

Kentucky Department for Medicaid Services

Pharmacy and Therapeutics Advisory Committee Recommendations

September 16, 2010 Meeting

The following chart provides a summary of the recommendations that were made by the Pharmacy and Therapeutics Advisory Committee at the September 16, 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	<p><u>Urinary Tract Antispasmodics</u></p> <ol style="list-style-type: none"> DMS to select preferred agent (s) based on economic evaluation; however, at least two unique chemical entities should be preferred. One should be liquid oxybutynin IR and the other should be EITHER darifenacin OR fesoterodine ER OR solifenacin. Only patients who are unable to swallow or tolerate oral medications should be approved for non-oral formulations of agents in this class. Continue current quantity limits on all agents in this class. Agents not selected as preferred will be considered non preferred and require PA. For any new chemical entity in the Urinary Tract Antispasmodic Class, require a PA until reviewed by the P&T Advisory Committee. 	<p>Passed 10 For 0 Against</p>
2	<p><u>Branded Products with Generic Components Clinical Criteria</u> Require prior authorization for the following products:</p> <ul style="list-style-type: none"> Saklera[®] Foam Orbivan[®] Cambia[®] 	<p>Passed 10 For 0 Against</p>
3	<p><u>New Products to Market: Zirgan[™]</u> Place this product preferred in the PDL class titled Ophthalmic Antivirals.</p>	<p>Passed 10 For 0 Against</p>
4	<p><u>New Products to Market: Qutenza[®]</u> Qutenza[®] will be approved for a diagnosis of postherpetic neuralgia after trial and failure of one of the following agents:</p> <ul style="list-style-type: none"> gabapentin; OR tricyclic antidepressant; OR SNRI; OR pregabalin 	<p>Passed 10 For 0 Against</p>
5	<p><u>New Products to Market: Prolia[™]</u> Prolia[™] will be approved after trial and failure of one oral bisphosphonate, unless contraindicated.</p>	<p>Passed 11 For 0 Against</p>

	Description of Recommendation	P & T Vote
6	<u>New Products to Market: Oravig™</u> Place this product non preferred in the PDL class titled Antifungals: Oral.	Passed 11 For 0 Against
7	<u>New Products to Market: Zortress®</u> Place this product non preferred in the PDL class titled Immunosuppressants.	Passed 11 For 0 Against
8	<u>New Products to Market: Vimovo™</u> Place this product non preferred with similar quantity limits in the PDL class titled Proton Pump Inhibitors.	Passed 11 For 0 Against
9	<u>New Products to Market: Livalo®</u> Place this product non preferred with similar quantity limits in the PDL class titled High Potency Statins.	Passed 11 For 0 Against
10	<u>New Products to Market: Zymaxid™</u> Place this product non preferred in the PDL class titled Ophthalmic Antibiotics, Quinolones.	Passed 11 For 0 Against
11	<u>New Products to Market: ActoPlus Met XR®</u> Place this product non preferred with similar quantity limits in the PDL class titled Thiazolidinedione Combinations.	Passed 11 For 0 Against
12	<u>New Products to Market: Jalyn™</u> Place this product non preferred with similar approval criteria in the PDL class titled Androgen Hormone Inhibitors.	Passed 9 For 2 Against
13	<u>New Products to Market: Dulera®</u> Place this product non preferred with similar quantity limits in the PDL class titled Beta Agonists: Combination Products. This prior approval should be available through an electronic step edit via the typical non preferred drug criteria.	Passed 11 For 0 Against
14	<u>Suboxone®/Subutex® Clinical Criteria</u> Table this agenda item pending recommendations from a DMS assembled work group.	Passed 11 For 0 Against
15	<u>Tobacco Cessation</u> 1. DMS to select preferred agent (s) based on economic evaluation; however, at least three unique chemical entities should be preferred. 2. Agents not selected as preferred will be considered non preferred and require PA. 3. Place quantity limits on drugs in this class based on maximum FDA-approved dose. 4. For any new chemical entity in the Tobacco Cessation class, require a PA until reviewed by the P&T Advisory Committee.	Passed 7 For 2 Against