



# Apple Health Preferred Drug List

April Phillips, PharmD  
Apple Health PDL/DUR Manager  
Pharmacy Services, CQCT  
October 18, 2017

# Antiplatelets

- **Recommendation:**
  - The antiplatelet products that are considered safe and efficacious in the P&T motion are eligible for preferred status at the discretion of HCA.
  - All non-preferred products require a trial of two preferred products before a non-preferred drug will be authorized unless contraindicated, not clinically appropriate, or only one is preferred.

# Antiplatelets

- Motion: “I move the Apple Health Medicaid Program implement the limitations for the Antiplatelet drug class listed on slide 2 as recommended.”
- Motion: Chew
- Second: Johnson
- Passed unanimous

# Newer Diabetics

(Amylin Analogue, DPP-4, GLP-1, SGLT2)

- **Recommendation:**

- EA for pramlintide (Symlin®) for type 1 diabetes
- All newer diabetic products are considered safe and efficacious within the same subclass and are eligible for preferred status at the discretion of HCA.
- All non-preferred products require a trial of two preferred products before a non-preferred drug will be authorized within a sub-class unless contraindicated, not clinically appropriate, or only one is preferred. One drug with cardiovascular benefits must be preferred on the PDL.

# Newer Diabetics

(Amylin Analogue, DPP-4, GLP-1, SGLT2)

- Motion: “I move the Apple Health Medicaid Program implement the limitations for the Newer Diabetic drug class listed on slide 4 as recommended.”
- Motion: Storhaug
- Second: Sanderson
- Passed, Figueroa-nay

# Overactive Bladder

- **Recommendation:**
  - All overactive bladder products are considered safe and efficacious within the specified duration of action subclass and are eligible for preferred status at the discretion of HCA.
  - All non-preferred products require a trial of all preferred products up to a total of 2 with different active ingredients and same duration of action (e.g. long / short acting) before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.



# Overactive Bladder

- Motion: “I move the Apple Health Medicaid Program implement the limitations for the overactive bladder drug class listed on slide 6 as recommended.”
- Motion: Figueroa
- Second: Chew
- Passed unanimous

# Topical Steroids

- **Recommendation:**
  - All topical steroid products are considered safe and efficacious within the specified potency subclass and are eligible for preferred status at the discretion of HCA.
  - All non-preferred products require a trial of all preferred products up to a total of 2 with different active ingredients within the same potency class before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.



# Topical Steroids

Motion: “I move the Apple Health Medicaid Program implement the limitations for the topical steroid drug class listed on slide 8 as recommended.”

- Motion: Figueroa
- Second: Schwilke
- Passed unanimous

# Oncology, Oral-Hematologic Cancers

- **Recommendation:**

- The prior authorization criteria for all new and the following oral hematologic cancer treatments will be limited to the indications and dosing from FDA-labeling, NCCN or ASCO published clinical practice guidelines for treatment of hematologic cancers.

- Bosutinib (BOSULIF)
- Ibrutinib (IMBRUVICA)
- Idelalisib (ZYDELIG)
- Imatinib mesylate (GLEEVEC)
- Ixazomib (NINLARO)
- Lenalidomide (REVLIMID)
- Nilotinib (TASIGNA)
- Panobinostat (FARYDAK)
- Ponatinib (ICLUSIG)
- Ruxolitinib (JAKAFI)
- Thalidomide (THALOMID)
- Venetoclax (VENCLEXTA)
- Vorinostat (ZOLINZA)



