

DIVISION OF MEDICAID AND LONG-TERM CARE

PHARMACEUTICAL AND THERAPEUTICS COMMITTEE MEETING MINUTES

November 9, 2011, 9am
Mahoney State Park, Peter Kiewit Lodge
Ashland, NE

Members Present

Claire Baker M.D.
Chris Caudill M.D.

Allison Dering-Anderson Pharm.D.
James Dube' Pharm.D.
Gary Elsasser Pharm.D.
Linda Farho Pharm.D.
Jeff Gotschall M.D.
Laurie Humphries, M.D.
Joyce Juracek Pharm.D.
Kevin Reichmuth M.D.
Ken Saunders Pharm.D.
Christopher Sorensen Pharm.D.
Eric Thomsen M.D.
Thomas Tonniges M.D.

Members Absent:

Kristi Bohac, Master of Divinity (excused)
Yvonne Davenport M.D. (excused)
Mark Hutchins M.D. (excused)
Grace Mims Ph.D. (excused)
Eileen Rock M.D. (excused)
Angie Ward R.Ph. (excused)

DHHS Staff

Jenny Minchow Pharm.D.
Barb Mart R. Ph.
Candace Hupp PDL Coordinator

MMA Contract Staff

Barbara Dowd R.Ph,
NE Clinical Account Manager

- I. Call to Order: The meeting was called to order at 9:00am. The agenda was posted on the Nebraska Medicaid Pharmacy MMA web site on October 13, 2011. A copy of the Open Meetings Act was posted at the back of the meeting room.
- II. Roll Call: see list above
- III. Conflict of Interest: No new conflicts of interest were reported.
- IV. Approval of minutes: The minutes of the May 11, 2011 meeting were unanimously approved as written with a motion from Thomsen and second by Juracek.
- V. Other information:
Dr. Minchow reported that the recommendations from the May 11, 2011 P & T Committee meeting had been approved.
- VI. Election: Chris Sorenson nominated Ken Saunders as chair. Eric Thomsen nominated Jeff Gotschall as Co-Chair. Chris Caudill was nominated as Parliamentarian. Approval was unanimous.
- VII. Public Testimony

DRUG CLASS	SPONSOR	SPEAKER	NON-PREFERRED
Bronchodilator, Beta-Agonist	GSK	Barbara Felt	Ventolin HFA
Bronchodilator, Beta-Agonist	Novartis	Stacey Jasey	Arcapta
Cytokine/CAM	Janssen/ J&J	Roxanne Meyer	Simponi
Stimulants	UNMC	Joan Daughton M.D.	class review

- VIII. A motion was made to move into closed session by Reichmuth and Gotschall seconded the motion. Cost issues discussed in Closed Session.
- IX. Open session resumed.
- X. THERAPEUTIC CLASS REVIEWS:
- A. Leukotriene Modifiers removed from consent agenda with a motion from Dr. Reichmuth.
- B. Antihistamines, Minimally Sedating; Antihyperuricemics; and Immunomodulators, Atopic Dermatitis were voted on as a consent agenda.
- Motion to approve by Thomsen and seconded by Tonniges to accept recommendations as published.

ANTI-HISTAMINES, MINIMALLY SEDATING

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
cetirizine (generic for Zyrtec) (swallow tablets and syrup) loratadine (generic for Claritin) (swallow tablets and syrup)	CLARINEX (desloratadine) CLARITIN (loratadine) CLARITIN REDITABS (loratadine) fexofenadine Rx (generic for Allegra) levocetirizine (generic for Xyzal)	https://nebraska.fhsc.com/Downloads/NEcriteria_LSA-20100809.pdf

ANTIHYPERURICEMICS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
allopurinol (generic for Zyloprim) probenecid probenecid/colchicine (generic for Col-Probenecid)	COLCRYS (colchicine)* ULORIC (febuxostat)*	<p>Colcrys™ (colchicine):</p> <ul style="list-style-type: none"> • Diagnosis of familial Mediterranean fever (FMF); <ul style="list-style-type: none"> ○ Maximum daily dose: 2.4mg ○ Minimum age: 4 ○ Length of approval: 12 months ○ Quantity limit: 120 per 30 days • Or Diagnosis of Gout <ul style="list-style-type: none"> ○ Approve if there has been a treatment failure with any preferred drug ○ Quantity limit: 60 per 28 days ○ Minimum age: 16 ○ Length of approval: 6 months <p>Uloric: Allergy to, treatment failure with, or contraindication to allopurinol.</p>

IMMUNOMODULATORS, ATOPIC DERMATITIS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
PROTOPIC (tacrolimus) ELIDEL (pimecrolimus)		

Votes as follows:

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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 indicates quantity limits.

