

## Kentucky Department for Medicaid Services

### Drug Review Options

The following chart lists the agenda items scheduled and the options submitted for review at the March 21, 2013 meeting of the Pharmacy and Therapeutics Advisory Committee.

Item	Options for Consideration
<b><u>New Products to Market: Stivarga®</u></b>	Place this product preferred with similar quantity limits in the PDL class titled Oral Oncology Agents; however, only approve Stivarga® for a diagnosis of metastatic colorectal cancer (mCRC) after trial and failure of all of the following: <ul style="list-style-type: none"> <li>• Fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy; AND</li> <li>• An anti-VEGF therapy, AND</li> <li>• If KRAS wild type, an anti-EGFR therapy.</li> </ul>
<b><u>New Products to Market: Vascepa®</u></b>	Place this product non preferred with similar approval criteria in the PDL class titled Lipotropics: Omega-3 Fatty Acids.
<b><u>New Products to Market: Prepopik™</u></b>	Place this product non preferred in the PDL class titled Laxative and Cathartics.
<b><u>New Products to Market: Linzess™</u></b>	Place this product non preferred in the PDL class titled Laxatives and Cathartics.
<b><u>New Products to Market: Ultresa™</u></b>	Place this product non preferred in the PDL class titled Pancreatic Enzymes.
<b><u>New Products to Market: Xeljanz™</u></b>	Place this product non preferred with appropriate quantity limits and similar approval criteria in the PDL class titled Immunomodulators.
<b><u>New Products to Market: Eliquis®</u></b>	Place this product non preferred in the PDL class titled Anticoagulants.
<b><u>New Products to Market: Iclusig™</u></b>	Place this product non preferred with similar quantity limits in the PDL class titled Oral Oncology Agents.
<b><u>New Products to Market: Aubagio®</u></b>	Place this product non preferred with appropriate quantity limits in the PDL class titled Multiple Sclerosis Agents.
<b><u>Multiple Sclerosis Agents</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least glatiramer, one interferon <math>\beta</math>-1b and one interferon <math>\beta</math>-1a product should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. Place quantity limits on these products based on maximum recommended dose.</li> <li>4. For any new chemical entity in the Multiple Sclerosis Agents class, require a PA and quantity limit until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>New Generation Antidepressants</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent(s) based upon economic evaluation; however, at least bupropion and trazodone should be preferred.</li> <li>2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization.</li> <li>3. Any new chemical entity in the New Generation Antidepressants class should require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>

Item	Options for Consideration
<p align="center"><b><u>Tricyclic Antidepressants</u></b></p>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent(s) based upon economic evaluation; however, at least four unique chemical entities should be preferred.</li> <li>2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization.</li> <li>3. Any new chemical entity in the Tricyclic Antidepressants class should require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<p align="center"><b><u>Antimigraine: 5-HT1 Receptor Agonists</u></b></p>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred. At least one non-oral dosage form should be preferred.</li> <li>2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization.</li> <li>3. Agents in this class should have quantity limits based on the FDA-approved maximum dose and duration.</li> <li>4. As part of quantity limit override criteria, patients should be on concurrent migraine prophylaxis therapy (beta blocker, tricyclic antidepressant, calcium channel blocker, etc.) at a therapeutic dose.</li> <li>5. For any new chemical entity in the Anti-Migraine: 5-HT1 Receptor Agonists class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<p align="center"><b><u>Anxiolytics</u></b></p>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent(s) based upon economic evaluation; however, at least five unique chemical entities, one of which is not a controlled substance, should be preferred.</li> <li>2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization.</li> <li>3. Any new chemical entity in the Anxiolytics class should require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>

