analgesic Narcotics: Short-Acting Criteria Review** **Current Criteria for** *Narcotic Analgesics: Short Acting Single Entity and Combination Products* **Length of Authorization**: 6 months **Criteria for Approval**: **(no recommended changes)** • Therapeutic failure of no less than a 1-week trial of at least 2 different preferred agents.	**Passed** 6 For 0 Against
7	House Bill 333 (17 RS HB 333/EN) places restrictions upon prescriptions for Schedule II controlled substances if written for greater than a 3 days' supply. In order to comply with the requirements of HB 333, the following criteria changes are necessary. **Length of Authorization**: Up to 6 months **Criteria for Approval:** • Exceptions to the 3 days' supply limit: – Lack of treatment options for the acute condition; OR – Chronic pain diagnosis; OR – Cancer diagnosis; OR – Patient is receiving hospice or end-of-life treatment; OR – Patient is in a narcotic treatment program licensed by the Cabinet for Health and Family Services; OR – Treatment is necessary for pain following major surgery or significant trauma. • Short-acting Schedule II medications may be approved for up to 30 days given that 1 of the exceptions above are met. • Long-acting Schedule II medications may be approved for up to 6 months given that 1 of the exceptions above are met.	**Tabled**

	Description of Recommendation	P & T Vote
8	**Antidepressants, Tricyclics** • DMS to select preferred agent(s) based upon economic evaluation; however, at least 4 unique chemical entities should be preferred. • Agents not selected as preferred will be considered non-preferred and will require PA. • For any new chemical entity in the *Antidepressants: Tricyclics* class, require PA until reviewed by the P&T Advisory Committee.	**Passed** 6 For 0 Against
9	**Antianxiety Agents** • DMS to select preferred agent(s) based upon economic evaluation; however, at least 5 unique chemical entities, 1 of which is not a controlled substance, should be preferred. • Agents not selected as preferred will be considered non-preferred and will require PA. • For any new chemical entity in the *Antianxiety Agents* class, require a PA until reviewed by the P&T Advisory Committee.	**Passed** 6 For 0 Against
10	**Glucocorticoids, Inhaled** **Beta-Agonists: Combination Products**: • DMS to select preferred agent(s) based on economic evaluation; however, at least 1 unique chemical entity FDA-approved for asthma and COPD should be preferred. • Agents not selected as preferred will be considered non-preferred and will require PA. • Continue quantity limits on agents in this class. • For any new chemical entity in the *Beta Agonists: Combination Products* class, require PA until reviewed by the P&T Advisory Committee. **Inhaled Corticosteroids**: • DMS to select preferred agent(s) based on economic evaluation; however, at least 3 unique chemical entities should be preferred. • Agents not selected as preferred will be considered non-preferred and will require PA. • Continue quantity limits on agents in this class. • Continue to allow budesonide respules without PA for patients less than 8 years of age. • For any new chemical entity in the *Inhaled Corticosteroids* class, require PA until reviewed by the P&T Advisory Committee. ***Note:** Grandfathering will be allowed for those patients established on Flovent Diskus prior to it moving to non-preferred status in the inhaled corticosteroid class. (no PA needed for refills).	**Passed** 6 For 0 Against

