



## The Drug Utilization Review Board Reviewed the Following New Drugs and Supplemental Rebate Classes on March 19, 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 new drugs and supplemental rebate classes for the Georgia Medicaid Fee-for-Service Preferred Drug List (PDL).

### New Drug Reviews

#### Antiparkinson Agent

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

#### Gastrointestinal – Bowel Evacuation Preparation

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

#### Topical – Scabicides and Pediculicides

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

#### Antineoplastic

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

### Supplemental Rebate Class Reviews

All supplemental rebate classes were reviewed, but only drugs with a recommendation for change in PDL status are highlighted below. The recommendations on all other supplemental rebate drugs remained the same as the current PDL status, which is located at [http://dch.georgia.gov/00/channel\\_title/0,2094,31446711\\_32050640,00.html](http://dch.georgia.gov/00/channel_title/0,2094,31446711_32050640,00.html).

#### Analgesics - Miscellaneous

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Butalbital-Aspirin-Caffeine Capsule*, *Butalbital-Acetaminophen-Caffeine Capsule*, *Bupap*<sup>®</sup>, *Zebutal*<sup>®</sup>, *Dolgic*<sup>®</sup> *Plus* and *Phrenilin*<sup>®</sup> *Forte*.

#### Anticonvulsants

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Banzel*<sup>®</sup>, *Vimpat*<sup>®</sup> and *Lamotrigine Chewable Tablet*.

#### Antiinfective - Miscellaneous

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Metronidazole 375mg Capsule*.

#### Beta Adrenergics – Short-Acting Inhalers

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Ventolin*<sup>®</sup> *HFA* and *ProAir*<sup>®</sup> *HFA*.



### Gastrointestinal – Digestive Enzymes

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Ultresa*<sup>®</sup> and *Zenpep*<sup>®</sup>

### Gastrointestinal - Laxatives

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

### Hyperparathyroid Treatment – Vitamin D Analogs and Calcimimetics

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* and *Grandfathering* for *Zemplar*<sup>®</sup>.

### Insulins

The DUR Board recommended *Preferred* status for *Humulin*<sup>®</sup> *R Vial*, *Humulin*<sup>®</sup> *N Vial* and *Levemir*<sup>®</sup> *Vial*, and *Preferred* status with *Prior Authorization* for *Levemir*<sup>®</sup> *Flexpen*.

### Non-Steroidal Antiinflammatory Agents

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Diclofenac Sodium Extended-Release Tablet*, *Etodolac Extended-Release Tablet*, *Fenoprofen Calcium Tablet*, *Indomethacin Extended-Release Capsule*, *Ketoprofen Capsule*, *Ketoprofen Extended-Release Capsule*, *Meclofenamate Sodium Capsule*, *Naproxen Delayed-Release Tablet*, *Oxaprozin Tablet* and *Tolmetin Sodium Capsule and Tablet*.

### Ophthalmic Quinolones

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Besivance*<sup>®</sup> and *Ofloxacin*.

### Ophthalmic Selective Alpha Adrenergic Agonists

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Alphagan*<sup>®</sup> *P 0.1%*.

### Opioid Combinations

The DUR Board recommended *Preferred* status for *Ibudone*<sup>®</sup> *10mg-200mg Tablet* and *Non-Preferred* status with *Prior Authorization* for *Hydrocodone-Ibuprofen 5mg-200mg and 7.5mg-200mg Tablets*.

### Phosphate Binders

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Renvela*<sup>®</sup> *800mg Tablet*.

### Platelet Aggregate Inhibitors and Combinations

The DUR Board recommended *Preferred* status for *Brilinta*<sup>®</sup>. The DUR Board also requested the Department monitor and report on utilization of *Brilinta*<sup>®</sup> in 6 months.



### Pulmonary Antihypertensives

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

### Steroid Inhalants

The DUR Board recommended **Preferred** status for **Pulmicort**<sup>®</sup> **Flexhaler**.

### Topical – Acne Preparations

The DUR Board recommended **Preferred** status for **Klaron**<sup>®</sup> **Suspension**, **Tazorac**<sup>®</sup> **Cream and Gel** and **Ziana**<sup>®</sup>, **Preferred** status with **Prior Authorization** for **Azelex**<sup>®</sup> and **Non-Preferred** status with **Prior Authorization** for **Benzaclin**<sup>®</sup>, **Benzamycin**<sup>®</sup> **Pak**, **Clindagel**, **Clindamycin Phosphate Swab**, **Ery**<sup>®</sup> and **Erythromycin Swabs**, **Metrogel Pump**, **Metronidazole Cream and Lotion** and **Sulfacetamide Sodium Suspension**.

### Topical – Corticosteroids-Low Potency

The DUR Board recommended **Preferred** status for **Fluocinolone Acetonide Oil** and **Non-Preferred** status with **Prior Authorization** for **Derma-Smoothe**<sup>®</sup> **FS**, **U-Cort**<sup>®</sup> and **Desonide Lotion**.

### Topical – Corticosteroids-Medium Potency

The DUR Board recommended **Preferred** status for **Kenalog**<sup>®</sup> **Aerosol** and **Non-Preferred** status with **Prior Authorization** for **Amcinonide Cream**; **Betamethasone Valerate Lotion**; **Fluocinolone Acetonide Cream, Ointment and Solution**; **Fluticasone Propionate Cream and Ointment**; **Hydrocortisone Butyrate Cream**; **Mometasone Furoate Cream, Ointment and Solution** and **Triamcinolone Acetonide Lotion**.

### Topical – Corticosteroids-High Potency

The DUR Board recommended **Non-Preferred** status with **Prior Authorization** for **Amcinonide Ointment**; **Apexicon**<sup>®</sup> **E Cream**; **Betamethasone Dipropionate Gel and Ointment**; **Betamethasone Dipropionate (Augmented) Cream, Lotion and Ointment**; **Clobetasol Propionate Foam**; **Desoximetasone Cream, Gel and Ointment** and **Diflorasone Diacetate Cream and Ointment**.

### Topical – Scabicides and Pediculicides

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