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<p><b><u>Anxiolytics Duration Edit</u></b></p>	<p>Alprazolam and lorazepam should be available without requiring a prior authorization for the initial 60 days per a 365 day period. For therapy beyond 60 days, prior authorization should be required and approved as follows:</p> <p>Lorazepam or alprazolam will be approved for longer durations of therapy if ALL of the following are true:</p> <ul style="list-style-type: none"> <li>• Request made by the prescriber; AND.</li> <li>• One of the following diagnoses / situations: <ul style="list-style-type: none"> <li>○ Approve for 6 months if: <ul style="list-style-type: none"> <li>▪ Anxiety</li> <li>▪ Anxiety disorder</li> <li>▪ Panic attacks/disorder</li> <li>▪ Agoraphobia</li> <li>▪ Social phobia</li> <li>▪ Depression</li> <li>▪ Chemotherapy-induced nausea &amp; vomiting</li> <li>▪ Status epilepticus</li> </ul> </li> <li>○ Approve for 1 month for a diagnosis of acute alcohol withdrawal</li> </ul> </li> </ul>
<p><b><u>Alzheimer's: Cholinesterase Inhibitors</u></b></p>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred.</li> <li>2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization.</li> <li>3. For any new chemical entity in the Alzheimer's: Cholinesterase Inhibitors class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<p><b><u>Alzheimer's: NMDA Receptor Antagonists</u></b></p>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred.</li> <li>2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization.</li> <li>3. For any new chemical entity in the NMDA Receptor Antagonist class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<p><b><u>Antialcoholic Agents</u></b></p>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent(s) based upon economic evaluation; however, at least two unique chemical entities, one of which should be intramuscular naltrexone, should be preferred.</li> <li>2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization.</li> <li>3. Any new chemical entity in the Antialcoholic Agents class should require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<p><b><u>Narcolepsy Agents</u></b></p>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent(s) based upon economic evaluation.</li> <li>2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization.</li> <li>3. Continue current quantity limits on agents in this class.</li> <li>4. Any new chemical entity in the Narcolepsy Agents class should require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>

Item	Options for Consideration
<p align="center"><b><u>Skeletal Muscle Relaxants</u></b></p>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least four unique chemical entities, two typically used for spasticity and two typically used as an antispasmodic, should be preferred. Carisoprodol can be considered an inferior product in this category due to abuse potential; therefore, it should be non preferred and require PA.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. Continue current quantity limits on agents in this category based on FDA maximum recommended dose and duration.</li> <li>4. For any new chemical entity in the Skeletal Muscle Relaxants class, require PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<p align="center"><b><u>Tobacco Cessation</u></b></p>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent(s) based on economic evaluation; however, at least two unique chemical entities should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. Continue quantity limits on drugs in this class based on maximum FDA-approved dose.</li> <li>4. For any new chemical entity in the Tobacco Cessation class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<p align="center"><b><u>Dopamine Receptor Agonists</u></b></p>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least two unique chemical entities should be preferred.</li> <li>2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization.</li> <li>3. For any new chemical entity in the Dopamine Receptor Agonists class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<p align="center"><b><u>Anticholinergics, Parkinson's</u></b></p>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least benztropine should be preferred.</li> <li>2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization.</li> <li>3. For any new chemical entity in the Anticholinergics, Parkinson's disease class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<p align="center"><b><u>Catechol-O-Methyltransferase (COMT) Inhibitors</u></b></p>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least entacapone should be preferred.</li> <li>2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization.</li> <li>3. For any new chemical entity in the Catechol-O-Methyltransferase (COMT) Inhibitors class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>

<b>Item</b>	<b>Options for Consideration</b>
<b><u>Dopamine Precursor/Dopa Decarboxylase Inhibitors</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred.</li> <li>2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization.</li> <li>3. For any new chemical entity in the Dopamine Precursor/Dopa Decarboxylase Inhibitors class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>Dopamine Precursor/Dopa Decarboxylase Inhibitor/COMT Inhibitor</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation.</li> <li>2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization.</li> <li>3. For any new chemical entity in the Dopamine Precursor / Dopa Decarboxylase Inhibitor / COMT Inhibitor class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>MAO-B Inhibitors</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred.</li> <li>2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization.</li> <li>3. For any new chemical entity in the Monoamine Oxidase (MAO)-B Inhibitors class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>
<b><u>MAOIs</u></b>	<ol style="list-style-type: none"> <li>1. DMS to select preferred agent(s) based upon economic evaluation.</li> <li>2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization.</li> <li>3. Any new chemical entity in the Monoamine Oxidase Inhibitors class should require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>