PHARMACEUTICAL AND THERAPEUTICS COMMITTEE MEETING MINUTES

May 9, 2012, 9:00 am
Mahoney State Park, Peter Kiewit Lodge
Ashland, NE

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.
Laurie Humphries, M.D.
Mark Hutchins, M.D.
Joyce Juracek, Pharm.D.
Grace Mims, Ph.D.
Eileen Rock, M.D.
Ken Saunders, Pharm.D.
Christopher Sorensen, Pharm.D.
Eric Thomsen, M.D.
Thomas Tonniges, M.D.
Angie Ward, R.Ph.

Members Absent:
Kevin Reichmuth, M.D. (excused)

DHHS Staff
Jenny Minchow, Pharm.D.
Mary Robertson, Staff Assistant

Magellan Contract Staff
Barbara Dowd, R.Ph,
NE Clinical Account Manager
Glenn Sharp R.Ph. NE Account Manager

Call to Order: The meeting was called to order at 9:00 am by Ken Saunders, Chairman. The agenda was posted on the Magellan Medicaid Administration Nebraska Medicaid Pharmacy web site on 4/11/12. A copy of the Open Meetings Act and all non-confidential material was available in the meeting room for public inspection.

Roll Call: see list above

Announcements: It was announced that Barb Mart and Candace Hupp have resigned from DHHS with the State of Nebraska.

Conflict of Interest: No new updates

Approval of minutes: A motion was made by Caudill and seconded by Davenport to approve the prior meeting minutes. The minutes of the November 9, 2011 meeting were approved as written. Voting was unanimous with the exception of Bohac and Ward who abstained.

Public Testimony:

Speaker	**Product**	**Affiliation**
Stacey Jassey	Valturna	Novartis
Paul Miner	Cayston	Gilead Sciences
Heather Thomas MD	Cayston	UNMC CF Center
Michele Puyear	Neulasta	Amgen

Todd Paulsen	Levemir	Novo
Stacey Jassey	Tekturna	Novartis
Kathy Karnik	Xarelto	Janssen

Julie McDavitt	Pradaxa	Boehringer-Ingelheim
Todd Paulsen	Victoza	Novo
Julie McDavitt	Tradjenta	Boehringer-Ingelheim
Shalley Gupta	Onglyza/Kombiglyze SR	Bristol-Myers Squibb
Rick Hess	Januvia	Merck & Co.
Stacey Jassey	Gilenya	Novartis
Rick Hess	Zetia/Vytorin	Merck & Co.
Richard Wurdeman	Brilinta	Astra Zeneca
Chris Marone	Effient	Lilly USA
Christy Copeland	Lialda, Pentasa	Shire

Closed Executive Session

A motion was made by Dering-Anderson and seconded by Dube' to go to closed session.

Votes as follows:
Baker-yes, Bohac – yes, Caudill – yes, Davenport-yes, Dering-Anderson-yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders-n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

Closed Executive Session:
Cost information was reviewed during closed session.
A motion was made and seconded to reconvene in open session. Voting was unanimous.

THERAPEUTIC CLASS REVIEWS

I. Therapeutic Categories with unchanged Recommendations:

A. DHHS recommended no changes in the following Therapeutic Classes:

- Angiotensin Modulator/Calcium Channel Blocker Combinations
- Antibiotics, Inhaled
- Antibiotics, Topical
- Antibiotics, Vaginal
- Antiemetics/Antivertigo Agents
- Antifungals, Topical
- Antivirals, Oral
- Antivirals, Topical
- Bladder Relaxant Preparations
- Bone Resorption Suppression and Related Agents
- Calcium Channel Blockers
- Colony Stimulating Factors
- Growth Hormone
- Hypoglycemics, Insulin
- Hypoglycemics, Meglitinides
- Hypoglycemics, TZDs
- Multiple Sclerosis Agents
- Pancreatic Enzymes
- Proton Pump Inhibitors
- Skeletal Muscle Relaxants
- Tetracyclines, Oral

A motion was made by Caudill and seconded by Gotschall to REMOVE the Hypoglycemics; Insulin, Meglitinides, TZDs, and Antibiotics Inhaled from the Consent Agenda. Voting was unanimous.

