



The Drug Utilization Review Board Reviewed the Following New Drugs and Non-Supplemental Rebate Classes on September 24, 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>.

Sedative Hypnotics

The DUR Board recommended *Non-Preferred* status with *Prior Authorization, including not allowing for concomitant use with benzodiazepines*, for *Belsomra (Oral) Tablet*.

Biologic Immunomodulators

The DUR Board recommended *Preferred* status with *Prior Authorization, including step therapy with Humira, for Cosentyx (Subcutaneous) Syringe/Pens*.

Attention Deficit Hyperactivity Disorder (ADHD)

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

Antineoplastics, Breast Cancer

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

Antineoplastics, Thyroid Cancer

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

Antineoplastics, Ovarian Cancer

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

Thrombopoietin Receptor Agonists

The DUR Board recommended to *Postpone* for follow-up and further review for *Nplate (Subcutaneous) Vial*.

Anticoagulants

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



Dermatologics, Acne Rosacea

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Soolantra (Topical) Cream*.

Metabolic Enzymes

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Vimizim (Intravenous) Vial*.

Antianginal Agents

The DUR Board recommended *Preferred* status for *Nitroglycerin (Translingual) Spray* and *Non-Preferred* status with *Prior Authorization* for *Nitromist (Translingual) Spray*.

Antiinfectives, Cephalosporins

The DUR Board recommended *Preferred* status for *Ceftin (Oral) Suspension*, *Preferred* status with *Prior Authorization and Quantity Limit of 1* for *Suprax (Oral) Capsule* and *Non-Preferred* status with *Prior Authorization* for *Cefaclor (Oral) Suspension*, *Cefixime (Oral) Suspension* and *Suprax (Oral) Suspension*.

Antiinfectives, Tetracyclines

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

Antiparkinson Agents

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

Antivirals, Genital Herpes Simplex Virus (HSV)

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Acyclovir (Topical) Ointment 5%*.

Antivirals, Influenza Agents

The DUR Board recommended *No Changes* in the class and recommended a retrospective drug utilization review and intervention to educate prescribers of influenza agents on prevention of influenza, including influenza vaccination, and influenza testing.

Contraceptives

The DUR Board recommended *Preferred* status for *Alyacen (Oral) Tablet*, *Cyclafem (Oral) Tablet*, *Dasetta (Oral) Tablet*, *Femcon FE Chew (Oral) Tablet Chewable*, *Nor-QD (Oral) Tablet*, *Nortrel (Oral) Tablet* and *Pirmella (Oral) Tablet* and *Non-Preferred* status with *Prior Authorization* for *Aranelle (Oral) Tablet*, *Junel FE 24 (Oral) Tablet*, *Leena (Oral) Tablet*, *Lomedia 24 FE (Oral) Tablet*, *Ortho-Novum (Oral) Tablet*, *Ortho Tri-Cyclen (Oral) Tablet* and *Trinessa (Oral) Tablet*.



Cough and Cold Prescription (Rx) Products

The DUR Board recommended **Preferred** status for **Brompheniramine/Pseudoephedrine/Dextromethorphan (DM) (Oral) Syrup** on the Cough and Cold PDL located at <https://www.mmis.georgia.gov/portal/PubAccess.Pharmacy/Other%20Documents/tabId/86/Default.aspx> and scroll to Cough and Cold PDL.

Dermatologics, Acne Vulgaris

The DUR Board recommended **Preferred** status for **Atralin (Topical) Gel, Benzaclin (Topical) Gel, Epiduo (Topical) Gel, Retin-A (Topical) Gel and Tretinoin (Topical) Cream** and **Non-Preferred** status with **Prior Authorization** for **Sodium Sulfacetamide-Sulfur (Topical) Cleanser/Cream, Tretinoin (Topical) Gel and Tretinoin Microsphere (Topical) Gel**.

Dermatologics, Corticosteroids

The DUR Board recommended **Preferred** status for **Amcinonide (Topical) Cream, Desonide (Topical) Cream/Lotion/Ointment, Mometasone Furoate (Topical) Cream/Ointment/Solution, Triamcinolone Acetonide (Topical) Lotion** and **Non-Preferred** status with **Prior Authorization** for **Amcinonide (Topical) Lotion, Clobetasol Emollient (Topical) Cream, Clobetasol Propionate (Topical) Cream, Fluocinonide (Topical) Ointment, Hydrocortisone Valerate (Topical) Cream/Ointment, Kenalog (Topical) Aerosol and Prednicarbate (Topical) Ointment**.

Dermatologics, Genital Warts

The DUR Board recommended **Preferred** status for **Imiquimod (Topical) Cream**.

Dermatologics, Local Anesthetics

The DUR Board recommended **Preferred** status for **Lidocaine (Topical) Cream/Lotion 3%** and **Non-Preferred** status with **Prior Authorization** for **Lidocaine (Topical) Ointment 5%**.

Gastrointestinal, Histamine (H-2) Receptor Antagonists

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

Gout Agents

The DUR Board recommended **Preferred** status for **Colchicine (Oral) Capsule/Tablet** and **Non-Preferred** status with **Prior Authorization** for **Colcrys (Oral) Tablet**.

Immunosuppressive Agents

The DUR Board recommended **Preferred** status for **Sirolimus (Oral) Tablet**, **Preferred** status with **Prior Authorization** for **Cellcept (Oral) Suspension** and **Non-Preferred** status with **Prior Authorization and Grandfathering** for **Rapamune (Oral) Tablet**.



Progestins

The DUR Board recommended *Preferred* status for *Progesterone (Oral) Capsule* and *Non-Preferred* status with *Prior Authorization* for *Prometrium (Oral) Capsule*.

Respiratory, Leukotriene Modifiers

The DUR Board recommended *No Changes* in the class and recommended reviewing the montelukast prior authorization criteria to determine if revisions are needed based on the 2015 updated guidelines for allergic rhinitis.

Ulcer Drugs, *H Pylori*

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Prevpac (Oral) Combination Package*.

Urinary, Antiinfectives

The DUR Board recommended *Preferred* status for *Methenamine Mandelate (Oral) Tablet* and *Non-Preferred* status with *Prior Authorization* status for *Uro-Blue (Oral) Tablet* and *Utira-C (Oral) Tablet*.