Kentucky Department for Medicaid Services

Drug Review Options

The following chart lists the agenda items scheduled and the options submitted for review at the May 21, 2015 meeting of the Pharmacy and Therapeutics Advisory Committee.

Item	Options for Consideration
New Products to Market: Trulicity™	Place this product non preferred in the PDL class titled GLP-1 Receptor Agonists.
New Products to Market: Toujeo®	Place this product non preferred in the PDL class titled Insulins.
New Products to Market: Afrezza®	Place this product non preferred in the PDL class titled Insulins.
New Products to Market: Glyxambi®	Place this product non preferred with appropriate quantity limits in the PDL class titled DPP-4 Inhibitors.
New Products to Market: Cosentyx®	Place this product non preferred with similar quantity limits and approval criteria in the PDL class titled Immunomodulators.
New Products to Market: Mircera®	Place this product non preferred in the PDL class titled Erythropoiesis Stimulating Proteins.
New Products to Market: Belsomra®	Place this product non preferred with appropriate quantity limits in the PDL class titled Sedative Hypnotics.
New Products to Market: Evekeo™	Place this product non preferred with appropriate quantity limits in the PDL class titled Stimulants and Related agents. Evekeo™ will not be covered for a diagnosis of exogenous obesity.
New Products to Market: Savaysa™	Place this product non preferred in the PDL class titled Anticoagulants.
New Products to Market: Movantik®	Place this product non preferred in the PDL class titled Gastrointestinal Motility Agents.
New Products to Market: Ibrance®	Place this product non preferred with appropriate quantity limits in the PDL class titled Oral Oncology, Breast Cancer.
New Products to Market: Lenvima™	Place this product non preferred with appropriate quantity limits in the PDL class titled Oral Oncology, Other.
New Products to Market: Farydak®	Place this product non preferred with appropriate quantity limits in the PDL class titled Oral Oncology, Hematologic Cancer.

Item	Options for Consideration
Hepatitis C: Direct-Acting Antiviral Agents	1. DMS to select preferred agent (s) based on economic evaluation; however at least one unique chemical entity should be preferred. 2. Continue quantity limits based on FDA-approved maximum dose and duration. 3. Agents not selected as preferred will be considered non preferred and require PA. 4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back. 5. For any new chemical entity in the Hepatitis C: Direct-Acting Antiviral Agents class, require a PA until reviewed by the P&T Advisory Committee.
Oral Oncology, Lung Cancer	1. DMS to select preferred agent(s) based on economic evaluation; however, at least one oral agent representing a Category 1 recommendation by the NCCN for each cancer type should be preferred. 2. Continue quantity limits based on FDA-approved maximum dose. 3. Agents not selected as preferred will be considered non preferred and require PA. 4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back. 5. For any new chemical entity in the Oral Oncology, Lung Cancer class, require a PA until reviewed by the P&T Advisory Committee.
Oral Oncology, Renal Cell Carcinoma	1. DMS to select preferred agent(s) based on economic evaluation; however, at least one oral agent representing a Category 1 recommendation by the NCCN for each cancer type should be preferred. 2. Continue quantity limits based on FDA-approved maximum dose. 3. Agents not selected as preferred will be considered non preferred and require PA. 4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back. 5. For any new chemical entity in the Oral Oncology, Renal Cell Carcinoma class, require a PA until reviewed by the P&T Advisory Committee.
Oral Oncology, Breast Cancer	1. DMS to select preferred agent(s) based on economic evaluation; however, at least tamoxifen and one Aromatase Inhibitor should be preferred. 2. Continue quantity limits based on FDA-approved maximum dose. 3. Agents not selected as preferred will be considered non preferred and require PA. 4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back. 5. For any new chemical entity in the Oral Oncology, Breast Cancer class, require a PA until reviewed by the P&T Advisory Committee.

Item	Options for Consideration
Oral Oncology, Prostate Cancer	1. DMS to select preferred agent(s) based on economic evaluation; however, at least one oral agent representing a Category 1 recommendation by the NCCN for each cancer type should be preferred. 2. Continue quantity limits based on FDA-approved maximum dose. 3. Agents not selected as preferred will be considered non preferred and require PA. 4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back. 5. For any new chemical entity in the Oral Oncology, Prostate Cancer class, require a PA until reviewed by the P&T Advisory Committee.
Oral Oncology, Hematologic Cancer	1. DMS to select preferred agent(s) based on economic evaluation; however, at least one oral agent representing a Category 1 recommendation by the NCCN for each cancer type should be preferred. Due to data on the treatment of CML, both imatinib and EITHER dasatinib OR nilotinib should be preferred. 2. Continue quantity limits based on FDA-approved maximum dose. 3. Agents not selected as preferred will be considered non preferred and require PA. 4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back. 5. For any new chemical entity in the Oral Oncology, Hematologic Cancer class, require a PA until reviewed by the P&T Advisory Committee.
Oral Oncology, Other	1. DMS to select preferred agent(s) based on economic evaluation; however, at least one oral agent representing a Category 1 recommendation by the NCCN for each cancer type should be preferred. 2. Continue quantity limits based on FDA-approved maximum dose. 3. Agents not selected as preferred will be considered non preferred and require PA. 4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back. 5. For any new chemical entity in the Oral Oncology, Other class, require a PA until reviewed by the P&T Advisory Committee.
SGLT2 Inhibitors	1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any new chemical entity in the Diabetes: SGLT2 Inhibitors class, require a PA until reviewed by the P&T Advisory Committee.

Item	Options for Consideration
Inhaled Antibiotics	1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any new chemical entity in the Inhaled Antibiotics class, require a PA until reviewed by the P&T Advisory Committee.
Minimally Sedating Antihistamines	1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any new chemical entity in the Minimally Sedating Antihistamines class, require a PA until reviewed by the P&T Advisory Committee.
Intranasal Corticosteroids	1. DMS to select preferred agent (s) based on economic evaluation; however, at least two unique chemical entities should be preferred. 2. Agents not selected as preferred will be considered non preferred and require PA. 3. Continue to maintain quantity limits based on maximum daily dose. 4. For any new chemical entity in the Intranasal Corticosteroids class, require a PA until reviewed by the P&T Advisory Committee.
Intranasal Antihistamines	1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred. 2. Agents not selected as preferred will be considered non preferred and require PA. 3. For any new chemical entity in the Intranasal Antihistamines class, require a PA until reviewed by the P&T Advisory Committee.
Intranasal Anticholinergics	1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred. 2. Agents not selected as preferred will be considered non preferred and require PA. 3. For any new chemical entity in the Intranasal Anticholinergics class, require a PA until reviewed by the P&T Advisory Committee.
Self Injected Epinephrine	1. DMS to select preferred agent (s) based on economic evaluation; however, at least one product available in an adult and pediatric dose should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any new chemical entity in the Self-Injected Epinephrine Agents class, require a PA until reviewed by the P&T Advisory Committee.