

# Washington State Health Care Authority

## Recommended changes to limitations to drugs on the PDL

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# Anticoagulant Drug Products

Ingredient	Label Name	Generic Available	PDL Status
Apixaban	Eliquis <sup>®</sup>	No	Preferred
Dabigatrin	Pradaxa <sup>®</sup>	No	Preferred
Edoxaban	Savaysa <sup>®</sup>	No	Non-Preferred
Rivaroxaban	Xarelto <sup>®</sup>	No	Non-Preferred

# Anticoagulants

- **Current Limitations**

- No TIP (2014 Motion)
- Limited to FDA approved or compendia supported indications, dosing, and duration; DAW by an Endorsing Practitioner shall not override this requirement without authorization.
  - Nonvalvular atrial fibrillation
  - Treatment or prophylaxis of PE or DVT
  - Post Knee/hip replacement (excluding Savaysa)
  - Xarelto only: Prophylaxis after recent Acute Coronary syndrome or venous thromboembolism in acutely ill medical patients.

- **Recommendation:**

- Remove PA for preferred drugs
- Must try all preferred drugs with same indication before a non-preferred drug will be authorized unless not clinically appropriate or contraindicated.

# Stakeholder Comments?

Motion: "I move the Medicaid Fee-For Service Program implement the limitations for the Anticoagulant drug class listed on slide 3 as recommended/amended to include..."

# Skeletal Muscle Relaxers

<b>Ingredient</b>	<b>Label Name</b>	<b>Generic Available</b>	<b>PDL Status</b>
Baclofen	Generic	Yes	Generics Preferred
Carisoprodol	Soma®	Yes	Non-Preferred
Chlorzoxazone	Parafon Forte®	Yes	Non-Preferred
Cyclobenzaprine	Fexmid®	Yes	Generics Preferred
Cyclobenzaprine ER	Amrix®	No	Non-Preferred
Dantrolene	Dantrium®	Yes	Non-Preferred
Metaxalone	Skelaxin®	Yes	Non-Preferred
Methocarbamol	Robaxin®	Yes	Generics Preferred
Orphenadrine	Norflex®	Yes	Non-Preferred
Tizanidine	Zanaflex®	Yes	Generics Preferred

# Skeletal Muscle Relaxers

- **Current Limitations:**

- Generics First – must try one Preferred generic before any brand is authorized.
- Carisoprodol requires prior authorization. Carisoprodol must be prescribed for FDA approved indication of acute musculoskeletal condition in adults, and must try all Preferred and Non-preferred drugs in the class. DAW by an Endorsing Practitioner shall not override this requirement without authorization

- **Recommendation:**

- Continue Generics First. Must step through one Preferred generic for one month before a Non-Preferred brand or generic is authorized. DAW by an Endorsing Practitioner shall not override this requirement without authorization; **AND**
- Continue prior authorization of carisoprodol and limit to diagnosis of acute musculoskeletal condition in adults, and must try all Preferred and Non-preferred drugs in the class. DAW by an Endorsing Practitioner shall not override this requirement without authorization

# Stakeholder Comments?

Motion: "I move the Medicaid Fee-For Service Program implement the limitations for the Skeletal Muscle Relaxers drug class listed on slide 9 as recommended/amended to include..."

# Macrolide Products

Ingredient	Label Name	Generic Available	PDL Status
<b>Azithromycin</b>	Zithromax <sup>®</sup> , Zmax <sup>®</sup>	<b>Yes</b>	<b>Generics Preferred</b>
<b>Clarithromycin</b>	Biaxin <sup>®</sup> , Biaxin XL <sup>®</sup>	<b>Yes</b>	<b>Generics Preferred</b>
<b>Erythromycin</b>	E.E.S <sup>®</sup> , Eryc <sup>®</sup> , Eryped <sup>®</sup> , Ery-tab <sup>®</sup> , Erythrocin <sup>®</sup> , PCE <sup>®</sup> , Pediamycin <sup>®</sup> , others	<b>Yes</b>	<b>Generics Preferred</b>

# Macrolide Products

- **Current Limitations**
  - No TIP (2013 motion)
  - There are no additional limitations for the Macrolide drugs.
  
- **Recommendation:**
  - Continue with no TIP.
  - Continue no additional limitations.

# Stakeholder Comments?

Motion: "I move the Medicaid Fee-For Service Program implement the limitations for the Macrolide drug class listed on slide 9 as recommended/amended to include..."

# Diabetes Products - Thiazolidinediones

Ingredient	Label Name	Generic Available	PDL Status
Pioglitazone	Actos®	Yes	Generic Preferred
Rosiglitazone	Avandia®	Yes	Non-Preferred

Products in grey font have not been reviewed by DERP

# Diabetes- Thiazolidinedione Products

- **Current Limitations**

- Rosiglitazone requires prior authorization. Must not have congestive heart failure, and must try and fail metformin, another drug for diabetes, and pioglitazone.
- January – April 2016 no requests for rosiglitazone.

- **Recommendation:**

- FDA has required removal of prescribing and dispensing restrictions and eliminated the Risk Evaluation and Mitigation Strategy (REMS) for rosiglitazone products. Pioglitazone also has contraindication in congestive heart failure. Recommend to remove the prior authorization limitation for rosiglitazone.

# Stakeholder Comments?

Motion: "I move the Medicaid Fee-For-Service Program implement the limitations for the Diabetes-Thiazolidinedione drug class listed on slide 12 as recommended/amended to include..."