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

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-absent, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.
Motion carried.

C.
ALZHEIMER'S DRUGS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
CHOLINESTERASE INHIBITORS		
donepezil (generic for Aricept) donepezil ODT (generic for Aricept ODT) EXELON Transdermal (rivastigmine)	ARICEPT/ODT (generic for donepezil/ODT) EXELON Oral Solution (rivastigmine) rivastigmine (generic for Exelon) <i>galantamine (generic for Razadyne)</i> <i>galantamine ER (generic for Razadyne ER)</i> rivastigmine (generic for Exelon oral)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2 . Documentation of treatment failure with preferred drug when given more than 120 days in the previous six months.
NMDA RECEPTOR ANTAGONIST		
NAMENDA (memantine)		

A motion was made by Tonniges and seconded by Dube' to approve class as recommended.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-absent, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.
Motion carried.

D.
ANTIHYPERTENSIVES, SYMPATHOLYTICS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
CATAPRES-TTS (transdermal) clonidine ORAL (generic for Catapres) guanfacine (generic for Tenex) methyldopa methyldopa/hydrochlorothiazide	clonidine transdermal NEXICLON XR (clonidine ER)* reserpine	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2 . Documentation of treatment failure with preferred drug. NEXICLON XR- Documented patient specific clinical reason can't use regular release oral clonidine or clonidine patch.

Farho recommended that Nexiclon XR be authorized if documented patient specific clinical reason can't use regular release oral clonidine or clonidine patch.

A motion was made by Dube and seconded by Elsasser to approve class as recommended with the recommended additional criteria.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-absent, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.

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

Motion carried.

**E.
ANTIPARKINSON'S AGENTS**

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
ANTICHOLINERGICS		
benztropine (generic for Cogentin) trihexyphenidyl (generic for Artane)		
COMT INHIBITORS		
	COMTAN (entacapone) TASMAR (tolcapone)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
DOPAMINE AGONISTS		
bromocriptine (generic for Parlodel) <i>pramipexole (generic for Mirapex)</i> ropinirole (generic for Requip)	MIRAPEX ER (pramipexole) REQUIP (ropinirole) REQUIP XL (ropinirole)	AND MIRAPEX ER will only be approved for Parkinson's Disease. ----- AND REQUIP XL will only approved for Parkinson's Disease
MAO-B INHIBITORS		
selegiline tablets (generic for Eldepryl)	AZILECT (rasagiline) <i>selegiline capsules (gen. for Eldepryl)</i> ZELAPAR (selegiline)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
OTHER ANTIPARKINSON'S DRUGS		
carbidopa/levodopa carbidopa/levodopa ER STALEVO (levodopa/carbidopa/entacapone)	carbidopa/levodopa ODT	

Tonniges asked if Stalevo should be preferred with safety concerns that are under review. Baker advised that other drugs in the class are under similar reviews. A motion was made by Gotschall and seconded by Dube to approve class as published.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-absent, Dube'-yes, Elsasser-yes, Fahroyes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-abstained, Ward-absent.

Motion carried.

**F.
BILE SALTS**

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
ursodiol capsule (generic for Actigall, Urso)	CHENODAL (chenodiol) URSO (ursodiol) URSO FORTE (ursodiol) <i>ursodiol tablet</i>	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.

A motion was made by Tonniges and seconded by Sorenson to approve class as published.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-absent, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.

Motion carried.

G.

