



**Nebraska Department of Health  
and Human Services  
DIVISION OF MEDICAID AND LONG-TERM CARE**

**PHARMACEUTICAL AND THERAPEUTICS COMMITTEE MEETING  
MINUTES**

September 24, 2009, 9 am  
Mahoney State Park, Peter Kiewit Lodge  
Ashland, NE

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Members Present

Claire Baker M.D.  
Kristi Bohac, Master of Divinity  
Chris Caudill M.D.  
Yvonne Davenport M.D.  
Allison Dering-Anderson Pharm.D.  
James Dube' Pharm.D.  
Gary Elsasser Pharm.D.  
Linda Farho Pharm.D.  
Jeff Gotschall M.D.  
Joyce Juracek Pharm.D.  
Michele Marsh M.D.  
Grace Mims Ph.D.  
Kevin Reichmuth M.D.  
Ken Saunders Pharm.D.  
Christopher Sorensen Pharm.D.  
Eric Thomsen M.D.  
Thomas Tonniges M.D.  
Angie Ward R.Ph.

Members Absent:

Eileen Rock M.D. (excused)  
Mark Hutchins M.D. (excused)

DHHS Staff

Jenny Minchow Pharm.D.  
Barb Mart R. Ph.  
Candace Hupp PDL Coordinator  
Roxie Cillessen, Manager Behavioral  
Health, Pharmacy and Ancillary Services  
Jenifer Roberts-Johnson, Acute Care  
Program Administrator

First Health and Provider Synergies

Contract Staff

Barbara Dowd R.Ph, NE Clinical Account  
Manager, First Health  
Steve Liles R. Ph., Providers Synergies

- I. Call to Order: The meeting was called to order at 9:00am. The agenda was posted on the Nebraska Medicaid Pharmacy First Health web site on August 27, 2009. An amended agenda was posted to the web site on 9/18/09. A copy of the Open Meetings Act was posted on the wall at the back of the room.
- II. A new Committee member, Linda Farho, Pharm. D. was introduced. Candace Hupp, the Preferred Drug List Coordinator for DHHS was introduced. Dr. Jeff Gotschall was appointed as Parliamentarian.
- III. Roll Call: see list above
- IV. Conflict of Interest: Members were instructed that they will be asked at each meeting if their Conflict of Interest Statement needs to be updated. Clarification of what constitutes a Conflict of Interest were offered as: 1) the first duty should be the work of the committee, and not to any personal, professional or other interests. 2) The information gathered and analyzed

should be evaluated in as objective a manner as possible, without regard to other interests 3) if a person believes that their personal or other interest will prevent them from impartially discussing the issues at hand, that person should recuse themselves. 4) Ownership of stock or research does not necessarily prevent a person from being impartial. It depends on the specific circumstances involved.

- V. Approval of Minutes: A motion was made and seconded to approve the minutes as written.  
 Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-absent, Elsasser-yes, Farho-abstain, Gotschall-yes, Juracek-yes, Marsh-yes, Mims-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes  
 Dr. Minchow reported that all recommendations from the Committee were accepted by the Department.

- VI. Review of Preferred Drug List Process and Vendor: Jenny Minchow and Steve Liles. Topics reviewed and discussed included:

- Vendor selection process
- Timing of closed session
- Public testimony procedures
- Definition of treatment failure
- Decision making processes of Committee
- Provider Synergies processes and class selections

VII. Public Testimony

Speaker	Affiliation	Topic
Terri Craig Pharm.D.	Pfizer	Xalatan
Terri Craig Pharm. D.	Pfizer	Aricept
James Wilson Pharm.D.	GSK	Requip XL
Michael Feld M.D.	Shire	Vyvanse
Adam Sosa	Ortho McNeil Janssen	Concerta
Richard Hesse	Merck	Januvia/Janumet
Eric Cox Ph.D.	Amlyn	Byetta
Todd Paulsen Pharm.D.	Novo Nordisk	Levemir
Terri Craig Pharm.D.	Pfizer	Celebrex
Joseph Truong Pharm.D.	Boehringer Ingelheim	Aggrenox

