



**The Drug Utilization Review Board Reviewed the Following
New Drugs and Supplemental Rebate Classes on
June 4, 2015**

The Georgia Medicaid Fee-for-Service Drug Utilization Review (DUR) Board has conducted its clinical and financial evaluations and provided its recommendations for the Department of Community Health's (DCH) final decisions on the following new drug and supplemental rebate class reviews for the Georgia Medicaid Fee-for-Service Preferred Drug List (PDL). New drugs and drugs with a recommendation for change in PDL status are highlighted below. The recommendations on all other drugs remained the same as the current PDL status, which is located at <http://dch.georgia.gov/preferred-drug-lists>.

Antiemetics

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Dronabinol (Oral) Capsule* and *Non-Preferred* status with *Prior Authorization* for *Akynzeo® (Oral) Capsule and Marinol® (Oral) Capsule*.

Phosphate Binders

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Auryxia™ (Oral) Tablet*.

Gaucher Disease Agents

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Cerdelga™ (Oral) Capsule*.

Antiinfectives, Skin and Skin Structure Infections

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Dalvance® (Intravenous) Vial, Sivextro® (Intravenous) Vial and Sivextro® (Oral) Tablet*.

Idiopathic Pulmonary Fibrosis Agents

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Esbriet® (Oral) Capsule and Ofev® (Oral) Capsule*.

Antiinfectives, Antifungals

The DUR Board recommended *Preferred* status for *Griseofulvin Ultramicrosized (Oral) Tablet* and *Non-Preferred* status with *Prior Authorization* for *Gris-Peg® (Oral) Tablet, Jublia® (Topical) Solution and Kerydin™ (Topical) Solution*.

Alpha and Beta Adrenergic Agonists

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Northera™ (Oral) Capsule*.



Antineoplastics, Chronic Lymphocytic Leukemia (CLL) and Non-Hodgkin's Lymphoma (NHL)

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Zydelig™ (Oral) Tablet*.

Aminoglycosides for Cystic Fibrosis

The DUR Board recommended *Preferred* status for *Kitabis® Pak (Inhalation) Ampule-Nebulizer* and *Non-Preferred* status with *Prior Authorization* for *Bethkis® (Inhalation) Ampule-Nebulizer*.

Antidementia Agents

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Namenda XR® (Oral) Capsule with grandfathering*.

Antivirals, Antiretrovirals

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Complera® (Oral) Tablet, Stribild® (Oral) Tablet and Triumeq® (Oral) Tablet with grandfathering*.

Bronchodilators, Steroid-Sympathomimetic Combinations

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Advair® HFA (Inhalation) HFA Aerosol and Dulera® (Inhalation) HFA Aerosol*.