Kentucky Department for Medicaid Services

Pharmacy and Therapeutics Advisory Committee Recommendations

March 18, 2010 Meeting

The following chart provides a summary of the recommendations that were made by the Pharmacy and Therapeutics Advisory Committee at the March 18, 2010 meeting. Review of the recommendations by the Secretary of the Cabinet for Health and Family Services and final decisions are pending.

	Description of Recommendation	P & T Vote
1	**Branded Products with Generic Components Clinical Criteria** Require prior authorization for the following products: • Metozolv ODT® • Diprolene® Gel	**Passed** 8 For 0 Against
2	**New Products to Market: Fanapt™** Place this product preferred with similar approval criteria as other agents in the PDL category titled: Antipsychotics: Atypical.	**Passed** 8 For 0 Against
3	**New Products to Market: Dysport™** Allow this product to pay once a diagnosis of cervical dystonia has been confirmed.	**Passed** 8 For 0 Against
4	**New Products to Market: Twynsta®** Place this product non preferred in the PDL category titled: Angiotensin Receptor Blocker + CCB (DHP).	**Passed** 8 For 0 Against
5	**New Products to Market: Votrient™** Place this product non preferred with similar approval criteria as other agents in the PDL category titled: Protein Tyrosine Kinase Inhibitors. Votrient™ (pazopanib) will be approved if the patient has a history of either of the following agents within the past 90 days (unless ALL are contraindicated). • sunitinib (Sutent®) • sorafenib (Nexavar®)	**Tabled**
6	**New Products to Market: Actemra™** Place this product non preferred with similar quantity limits and clinical criteria in the PDL category titled: Immunomodulators.	**Passed** 8 For 0 Against
7	**New Products to Market: Victoza®** Place this product non preferred with similar approval criteria as other agents in the PDL category titled: Incretin Mimetics.	**Passed** 8 For 0 Against

	Description of Recommendation	P & T Vote
8	**Clinical Criteria Review: Tussionex / TussiCaps®** Tussionex® / TussiCaps® will be approved if the following is true: Trial and failure of two cough and cold products (RX or OTC) without relief of cough. **Recommended Limitations**: • Tussionex®10-8 mg/5mL = 10 mL per day; 9 days supply per 30 days • TussiCaps® 5-4 mg = 2 capsules per day; 9 days supply per 30 days • TussiCaps® 10-8 mg = 2 capsules per day; 9 days supply per 30 days Of note, patients with chronic cough caused by chronic pulmonary disease will be allowed continuous therapy.	**Passed** 8 For 0 Against
9	**Amylin Analog** 1. DMS to select preferred agent (s) based on economic evaluation. 2. Allow for use of pramlintide with active insulin therapy only. 3. Agents not selected as preferred will be considered non preferred and require PA. 4. For any new chemical entity in the Amylin Analog class, require a PA until reviewed by the P&T Advisory Committee.	**Passed** 8 For 0 Against
10	**Symlin® Clinical Criteria** Symlin® will be approved if insulin is seen in history within the past 90 days.	**Passed** 8 For 0 Against
11	**Incretin Mimetic** 1. Rename this PDL class GLP-1 Receptor Agonists. 2. DMS to select preferred agent (s) based on economic evaluation; however, at least one agent should be preferred. 3. For any new chemical entity in the Incretin Mimetics class, require a PA until reviewed by the P&T Advisory Committee.	**Passed** 5 For 3 Against
12	**GLP-1 Receptor Agonists Clinical Criteria** GLP-1 Receptor Agonists will be approved if metformin, a sulfonylurea, insulin or a TZD is seen in history within the past 90 days.	**Deferred**
13	**DPP-4 Inhibitors** 1. DMS to select preferred agent (s) based on economic evaluation; however, at least one single entity agent 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 DPP4-Inhibitors class, require a PA until reviewed by the P&T Advisory Committee.	**Passed** 8 For 0 Against

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14	**DPP-4 Inhibitors Clinical Criteria** DPP-4 Inhibitors will be approved for one of the following reasons: • Metformin, insulin, a sulfonylurea or a TZD is seen in history within the past 90 days; OR • Diagnosis of Chronic Renal Insufficiency/Failure.	**Passed** 7 For 1 Against
15	**Biguanides** 1. DMS to select preferred agent (s) based on economic evaluation; however, at least metformin 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 Diabetes: Biguanides class, require a PA until reviewed by the P&T Advisory Committee.	**Passed** 8 For 0 Against
16	**Sulfonylureas and Combinations** 1. DMS to select preferred agent (s) based on economic evaluation; however, at least two unique second generation sulfonylureas and one combination product 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 Sulfonylureas and Combination class, require a PA until reviewed by the P&T Advisory Committee.	**Passed** 8 For 0 Against
17	**Alpha Glucosidase Inhibitors** 1. DMS to select preferred agent (s) based on economic evaluation; however, at least one agent 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 Alpha-Glucosidase Inhibitor class, require a PA until reviewed by the P&T Advisory Committee.	**Passed** 8 For 0 Against
18	**Meglitinides** 1. DMS to select preferred agent (s) based on economic evaluation; however, at least one single entity agent 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 Meglitinides class, require a PA until reviewed by the P&T Advisory Committee.	**Passed** 8 For 0 Against
19	**Bone: Calcitonins** 1. DMS to select preferred agent (s) based on economic evaluation; however, at least one product 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 Bone: Calcitonins class, require a PA until reviewed by the P&T Advisory Committee.	**Passed** 8 For 0 Against

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20	**<u>Niacin Derivatives</u>** 1. DMS to select preferred agent (s) based on economic evaluation; however, at least one single entity niacin product 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 Niacin Derivatives class, require PA until reviewed by the P&T Advisory Committee.	**Passed** 8 For 0 Against
21	**<u>Skeletal Muscle Relaxants</u>** 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. 2. Agents not selected as preferred will be considered non preferred and require PA. 3. Place quantity limits on agents in this category based on FDA maximum recommended dose and duration; however, remove the duration edit from generic cyclobenzaprine. 4. For any new chemical entity in the Skeletal Muscle Relaxants class, require PA until reviewed by the P&T Advisory Committee.	**Passed** 8 For 0 Against
22	**<u>Ophthalmic Prostaglandin Agonists</u>** 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. Continue current quantity limits on agents in this class. 4. For any new chemical entity in the Ophthalmic Prostaglandin Agonists class, require a PA until reviewed by the P&T Advisory Committee.	**Passed** 8 For 0 Against
23	**<u>Ophthalmic Antibiotics, Quinolones</u>** 1. DMS to select preferred agent (s) based on economic evaluation; however, at least two unique chemical entities, one of which should be a fourth generation agent, 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 Ophthalmic Antibiotics, Quinolones class, require a PA until reviewed by the P&T Advisory Committee.	**Passed** 7 For 1 Against