VIII. Therapeutic Class Reviews

A. ATOPIC DERMATITIS

A motion was made by Saunders and seconded by Tonniges to approve the class as follows:

PREFERRED DRUGS	NON-PREFERRED DRUGS	PRIOR AUTHORIZATION CRITERIA
PROTOPIC (tacrolimus) ELIDEL (pimecrolimus)		

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Juracek-yes, Marsh-yes, Mims-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

#### B. STEROIDS- LOW POTENCY

A motion was made and seconded to approve the class as below:

<b>PREFERRED DRUGS</b>	<b>NON-PREFERRED DRUGS</b>	<b>PRIOR AUTHORIZATION CRITERIA</b>
alclometasone dipropionate CAPEX Shampoo (fluocinolone) DERMA-SMOOTHIE-FS (fluocinolone) desonide hydrocortisone	DESONATE (desonide) VERDESO (desonide)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with two preferred drugs.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Juracek-yes, Marsh-yes, Mims-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

#### C. STEROIDS – MEDIUM POTENCY

A motion was made by Baker and seconded by Tonniges to approve the class as below:

<b>PREFERRED DRUGS</b>	<b>NON-PREFERRED DRUGS</b>	<b>PRIOR AUTHORIZATION CRITERIA</b>
fluocinolone acetonide fluticasone propionate hydrocortisone valerate LUXIQ (betamethasone) mometasone furoate	CLODERM (clocortolone) CORDRAN TAPE(flurandrenolide) hydrocortisone butyrate LOCOID LIPOCREAM(hydrocortisone) prednicarbate	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with two preferred drugs.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Juracek-yes, Marsh-yes, Mims-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

#### D. STEROIDS – HIGH POTENCY

A motion was made by Baker and seconded by Davenport to approve the class as below:

<b>PREFERRED DRUGS</b>	<b>NON-PREFERRED DRUGS</b>	<b>PRIOR AUTHORIZATION CRITERIA</b>
betamethasone valerate fluocinonide fluocinonide E fluocinonide emollient triamcinolone acetonide	amcinonide betamethasone dipropionate desoximetasone diflorasone diacetate HALOG (halcinonide) KENALOG AEROSOL (triamcinolone) VANOS (fluocinonide)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with two preferred drugs.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Juracek-yes, Marsh-yes, Mims-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

#### E. STEROIDS – VERY HIGH POTENCY

A motion was made by Dering-Anderson and seconded by Saunders to approve the class as below:

PREFERRED DRUGS	NON-PREFERRED DRUGS	PRIOR AUTHORIZATION CRITERIA
clobetasol emollient clobetasol propionate halobetasol propionate	CLOBEX (clobetasol) OLUX-E (clobetasol) OLUX/OLUX-E CP (clobetasol)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Juracek-yes, Marsh-yes, Mims-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

#### F. OPHTHALMICS, ANTI-INFLAMMATORIES

A motion was made by Gotschall and seconded by Thomsen to approve the class as below:

PREFERRED DRUGS	NON-PREFERRED DRUGS	PRIOR AUTHORIZATION CRITERIA
<b>CORTICOSTEROIDS</b>		
fluorometholone MAXIDEX (dexamethasone) FML FORTE (fluorometholone) FLAREX (fluorometholone) LOTEMAX (fluorometholone) PRED MILD (prednisolone) FML S.O.P. (fluorometholone) dexamethasone	DUREZOL (difluprednate) VEXOL (rimexolone)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with two preferred drugs.
<b>NSAID</b>		
diclofenac flurbiprofen	ACULAR <b>LS</b> (ketorolac 0.4%) ACULAR <b>PF</b> (ketorolac 0.5%) XIBROM (bromfenac) NEVANAC (nepafenac)  ACUVAIL (ketorolac 0.45%) <sup>NR</sup>	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Juracek-yes, Marsh-yes, Mims-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