BRONCHODILATORS, BETA AGONIST

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
INHALERS-Short Acting		
<p><i>PROVENTIL HFA (albuterol)</i></p>	<p>MAXAIR (pirbuterol) <i>PROAIR HFA (albuterol)</i> <i>VENTOLIN HFA (albuterol)</i> XOPENEX HFA (levalbuterol)</p>	<p>1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with a preferred drug. 3. Maxair – Documentation of treatment failure of preferred agent with use of a spacer . 4. Ventolin- May be approved without trials on preferred if prescriber documents need for dose counter on canister.</p>
INHALERS – Long Acting		
<p><i>FORADIL (formoterol)</i></p>	<p><i>ARCAPTA (indacaterol)</i> SEREVENT (salmeterol)</p>	<p><i>Arcapta and Serevent:</i> 1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with a preferred drugs.</p> <p><i>Prior authorization of Foradil not required if diagnosis of COPD in claims history or co-administered with inhaled steroid.</i></p> <p>In 2010 the FDA contraindicated the use of Long Acting Beta Agonists in asthma WITHOUT an asthma controller medication, such as an inhaled corticosteroid.</p> <p>Call Center: ask for diagnosis.</p> <ul style="list-style-type: none"> • If Chronic Obstructive Pulmonary Disease (COPD); then approve. • If Asthma: approve if patient also on corticosteroid inhaler such as: <p>AEROBID (flunisolide) AEROBID-M (flunisolide) ALVESCO (ciclesonide) ASMANEX (mometasone) FLOVENT DISKUS (fluticasone) FLOVENT HFA (fluticasone) PULMICORT FLEXHALER (budesonide) QVAR (beclomethasone)</p>
INHALATION SOLUTION		
<p>albuterol (2.5mg/3ml premix or</p>	<p>albuterol low dose (0.63mg/3ml &</p>	<p>If the patient weighs less than 15kg</p>

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2.5mg/0.5ml)	1.25mg/3ml) albuterol/ipratropium (generic for Duoneb) BROVANA (arformoterol) levalbuterol (generic for Xopenex) PERFOROMIST (formoterol) XOPENEX (levalbuterol)	(33lbs) the call center may approve the lower dose. OR May approve lower dose if it is felt that the parent is not able to reliably measure drug. Combination agent covered as separate prescriptions. 1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
ORAL		
albuterol tablets, syrup terbutaline (generic for Brethine)	<i>albuterol ER</i> metaproterenol (formerly generic for Alupent)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.

Thomsen recommended that the criteria be updated so if there are compliance concerns that the Ventolin be approved due to the counter on device. Baker asked if Proair needs to be preferred due to the cost. Dr. Reichmuth recommended that the Proair be removed and that patients be moved to the Proventil. Thomsen made a motion to approve the class with the above recommendations, Juracek seconded the motion.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.

Motion carried.

**H.
COPD AGENTS**

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
INHALERS		
ATROVENT HFA (ipratropium) COMBIVENT (albuterol/ipratropium) SPIRIVA (tiotropium)		
INHALATION SOLUTION		
ipratropium solution (generic for Atrovent)	albuterol/ipratropium (generic for Duoneb)	Combination agent covered as separate prescriptions.
ORAL AGENT		
	<i>DALIRESP (roflumilast)</i>	1. <i>Diagnosis of COPD.</i> 2. <i>Require documentation that bronchodilators have been maximized, and glucocorticoids and ipratropium or tiotropium have not controlled symptoms.</i> 3. <i>Documentation of history of at least two exacerbations (office visits,</i>

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		hospitalization) in last year. 4. Limit of one per day. 5. Age 19 or older.
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It was recommended to refer the criteria to the DUR Board for further refinement of the clinical criteria.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-absent, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.

Motion carried.

XI. A motion was made to move into closed session by Thomsen and seconded by Dube.
Cost issues were discussed in closed session.

XII. Open session resumed.

**I.
CYTOKINE & CAM ANTAGONISTS**

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
CIMZIA (certolizumab pegol) ENBREL (etanercept) HUMIRA (adalimumab)	KINERET (anakinra) <i>ORENCIA (abatacept) Subcutaneous</i> SIMPONI (golimumab)	1. Adverse reaction to, contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.

A motion was made by Elsasser and seconded by Caudill to approve the class as published.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.

Motion carried.

**J.
GLUCOCORTICIDS, INHALED**

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
GLUCOCORTICIDS		
ASMANEX (mometasone) FLOVENT DISKUS (fluticasone) FLOVENT HFA (fluticasone) QVAR (beclomethasone)	ALVESCO (ciclesonide) PULMICORT FLEXHALER (budesonide)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with two preferred drugs within last 6 months. 3. Pulmicort Flexhaler: Pregnancy category B, so allow authorization during pregnancy.
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS		
ADVAIR DISKUS (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol)		1. Adverse reaction to, allergy or contraindication to preferred drugs,

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DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)		or 2. Documentation of treatment failure with two preferred drugs.
INHALATION SOLUTION		
	PULMICORT RESPULES (budesonide) budesonide respules	No prior authorization required for use in Children ages 1-8. For age 9 and up, will require documentation of inability to use inhaler. Pregnancy category B, so allow authorization during pregnancy.

