



Recommended changes to limitations of drugs on the PDL

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Second Generation Antipsychotic Products

Ingredient	Label Name	Generic Available	PDL Status as of 12/18/2013
Aripiprazole	Abilify®, Abilify Discmelt	Yes	Generic Preferred
	Abilify® IM, Abilify Maintena™ IM	No	Preferred
Aripiprazole lauroxil	Aristada®	No	<i>Not Reviewed</i>
Asenapine	Saphris®	No	Preferred
Brexpiprazole	Rexulti®	No	<i>Not Reviewed</i>
Cariprazine	Vraylar™	No	<i>Not Reviewed</i>
Clozapine	Clozaril®, Fazaclo® ODT	Yes	Generic Preferred
	Versacloz®	No	<i>Not Reviewed</i>
Iloperidone	Fanapt®	No	Preferred
Lurasidone	Latuda®	No	Preferred
Olanzapine	Zyprexa®	Yes	Generic Preferred
	Zyprexa® Zydis®	Yes	Generic Preferred
	Zyprexa® IM	Yes	Preferred
Olanzapine Pamoate	Zyprexa® Relprevv™	No	Preferred

Second Generation Antipsychotic Products

Ingredient	Label Name	Generic Available	PDL Status as of 12/18/2013
Paliperidone	Invega®	Yes	Generic Preferred
Paliperidone Palmitate	Invega Sustenna®	No	Preferred
	Invega Trinza®	No	<i>Not Reviewed</i>
Pimavanserin	Nuplazid™	No	<i>Not Reviewed</i>
Quetiapine	Seroquel®	Yes	Generic Preferred
	Seroquel XR®	No	Preferred
Risperidone	Risperdal®, Risperdal® M-TAB	Yes	Generic Preferred
Risperidone microspheres	Risperdal® Consta®	No	Preferred
Ziprasidone	Geodon®	Yes	Generic Preferred
Ziprasidone mesylate	Geodon® IM	No	Preferred



Second Generation Antipsychotics

- **Current Limitations**

- Continuation of therapy required, refill protected class RCW 69.41.190
- No TIP (P&T Motion 12/18/2013)
- Generics First
- Antipsychotic duplication for under 18 years of age require a Second Opinion Network (SON) review
- Oral antipsychotics:
 - Under 18 years of age require SON review if outside dose limits (see slide #5)
 - Limits recommended by Pediatric Mental Health Workgroup and approved by DUR Board
- Injectable antipsychotics:
 - Under 18 years of age require SON review
 - Over 65 years of age require PA to verify not being used for treatment of dementia-related psychosis
 - Limited to FDA labeled maximum doses
- Must step through one preferred product before a non-preferred will be authorized

- **“Child in Crisis” for under 18 years of age**

- Approve 3 months while pending for additional information

Antipsychotics Age/Dose Limits

Drug	Dosing Limitations		
	Age 3–5 years	Age 6–12 years	Age 13–17 years
Aripiprazole	PA Required	20 mg per day	30 mg per day
Asenapine	PA Required	PA Required	PA Required
Brexpiprazole	PA Required	PA Required	PA Required
Cariprazine	PA Required	PA Required	PA Required
Clozapine	PA Required	600 mg per day	900 mg per day
Haloperidol	PA Required	10 mg per day	15 mg per day
Iloperidone	PA Required	PA Required	PA Required
Lurasidone	PA Required	PA Required	PA Required
Olanzapine	2.5 mg per day	10 mg per day	20 mg per day
Paliperidone	PA Required	PA Required	PA Required
Perphenazine	PA Required	12 mg per day	24 mg per day
Quetiapine	PA Required	300 mg per day	600 mg per day
Risperidone	2mg per day	4 mg per day	8 mg per day
Ziprasidone	PA Required	80 mg per day	160 mg per day

Second Generation Antipsychotics

- **Recommendation:**

- Continue current limitations
- Must try all preferred drugs with the same indication before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.
- TIP based on most recent P&T Committee motion



Stakeholder Comments - SGA?