B. A motion was made by Baker and seconded by Tonniges to accept the consent agenda as amended. (items included in Consent Agenda below with grey highlight)

ANGIOTENSIN MODULATORS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
ANGIOTENSIN MODULATOR / CALCIUM CHANNEL BLOCKER COMBINATIONS		
	AMTURNIDE (aliskiren/**amlodipine**/HCTZ) AZOR (olmesartan/amlodipine) benazepril/amlodipine (generic for LOTREL) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) LOTREL (benazepril/amlodipine) TARKA (trandolapril/verapamil) TEKAMLO (aliskiren/**amlodipine)** TRIBENZOR (amlodipine/olmesartan/HCTZ) TWYNSTA (telmisartan/amlodipine)	Individual prescriptions for the components of these products should be used for patients requiring these drug combinations. Documentation of medical necessity required for use of combination product.

ANTIBIOTICS, TOPICAL

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
bacitracin ointment bacitracin/polymyxin (generic for Polysporin) gentamicin cream and ointment mupirocin ointment (generic for Bactroban) neomycin/polymyxin/bacitracin (generic for Neosporin, Triple AB)	ALTABAX (retapamulin) BACTROBAN CREAM (mupirocin)	Non-preferred agents will be approved only after documented failure of the preferred agents. Bactroban CREAM requires clinical reason the mupirocin ointment cannot be used. **Altabax® (retapamulin)** Diagnosis impetigo due to Staphylococcus aureus (methicillin-susceptible isolates only) or Streptococcus pyogenes in adults and children ≥ 9 months of age Clinical reason that topical mupirocin ointment (generic Bactroban®) cannot be used Altabax® is not approved for MRSA and has not been proven any more effective than Bactroban®.

ANTIBIOTICS, VAGINAL

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
CLEOCIN OVULES (clindamycin, vaginal suppositories) clindamycin (vaginal) (generic for Cleocin) METROGEL (metronidazole, vaginal) metronidazole (vaginal)	CLINDESSE (clindamycin, vaginal) VANDAZOLE (metronidazole)	1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug.

ANTIEMETICS /ANTIVERTIGO AGENTS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
CANNABINOIDS		
Marinol (dronabinol)	CESAMET (nabilone) dronabinol (generic for Marinol)	1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug.
5HT3 RECEPTOR BLOCKERS		
ondansetron (generic for Zofran) ondansetron ODT (generic for Zofran)	ANZEMET (dolasetron) granisetron (generic for Kytril) KYTRIL (granisetron) SANCUSO (granisetron) ZUPLENZ (ondansetron oral soluble film)	1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug. --- SANCUSO: Unable to tolerate oral. ZUPLENZ: Inablilty to swallow. Clinical reason can't utilize ondansetron ODT.
NK-1 RECEPTOR ANTAGONIST		
	EMEND (aprepitant)[QL, *]	See Clinical Criteria: Emend does NOT require treatment failure with preferred drugs when used for moderately or highly emetogenic chemotherapy.
TRADITIONAL ANTIEMETICS		
dimenhydrinate (generic for Dramamine) hydroxyzine (generic for Vistaril) meclizine (generic for Antivert) metoclopramide (generic for Reglan) prochlorperazine oral (generic for Compazine) promethazine (generic for Phenergan) ~~*scopolamine oral (generic for Scopace)*~~ TRANSDERM-SCOP (scopolamine)	METOZOLV ODT (metoclopramide) prochlorperazine rectal (generic for Compazine) trimethobenzamide oral (generic for Tigan)	1.Adverse reaction to, allergy or contraindication to 2 preferred drugs, or 2 .Documentation of treatment failure with 2 preferred drugs. **METOZOLV ODT** (metoclopramide): Inablilty to swallow or clinical reason can't utilize oral liquid.