Reichmuth recommended criteria be added for use in pregnancy.

A motion was made by Reichmuth to approve class with added criteria and seconded by Sorenson.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.

Motion carried.

**K.
HEPATITIS C AGENTS**

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
VICTRELIS (boceprevir)*	INCIVEK (telaprevir)*	<ol style="list-style-type: none"> 1. Must also be on peginterferon and ribarivin. https://nebraska.fhsc.com/Downloads/NEcriteria_HepatitisC-20110718.pdf 2. Diagnosis of CHRONIC HCV with genotype 1. 3. Adult (18 and over) with compensated liver disease. 4. Recent baseline RNA viral load to be submitted with request. 5. Quantity limit of 28 day supply per fill. Victrelis: #336/28 days, Max 11 mo treatment. Incivek: #168/28 days, Max 3 month treatment. 6. Will not be approved in post-transplant recurrent HCV. 7. Will not be approved in HIV/HCV co-infected patients. <p>VICTRELIS:</p> <ol style="list-style-type: none"> 1. Begin after four weeks of peginterferon/ribavirin. 2. Initial approval for 12 weeks. (through treatment week 16) 3. Treatment week 12: If HCV-RNA levels \geq 100 IU/ml, STOP all therapy. 4. Treatment week 24: If HCV-RNA levels DETECTABLE, STOP all therapy. <p>INCIVEK: Clinical reason Victrelis can not be used. (not approvable if previous treatment failure with another protease inhibitor)</p> <ol style="list-style-type: none"> 1. Treatment week 4: If HCV RNA >1000 IU/ml, STOP

		<i>all therapy.</i> 2. <i>Treatment week 12: If HCV RNA > 1000 IU/ml, STOP all therapy.</i> 3. <i>Treatment week 24: If HCV RNA DETECTABLE, stop peginterferon and ribavirin.</i>
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A motion was made by Gotschall and seconded by Reichmuth to approve the class as published.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.

Motion carried.

**L.
INTRANASAL RHINITIS DRUGS**

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
ANTICHOLINERGICS		
ipratropium (generic for Atrovent)		
ANTIHISTAMINES		
ASTELIN (azelastine) ASTEPRO (azelastine)	azelastine (generic for Astelin) PATANASE (olopatadine)	1. Adverse reaction to, allergy or contraindication to preferred drug, or 2. Documentation of treatment failure with preferred drug.
CORTICOSTEROIDS		
fluticasone (generic for Flonase) NASACORT AQ (triamcinolone) NASONEX (mometasone)	BECONASE AQ (beclomethasone) flunisolide (generic for product formerly known as Nasalide) OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide) triamcinolone (generic for Nasocort) VERAMYST (fluticasone)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug. Veramyst: prior authorization NOT required for children 12 and younger.

A motion was made by Thomsen and seconded by Caudill to approve the class as published.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.

Motion carried.

**M.
LEUKOTRIENE MODIFIERS**

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
ACCOLATE (zafirlukast) SINGULAIR (montelukast)	zafirlukast (generic for Accolate) ZYFLO CR (zileuton)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug. 3. Zflo: allow to be added on to

		Singulair when step-up therapy is required.
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Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-absent, Dube'-yes, Elsasser-yes, Fahroyes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.

Motion carried.

N.

