PDL Excerpts Illustrating Proposed Changes

- **Antidepressants, Other (SNRIs)**
  - *Duloxetine* added as a preferred agent

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	SNRIS[AP]		
	venlafaxine ER capsules duloxetine capsules	desvenlafaxine ER desvenlafaxine fumarate ER EFFEXOR XR (venlafaxine) FETZIMA (levomilnacipran) KHEDEZLA (desvenlafaxine) PRISTIQ (desvenlafaxine) venlafaxine IR VENLAFAXINE ER TABLETS (venlafaxine)	A thirty (30) day trial each of a preferred agent and an SSRI is required before a non-preferred agent will be authorized unless one (1) of the exceptions on the PA form is present.

- **Neuropathic Pain**
  - Recommend that PA for *Lyrica* for fibromyalgia should require a trial of *duloxetine* OR *gabapentin* (currently requires gabapentin)

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
NEUROPATHIC PAIN			
	capsaicin OTC duloxetine gabapentin capsules, solution	CYMBALTA (duloxetine) gabapentin tablets GRALISE (gabapentin)* HORIZANT (gabapentin)	A trial of a preferred agent in the corresponding dosage form (oral or topical) will be required before a non-preferred agent will be authorized unless one (1) of the exceptions on the PA form is present.

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
		lidocaine patch LIDODERM (lidocaine)** LYRICA CAPSULE (pregabalin)*** LYRICA SOLUTION (pregabalin)*** NEURONTIN (gabapentin) QUTENZA (capsaicin) SAVELLA (milnacipran)**** ZOSTRIX OTC (capsaicin)	*Gralise will be authorized if the following criteria are met: 1. Diagnosis of post herpetic neuralgia **and** 2. Trial of a tricyclic antidepressant for a least thirty (30) days **and** 3. Trial of gabapentin immediate release formulation (positive response without adequate duration) **and** 4. Request is for once daily dosing with 1800mg. maximum daily dosage. **Lidoderm patches will be authorized for a diagnosis of post-herpetic neuralgia. ***Lyrica will be authorized if the following criteria are met: 1. Diagnosis of seizure disorders or neuropathic pain associated with a spinal cord injury **or** 2. Diagnosis of fibromyalgia, postherpetic neuralgia, or diabetic neuropathy AND a history of a trial of duloxetine at the generally accepted maximum therapeutic dose of 60 mg/day OR gabapentin at a therapeutic dose range between 900mg and 2,400mg per day for thirty (30) days within the previous twenty-four (24) month period or an intolerance due to a potential adverse drug-drug interaction, drug-disease interaction, or intolerable side effect (In cases of renal impairment, doses may be adjusted based on the degree of impairment.) ****Savella will be authorized for a diagnosis of fibromyalgia or a previous thirty (30) day trial of a drug that infers fibromyalgia: duloxetine, gabapentin, amitriptyline or nortriptyline.

- **Oral Anticoagulants**
  - *Eliquis* - The following new indications have been added to the PDL:
    - Non-valvular AF
    - Post-op hip/knee replacement VT prophylaxis
    - Treatment of DVT and PE

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ANTICOAGULANTS			
	ORAL		
	COUMADIN (warfarin) ELIQUIS (apixaban)[AP]* PRADAXA (dabigatran)[AP]** warfarin XARELTO (rivaroxaban)[AP]***		*Eliquis will be authorized for the following indications: 1. Non-valvular atrial fibrillation 2. Post-op hip/knee replacement VT prophylaxis 3. Treatment of DVT and PE **Pradaxa will be authorized for the following indications: 1. Non-valvular atrial fibrillation 2. Treatment of acute DVT and PE in patients who have been treated with a parenteral anticoagulant for 5-10 days 3. To reduce the risk of recurrent DVT and PE in patients who have previously been treated. ***Xarelto will be authorized for the following indications: 1. Non-valvular atrial fibrillation **or** 2. Deep vein thrombosis (DVT), pulmonary embolism (PE), and reduction in risk of recurrence of DVT and PE **or** 3. DVT prophylaxis if treatment is limited to thirty-five (35) days for hip replacement surgeries or twelve (12) days for knee replacement surgeries.

- **Hypoglycemics, SGLT2**
  - *Farxiga* has been added as non-preferred and criteria is specified in the PDL

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
HYPOGLYCEMICS, SGLT2			
		FARXIGA (dapagliflozin) INVOKANA (canagliflozin)	Authorization of any drug in the SGLT2 class will require the member to be currently taking metformin and at least one (1) other first line oral agent (e.g. TZD or sulfonylurea), unless one (1) of the exceptions on the PA form is present. Invokana and Farxiga will be authorized for six (6) months if the following criteria are met: 1. Diagnosis of Type 2 Diabetes **and** 2. Thirty (30) day trial of metformin or metformin combination and at least one other first line oral agent (as above) within the past six (6) months **and** 3. HgBA1C levels are equal or less than (≤) 10.5% **and** 4. Glomerular filtration rate is greater than or equal to (≥) 45 ml/min/1.73m^2 for Invokana **or** ≥60 ml/min/1.73m^2 for Farxiga **and** ~~4.~~5. Prior authorizations will be issued at six (6) month intervals if HgBA1C levels are less than or equal to (≤) 8% after treatment HgBA1C levels submitted must be for the most recent thirty (30) day period.

