Secretary for Health and Family Services Selections for Preferred Products

This is a summary of the final Preferred Drug List (PDL) selections made by the Secretary for Health and Family Services based on the March 18, 2010 Pharmacy and Therapeutics Advisory Committee (PTAC) Meeting.

Description of Recommendation	P & T Vote	Final Decision (s)
Branded Products with Generic Components Clinical Criteria Require prior authorization for the following products: • Metozolv ODT® • Diprolene® Gel	**Passed** 8 For 0 Against	The following products will require prior authorization: • Metozolv ODT® • Diprolene® Gel
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	Fanapt™ will be placed preferred with similar approval criteria as other agents in the PDL category titled: Antipsychotics: Atypical.
New Products to Market: Dysport™ Allow this product to pay once a diagnosis of cervical dystonia has been confirmed.	**Passed** 8 For 0 Against	Dysport™ will pay once a diagnosis of cervical dystonia has been confirmed.
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	Twynsta® will be placed non preferred in the PDL category titled: Angiotensin Receptor Blocker + CCB (DHP).
New Products to Market: Votrient™ Bring this product back to the next meeting for discussion and another vote.	**Tabled**	Votrient™ will be discussed at the next meeting.
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	Actemra™ will be placed non preferred with similar quantity limits and clinical criteria in the PDL category titled: Immunomodulators.
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	Victoza® will be placed non preferred with similar approval criteria as other agents in the PDL category titled: Incretin Mimetics.

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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	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. **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.
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	Selected Preferred Agent (s) N/A
Symlin® Clinical Criteria Symlin® will be approved if insulin is seen in history within the past 90 days.	**Passed** 8 For 0 Against	Symlin® will be approved if insulin is seen in history within the past 90 days.
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	Selected Preferred Agent (s) Byetta™

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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**	The products in this class are not considered typical first line therapies for initial treatment of diabetes, and they are subject to off label use for weight loss. Payment of drugs utilized for cosmetic purposes (such as weight loss) by Medicaid programs is prohibited. Therefore, the Secretary respectfully requests that the PTAC discuss this agenda item again at the next meeting and provide recommendations for clinically appropriate prior authorization criteria.
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	Selected Preferred Agent (s) Januvia™ Janumet™
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	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.
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	Selected Preferred Agent (s) metformin metformin ER

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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	Selected Preferred Agent (s) chlorpropamide glimepiride glipizide glipizide ER/XL glipizide-metformin glyburide glyburide micronized glyburide-metformin tolazamide tolbutamide
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	Selected Preferred Agent (s) acarbose Glyset®
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	Selected Preferred Agent (s) nateglinide Prandin®
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	Selected Preferred Agent (s) calcitonin-salmon Miacalcin®

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Niacin Derivatives 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	Selected Preferred Agent (s) Niaspan® Simcor®
Skeletal Muscle Relaxants 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	Selected Preferred Agent (s) baclofen chlorzoxazone cyclobenzaprine dantrolene methocarbamol orphenadrine orphenadrine compound orphenadrine compound forte tizanidine
Ophthalmic Prostaglandin Agonists 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	Selected Preferred Agent (s) Travatan® Travatan Z® Xalatan®

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Ophthalmic Antibiotics, Quinolones 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	Selected Preferred Agent (s) ciprofloxacin Vigamox™