NSAIDS, (Oral)

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
COX-I SELECTIVE		
diclofenac potassium (generic for Cataflam) diclofenac sodium (generic for Voltaren) flurbiprofen (generic for Ansaid) ibuprofen OTC, Rx (generic for Advil, Motrin,) ketoprofen (generic for Orudis, Oruvail) ketorolac (generic for Toradol) meloxicam (generic for Mobic) naproxen Rx, OTC (generic for Naprosyn) oxaprozin (generic for Daypro) sulindac (generic for Clinoril)	<i>diclofenac SR (generic for Voltaren-XR)</i> <i>diflunisal (generic for Dolobid)</i> etodolac (generic for Lodine) <i>fenoprofen (generic for Nalfon)</i> indomethacin (generic for Indocin) <i>ketoprofen ER</i> meclofenamate (generic for Meclomen) mefenamic acid (generic for Ponstel) <i>meloxicam suspension</i> <i>nabumetone (generic for Relafen)</i> <i>naproxen suspension (Naprosyn)</i> piroxicam (generic for Feldene) tolmetin (generic for Tolectin)	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.
	<p>ALL BRAND NAME NSAIDS ARE NON-PREFERRED.</p> CAMBIA (diclofenac oral solution) SPRIX (ketorolac nasal) VIMOVO (naprosyn/esomeprazole) ZIPSOR (diclofenac)	<p>SPRIX:</p> <ul style="list-style-type: none"> • Patient is unable to tolerate, swallow or absorb oral NSAIDS (check to see if there are any current PO meds on profile) OR • Contraindication to oral NSAID (e.g. active GI bleed) OR • Patient has tried 2 preferred oral NSAID agents <p>Approvals for Date Of Service only – recommended maximum duration of therapy is 5 days.</p> <p>https://nebraska.fhsc.com/Downloads/NEcriteria_CoxI-20110622.pdf</p>
NSAID/GI PROTECTANT COMBINATIONS		
	ARTHROTEC (diclofenac/misoprostol)	diclofenac and misoprostol both available individually without prior authorization.
COX-II SELECTIVE		
	CELEBREX (celecoxib)*	<p>https://nebraska.fhsc.com/Downloads/NEcriteria_CoxII-20110809.pdf</p>

A motion was made by Dering-Anderson and seconded by Thomsen to approve the class as published.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.

Motion carried.

**O.
OPHTHALMICS, ANTIBIOTICS**

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
FLUOROQUINOLONES		
ciprofloxacin solution (generic for Ciloxan) <i>MOXEZA (moxifloxacin)</i> ofloxacin (generic for Floxin) VIGAMOX (moxifloxacin)	BESIVANCE (besifloxacin) CILOXAN oint. (ciprofloxacin) IQUIX (levofloxacin 1.5%) <i>levofloxacin generic</i> QUIXIN (levofloxacin 0.5%) ZYMAR (gatifloxacin 0.3%) ZYMAXID (gatifloxacin 0.5%)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with two preferred drugs.
MACROLIDES		
erythromycin	AZASITE (azithromycin)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
AMINOGLYCOSIDES		
<i>GARAMYCIN DROPS (gentamicin)</i> gentamicin drops and ointment tobramycin (generic for Tobrex drops) TOBREX ointment (tobramycin)	<i>GARAMYCIN OINTMENT(gentamicin)</i>	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
OTHER ANTIBIOTICS		
polymyxin B/trimethoprim (generic for Polytrim) sulfacetamide (generic for Bleph-10) triple antibiotic (neomycin/bacitracin/polymyxin B)	bacitracin bacitracin/polymyxin B (formerly generic for Polysporin) NATACYN (natamycin) <i>neomycin/polymyxin B/gramicidin</i> <i>terramycin w/polysporin (gen. Terak)</i>	NATACYN: Documented fungal infection.

A motion was made by Tonniges and seconded by Juracek to approve the class as published.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.

Motion carried.

**P.
OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS**

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
<i>BLEPHAMIDE (prednisolone, and sulfacetamide)</i>	<i>neomycin/polymyxin/HC</i> <i>tobramycin/dexamethasone</i>	1. Adverse reaction to, allergy or contraindication to preferred drugs, or

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BLEPHAMIDE S.O.P. neomycin/polymyxin/dexamethasone (generic for Maxitrol) neomycin/bacitracin/poly/HC PRED-G DROPS SUSP (prednisolone and gentamicin) PRED-G OINT (prednisolone and gentamicin) sulfacetamide/prednisolone TOBRADEX OINTMENT (tobramycin and dexamethasone) TOBRADEX SUSPENSION (tobramycin and dexamethasone) ZYLET (loteprednol, tobramycin)	<i>suspension (generic for Tobradex)</i> TOBRADEX S.T. (tobramycin and dexamethasone)	2. Documentation of treatment failure with two preferred drugs.
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A motion was made by Reichmuth and seconded by Sorenson to approve the class as published.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-absent, Dube'-no, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – no, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.