ANTIFUNGALS, TOPICAL

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
ANTIFUNGAL		
clotrimazole (generic for Lotrimin) RX, OTC econazole (generic for Spectazole) ketoconazole (generic for Nizoral) ketoconazole shampoo (gen. for Nizoral) miconazole OTC nystatin selenium sulfide 1% selenium sulfide 2.5% terbinafine OTC (generic for Lamisil AT) tolnaftate OTC (generic for Tinactin)	BENSAL HP (benzoic acid/salicylic acid) ciclopirox cream/gel/suspension (generic for Loprox) ciclopirox nail lacquer (solution) (generic for Penlac) ciclopirox shampoo (generic for Loprox) ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) LAMISIL SOLUTION (terbinafine) MENTAX (butenafine) NAFTIN (naftifine) NUZOLE (miconazole)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure of two preferred drugs within the last 6 months.

	OXISTAT (oxiconazole) selenium sulfide 2.25% VUSION (miconazole/ zinc oxide) XOLEGEL (ketoconazole)	
ANTIFUNGAL/STEROID COMBINATIONS		
clotrimazole/betamethasone (gen. Lotrisone) nystatin/triamcinolone (gen. for Mycolog)		

ANTIVIRALS, ORAL

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
ANTI-HERPETIC DRUGS		
acyclovir (generic for Zovirax) VALTREX (valacyclovir)	famciclovir (generic for Famvir) valacyclovir (generic for Valtrex)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with a preferred drug.
ANTI-INFLUENZA DRUGS		
amantadine (generic for Symmetrel) RELENZA (zanamivir) inhalation[QL] rimantadine (generic for Flumadine) TAMIFLU (oseltamivir) [QL]		

ANTIVIRALS, TOPICAL

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
	DENAVIR (penciclovir) XERESE (acyclovir/hydrocortisone) ZOVIRAX Cream (acyclovir) ZOVIRAX Ointment (acyclovir)	1. Adverse reaction to, allergy or contraindication to preferred oral antiherpetic agent or 2. Documentation of treatment failure with a preferred oral antiherpetic drug.

BLADDER RELAXANT PREPARATIONS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
oxybutynin IR (generic for Ditropan) TOVIAZ (fesoterodine ER) VESICARE (solifenacin)	DETROL (tolterodine) DETROL LA (tolterodine) ENABLEX (darifenacin) GELNIQUE (oxybutynin) oxybutynin ER (generic for Ditropan XL) OXYTROL (oxybutynin) SANCTURA XR (trospium) trospium (generic for Sanctura)	The non-preferred agent will be approved only after documented failure of a preferred agent. Oxybutynin ER –Treatment failure with preferred LONG ACTING agent.

BONE RESORPTION SUPPRESSION AND RELATED DRUGS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
BISPHOSPHONATES		
alendronate (generic for Fosamax) (daily and weekly formulations)	ACTONEL (risedronate) ACTONEL WITH CALCIUM (risedronate/ calcium) ATELVIA DR (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) etidronate disodium	1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug. ATELVIA DR: Clinical reason can't take alendronate on empty stomach.

