

Drug Utilization Review Board Recommendations September 18, 2014

The Georgia Medicaid Fee-for-Service (FFS) 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 clinical and drug reviews for the Georgia Medicaid FFS) Preferred Drug List (PDL) at the DUR Board Meeting held on September 18, 2014. The recommendations on new drugs as well as non-supplemental rebate drugs with a recommendation for change in PDL status are highlighted below. The recommendations on all other non-supplemental rebate drugs reviewed remained the same as the current PDL status, which is located at http://dch.georgia.gov/preferred-drug-lists.

Clinical Review

Respiratory Syncytial Virus (RSV) Guidelines Update

The DUR Board recommended Following the 2014 American Academy of Pediatrics Policy Statement on the Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection for Synagis® prior authorization criteria.

Drug Reviews

Estrogens-Selective Estrogen Receptor Modifiers

The DUR Board recommended *Preferred* status for *Cenestin*® (*Oral*) *Tablet*, *Activella*® (*Oral*) *Tablet* and *Raloxifene* (*Oral*) *Tablet* and *Non-Preferred* status with *Prior Authorization* for *Duavee*® (*Oral*) *Tablet*, *Estrace*® (*Oral*) *Tablet*, *Evista*® (*Oral*) *Tablet* and *Minivelle*® (*Transdermal*) *Patch*.

<u>Antidiabetics – Non-Insulin</u>

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

<u>Antineoplastics – Enzyme Inhibitors for Acute Lymphocytic Leukemia (ALL) and Chronic Myelogenous</u> Leukemia (CML)

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

Dermatologics - Antifungals

The DUR Board recommended *Preferred* status for *Econazole (Topical) Cream* and *Non-Preferred* status with *Prior Authorization* for *Luzu*[®] (*Topical*) *Cream* and *Nystatin-Triamcinolone (Topical) Cream and Ointment*.

Phosphate Binder Agents

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



Analgesics – Opioid Long-Acting

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Zohydro*[®] *ER (Oral) Capsule*.

Antibiotics - Macrolides

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Ery-Tab*® (*Oral*) *Tablet, EES*® 400 (*Oral*) *Tablet, Erythrocin*® (*Oral*) *Tablet, Erythromcyin* (*Oral*) *Tablet, PCE*® (*Oral*) *Tablet, EES*® 200 (*Oral*) *Suspension, Erythromycin* (*Oral*) *Capsule, EryPed*® 200 (*Oral*) *Suspension* and *EryPed*® 400 (*Oral*) *Suspension*.

Antifungals - Oral

The DUR Board recommended *Preferred* status for *Terbinafine (Oral) Tablet* and *Preferred* status with *Prior Authorization* for *Sporanox*[®] (*Oral*) *Solution*.

Antihistamines - Oral

The DUR Board recommended *Preferred* status for *Levocetirizine (Oral) Tablet* and *Non-Preferred* status with *Prior Authorization Arbinoxa*[®] (*Oral*) *Tablet and Liquid and Clarinex*[®] (*Oral*) *Syrup and Tablet*.

Antivirals – Genital Herpes Agents

The DUR Board recommended *Preferred* status for *Acyclovir (Topical) Ointment* and *Non-Preferred* status with *Prior Authorization* for *Zovirax*[®] (*Topical*) *Ointment*.

Dermatologics – Genital Warts

The DUR Board recommended *Preferred* status for *Aldara*® (*Topical*) *Cream* and *Non-Preferred* status with *Prior Authorization* for *Imiquimod* (*Topical*) *Cream*.

Gastrointestinal, Ulcer Drugs – Histamine-2 (H-2) Antagonists

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Nizatidine (Oral) Capsule and Solution*, allowing access to renal patients through the prior authorization criteria.

Immunosuppressive Agents for Organ Transplant Rejection

The DUR Board recommended *Preferred* status for *Sirolimus (Oral) Tablet* and *Non-Preferred* status with *Prior Authorization* for *Rapamune*[®] (*Oral*) *Tablet*.

Skeletal Muscle Relaxants

The DUR Board recommended *Non-Preferred* status for *Metaxalone (Oral) Tablet* and *Non-Preferred* status with *Prior Authorization* for *Carisoprodol Compound-Codeine (Oral) Tablet* and *Skelaxin*[®] (*Oral*) *Tablet*.