Motion carried.

Q.

OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
ALREX (loteprednol 0.2%) cromolyn (generic for Opticrom) ketotifen OTC (generic for Zaditor) PATADAY (olopatadine 0.2%)	ALAMAST (pemirolast) ALOCRIAL (nedocromil) ALOMIDE (lodoxamide) azelastine (generic for Optivar) BEPREVE (bepotastine besilate) EMADINE (emedastine) epinastine (generic for Elestat) LASTACAFIT (alcaftadine) PATANOL (olopatadine 0.1%)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with two preferred drugs.

A motion was made by Thomsen and seconded by Dube to approve the class as published.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, , Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.

Motion carried.

R.

OPHTHALMICS, ANTI-INFLAMMATORIES

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
CORTICOSTEROIDS		
dexamethasone (generic for Maxidex) FLAREX (fluorometholone)	DUREZOL (difluprednate)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or

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fluorometholone 0.1% (generic for FML) FML FORTE (fluorometholone 0.25%) FML S.O.P. (fluorometholone 0.1%) LOTEMAX DROPS (loteprednol 0.5%) MAXIDEX (dexamethasone) PRED MILD (prednisolone 0.12%) prednisolone acetate 1% (generic for Omnipred, Pred Forte)	LOTEMAX OINTMENT (loteprednol) prednisolone sodium phosphate 1% (formerly generic for Inflamase) VEXOL (rimexolone)	2 .Documentation of treatment failure with two preferred drugs.
NSAID		
diclofenac (generic for Voltaren) flurbiprofen (generic for Ocufer)	ACUVAIL (ketorolac 0.45%) bromfenac (generic for Xibrom, Bromday) ketorolac LS 0.4% (generic for Acular LS) ketorolac 0.5% (generic for Acular) NEVANAC (nepafenac)	1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug.

There was a brief discussion on shortening list.

A motion was made by Dube and seconded by Elsasser to approve the class as published.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.

Motion carried.

S.
OPHTHALMICS, GLAUCOMA DRUGS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
MIOTICS		
pilocarpine		
SYMPATHOMIMETICS		
ALPHAGAN P (brimonidine 0.15%) brimonidine 0.2% (formerly generic for Alphagan)	apraclonidine (generic for lopidine) brimonidine P 0.1% (generic for AlphaganP) brimonide P 0.15% (gen. for Alphagan P)	1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug.
BETA BLOCKERS		
betaxolol (generic for Betoptic) BETIMOL (timolol) BETOPTIC S (betaxolol) carteolol (generic for Ocupress) ISTALOL (timolol) levobunolol (generic for Betagan) metipranolol (generic for Optipranolol) timolol (generic for Timoptic)		
CARBONIC ANHYDRASE INHIBITORS		

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AZOPT (brinzolamide) dorzolamide (generic for Trusopt)	TRUSOPT (dorzolamide)	1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug.
PROSTAGLANDIN ANALOGS		
latanoprost (generic for Xalatan) TRAVATAN (travoprost) TRAVATAN Z (travoprost)	LUMIGAN (bimatoprost) XALATAN (latanoprost)	1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug.
COMBINATION DRUGS		
COMBIGAN (brimonidine/timolol) dorzolamide/timolol (generic for Cosopt)	COSOPT (dorzolamide/timolol)	1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug.

A motion was made by Dering-Anderson to approve recommendation as published and seconded by Reichmuth.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.

Motion carried.

**T.
OTIC ANTIBIOTICS**

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
CIPRODEX (ciprofloxacin/dexamethasone) COLY-MYCIN S (neomycin/hydrocortisone/colistin) neomycin/polymyxin/hydrocortisone (generic for Cortisporin) ofloxacin (generic for Floxin)	CETRAXAL (ciprofloxacin) CIPRO HC (ciprofloxacin/hydrocortisone) CORTISPORIN-TC (neomycin/hydrocortisone/colistin)	1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with two preferred drugs.

A motion was made by Farho and seconded by Thomsen to approve the class as published.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.

Motion carried.