- Motion:



Long-Acting Insulin Products

Ingredient	Label Name	Generic Available	PDL Status as of 12/16/2015
Insulin degludec	Tresiba® FlexTouch®	No	<i>Not Reviewed</i>
Insulin detemir	Levemir®, Levemir® FlexTouch®	No	Non-Preferred
Insulin glargine	Lantus®, Lantus® SoloStar®	No	Preferred
	Toujeo® SoloStar	No	Non-Preferred
	Basaglar®	No	Non-Preferred

Long-Acting Insulins

- **Current Limitations**

- EA code for diagnosis of type 1 diabetes mellitus
- Uncontrolled (HbA1C >8%) on another basal insulin regimen, such as combination of NPH insulin with meal-time boluses of fast-acting insulin
 - Must try 3 months for diagnosis of type 2 diabetes mellitus
 - Must try 1 month for diagnosis of gestational diabetes
- Must NOT have...
 - Concomitant use of Bydureon (exenatide), Saxenda (liraglutide), or rosiglitazone
 - Other contraindications or hypersensitivity to insulin products or one of their excipients
- Dosing limitation of 100 units/day (except Lantus 300 units/day)
- Must step through all preferred long-acting insulin product before a non-preferred will be authorized



Long-Acting Insulins

- **Recommendation:**
 - Continue current limitations
 - Must try all preferred drugs with the same indication before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.
 - TIP based on most recent P&T Committee motion

Stakeholder Comments - LAI?

- Motion:



Alzheimer's Products

Ingredient	Label Name	Generic Available	PDL Status as of 10/16/2013
Donepezil	Aricept [®] , Aricept [®] ODT	Yes	Generic Preferred
Galantamine	Razadyne [®] , Razadyne [®] ER	Yes	Generic Preferred
Rivastigmine	Exelon [®]	Yes	Generic Preferred
Rivastigmine Transdermal System	Exelon [®] Patch	Yes	Non-preferred
Memantine	Namenda [™]	Yes	Generic Preferred
	Namenda XR [®]	No	Non-preferred
Memantine/ Donepezil	Namzaric [™]	No	<i>Not Reviewed</i>

Alzheimer's Drug Class

- **Current Limitations**

- No TIP (P&T Motion 10/16/2013)
- Require PA for under 18 years of age
- Must step through one preferred product before a non-preferred will be authorized

- **Recommendation:**

- Continue to require PA for under 18 years of age
- Must try all preferred drugs with the same indication before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate
- TIP based on most recent motion.



Stakeholder Comments – Alzheimer's?

- Motion:



Vivitrol

- **Current Limitations**

- Diagnosis of moderate to severe opioid or alcohol use disorder
 - Co-occurring mental or behavioral health condition which impairs ability to be compliant
 - Unsuccessful treatment attempts with oral naltrexone
 - 3 or more ER visits, hospital admits, or services for alcohol or drug related illness, injury, detoxification
- Abstinence
 - Alcohol = 4 days
 - Opiates = 7-10 days

- **Recommendation:**

- Remove all PA requirements
- Vivitrol must be allowed to be dispensed at retail pharmacies



Stakeholder Comments - Vivitrol?

- Motion:



Long-Acting Opioid Products

Ingredient	Label Name	Generic Available	PDL Status as of 10/21/2015
Buprenorphine	Butrans®	No	Non-Preferred
Buprenorphine Buccal Film	Belbuca™	No	<i>Not Reviewed</i>
Fentanyl	Duragesic®	Yes	Generic Preferred
Hydrocodone bitartrate	Hysingla® ER, Zohydro® ER	No	Non-Preferred
Hydromorphone	Exalgo®	Yes	Generic Preferred
Levorphanol	Levorphanol	Yes	Non-Preferred
Methadone	Dolophine®, Methadose™	Yes	Non-Preferred
Morphine	Kadian®, MS-Contin®	Yes	Generic Preferred
Morphine sulfate / naltrexone	Embeda®	No	Non-Preferred
Oxycodone	Oxycontin®	Yes	Generic Preferred
Oxymorphone	Opana®	Yes	Non-Preferred
Tapentadol	Nucynta® ER	No	Non-Preferred



Long-Acting Opioid - Methadone

- **Current Limitations**
 - Does not apply to methadone dispensed from an opiate treatment program
 - Step through ALL other generic long-acting opioids before methadone will be authorized
 - Max dose 40mg per day
 - Will allow continuation of treatment if taking > 20 mg of methadone
- **Expedited Authorization (EA)**
 - Active Cancer Pain
 - Hospice
- **Recommendation:** Continue current limitations.



Stakeholder Comments - Methadone?

- Motion:



Long-Acting Opioids

To be presented by Ryan Pistorresi