	FOSAMAX Oral Solution (alendronate) FOSAMAX PLUS D	Note: products with calcium or vitamin D will be prescribed separately.
OTHER BONE RESORPTION SUPPRESSION AND RELATED DRUGS		
EVISTA (raloxifene) MIACALCIN (calcitonin) nasal	calcitonin-salmon nasal FORTEO (teriparatide) subcutaneous[QL] FORTICAL (calcitonin) nasal	1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug. Forteo® (teriparatide): May approve if the client is unable to use preferred products (i.e. intolerance, contraindication, allergy, and previous trial/failure) **OR** the client is at high risk of fracture as defined below. Patients at high risk of fracture include: • Bone mineral density of -3 or worse • Postmenopausal women with history of non-traumatic fracture(s) • Postmenopausal women with two or more of the following clinical risk factors: 1. Family history of non-traumatic fracture(s) 2. Patient history of non-traumatic fracture(s) 3. DXA BMD T-score ≤-2.5 at any site 4. Glucocorticoid use* (≥6 months of use at 7.5 mg dose of prednisolone equivalent) 5. Rheumatoid Arthritis • Postmenopausal women with BMD T-score ≤-2.5 at any site with any of the following clinical risk factors: 1. More than 2 units of alcohol per day 2. Current smoker • Men w/primary or hypogonadal osteoporosis • Osteoporosis associated w/sustained systemic glucocorticoid therapy* Initial approval will be for 1 year with ONE renewal if demonstrated compliance. Maximum duration of therapy is 24 months during a patient's lifetime. Approval does not require trial and failure on Miacalcin®. Quantity limit of 2.4ml per claim for a 30 day supply. Combination therapy with biphosphonates (Actonel®, Boniva®, Didronel®, Fosamax®, alendronate) is not recommended and will NOT be approved. Not approved for pediatric patients or young adults with open epiphyses.

		Injection must be administered by patient or caregivers.

CALCIUM CHANNEL BLOCKERS (Oral)

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
SHORT-ACTING		
Dihydropyridines		
nicardipine (generic for Cardene) nifedipine (generic for Procardia)	isradipine (generic for Dynacirc) nimodipine (generic for Nimotop)	Isradipine : The non-preferred agent will be approved only after documented failure of a preferred agent. Nimodipine requires the diagnosis of subarachnoid hemorrhage or cerebrovascular spasm.
Non-dihydropyridine		
diltiazem (generic for Cardizem) verapamil (generic for Calan, Isoptin)		
LONG-ACTING		
Dihydropyridines		Non-preferred agents will be approved only after documented failure of a preferred agent.
amlodipine (generic for Norvasc) felodipine ER (generic for Plendil) nifedipine ER (generic for Procardia XL)	CARDENE SR (nicardipine) DYNACIRC CR (isradipine) nisoldipine (generic for Sular)	
Non-dihydropyridines		
diltiazem ER (generic for Cardizem CD) verapamil ER verapamil ER PM (generic for Verelan PM)	COVERA-HS (verapamil) diltiazem LA (generic for Cardizem LA)	

COLONY STIMULATING FACTORS (Entire class requires prior authorization when administered outside physician office or hospital)

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
NEUPOGEN (filgrastim)	LEUKINE (sargramostim) NEULASTA (pegfilgrastim	Entire class requires place of service determination. Only approved for self administration or administration by care giver in home. (not approved thru Pharmacy program for administration in office, clinic or hospital) • Documented myelosuppressive chemotherapy, bone marrow transplant, peripheral blood progenitor cell collection, severe chronic neutropenia; or • Documented ANC < 750 cells/microliter in patients with Hepatitis C who are being treated with Interferon. • Not covered for AIDS, hairy cell leukemia, myelodysplasia, drug-induced congenital agranulocytosis, alloimmune neonatalneutropenia. Initial authorization is granted for six months.

GROWTH HORMONE

Entire class requires prior authorization based on clinical criteria:
https://nebraska.fhsc.com/Downloads/NEfaxform_GH-201101a.pdf

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
NORDITROPIN (somatropin) NUTROPIN (somatropin) NUTROPIN AQ (somatropin) SAIZEN (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) OMNITROPE (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin) ZORBTIVE (somatropin)	See clinical criteria.

MULTIPLE SCLEROSIS DRUGS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
AVONEX (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE (glatiramer)	AMPYRA (dalfampridine) EXTAVIA (interferon beta-1b) GILENYA (fingolimod) REBIF (interferon beta-1a)	**Ampyra:** DUR Initial authorization for 12 weeks, requiring gait disorder associated with MS, no seizure diagnosis, no moderate or severe renal impairment, and baseline 25 foot, timed walk. Additional prior authorizations every 6 months, based on maintained 20% improvement of baseline in 25-foot walk. **Extavia, Rebif:** Non-preferred agents will be approved only after documented failure of one preferred agent. EDSS score not greater than 7. **Gilenya:** Treatment failure with or contraindication to one preferred agent.

