

Provider Notice of PDL changes, effective Jan. 1, 2018

The Mississippi Division of Medicaid's (DOM) Universal Preferred Drug List (PDL) underwent an annual review on Nov. 2, 2017. The revisions brought about by this annual review will become effective on Jan. 1, 2018. The Universal PDL is effective for Medicaid fee-for-service, MississippiCAN and Children's Health Insurance Program (CHIP) beneficiaries.

The Provider Notice of PDL Changes can be found at <https://medicaid.ms.gov/wp-content/uploads/2017/10/MSPDLProviderNotice010118.pdf>.

The Universal PDL can be found at <https://medicaid.ms.gov/providers/pharmacy/preferred-drug-list/>.

- **PDL change in the Inhaled Glucocorticoid class**

The manufacturer (Teva) of QVAR Oral Inhaler has announced that it will discontinue sales of the currently available formula upon the launch of QVAR RediHaler in the first quarter of 2018, and as a result both formulations will move to non-preferred status, as recommended by the P&T Committee, effective Jan. 1, 2018.

These two formulations of QVAR are not generic equivalents, are not interchangeable and therefore, patients who have a prescription for the old QVAR Oral Inhaler will require a new prescription for the new formulation.

Current QVAR Oral Inhaler users, as of Dec. 31, 2017, will be grandfathered. Grandfathering means that patients currently using QVAR (have had a prescription filled in the last 90 days) will be allowed to continue their regimen until the QVAR Oral Inhaler (HFA) stock is depleted. A written prior authorization (PA) request will not be required for this, and an electronic PA will be approved at the pharmacy point of sale. A manual prior authorization for QVAR Redihaler is, and will continue to be, required for all patients, as are all non-preferred agents in this PDL category.

Pulmicort Flexhaler (budesonide) is moving to preferred status and is currently the only hand-held agent preferred in this class. Pulmicort Flexhaler is a first line treatment for patients six years and older for the maintenance treatment of asthma. Budesonide nebulization solution is also preferred. Budesonide nebulization is a first-line treatment for patients 0-12 years of age for the maintenance treatment of asthma. The PA criteria for this class for non-preferred agents is a trial and failure of one preferred agent in the past six months. This class also allows for a stable therapy electronic PA which means that a patient who has received 90 days of therapy in the previous 105 days, regardless of preferred or non-preferred status, will not require a written PA request. The current 2017 NIH Asthma Care Quick Reference can be found at https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf.

Flovent HFA is moving to non-preferred status. However, so as to allow an HFA treatment option, it will be available for children from age 0 through six without a manual PA.

Drugs changing status are highlighted in yellow in the excerpt from the 1-1-2018 PDL below:

GLUCOCORTICIDS (Inhaled) ^{SmartPA}	GLUCOCORTICIDS
budesonide 0.25mg and 0.5mg PULMICORT (budesonide) Flexhaler	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARMONAIR RESPICLICK (fluticasone) ARNUITY ELLIPTA (fluticasone) ASMANEX TWISTHALER (mometasone) ASMANEX HFA (mometasone) budesonide 1mg FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) PULMICORT (budesonide) Respules QVAR Oral Inhaler (HFA) (beclomethasone dipropionate)* QVAR REDIHALER (beclomethasone dipropionate)

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Please forward this message to colleagues who might be interested. If you wish to be removed from this list or know of a colleague to add, send an email message to: matt.westerfield@medicaid.ms.gov.

About Mississippi Division of Medicaid

Medicaid is a state and federal program created by the Social Security Amendments of 1965, authorized by Title XIX of the Social Security Act, to provide health coverage for eligible, low income populations. In 1969, Medicaid was enacted by the Mississippi Legislature. All 50 states, five territories of the United States and District of Columbia participate in this voluntary matching program. The mission of the Mississippi Division of Medicaid is to responsibly provide access to quality health coverage for vulnerable Mississippians, by conducting operations with accountability, consistency and respect.