**U.
OTIC ANTI-INFECTIVES & ANESTHETICS**

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
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acetic acid acetic acid/aluminum (generic for Otic Domeboro) antipyrine/benzocaine (generic similar to Auralgan) PINNACAINE (benzocaine, benzethonium cl) PRAMOTIC	ACETIC ACID HC BOROFAIR (acetic acid/aluminum) MYOXIN NEOTIC (antipyrine/benzocaine) OTIC CARE OTOZIN (antipyrine/benzocaine) PR OTIC SOLUTION TREAGAN OTIC (antipyrine/benzocaine) TRIOXIN (chloroxylenol/benzocaine/HC) ZINOTIC (chloroxylenol/benzocaine/zinc) ZINOTIC ES (chloroxylenol/benzocaine/zinc dehydrate)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with two preferred drugs.
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A motion was made by Tonniges and seconded by Farho to approve the class as published.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.

Motion carried.

**V.
SEDATIVE HYPNOTICS**

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
BENZODIAZEPINES		
estazolam (generic for ProSom) temazepam 15mg, 30mg (generic for Restoril)	DORAL (quazepam) flurazepam (generic for Dalmane) temazepam 7.5mg, 22.5mg triazolam (generic for Halcion)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with two preferred drugs.
OTHERS		
chloral hydrate (generic for Noctec) zaleplon (generic for Sonata) zolpidem (generic for Ambien)	EDLUAR (zolpidem sublingual) LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin)* zolpidem ER (generic for Ambien CR) ZOLPIMIST(zolpidem oral spray)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug. Silenor: In addition, would also require patient specific clinical reason patient could not use generic doxepin.

Reichmuth made a motion to keep flurazepam non-preferred and to accept the rest of the class as published. Dube seconded the motion.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-absent, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.

Motion carried.

W.
STEROIDS, TOPICAL

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
LOW POTENCY		
desonide cream , ointment (generic for Desonate, Verdeso) hydrocortisone cream , ointment (generic for Cortaid) <i>hydrocortisone/aloe</i>	<i>alclometasone dipropionate</i> (generic for Aclovate) CAPEX Shampoo (<i>fluocinolone</i>) DERMA-SMOOTH-FS (<i>fluocinolone</i>) DESONATE (desonide) <i>desonide lotion</i> <i>hydrocortisone lotion</i> <i>hydrocortisone/aloe gel</i> <i>hydrocortisone/urea</i> PEDIADERM HC (hydrocortisone 2%) VERDESO (desonide)	1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with two preferred drugs.
MEDIUM POTENCY		
fluocinolone acetonide (generic for Synalar) fluticasone propionate (generic for Cutivate) mometasone furoate cream (generic for Elocon)	CLODERM (clocortolone) CORDRAN TAPE (flurandrenolide) CUTIVATE (fluticasone) hydrocortisone butyrate (generic for Locoid) <i>hydrocortisone valerate</i> (generic for Westcort) LUXIQ (betamethasone valerate) <i>mometasone furoate solution,</i> <i>ointment</i> (generic for Elocon) prednicarbate (generic for Dermatop) MOMEXIN (mometasone) PANDEL (hydrocortisone probutate 0.1%)	1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with two preferred drugs.
HIGH POTENCY		
<i>amcinonide lotion</i> betamethasone valerate (generic for Beta-Val) fluocinonide (generic for Vanos) fluocinonide E fluocinonide emollient triamcinolone acetonide ointment, cream (generic for Kenalog)	amcinonide cream, ointment <i>betamethasone dipropionate</i> (generic for Diprolene) desoximetasone (generic for Topicort) diflorasone diacetate HALOG (halcinonide) KENALOG AEROSOL (triamcinolone) <i>triamcinolone lotion</i> VANOS (fluocinonide)	1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with two preferred drugs.
VERY HIGH POTENCY		
clobetasol emollient (generic for Temovate-E) clobetasol propionate (generic for Temovate) halobetasol propionate (generic for Ultravate)	<i>APEXICON-E (diflorasone)</i> CLOBEX (clobetasol) <i>clobetasol propionate FOAM</i> HALONATE (halobetasol propionate) 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.

Thomsen made a motion to accept the class as published and the motion was seconded by Caudill.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.

Motion carried.

X.