PANCREATIC ENZYMES

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
CREON 3000, 6000, 12,000, 24,000 units PANCRELIPASE™ (pancrelipase) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase)	1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with two preferred drugs.

PROTON PUMP INHIBITORS (ORAL)

Criteria for use of non-preferred PPI:
https://nebraska.fhsc.com/Downloads/NEfaxform_PPI-20101028.pdf

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
omeprazole (generic for Prilosec) pantoprazole (generic for Protonix)	ACIPHEX (rabeprazole) KAPIDEX, DEXILANT (dexlansoprazole) lansoprazole (generic for Prevacid) NEXIUM (esomeprazole) NEXIUM SUSPENSION (esomeprazole) omeprazole/sodium bicarbonate (generic for Zegerid RX) PREVACID Rx, SOLU-TAB (lansoprazole) PRILOSEC (omeprazole)	See existing prior authorization criteria.

SKELETAL MUSCLE RELAXANTS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
baclofen (generic for Lioresal) chlorzoxazone (generic for Parafon) cyclobenzaprine (generic for Flexeril) methocarbamol (generic for Robaxin) tizanidine tabs (generic for Zanaflex)	AMRIX (cyclobenzaprine)* carisoprodol (generic for Soma) carisoprodol compound dantrolene (generic for Dantrium) FEXMID (cyclobenzaprine)* LORZONE (chlorzoxazone)* metaxalone (generic for Skelaxin) orphenadrine (generic for Norflex) orphenadrine compound SOMA (carisoprodol)* ZANAFLEX (tizanidine) (brand name tablets and capsules)	The non-preferred agents will be approved for patients with documented failure of at least a one week trial each of two preferred agents. For carisoprodol: • use will be limited to no more than 30 days • additional authorization will not be granted for at least six months following the last day of the previous course of therapy • approval will not be granted for patients with a history of meprobamate use in the previous two years Concurrent use with opioids requires prior authorization AMRIX, FEXMID: Clinical reason regular release cannot be used. Only for short term use. ZANAFLEX: Clinical reason generic cannot be used.

TETRACYCLINES

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
doxycycline hyclate IR (generic for Vibramycin) minocycline HCl **capsules** (generic for Minocin, Dynacin) tetracycline HCl (generic for Sumycin)	demeclocycline* DORYX (doxycycline pelletized) doxycycline hyclate DR (generic for Vibratabs) doxycycline monohydrate (Monodox) minocycline HCl **tablets** (generic for Dynacin, Murac) minocycline HCl extended release (generic for Solodyn) ORACEA (doxycycline monohydrate) SOLODYN (minocycline HCl) VIBRAMYCIN SUSPENSION (doxycycline)	Demeclocycline:* Treatment of Syndrome of Inappropriate Antidiuretic Hormone (SIADH) --- 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, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

Classes removed from the Consent Agenda:

C. **ANTIBIOTICS INHALED:**

After further discussion of the prior authorization process and time frame, it was decided to leave the class as originally presented:

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
TOBI (tobramycin)	CAYSTON (aztreonam lysine)[QL, *]	**Cayston:** 1.Adverse reaction to, allergy, treatment failure, or contraindication to preferred drugs, or 2. Previous therapy with tobramycin via nebulizer, and 3. Demonstration of TOBI compliance, and 4.Diagnosis of cystic fibrosis, and 5. Quantity limits of 84ml per 28 days supply.

A motion was made by Johnson-Bohac and seconded by Ward to accept the class and criteria as presented,

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

D. **HYPOGLYCEMICS, GENERAL COMMENTS**:
Dering-Anderson suggested that ALL hypoglycemic medications be included on the PDL, particularly the most cost effective metformin and sulfonylureas. Minchow reported that these classes could be added to the published PDL, however the detailed cost analysis might not be available for these primarily generic classes.