	Description of Recommendation	P & T Vote
11	**Oral Steroids** • DMS to select preferred agent(s) based on economic evaluation; however, at least generic formulations of budesonide, dexamethasone, methylprednisolone, prednisolone, and prednisone should be preferred. • The orally-disintegrating formulation of prednisolone should be available for children < 12 years of age. • Agents not selected as preferred will be considered non-preferred and require PA. • For any new chemical entity in the *Oral Steroids* class, require PA until reviewed by the P&T Advisory Committee.	**Passed** 6 For 0 Against
12	**H2 Receptor Antagonists** • DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred. • Agents not selected as preferred will be considered non-preferred and will require PA. • For any new chemical entity in the *H2 Receptor Antagonists* class, require PA until reviewed by the P&T Advisory Committee.	**Passed** 6 For 0 Against
13	**Topical Immunomodulators** • DMS to select preferred agent(s) based on economic evaluation; however, at least 1 unique chemical entity should be preferred. • Agents not selected as preferred will be considered non-preferred and require PA. • For any new chemical entity in the *Topical Immunomodulators* class, require PA until reviewed by the P&T Advisory Committee. ***New Addition to the Class*: Eucrisa™** Non-prefer in this class **Length of Authorization**: 6 months or length of prescription • Eucrisa™ (crisaborole) ointment 2% for topical use is a phosphodiesterase-4 (PDE4) inhibitor indicated for the treatment of mild to moderate atopic dermatitis in patients 2 years of age and older. **Criteria for Approval**: • Must have a trial and failure of both Elidel® and a topical steroid unless the application is to the face or groin, then a trial of a steroid is not required. **Renewals** do not require a re-trial of a topical steroid.	**Passed** 6 For 0 Against

	Description of Recommendation	P & T Vote
14	**Non-Steroidal Anti-Inflammatory Drugs** • DMS to select preferred agent(s) based upon economic evaluation; however, at least 6 unique chemical entities should be preferred. • Agents not selected as preferred will be considered non-preferred and will require PA. • For any new chemical entity in the *Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)* class, should require PA until reviewed by the P&T Advisory Committee.	**Passed** 6 For 0 Against
15	**Sedative Hypnotic Agents** • DMS to select preferred agent(s) based on economic evaluation; however, at least 4 unique chemical entities should be preferred. One non-benzodiazepine sedative hypnotic should be among the preferred products. • Place quantity limits on agents in the category according to the FDA-recommended maximum dose. • Agents not selected as preferred will be considered non-preferred and require PA. • For any new chemical entity in the *Sedative Hypnotic Agents* class, require PA and quantity limit until reviewed by the P&T Advisory Committee.	**Passed** 6 For 0 Against
16	**Topical Steroids** • DMS to select preferred agent (s) based on economic evaluation; however, at least 1 agent in each of the potency categories (i.e., low, medium, high, and very high) should be preferred. • Agents not selected as preferred will be considered non-preferred and require PA. • For any new chemical entity in the *Topical Steroids* class, require a PA until reviewed by the P&T Advisory Committee.	**Passed** 6 For 0 Against

Consent Agenda – No Change in Status

The P&T Committee had no recommended status changes within the therapeutic classes below.

	Therapeutic Classes	P & T Vote
17	• Acne Agents, Oral • Anti-Alcoholic Preparations • Anticholinergics/Antispasmodics • Antidiarrheals • Anti-Ulcer Protectants • Bone Resorption Suppression & Related • Growth Hormone • Immunosuppressives, Oral • Multiple Sclerosis Agents • Oncology Oral – Breast Cancer • Oncology Oral – Lung Cancer • Oncology Oral – Prostate Cancer • Oncology Oral – Renal Cell Carcinoma • Oncology Oral – Skin Cancer • Pancreatic Enzymes • Progestins for Cachexia • Skeletal Muscle Relaxants • Tobacco Cessation Products	**Passed** 6 For 0 Against

Consent Agenda - Brand/Generic Switch

The P&T Committee recommended a change among specific products regarding brand/generic preference within the therapeutic classes below.

	Therapeutic Classes	P & T Vote
18	• Antivirals, Oral • Epinephrine, Self-Injectable • Hepatitis B Agents • Intranasal Rhinitis Agents	**Passed** 6 For 0 Against

Consent Agenda - Formulation Change

The P&T Committee recommended a formulation preference change among specific products within the therapeutic classes below.

	Therapeutic Classes	P & T Vote
19	• Antimigraine Agents - Triptans • AntiParkinson's Agents	**Passed** 6 For 0 Against