# Oncology, Oral-Hematologic Cancers

Drug Subclass Name	Oncology, Oral-Hematologic
Antimetabolites	Mercaptopurine (PURINETHOL)*
	Thioguanine (TABLOID)
Antineoplastics Misc.	Hydroxyurea*
	Procarbazine (MATULANE)
Bcl-2 Inhibitors	Venetoclax (VENCLEXTA)+
Histone Deacetylase Inhibitors	Panobinostat (FARYDAK)+
	Vorinostat (ZOLINZA)+
Immunomodulators	Pomalidomide (POMALYST)
	Lenalidomide (REVLIMID)+
	Thalidomide (THALOMID)+
Janus Associated Kinase (Jak) Inhibitors	Ruxolitinib (JAKAFI)+
Nitrogen Mustards	Chlorambucil (LEUKERAN)
	Melphalan (ALKERAN)
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors	Idelalisib (ZYDELIG)+
Proteasome Inhibitors	Ixazomib (NINLARO)+
Retinoids	Tretinoin (VESANOID)*
Tyrosine Kinase Inhibitors	Bosutinib (BOSULIF)+
	Dasatinib (SPRYCEL)
	Ibrutinib (IMBRUVICA)+
	Imatinib mesylate (GLEEVEC)*+
	Nilotinib (TASIGNA)+
	Ponatinib (ICLUSIG)+

\*Generic available; +Requires prior authorization

# Oncology, Oral-Hematologic Cancers

Leukemias	Indication
Chronic Myelogenous Leukemia (CML)	<ul style="list-style-type: none"> <li>•Bosutinib (BOSULIF)</li> <li>•Dasatinib (SPRYCEL)</li> <li>•Hydroxyurea</li> <li>•Imatinib mesylate (GLEEVEC)</li> <li>•Nilotinib (TASIGNA)</li> </ul>
Acute Lymphocytic Leukemia (ALL)	<ul style="list-style-type: none"> <li>•Mercaptopurine (PURINETHOL)</li> </ul>
Philadelphia Chromosome-Positive (Ph+) ALL	<ul style="list-style-type: none"> <li>•Dasatinib (SPRYCEL)</li> <li>•Imatinib mesylate (GLEEVEC)</li> <li>•Ponatinib (ICLUSIG)</li> </ul>
Acute Promyelocytic Leukemia	<ul style="list-style-type: none"> <li>•Tretinoin (VESANOID)</li> </ul>
Lymphomas	Indication
Hodgkin Lymphoma	<ul style="list-style-type: none"> <li>•Chlorambucil (LEUKERAN)</li> <li>•Idelalisib (ZYDELIG)</li> <li>•Procarbazine (MATULANE)</li> </ul>
Non-Hodgkin's Lymphomas (NHL)	<ul style="list-style-type: none"> <li>•Chlorambucil (LEUKERAN)</li> </ul>
Chronic Lymphocytic Leukemia (CLL) / Small Lymphocytic Lymphoma (SLL)	<ul style="list-style-type: none"> <li>•Chlorambucil (LEUKERAN)</li> <li>•Ibrutinib (IMBRUVICA)</li> <li>•Idelalisib (ZYDELIG)</li> <li>•Venetoclax (VENCLEXTA)</li> </ul>
Mantle Cell Lymphoma (MCL)	<ul style="list-style-type: none"> <li>•Ibrutinib (IMBRUVICA)</li> <li>•Lenalidomide (REVLIMID)</li> </ul>
Cutaneous T-cell Lymphoma (CTCLs)	<ul style="list-style-type: none"> <li>•Vorinostat (ZOLINZA)</li> </ul>

# Oncology, Oral-Hematologic Cancers

Other Hematologic Cancers	Indication
Multiple Myeloma	<ul style="list-style-type: none"> <li>•Ixazomib (NINLARO)</li> <li>•Lenalidomide (REVLIMID)</li> <li>•Melphalan (ALKERAN)</li> <li>•Panobinostat (FARYDAK)</li> <li>•Pomalidomide (POMALYST)</li> <li>•Ponatinib (ICLUSIG)</li> <li>•Thalidomide (THALOMID)</li> </ul>
Waldenström's Macroglobulinemia	<ul style="list-style-type: none"> <li>•Ibrutinib (IMBRUVICA)</li> </ul>
Myelodysplastic Syndromes	<ul style="list-style-type: none"> <li>•Imatinib mesylate (GLEEVEC)</li> <li>•Lenalidomide (REVLIMID)</li> </ul>
Myelofibrosis	<ul style="list-style-type: none"> <li>•Ruxolitinib (JAKAFI)</li> </ul>
Gastrointestinal Stromal Tumors (GIST)	<ul style="list-style-type: none"> <li>•Imatinib mesylate (GLEEVEC)</li> </ul>
Dermatofibrosarcoma protuberans	<ul style="list-style-type: none"> <li>•Imatinib mesylate (GLEEVEC)</li> </ul>