E. HYPOGLYCEMICS: INSULIN

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
HUMALOG (insulin lispro) HUMALOG MIX (insulin lispro/lispro protamine) HUMULIN (insulin) LANTUS (insulin glargine)	APIDRA (insulin glulisine) LEVEMIR (insulin detemir) 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. **Insulin pens /cartridges** 1. Physical reasons vials cannot be used, such as dexterity problems, vision impairment. 2. Must be self-administered. 3. NOT just for convenience. 4. or low dose (≤40 units per day)

A motion was made by Gotschall and seconded by Dube' to accept the class and criteria, except to ADD to the criteria: Levemir may be approved for use in pregnancy without a trial on Lantus due to the recent labeling change which gives Levemir Pregnancy Cagetory B status.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

F. Hypoglycemics, Meglitinides

Proposed:

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
PRANDIN (repaglinide)	nateglinide (generic for Starlix) PRANDIMET (repaglinide/metformin)	Non-preferred agents may be approved if the patient has a history of one preferred agent in the last 6 months.

A motion was made by Baker to make the entire class Non-Preferred. The motion was seconded by Sorensen. Baker also recommended to add to the criteria that Prandin not be authorized for patients on sulfonylureas.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

G. HYPOGLYCEMICS, TZDS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
THIAZOLIDINEDIONES (TZDs)		
ACTOS (pioglitazone)	AVANDIA (rosiglitazone)	Avandia will be approved for patients failing to respond to one preferred agent.
TZD COMBINATIONS		
	ACTOPLUS MET (pioglitazone/metformin) ACTOPLUS MET XR (pioglitazone/metformin) AVANDAMET (rosiglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) DUETACT (pioglitazone/glimepiride)	Combination agents will require clinical reason separate agents cannot be used.

A motion was made by Dering Anderson and seconded by Caudill to make the entire class Non-Preferred. Elsasser added to the motion that current patients on Actos be grandfathered. Additional criteria would include treatment failure with or contraindication to metformin.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

II. Therapeutic Categories with Changed Recommendations:

A. ACNE AGENTS, TOPICAL:

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
AZELEX (azelaic acid) BENZACLIN (clindamycin/benzoyl peroxide) benzoyl peroxide generic OTC benzoyl peroxide generic Rx clindamycin phosphate ***SOLUTION***	ACANYA (clindamycin and benzoyl peroxide) ACZONE (dapsone) adapalene gel, cream (generic Differin) AKNE-MYCIN (erythromycin)	Treatment failure with three preferred products.

DIFFERIN (adapalene) erythromycin RETIN-A **MICRO** (tretinoin) tretinoin ***CREAM***	ATRALIN (tretinoin) BENZEFOAM (benzoyl peroxide) CLARIFOAM EF (sulfur and sulfacetamide) CLINAC BPO (benzoyl peroxide) CLINDAGEL (clindamycin) *clindamycin **GEL, LOTION*** clindamycin/benzoyl peroxide *EPIDUO (adapalene/benzoyl peroxide)* erythromycin-benzoyl peroxide EVOCLIN (clindamycin) INOVA (benzoyl peroxide) NUOX (benzoyl peroxide and sulfur) *RETIN-A GEL, CREAM* *RETIN-A MICRO **PUMP*** SE BPO (benzoyl peroxide) sodium sulfa-sulfur-meratan sulfacetamide sulfacetamide/sulfur (generic for Sulfacet-R) TAZORAC (tazarotene) *tretinoin **GEL*** VELTIN (clindamycin and tretinoin) ZIANA (clindamycin and tretinoin)	

A motion was made by Dering-Anderson and seconded by Rock to accept the class as presented.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