STIMULANTS, ADHD, AND RELATED DRUGS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
CNS STIMULANTS		
Amphetamine type		<i>Note: CNS stimulants will not be approved for weight loss.</i> 1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with two preferred drugs.
ADDERALL (<i>amphetamine salt combo</i>) ADDERALL XR (<i>amphetamine salt combo XR</i>) dextroamphetamine (generic for Dexedrine) VYVANSE (<i>lisdexamfetamine</i>)	amphetamine salt combination ER (<i>generic for Adderall XR</i>) amphetamine salt combination IR (<i>generic for Adderall</i>) dextroamphetamine ER (<i>generic for Dexedrine ER</i>) methamphetamine (generic for Desoxyn) PROCENTRA (<i>dextroamphetamine</i>)	
Methylphenidate type		
FOCALIN (<i>dexmethylphenidate</i>) FOCALIN XR (<i>dexmethylphenidate</i>) ----- METHYLIN CHEWABLE (<i>methylphenidate</i>) METHYLIN SOLUTION (<i>methylphenidate</i>) methylphenidate (<i>generic for Ritalin</i>) Ritalin (<i>methylphenidate</i>) ----- METADATE ER (<i>methylphenidate ER</i>) methylphenidate ER (<i>generic for Ritalin-SR, Metadate ER</i>) -----	dexmethylphenidate (<i>generic for Focalin</i>) ----- ----- ----- DAYTRANA (<i>methylphenidate patch</i>) METADATE CD (<i>methylphenidate 30/70</i>) RITALIN LA (<i>methylphenidate 50/50</i>) RITALIN-SR (<i>methylphenidate ER</i>) ----- CONCERTA (<i>methylphenidate ER 18mg, 27mg, 36mg, 54mg</i>) methylphenidate ER 18mg, 27mg, 36mg, 54mg (<i>generic Concerta</i>)	
MISCELLANEOUS ADHD		
Note: generic guanfacine and	INTUNIV (<i>guanfacine extended-</i>	INTUNIV: 1. Only approved in children, minimum

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<p>clonidine are available without prior authorization.</p>	<p>release)* <i>KAPVAY (clonidine)*</i> <i>STRATTERA (atomoxetine)*</i></p>	<p>age 6. 2. Diagnosis of ADHD. 3. Patient shows some therapeutic benefit from the immediate release guanfacine preparation taken at least twice daily and there is a therapeutic need to administer the guanfacine once daily. 4. Maximum dose 4mg/day. KAPVAY: 1. <i>Only approved in children, minimum age 6.</i> 2. <i>Diagnosis of ADHD.</i> 3. <i>Patient shows some therapeutic benefit from the immediate release clonidine preparation taken at least three daily and there is a therapeutic need to administer the clonidine twice daily.</i> 4. <i>Total daily dose not to exceed 0.4mg per day.</i> STRATTERA: 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 refusal to use controlled substance.</p>
ANALEPTICS		
	<p>NUVIGIL (armodafinil)* PROVIGIL (modafanil)*</p>	<p>NUVIGIL: Minimum age 18. Require trial of Provigil. For Sleep apnea: Documentation of sleep apnea with sleep study. For Narcolepsy: Documentation of diagnosis in sleep study. Shift Work Sleep disorder: Only approve for six months to verify work schedule. PROVIGIL: Minimum age 18. For Sleep apnea: Documentation of sleep apnea with sleep study. For Narcolepsy: Documentation of diagnosis in sleep study. Shift Work Sleep disorder: Only approve for six months to verify work schedule.</p>

Humphries spoke to the need for better documentation from providers on treatment failures and additional documentation requirements. Caudill recommended deferring to the DUR board for a criteria review.

Reichmuth made a motion to make an amendment to remove the requirement of “failure on amphetamines” for narcolepsy. Tonniges added to the amendment to extend the prior authorizations to one year. A motion was made by Dering-Anderson to accept the amendments and the rest of the class as published and Dube seconded the motion.

Votes as follows:

Baker-yes, Bohac-absent, Caudill-yes, Davenport-absent, Dering-Anderson-yes, Dube’ -yes, Elsasser-yes, Fahro-yes, Gotschall-yes, Humphries – yes, Hutchins-absent, Juracek-yes, Mims-absent, Reichmuth – yes, Rock- absent, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-absent.

Motion carried.

XIII. An all in favor motion was made by Saunders to conclude the meeting at 3pm.

XIV. Members were advised the next meeting will be held on May 9, 2012.

Minutes approved May 9, 2012.