## Stakeholder Comments?

- Motion: “I move the Apple Health Medicaid Program implement the limitations for the Oral Hematologic Oncology drug class listed on slide 10 as recommended.”
- Motion: Flatebo
- Second: Lee
- Passed unanimous

# Oncology, Oral-Breast Cancers

- **Recommendation:**

- The prior authorization criteria for all new and the following oral breast cancer treatments will be limited to indications and dosing from FDA-labeling, NCCN and ASCO published clinical practice guidelines regarding the treatment of breast cancer.

- Capecitabine (XELODA)
- Lapatinib (TYKERB)
- Palbociclib (IBRANCE)



# Oncology, Oral-Breast Cancers

Drug Subclass Name	Oncology, Oral-Breast
Antiestrogens	Fulvestrant (FASLODEX)
	Tamoxifen (NOLVADEX)*
	Toremifene (FARESTON)
Antimetabolites	Capecitabine (XELODA)*+
Aromatase Inhibitors	Anastrozole (ARIMIDEX)*
	Exemestane (AROMASIN)*
	Letrozole (FEMARA)*
Cyclin-Dependent Kinases (CDK) Inhibitors	Palbociclib (IBRANCE) +
	Ribociclib (Kisqali)
Nitrogen Mustards	Cyclophosphamide (CYTOXAN)*
Tyrosine Kinase Inhibitors	Lapatinib (TYKERB)+
	Neratinib (NERLYNX)

\*Generic available; +Requires prior authorization





# Oncology, Oral-Breast Cancers

Breast Cancer Subclass	Indication
Prevention	<ul style="list-style-type: none"> <li>• Tamoxifen Citrate (NOLVADEX)</li> </ul>
HR-Positive, Adjuvant Therapy	<ul style="list-style-type: none"> <li>• Anastrozole (ARIMIDEX)</li> <li>• Exemestane (AROMASIN)</li> </ul>
HR-Positive, Extended Adjuvant Therapy	<ul style="list-style-type: none"> <li>• Letrozole (FEMARA)</li> </ul>
Advanced HR-Positive, First-Line Therapy	<ul style="list-style-type: none"> <li>• Anastrozole (ARIMIDEX)</li> <li>• Fulvestrant (FASLODEX)</li> <li>• Letrozole (FEMARA)</li> <li>• Palbociclib (IBRANCE)</li> <li>• Ribociclib (Kisqali)</li> <li>• Ribociclib/Letrozole (Kisqali Femara Co-Pack)</li> </ul>
Advanced HR-positive, Second-Line Therapy	<ul style="list-style-type: none"> <li>• Anastrozole (ARIMIDEX)</li> <li>• Exemestane (AROMASIN)</li> <li>• Fulvestrant (FASLODEX)</li> <li>• Palbociclib (IBRANCE)</li> </ul>
Metastatic, Second-Line Therapy	<ul style="list-style-type: none"> <li>• Capecitabine (XELODA)</li> <li>• Fulvestrant (FASLODEX)</li> <li>• Lapatinib (TYKERB)</li> <li>• Tamoxifen Citrate (NOLVADEX)</li> <li>• Toremifene (FARESTON)</li> </ul>
HER2-Positive, Advanced	<ul style="list-style-type: none"> <li>• Lapatinib (TYKERB)</li> <li>• Neratinib (NERLYNX)</li> </ul>
Ductal Carcinoma In Situ (DCIS)	<ul style="list-style-type: none"> <li>• Tamoxifen Citrate (NOLVADEX)</li> </ul>

## Oncology, Oral-Breast Cancers

- Motion: “I move the Apple Health Medicaid Program implement the limitations for the Oral Breast Cancer Oncology drug class listed on slide 15 as recommended.”
- Motion: Johnson
- Second: Chew
- Passed unanimous

