

## Drug Utilization Review Board Recommendations September 15, 2011

On September 15, 2011, the Georgia Medicaid Fee-for-Service (FFS) Drug Utilization Review (DUR) Board provided its clinical and financial recommendations for the Department of Community Health (DCH) to consider in their decisions on the following follow-up reviews, new drug reviews and clinical utilization reviews for the Georgia Medicaid FFS Preferred Drug List (PDL).

### Follow-Up Reviews

#### Emergency Contraceptive

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Ella*<sup>TM</sup>.

#### Multiple Sclerosis

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Gilenya*<sup>TM</sup>.

#### Anticoagulant

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Pradaxa*<sup>TM</sup>.

#### Alpha-1 Proteinase Inhibitors

The DUR Board recommended *Preferred* status with *Prior Authorization* for all agents, *Aralast-NP*<sup>®</sup>, *Glassia*<sup>TM</sup>, *Prolastin-C*<sup>®</sup> and *Zemaira*<sup>®</sup>.

### New Drug Reviews

#### Long-Acting Opioid Agonist-Antagonist

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Butrans*<sup>TM</sup>.

#### Antimuscarinic

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Cuvposa*<sup>TM</sup>.

#### Growth Hormone Modifier

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Egrifta*<sup>TM</sup>.

#### Antihyperkinesia Agent

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Kapvay*<sup>TM</sup>.

#### Ophthalmic Antihistamine

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Lastacaft*<sup>TM</sup>.

### Atypical Antipsychotic

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Latuda*<sup>™</sup>. The DUR Board also recommended the *Atypical Antipsychotic Class* be reviewed at the December 13, 2011 meeting and the manufacturers of atypical antipsychotics to submit supplemental rebate offers to Goold Health Systems by October 28, 2011.

### Progestin

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Makena*<sup>™</sup>.

### Neurologic

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Nuedexta*<sup>™</sup>.

### Antiinfective

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Teflaro*<sup>™</sup>.

## Clinical Utilization Reviews

### Long-Acting Beta-Agonist Containing Products

The DUR Board requested the Department continue to educate providers on the appropriate use of *Long-Acting Beta-Agonist Containing Products* in the treatment of asthma as well as continue to monitor the utilization of these products and to provide a follow-up report at the June 2012 meeting.

### Simvastatin 80mg Containing Products

The DUR Board recommended the Department educate providers on the appropriate use of *Simvastatin 80mg Containing Products* in the treatment of dyslipidemia as well as continue to monitor the utilization of these products and to provide a follow-up report at the June 2012 meeting.