



The Drug Utilization Review Board Reviewed the Following New Drugs and Supplemental Rebate Classes on May 4, 2017

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 class reviews for the Georgia Medicaid Fee-for-Service Preferred Drug List (PDL). New drugs and drugs with a recommendation for change in PDL status are highlighted below. The recommendations on all other drugs remained the same as the current PDL status, which is located at <http://dch.georgia.gov/preferred-drug-lists>.

Spinal Muscular Atrophy

The DUR Board recommended **Preferred** status with **Prior Authorization** for *Spinraza (Intrathecal) Injection* on the Physicians' Injectable Drug List (PIDL). The DUR Board urged the manufacturer to consider providing a supplemental rebate and requested reviewing the class at a future meeting.

Antidiabetics, Insulin

The DUR Board recommended **Non-Preferred** status with **Prior Authorization** for *all Humulin 100 U (Subcutaneous) products* with **grandfathering**, **Preferred** status with **Prior Authorization** for *Humalog U-200 (Subcutaneous) KwikPen*, **Preferred** status for *Lantus (Subcutaneous) Pen* and **Preferred** status for *Levemir (Subcutaneous) Pen*.

Antidiabetics, Non-Insulin, GLP-1 Receptor Agonists

The DUR Board recommended **Preferred** status with **Prior Authorization** for *Byetta (Subcutaneous) Pen* and *Victoza (Subcutaneous) Pen*. The DUR Board expressed willingness to revisit the class for removal of prior authorization criteria based on manufacturers' inclination to provide supplemental rebates in this category.

Antidiabetics, Non-Insulin, SGLT2 Inhibitors

The DUR Board recommended **Preferred** status with **Prior Authorization** for *Invokana (Oral) Tablet*.

Antihemophilic Factor VIII

The DUR Board recommended **Preferred** status for *Kogenate FS (Intravenous) Injection* and *Xyntha (Intravenous) Injection* and **Non-Preferred** status with **Prior Authorization** for *Advate (Intravenous) Injection*, *Helixate FS (Intravenous) Injection*, and *Novoeight (Intravenous) Injection*.

Antivirals, Antiretrovirals

The DUR Board recommended **Non-Preferred** status with **Prior Authorization** for *Lopinavir/Ritonavir (Oral) Solution*.



Attention Deficit Hyperactivity Disorder (ADHD) Agents

The DUR Board recommended deferral of decisions in this category until a comprehensive review of class, including revised financial offers, is conducted.

Cardiovascular, Angiotensin Modulator/Neprilysin Inhibitor

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Entresto (Oral) Tablet*.

Hematopoietic, Colony Stimulating Factors

The DUR Board recommended *Preferred* status for *Granix (Subcutaneous) Injection*.

Ophthalmics, Antiallergics

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Pataday (Ophthalmic) Solution*.

Ophthalmics, Antibiotics, Quinolones

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Zymaxid (Ophthalmic) Solution* and *Ofloxacin (Ophthalmic) Solution*.

Otic Antiinfectives

The DUR Board recommended *Preferred* status for *Ciprofloxacin (Otic) Solution* and *Non-Preferred* status with *Prior Authorization* for *Ofloxacin (Otic) Solution*.

Pulmonary Hypertension Drugs

The DUR Board recommended *Preferred* status for *Tracleer (Oral) Tablet*.