B. ANALGESICS, OPIATE LONG-ACTING

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
fentanyl patches KADIAN (morphine) methadone morphine ER ~~*oxycodone ER*~~ OXYCONTIN (oxycodone ER)	AVINZA (morphine) BUTRANS (buprenorphine, transdermal)* *CONZIP ER (tramadol extended release)** DURAGESIC (fentanyl) DURAGESIC MATRIX (fentanyl) EMBEDA (morphine/naltrexone)* EXALGO (hydromorphone)* *morphine ER (generic for Kadian)* *MS CONTIN (morphine ER)* *NUCYNTA ER (tapentadol)** oxymorphone ER (generic for OPANA ER) tramadol extended release (generic for Ryzolt)*	Non-preferred agents will be approved for patients meeting the following criteria: • Documented failure of at least a 30 day trial of two preferred agents within previous 6 months ***BUTRANS:*** *Patient must meet all of the following criteria:* *•Diagnosis of moderate to severe chronic pain* *•Require < 80mg morphine equivalents per day* *•Require continuous around-the-clock analgesia* *•Need analgesic medication for an extended period of time*

	tramadol extended release* ULTRAM ER (tramadol extended release)*	*•Patient is 18 years or older* *•Inability to take oral medication* *OR Adequate trial with 3 preferred agents* *NOT approved for substance abuse or addiction.* **EMBEDA: per DUR** • History of drug abuse, or family member with history of drug abuse. • No concomitant use of other long-acting narcotics • Pain contract on file with prescriber **EXALGO:** Must document **clinical** reason why immediate-release cannot be used. **ULTRAM ER, RYZOLT, *CONZIP* (tramadol extended release)** Clinical reason regular release cannot be used.

A motion was made by Thomsen and seconded by Sorensen to accept the class as presented.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

C. ANALGESICS, OPIATE SHORT-ACTING

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
ORAL		
acetaminophen/codeine codeine hydrocodone/APAP hydrocodone/ibuprofen hydromorphone morphine IR oxycodone IR oxycodone/APAP oxycodone/aspirin *ROXICODONE (oxycodone)* *ROXICET (oxycodone/acetaminophen)* tramadol	aspirin/codeine dihydrocodeine/APAP/caffeine (generic for Panlor DC) DILAUDID LIQUID (hydromorphone) HYCET (hydrocodone/acetaminophen) IBUDONE (hydrocodone/ibuprofen) levorphanol meperidine NUCYNTA (tapentadol)* *OXECTA (oxycodone)* oxycodone/ibuprofen (generic for Combunox) oxymorphone (generic for Opana) PANLOR DC (dihydrocodeine/APAP/caffeine) pentazocine/APAP pentazocine/naloxone REPREXAIN (hydrocodone/ibuprofen)	Non-preferred agents will be approved only after documented failure of 3 preferred agents. Note: Nucynta only approved for short term use for acute pain. Not approved for chronic pain. RYBIX ODT: Treatment failure or contraindication to oral morphine concentrate and inability to swallow.

	RYBIX (tramadol ODT)* (note: separate ingredients preferred) tramadol/APAP –generic for Ultracet ZAMICET (hydrocodone/acetaminophen solution) ZOLVIT (hydrocodone/acetaminophen solution) *ZYDONE(hydrocodone/acetaminophen)*	ZOLVIT- no prior authorization needed for children under 12.
BUCCAL/TRANSMUCOSAL		
	ABSTRAL (fentanyl transmucosal)* ACTIQ (fentanyl)* fentanyl transmucosal* FENTORA (fentanyl)* ONSOLIS (fentanyl)*	Diagnosis of cancer. Current use of long-acting opiate. NOT approved for acute pain, migraine, or fibromyalgia.

A motion was made by Thomsen and seconded by Elsasser to accept the class as published.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

D. ANDROGENIC DRUGS (Topical)

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
ANDRODERM (testosterone) ANDROGEL (testosterone)	*AXIRON (testosterone)* FORTESTA (testosterone) TESTIM (testosterone)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.

