



## The Drug Utilization Review Board Reviewed the Following New Drugs and Supplemental Rebate Classes on March 17, 2016

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>.

### Vasoprotectants

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

### Cardiovascular-Angiotensin Modulator/Nepriylsin Inhibitor

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

### Antivirals, Hepatitis C Virus, Direct-Acting Antivirals

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Technivie (Oral) Tablet*, *Viekira Pak (Oral) Tablet*, and *Zepatier (Oral) Tablet*.

### Antihyperlipidemics, PCSK9 Inhibitors and Homozygous Familial Hypercholesterolemia Drugs

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Repatha (Subcutaneous) Injection*, and *Non-Preferred* status with *Prior Authorization* for *Praluent (Subcutaneous) Injection*.

### Antipsychotics, Atypical Oral

The DUR Board deferred providing recommendations until the June 2016 DURB meeting.

### Antihemophilic Products, Factor VIII Recombinant

The DUR Board recommended *Preferred* status for *Helixate FS (Intravenous) Vial* and *Non-Preferred* status with *Prior Authorization and Grandfathering* for all other agents in the class, including new drugs *Adynovate (Intravenous) Vial* and *Nuwiq (Intravenous) Vial*.

### Antihemophilic Products, Factor IX Recombinant

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Benefix (Intravenous) Vial* and *Non-Preferred* status with *Prior Authorization and Grandfathering* for all other agents in the class.



### **Antihemophilic Products, von Willebrand Factor**

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Wilate (Intravenous) Vial* and *Non-Preferred* status with *Prior Authorization* for all other agents in the class.

### **Aminoglycosides, Cystic Fibrosis**

The DUR Board recommended *No Changes* in the class.

### **Anticoagulants**

The DUR Board recommended *Preferred* status for *Eliquis (Oral) Tablet, Pradaxa (Oral) Capsule, and Xarelto (Oral) Tablet*.

### **Anticonvulsants, Benzodiazepines**

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

### **Anticonvulsants, New Generation**

The DUR Board recommended *No Changes* in the class.

### **Antiinflammatory, Antirheumatic Antimetabolites**

The DUR Board recommended *No Changes* in the class.

### **Attention-Deficit Hyperactivity Disorder Agents**

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Kapvay (Oral) Tablet, Methylin (Oral) Solution, and Methylphenidate LA (Oral) Capsule* and *Non-Preferred* status with *Prior Authorization* for *Dexedrine (Oral) Capsule ER and Tablet*.

### **Biologic Immunomodulators**

The DUR Board recommended *No Changes* in the class.

### **Gastrointestinal, Digestive Enzymes**

The DUR Board recommended *No Changes* in the class.

### **Growth Hormone**

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Genotropin (Subcutaneous) Injection*.



**Phosphate Binder Agents**

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