



**The Drug Utilization Review Board Reviewed the Following
New Drugs and Supplemental Rebate Classes on
December 10, 2013**

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 drugs for the Georgia Medicaid Fee-for-Service Preferred Drug List (PDL).

Antineoplastics

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Cometriq[®] (Oral) Capsule* and *Non-Preferred* status with *Prior Authorization* for *Pomalyst[®] (Oral) Capsule*. The DUR Board also recommended DCH restrict prescribing of antineoplastics to oncologists.

Ophthalmic Miscellaneous

The DUR Board recommended *Preferred* status for *Cystaran[™] (Ophthalmic) Drops*.

Antiemetic

The DUR Board recommended *Non-Preferred* status for *Diclegis[®] (Oral) Tablet Delayed-Release*.

Antidiarrheal

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Fulyzaq[™] (Oral) Tablet Delayed-Release*.

Antidiabetics

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

Ophthalmic Prostaglandin

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Rescula[®] (Ophthalmic) Drops*.

Somatostatic Agent

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Signifor[®] (Subcutaneous) Ampule*.

Antimycobacterial Agent

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Sirturo[™] (Oral) Tablet*. The DUR Board suggested requiring Sirturo to be administered under direct observation in the prior authorization criteria.

Multiple Sclerosis Agent

The DUR Board recommended *Preferred* status for *Extavia[®] (Subcutaneous) Kit* and *Non-Preferred* status with *Prior Authorization* for *Betaseron[®] (Subcutaneous) Kit* and *Tecfidera[®] (Oral) Capsule Delayed-Release*.

Ganglionic Blocker

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Vecamyl[™] (Oral) Tablet*. The DUR Board suggested the Vecamyl prior authorization criteria should be similar to the Vecamyl Total Care Program criteria.