



First Health Services Corporation

Nevada Medicaid and Nevada Check Up
Fiscal Agent
P.O. Box 30042
Reno, NV 89520-3042

MEMORANDUM

TO: Nevada Medicaid Physicians
FROM: First Health Services
DATE: November 8, 2004
RE: Kytril®

The Nevada Medicaid Pharmacy and Therapeutics Committee of the Department of Human Resources' Division of Health Care Financing and Policy has approved Kytril® as the preferred oral anti-emetic for inclusion on the Nevada Medicaid Preferred Drug List (PDL). The non-preferred agents are the oral formulations of Zofran® and Anzemet®.

The Preferred Drug List program provides (as of November 17, 2004) informational ("soft edits") to the pharmacist. This allows the pharmacist the opportunity to inform the recipient of the prior authorizations (PA) requirement on the next request for the non-preferred drug. During this time, prescribers are encouraged to begin using the preferred drug identified by the Pharmacy and Therapeutics Committee, and to voluntarily begin utilizing the prior authorization program, if necessary.

Effective December 15, 2004, "hard edits" will be implemented for this drug class and non-preferred agents will require prior authorization. Prescribers, or their designees, may call, fax, or write First Health Services Corporation's Clinical Call Center for prior authorization.

First Health Services' Clinical Call Center: 1-800-505-9185
First Health Services' Fax Number: 1-800-229-3928
First Health Services' Address: First Health Services Corporation
ATTN: MAP Department
4300 Cox Road
Glen Allen, VA 23060

Kytril Dosing Guidelines:

Emetogenic Chemotherapy: 2mg once daily or 1 mg twice daily.

The initial dose should be taken up to 1 hour prior to chemotherapy treatment and the second dose should be taken 12 hours after the first dose. **Doses should only be administered on the day(s) of chemotherapy treatment.**

Radiation Treatment (Total Body Irradiation or Fractionated Abdominal Radiation):
2mg once daily within 1 hour of radiation.

How Supplied: **Tablets:** 1mg **Solution:** 2mg/ml

For detailed prescribing information on Kytril, please refer to the following website:

http://www.rocheusa.com/products/kytril/pi_tablets.pdf

A complete Nevada Medicaid Preferred Drug List can be found at the following website:

<https://medicaid.nv.gov>