Drug Utilization Review Board Recommendations
December 13, 2011

On December 13, 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 new drug and therapeutic class reviews. The DUR Board also provided its clinical recommendation on the following clinical utilization review for the Georgia Medicaid FFS Preferred Drug List (PDL).

New Drug Reviews

Protease Inhibitors for Hepatitis C

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for ***Incivek™*** and ***Victrelis™***.

Biologic Response Modifier for Medullary Thyroid Cancer

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for ***Caprelsa™***.

Phosphodiesterase-4 Inhibitor for Chronic Obstructive Pulmonary Disease

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for ***Daliresp™***.

Angiotensin Receptor Blocker for Hypertension

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for ***Edarbi™***.

Non-nucleoside Reverse Transcriptase Inhibitor for Human Immunodeficiency Virus Infection

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for ***Edurant™***.

Neurologic Agent for Restless Legs Syndrome

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for ***Horizant™***.

Topical Pediculicide for *Pediculus capitis* (head lice)

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for ***Natroba™***.

Biologic Response Modifier for Melanoma

The DUR Board recommended ***Preferred*** status with ***Prior Authorization*** for ***Sylatron™***.

Dipeptidyl Peptidase-4 Inhibitor for Type II Diabetes

The DUR Board recommended ***Preferred*** status with ***Prior Authorization*** for ***Tradjenta™***.

Androgen Biosynthesis Inhibitor for Prostate Cancer

The DUR Board recommended ***Preferred*** status with ***Prior Authorization*** for ***Zytiga™***.

Therapeutic Class Review

Atypical Antipsychotics

The DUR Board recommended retaining the current status of the ***Atypical Antipsychotics***.

Clinical Utilization Review

Controlled Substances

The DUR Board, including the DUR Board Controlled Substance Subcommittee, recommended:

1. Opioid prescriptions should be limited to 2 products in a 30 day period without prior authorization.
2. For members receiving methadone or Suboxone, no other opioid prescription should be allowed without prior authorization.
3. For members receiving 2 opioid products in a 30 day period for 3 or more months, these members should be allowed to receive only one of the following agents without prior authorization:
   - One benzodiazepine OR
   - One muscle relaxant OR
   - One sedative.
4. Prior authorization criteria should allow for members with compassionate needs.

Once the program has been implemented, the DUR Board also recommended the program and data be evaluated after 6 months and the results be presented at the following DUR Board meeting.