#### G. OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS

A motion was made and seconded to approve the class as below:

<b>PREFERRED DRUGS</b>	<b>NON-PREFERRED DRUGS</b>	<b>PRIOR AUTHORIZATION CRITERIA</b>
ALREX (loteprednol) cromolyn ketotifen OTC PATADAY (olopatadine 0.2%) PATANOL (olopatadine 0.1%)	ACULAR (ketorolac 0.5%) ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (Iodoxamide) ELESTAT (epinastine) EMADINE (emedastine) OPTIVAR (azelastine)  BEPREVE (bepotastine) <sup>NR</sup>	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with two preferred drugs.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Juracek-yes, Marsh-yes, Mims-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

#### H. OPHTHALMICS, GLAUCOMA DRUGS

A motion was made and seconded to approve the class as below:

<b>PREFERRED DRUGS</b>	<b>NON-PREFERRED DRUGS</b>	<b>PRIOR AUTHORIZATION CRITERIA</b>
<b>MIOTICS</b>		
pilocarpine		
<b>SYMPATHOMIMETICS</b>		
brimonidine dipivefrin PROPINE (dipivefrin)	ALPHAGAN P (brimonidine)	
<b>BETA BLOCKERS</b>		
BETIMOL (timolol) BETOPTIC S (betaxolol) betaxolol carteolol ISTALOL (timolol) levobunolol metipranolol timolol		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
AZOPT (brinzolamide) TRUSOPT (dorzolamide)	dorzolamide	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
<b>PROSTAGLANDIN ANALOGS</b>		
TRAVATAN (travoprost) TRAVATAN Z (travoprost) XALATAN (latanoprost)	LUMIGAN (bimatoprost)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
<b>COMBINATION DRUGS</b>		
COMBIGAN (brimonidine/timolol)	dorzolamide/timolol	1. Adverse reaction to, allergy or contraindication to preferred

COSOPT (dorzolamide/timolol)		drugs, or 2 .Documentation of treatment failure with preferred drug.
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Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Juracek-yes, Marsh-yes, Mims-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

#### I. ANALGESICS/ ANESTHETICS, TOPICAL

A motion was made by Elsasser and seconded by Bohac to table this topic until the next meeting. Committee members felt that it could be confusing since many inexpensive topical anesthetics were not included in the review. Provider Synergies can provide cost models with other products in the class, but probably not a therapeutic class review until the next annual review.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Juracek-yes, Marsh-yes, Mims-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

#### IX. ADJOURNMENT TO EXECUTIVE SESSION:

A motion was made and seconded to dismiss to closed session for the discussion of confidential contractual prices. The committee dismissed to a working lunch at 12:00pm.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Juracek-yes, Marsh-yes, Mims-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

#### X. THERAPEUTIC CLASS REVIEWS

Open session was resumed at 1:00pm.

##### A. ALZHEIMER'S DRUGS

A motion was made by Sorensen and seconded by Dering-Anderson to reclassify galantamine and galantamine ER as preferred.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Juracek-yes, Marsh-yes, Mims-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes

A motion was made by Caudill and seconded by Dering Anderson to move oral Exelon to non-preferred and to approve the class as below:

PREFERRED DRUGS	NON-PREFERRED DRUGS	PRIOR AUTHORIZATION CRITERIA
<b>CHOLINESTERASE INHIBITORS</b>		
ARICEPT (donepezil)	COGNEX (tacrine)	1.Adverse reaction to, allergy or contraindication to preferred

ARICEPT ODT (donepezil) galantamine galantamine ER EXELON Transdermal (rivastigmine)	EXELON Oral (rivastigmine) EXELON Oral Solution (rivastigmine)	drugs, or 2 .Documentation of treatment failure with preferred drug when given more than 120 days in the previous six months.
<b>NMDA RECEPTOR ANTAGONIST</b>		
NAMENDA (memantine)		

