

Drug Utilization Review Board Meeting

December 13, 2011

Therapeutic Class	Drug Name	Current PDL Status	DCH Decisions
Therapeutic Class Review			
Atypical Antipsychotics			
	Abilify	NP/PA	NP/PA
	clozapine generic	NP/PA <18 yo	NP/PA <18 yo
	Fanapt	NP/PA	NP/PA
	FazaClo	NP/PA <18 yo	NP/PA <18 yo
	Geodon	P/PA <18 yo	P/PA <18 yo
	Invega/Sustenna	NP/PA	NP/PA
	Latuda	NP/PA	NP/PA
	Risperdal Consta	NP/PA	NP/PA
	risperidone generic	P/PA <10 yo*	P/PA <10 yo*
	Saphris	NP/PA	NP/PA
	Seroquel	P/PA <10yo	P/PA <10yo
	Seroquel XR	NP/PA	NP/PA
	Zyprexa/Zydis/Relprev	NP/PA	NP/PA
Therapeutic Class			
	Drug Name	Current PDL Status	DCH Decisions
New Drug Reviews			
Protease Inhibitors for Hepatitis C			
	Incivek	NP/PA	NP/PA
	VICTRELIS	NP/PA	NP/PA
Antineoplastic for Medullary Thyroid Cancer			
	Caprelsa	NP/PA	NP/PA

Phosphodiesterase-4 Inhibitor for Chronic Obstructive Pulmonary Disease			
	Daliresp	NP/PA	P/PA
Angiotensin Receptor Blocker for Hypertension			
	Edarbi	NP/PA	NP/PA
Non-nucleoside Reverse Transcriptase Inhibitor for Human Immunodeficiency Virus Infection			
	Edurant	P/PA	P/PA
Neurologic Agent for Restless Legs Syndrome			
	Horizant	NP/PA	NP/PA
Topical Scabicide for <i>Pediculus capitis</i> (head lice)			
	Natroba	NP/PA	P/PA
Biologic Response Modifier for Melanoma			
	Sylatron	P/PA	P/PA
Dipeptidyl Peptidase-4 Inhibitor for Type II Diabetes			
	Tradjenta	NP/PA	P/PA
Androgen Biosynthesis Inhibitor for Prostate Cancer			
	Zytiga	P/PA	P/PA

PDL = Preferred Drug List P = Preferred NP = Non-Preferred PA = Prior Authorization yo = years old
*Except for diagnosis of irritability associated with autism which is allowed for ages 5 and older

Clinical Utilization Review

Controlled Substances

DCH is evaluating the recommendations provided by the DUR Board, including the DUR Board Controlled Substance Subcommittee to see how to best implement with minimum negative impact to the Medicaid members and the provider community.