

**HIV ANTIRETROVIRAL PDL CHANGE NOTIFICATION LETTER**  
**Mailed October 15, 2014**

**BACKGROUND**

In October 2014, antiretrovirals were added to the Mississippi Division of Medicaid (DOM) Preferred Drug List (PDL) as a reviewed class. Previously as non-reviewed agents, all of these products were approved for use without prior authorization (PA). The DOM Pharmacy and Therapeutics Committee approved recommendations regarding which products would be preferred and that patients on stable therapy with a drug that has become non-preferred would be allowed to continue on the drug.

**MAILING**

Providers treating HIV patients with antiretrovirals were identified and the following letter and provider summary information were mailed to 157 prescribers on October 15, 2014.

October 15, 2014

**RE: RECENT CHANGE IN MEDICAID PREFERRED DRUG LIST FOR ANTIRETROVIRALS**

In October 2014, antiretrovirals were added to the Mississippi Division of Medicaid (DOM) Preferred Drug List (PDL) as a reviewed class. Previously as non-reviewed agents, all of these products were approved for use without prior authorization (PA). As a reviewed class, some agents will be preferred over other agents of the same type and occasionally the brand of an agent may be preferred over the generic due to supplemental rebates offered to DOM.

Patients on stable therapy with a drug that has become non-preferred will be allowed to continue on the drug. Be sure to check whether the brand or generic is the preferred version for any drug prescribed. Some combination products are not preferred because there are therapeutically similar combination regimens available that are more cost-effective. If genotype testing supports use of a regimen that is non-preferred, a PA may be submitted. Manual PAs may be submitted:

- Through the Envision Web Portal  
<https://msmedicaid.acs-inc.com/msenvision/pharmacyPriorAuthAction.do>
- Or by fax to 877-537-0720

A reference table from the PDL listing the preferred and non-preferred agents for this therapeutic class is attached for your convenience. For details on criteria for use of non-preferred agents, please refer to the most recent full PDL at:

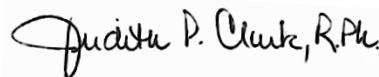
<http://www.medicaid.ms.gov/providers/pharmacy/preferred-drug-list/>

We have also enclosed an information sheet on PDL considerations for antiretroviral therapy. We hope this information will help you avoid any difficulties when prescribing antiretroviral agents for Medicaid beneficiaries.

Sincerely,



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Project Director  
MS-DUR



Judith P. Clark, R.Ph.  
Director, Pharmacy Bureau  
Division of Medicaid

# Mississippi Medicaid Fee-For-Service Preferred Drug List AS OF 10/01/2014\*

## ANTIRETROVIRALS

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>INTEGRASE STRAND TRANSFER INHIBITORS</b>	
ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium)	
<b>NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>	
abacavir sulfate didanosine DR capsule EMTRIVA (emtricitabine) EPIVIR (lamivudine) lamivudine stavudine VIDEX SOLUTION (didanosine) VIREAD (tenofovir disoproxil fumarate) ZIAGEN (abacavir sulfate) zidovudine	RETROVIR (zidovudine) VIDEX EC (didanosine) ZERIT (stavudine)
<b>NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)</b>	
EDURANT (rilpivirine) nevirapine nevirapine ER SUSTIVA (efavirenz)	INTELENCE (etravirine) ** RESCRIPTOR (delavirdine mesylate) ** VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)
<b>PROTEASE INHIBITORS (PEPTIDIC)</b>	
NORVIR (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)	CRIVAN (indinavir) ** LEXIVA (fosamprenavir) ** INVIRASE (saquinavir mesylate) **
<b>PROTEASE INHIBITORS (NON-PEPTIDIC)</b>	
PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir) **
<b>ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS</b>	
	SELZENTRY (maraviroc) **
<b>ENTRY INHIBITORS – FUSION INHIBITORS</b>	
	FUZEON (enfuvirtide)**
<b>COMBINATION PRODUCTS - NRTIs</b>	
EPZICOM (abacavir/lamivudine) lamivudine/zidovudine TRIZIVIR (abacavir/lamivudine/zidovudine)	abacavir/lamivudine/zidovudine COMBIVIR (lamivudine/zidovudine)
<b>COMBINATION PRODUCTS – NUCLEOSIDE &amp; NUCLEOTIDE ANALOG RTIs</b>	
TRUVADA (emtricitabine/tenofovir)	
<b>COMBINATION PRODUCTS – NUCLEOSIDE &amp; NUCLEOTIDE ANALOGS &amp; INTEGRASE NHIBITORS</b>	
	STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) ** <i>Manual PA Criteria:</i> <ul style="list-style-type: none"> <li>• Intolerance or contraindication to preferred combination <b>AND</b></li> <li>• Genotype testing supporting resistance to other regimens <b>AND</b></li> <li>• Medical reasoning beyond convenience or enhanced compliance over preferred agents <b>AND</b></li> <li>• Negative test for Hepatitis B infection <b>AND</b></li> <li>• CrCl &gt; 70mL/min to initiate therapy <b>OR</b> CrCl &gt; 50mL/min to continue therapy</li> </ul>
<b>COMBINATION PRODUCTS – NUCLEOSIDE &amp; NUCLEOTIDE ANALOGS &amp; NON-NUCLEOSIDE RTIs</b>	
ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir)	
<b>COMBINATION PRODUCTS – PROTEASE INHIBITORS</b>	
KALETRA (lopinavir/ritonavir)	

\* The Mississippi Medicaid Preferred Drug List (PDL) is updated frequently and may change. The latest version of the PDL can always be obtained at: <http://www.medicaid.ms.gov/providers/pharmacy/preferred-drug-list/>

\*\* Users of these products as of 9-30-2014 will be grandfathered