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Juracek-yes, Marsh-yes, Mims-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes

#### B. ANTIPARKINSON'S DRUGS (ORAL)

A motion was made and seconded to approve the class as below:

<b>PREFERRED DRUGS</b>	<b>NON-PREFERRED DRUGS</b>	<b>PRIOR AUTHORIZATION CRITERIA</b>
<b>ANTICHOLINERGICS</b>		1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug.  ----- AND REQUIP <b>XL</b> will only approved for Parkinson's -----
benztropine trihexyphenidyl		
<b>COMT INHIBITORS</b>		
	COMTAN (entacapone) TASMAR (tolcapone)	
<b>DOPAMINE AGONISTS</b>		
bromocriptine ropinirole	MIRAPEX (pramipexole) REQUIP (ropinirole) ----- REQUIP XL (ropinirole)	
<b>MAO-B INHIBITORS</b>		
selegiline	AZILECT (rasagiline) ZELAPAR (selegiline)	
<b>OTHER ANTIPARKINSON'S DRUGS</b>		
carbidopa/levodopa STALEVO (levodopa/carbidopa/ entacapone)	carbidopa/levodopa ODT	

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Juracek-yes, Marsh-yes, Mims-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes

#### C. ANTIEMETICS (ORAL)

There was discussion that it could be confusing to practitioners that older antiemetics are not included in the review. In order to avoid confusion, the class will be renamed. A motion was made by Dering-Anderson and seconded by Juracek to approve the class as proposed with the exception of 1) making the class name more specific to the type of antiemetic and 2) developing clinical criteria for authorization of Emend (aprepitant) in which the criteria does not require failure of another agent.

**“ANTIEMETICS OF THE CANNABINOID, 5HT<sub>3</sub> ANTAGONIST, & NMDA RECEPTOR ANTAGONIST CLASSES”**

<b>PREFERRED DRUGS</b>	<b>NON-PREFERRED DRUGS</b>	<b>PRIOR AUTHORIZATION CRITERIA</b>
<b>CANNABINOIDS</b>		
Marinol (dronabinol)	CESAMET (nabilone) dronabinol	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug.
<b>5HT<sub>3</sub> RECEPTOR BLOCKERS</b>		
ondansetron ondansetron ODT	ANZEMET (dolasetron) granisetron KYTRIL (granisetron)  ----- SANCUSO (granisetron)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug.  ----- SANCUSO: 1. Unable to tolerate oral.
<b>NMDA RECEPTOR ANTAGONIST</b>		
	EMEND (aprepitant)	(Clinical Criteria to be developed)

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Juracek-yes, Marsh-yes, Mims-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes

**D. STIMULANTS AND RELATED AGENTS**

A motion was made by Dering-Anderson and seconded by Caudill to allow “grandfathering” for use of the following medications and to modify the recommendations to:

<b>PREFERRED DRUGS</b>	<b>NON-PREFERRED DRUGS</b>	<b>PRIOR AUTHORIZATION CRITERIA</b>
<b>CNS STIMULANTS</b>		
ADDERALL XR (amphetamine salt combination) <sup>QL</sup> amphetamine salt combination ER amphetamine salt combination IR dexmethylphenidate dextroamphetamine FOCALIN (dexmethylphenidate) FOCALIN XR (dexmethylphenidate) <sup>QL</sup> METADATE CD (methylphenidate) <sup>QL</sup> methylphenidate methylphenidate ER	CONCERTA (methylphenidate) <sup>QL</sup> DAYTRANA (methylphenidate) <sup>QL, age limits</sup> DESOXYN (methamphetamine) PROCENTRA (dextroamphetamine) RITALIN LA (methylphenidate) VYVANSE (lisdexamfetamine) <sup>QL</sup>	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with two preferred drugs.