- **Ophthalmic antibiotics/Steroid Combinations**
  - Recommend decreased length of preferred agent trials to 3 days each (was 5 days)

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	BLEPHAMIDE (prednisolone/sulfacetamide) BLEPHAMIDE S.O.P. (prednisolone/ sulfacetamide) neomycin/polymyxin/dexamethasone sulfacetamide/prednisolone TOBRADEX SUSPENSION (tobramycin/ dexamethasone)	MAXITROL (neomycin/polymyxin/ dexamethasone) neomycin/bacitracin/polymyxin/ hydrocortisone neomycin/polymyxin/hydrocortisone PRED-G (prednisolone/gentamicin) TOBRADEX OINTMENT (tobramycin/ dexamethasone) TOBRADEX ST (tobramycin/ dexamethasone) tobramycin/dexamethasone suspension ZYLET (loteprednol/tobramycin)	Three (3) day trials of each of the preferred agents are required before a non-preferred agent will be authorized unless one (1) of the exceptions on the PA form is present.

- **Ophthalmic Antibiotics**
  - Recommend decreased length of preferred agent trials to 3 days each (was 30 days)

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
OPHTHALMIC ANTIBIOTICS[AP]			
	bacitracin/polymyxin ointment ciprofloxacin* erythromycin gentamicin MOXEZA (moxifloxacin)* ofloxacin* polymyxin/trimethoprim sulfacetamide tobramycin	AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) CILOXAN (ciprofloxacin) GARAMYCIN (gentamicin) gatifloxacin ILOTYCIN (erythromycin) levofloxacin	Three (3) day trials of each of the preferred agents are required before non-preferred agents will be authorized unless one (1) of the exceptions on the PA form is present. The American Academy of Ophthalmology guidelines on treating bacterial conjunctivitis recommend as first line treatment options: erythromycin ointment, sulfacetamide drops, or polymyxin/trimethoprim drops.

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
	VIGAMOX (moxifloxacin)*	NATACYN (natamycin) neomycin/bacitracin/polymyxin neomycin/polymyxin/gramicidin NEOSPORIN (neomycin/polymyxin/gramicidin) OCUFLOX (ofloxacin) POLYTRIM (polymyxin/trimethoprim) sulfacetamide ointment TOBREX (tobramycin) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)	*A prior authorization is required for the fluoroquinolone agents for patients up to twenty-one (21) years of age unless there has been a trial of a first line treatment option within the past ten (10) days.

- **Anticonvulsants**
  - *Vimpat* has a new FDA indication for use as <u>monotherapy</u> in the treatment of partial-onset seizures in patients with epilepsy ages 17 years and older. Previously Vimpat had been approved only as adjunctive therapy in this population.

ANTICONVULSANTS			
	ADJUVANTS		
	carbamazepine carbamazepine ER carbamazepine XR CARBATROL (carbamazepine) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine)	APTIOM (eslicarbazepine) BANZEL(rufinamide) DEPAKENE (valproic acid) DEPAKOTE (divalproex) DEPAKOTE ER (divalproex) divalproex sprinkle EQUETRO (carbamazepine) FANATREX SUSPENSION (gabapentin) felbamate	A fourteen (14) day trial of one (1) of the preferred agents in the corresponding group is required for treatment naïve patients with a diagnosis of a seizure disorder before a non-preferred agent will be authorized unless one (1) of the exceptions on the PA form is present. A thirty (30) day trial of one (1) of the preferred agents in the corresponding group is required for patients with a diagnosis other than seizure disorders unless one (1) of the exceptions on the PA form is present.

	FELBATOL (felbamate) GABITRIL (tiagabine) lamotrigine levetiracetam oxcarbazepine tablets TEGRETOL XR (carbamazepine) topiramate TRILEPTAL SUSPENSION (oxcarbazepine) valproic acid VIMPAT(lacosamide)[AP]* zonisamide	FYCOMPA (perampanel) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine) lamotrigine dose pack lamotrigine ER levetiracetam ER ONFI (clobazam) ** ONFI SUSPENSION (clobazam) ** oxcarbazepine suspension OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) SABRIL (vigabatrin) STAVZOR (valproic acid) TEGRETOL (carbamazepine) tiagabine TOPAMAX (topiramate) TRILEPTAL TABLETS (oxcarbazepine) TROKENDI XR (topiramate) ZONEGRAN (zonisamide)	Non-preferred anticonvulsants will be authorized for patients on established therapies with a diagnosis of seizure disorders with no trials of preferred agents required. In situations where AB-rated generic equivalent products are available, “Brand Medically Necessary” must be hand-written by the prescriber on the prescription in order for the brand name product to be reimbursed. *Vimpat will be approved as monotherapy or adjunctive therapy for members 17 years of age or older with a diagnosis of partial-onset seizure disorder. **Onfi will be authorized if the following criteria are met: 1. Adjunctive therapy for Lennox-Gastaut **or** 2. Generalized tonic, atonic or myoclonic seizures **and** 3. Previous failure of at least two (2) non-benzodiazepine anticonvulsants and previous failure of clonazepam. (For continuation, prescriber must include information regarding improved response/effectiveness with this medication)