

**The Drug Utilization Review Board Reviewed the Following
Therapeutic Categories on
September 17, 2009**

The DURB acknowledged that cost is a consideration for all products, and has provided its clinical evaluations for the Department's final decisions on the Preferred Drug List (PDL).

New Drugs

Anticonvulsant for Seizures Associated with Lennox-Gastuat Syndrome

The DUR Board recommended *Preferred* status *with Prior Authorization* for *Banzel*

Ophthalmic Corticosteroid

The DUR Board recommended *Non-Preferred* status for *Durezol*

Gonadotropin Releasing Hormone Receptor Antagonist

The DUR Board recommended *Preferred* status *with Prior Authorization* for *Firmagon*

Proton Pump Inhibitor

The DUR Board recommended *Preferred* status *with Prior Authorization* for *Kapidex*
Requested review in 6 months

Thrombopoietin Receptor Agonist

The DUR Board recommended *Preferred* status *with Prior Authorization* for *Promacta*

Urinary Tract Antispasmodic

The DUR Board recommended *Preferred* status for *Toviaz*

Xanthine Oxidase Inhibitor

The DUR Board recommended *Non-Preferred* status *with Prior Authorization* for *Uloric*

Monoamine Depletor

The DUR Board recommended *Preferred* status *with Prior Authorization* for *Xenazine*

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Supplemental Rebate Drugs

P = Preferred

NP = Non-Preferred

PA = Prior Authorization

Hepatitis C Agents

| Drug Name | DURB Recommendation |
|-----------------------------|----------------------------|
| INFERGEN | P |
| INTRON - A | P |
| PEGASYS | P |
| PEG-INTRON | NP/PA |
| RIBAVIRIN 200mg generics | P |
| RIBAVIRIN – Other Strengths | NP |

Sedative Hypnotic Agents

| Drug Name | DURB Recommendation |
|------------------|----------------------------|
| AMBIEN | NP |
| AMBIEN CR | NP |
| LUNESTA | NP |
| ROZEREM | NP |
| SONATA | NP |
| ZALEPLON | P |
| ZOLPIDEM | P |

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Serotonin Nonreuptake Inhibitor Agents

| Drug Name | DURB Recommendation |
|----------------------------|----------------------------|
| CYMBALTA | NP |
| EFFEXOR | P |
| EFFEXOR XR | NP |
| PRISTIQ | NP |
| SAVELLA | NP |
| VENLAFAXINE 25, 37.5, 50mg | NP |
| VENLAFAXINE 75, 100mg | P |
| VENLAFAXINE ER | P |

Follow-Up Review

Inappropriate Use of 3rd Generation Cephalosporin and Fluoroquinolone Antibiotics

The DUR Board recommended a targeted letter approach for provider education.

Antihyperkinesia Agents in Adults

The DUR Board recommended withdrawal of the Long Acting ADHD drugs from adult use except by prior approval.

Age restriction: 21 years and older

Prior approval criteria to be written and reviewed by DCH's subject matter experts (SMEs).

Atypical Antipsychotics in Pediatrics

The DUR Board recommended that prior authorization be implemented with grandfathering for stabilized pediatric members, and notification sent to providers