<b>MISCELLANEOUS</b>		
	STRATTERA (atomoxetine)	1. Documented trial and failure of at least one stimulant within two months OR 2. Diagnosis of tics or anxiety disorder or a history of substance abuse. 3. Family or parent desire not to use a Schedule II med. 4. Contraindication to use of stimulants.
<b>ANALEPTICS</b>		
	PROVIGIL (modafanil) <sup>QL</sup>  NUVIGIL (armodafinil) <sup>NR</sup>	1. Lack of concurrent CNS depressants. 2. Patient must be at least 18 years old with any of the following diagnoses in the previous two years: <ul style="list-style-type: none"> <li>• Diagnosis of narcolepsy</li> <li>• Obstructive sleep apnea</li> <li>• Shift work sleep disorder</li> </ul> 3. Idiopathic hypersomnia.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Juracek-yes, Marsh-yes, Mims-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes

**E. HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS**

A motion was made and seconded to approve the class as below:

<b>PREFERRED DRUGS</b>	<b>NON-PREFERRED DRUGS</b>	<b>PRIOR AUTHORIZATION CRITERIA</b>
	BYETTA (exenatide) subcutaneous* SYMLIN (pramlintide) subcutaneous* ..... JANUVIA (sitagliptin) JANUMET (sitagliptin/metformin)	..... JANUVIA: Type 2 diabetes who have not achieved adequate glycemic control with metformin, a sulfonylurea or a thiazolidinedione. JANUMET: Must document that medical necessity exists prohibiting the administration of the individual products: Januvia (prior auth criteria as above) and metformin.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Juracek-absent, Marsh-yes, Mims-absent, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes

#### F. HYPOGLYCEMICS, INSULIN AND RELATED DRUGS

A motion was made and seconded to amend the recommendations as follows:

PREFERRED DRUGS	NON-PREFERRED DRUGS	PRIOR AUTHORIZATION CRITERIA
HUMALOG (insulin lispro) HUMALOG MIX (insulin lispro/lispro protamine) HUMULIN (insulin) LANTUS (insulin glargine) LEVEMIR (insulin detemir) HUMALOG BRAND PENS	APIDRA (insulin glulisine) NOVOLIN (insulin) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/aspart protamine) ..... Insulin pens /cartridges	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug. ..... 1. Physical reasons, such as dexterity problems, vision impairment. 2. Low dose (less than 40 units per day.) 3. Self Administered. NOT for convenience or compliance.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Juracek-absent, Marsh-yes, Mims-absent, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes

#### G. PANCREATIC ENZYMES

A motion was made by Dube' and seconded by Sorensen to approve the class as below:

PREFERRED DRUGS	NON-PREFERRED DRUGS	PRIOR AUTHORIZATION CRITERIA
CREON PANCREAZE MT pancrelipase ULTRASE VIKASE	PANCRECARB MS     ZENPEP <sup>NR</sup>	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with two preferred drugs.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-absent, Juracek-absent, Marsh-yes, Mims-absent, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes

#### H. ANDROGENIC DRUGS (TOPICAL)

A motion was made by Dube' and seconded by Caudill to approve the class as below:

PREFERRED DRUGS	NON-PREFERRED DRUGS	PRIOR AUTHORIZATION CRITERIA
ANDRODERM (testosterone) ANDROGEL (testosterone)	TESTIM (testosterone)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-absent, Juracek-absent, Marsh-yes, Mims-absent, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes

#### I. BONE RESORPTION SUPPRESSION AND RELATED DRUGS

A motion was made by Dering-Anderson and seconded by Davenport to approve the class as below with the clarification that use of Forteo did not require failure with nasal calcitonin and that clinical criteria would be developed:

PREFERRED DRUGS	NON-PREFERRED DRUGS	PRIOR AUTHORIZATION CRITERIA
<b>BISPHOSPHONATES</b>		
ACTONEL (risedronate) alendronate BONIVA (ibandronate)	ACTONEL WITH CALCIUM (risedronate/ calcium) DIDRONEL (etidronate) etidronate disodium FOSAMAX Oral Solution (alendronate) FOSAMAX PLUS D	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug.  ACTONEL & calcium and alendronate & vitamin D as separate prescriptions do not require prior authorization.)
<b>OTHER BONE RESORPTION SUPPRESSION AND RELATED DRUGS</b>		
EVISTA (raloxifene) MIACALCIN (calcitonin) nasal	calcitonin-salmon nasal FORTICAL (calcitonin) nasal  ----- FORTEO (teriparatide) subcutaneous	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug.  ----- Forteo: Develop clinical criteria.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-absent, Juracek-absent, Marsh-yes, Mims-absent, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes

### J. CYTOKINE AND CAM ANTAGONISTS

A motion was made by Caudill and seconded by Fahro to approve the class as below:

PREFERRED DRUGS	NON-PREFERRED DRUGS	PRIOR AUTHORIZATION CRITERIA
CIMZIA (certolizumab pegol) ENBREL (etanercept) HUMIRA (adalimumab) KINERET (anakinra) (Note: only self-administered, out patient medications included in this review)	SIMPONI (golimumab) <sup>NR</sup>	

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-absent, Juracek-absent, Marsh-yes, Mims-absent, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes

### K. NON-STEROIDAL ANTIINFLAMMATORY DRUGS (NSAID)

A motion was made and seconded to approve the class as below:

PREFERRED DRUGS	NON-PREFERRED DRUGS	PRIOR AUTHORIZATION CRITERIA
<b>COX-I SELECTIVE</b>		
diclofenac fenoprofen flurbiprofen ibuprofen OTC, Rx ketoprofen ketorolac meloxicam nabumetone naproxen Rx oxaprozin piroxicam sulindac	etodolac indomethacin oral/rectal meclofenamate mefenamic acid tolmetin  ALL BRAND NAME NSAIDs ARE NON-PREFERRED.	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure of no less than a 30 day trial with two preferred drugs.
<b>NSAID/GI PROTECTANT COMBINATIONS</b>		
	ARTHROTEC (diclofenac/misoprostol)	diclofenac and misoprostol both available individually without prior authorization.
<b>COX-II SELECTIVE</b>		
	CELEBREX (celecoxib)*	

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-no, Farho-yes, Gotschall-absent, Juracek-absent, Marsh-yes, Mims-absent, Saunders-yes, Sorensen-no, Thomsen-yes, Tonniges-absent, Ward-yes

### L. PLATELET AGGREGATION INHIBITORS

A motion was made by Caudill and seconded by Dering-Anderson to accept the class as below:

PREFERRED DRUGS	NON-PREFERRED DRUGS	PRIOR AUTHORIZATION CRITERIA
AGGRENOX (dipyridamole/aspirin) aspirin dipyridamole PLAVIX (clopidogrel)	ticlopidine  EFFIENT (prasugrel) <sup>NR</sup>	

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube-yes, Elsasser-yes, Farho-yes, Gotschall-absent, Juracek-absent, Marsh-yes, Mims-absent, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes

- XI. A motion was made and seconded to adjourn the meeting.  
Voting was unanimous.  
Meeting adjourned at 4:30pm.

- XII. Next meeting: Wednesday, February 10, 2010 at Mahoney State Park.

Recorded by: **Approved as written 2/10/2010**

Jenny Minchow R.Ph., Pharm.D. , Pharmacy Consultant, Nebraska Medicaid

BRAND PRODUCTS IN UPPER CASE, generic names in lower case. If only the generic name is listed as preferred, then the BRAND name of that product is non-preferred; unless the brand name product is ALSO listed as preferred.

\*Indicates that a clinical prior authorization is required despite the medication's status as preferred or non-preferred.

QL indicated quantity limits.

PDL proposed September 2009

NR indicates product was not reviewed. New Drug criteria will apply.