A motion was made by Sorensen and seconded by Thomsen to accept the class as published.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

E. ANGIOTENSIN MODULATORS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
ACE INHIBITORS		
benazepril (generic for Lotensin) captopril (generic for Capoten) enalapril (generic for Vasotec) fosinopril (generic for Monopril) lisinopril (generic for Prinivil/Zestril) quinapril (generic for Accupril) ramipril (generic for Altace)	moexepril (generic for Univasc) perindopril (generic for Aceon) trandolapril (generic for Mavik)	Non-preferred agents may be approved if the patient has a history of two preferred agents in the last 12 months.
ACE INHIBITOR/DIURETIC COMBINATIONS		
benazepril/HCTZ (generic for Lotensin HCT) captopril/HCTZ (generic for Capozide) enalapril/HCTZ (generic for Vaseretic)	*fosinopril/HCTZ (generic for Monopril HCT)* moexepril/HCTZ (generic for Uniretic) *quinapril/HCTZ ((generic for Accuretic)*	

lisinopril/HCTZ (generic for Prinzide/Zestoretic)		
ANGIOTENSIN RECEPTOR BLOCKERS		
DIOVAN (valsartan) losartan (generic for Cozaar)	ATACAND (candesartan) *AVAPRO (irbesartan)* BENICAR (olmesartan) *EDARBI (azilasartan medoxomil)* *EDARBYCLOR (azilasartan/chlorthalidone)* eprosartan (generic for Teveten) MICARDIS (telmisartan) TEVETEN (eprosartan)	Non-preferred agents may be approved if the patient has a history of two preferred agents in the last 12 months.
ANGIOTENSIN RECEPTOR BLOCKER/DIURETIC COMBINATIONS		
DIOVAN-HCT (valsartan/HCTZ) losartan/HCTZ (generic for Hyzaar)	ATACAND-HCT (candesartan/HCTZ) *AVALIDE (irbesartan/HCTZ)* BENICAR-HCT (olmesartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ) TEVETEN-HCT (eprosartan/HCTZ)	

DIRECT RENIN INHIBITORS		
	TEKTURNA (aliskiren)	Non-preferred agents may be approved if the patient has a history of two preferred ACE inhibitors or angiotensin receptor blockers in the last 12 months.
DIRECT RENIN INHIBITOR COMBINATIONS		
	AMTURNIDE (**aliskiren**/amlodipine/HCTZ) TEKAMLO (**aliskiren**/amlodipine) TEKTURNA/HCT (aliskiren/HCTZ) ~~*VALTURNA (aliskiren/valsartan)*~~	Individual prescriptions for the components of these products should be used for patients requiring these drug combinations. Documentation of medical necessity required for use of combination product.

A motion was made by Ward and seconded by Caudill to accept the class as published.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

F. ANTIBIOTICS, GASTROINTESTINAL Note: Although azithromycin, ciprofloxacin, and trimethoprim/sulfamethoxazole are not included in this review, they are available without prior authorization.

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
metronidazole ***TABLETS*** neomycin vancomycin compounded oral solution	ALINIA (nitazoxanide) *DIFICID (fidaxomicin)* FLAGYL **ER** (metronidazole) *metronidazole **CAPSULES*** *TINDAMAX (tinidazole)* vancomycin capsules (generic for Vancocin) XIFAXAN (rifaximin)	**Alinia**-if giardiasis; require treatment failure with metronidazole or tindazole. If cryptosporidium: no treatment failure required with other agent ***Dificid**: for diagnosis of Clostridium difficile diarrhea; require contraindication to or treatment failure with oral vancomycin or metronidazole.* Flagyl **ER:** require trial on

		metronidazole or tindazole. ***Tindamax****:* *For treatment of Giardia, amebiasis intestinal or liver abscess, bacterial vaginosis or trichomoniasis: Treatment failure with or contraindication to metronidazole.* **Vancocin**: May bypass metronidazole if initial episode of SEVERE c. difficile colitis or recurrence. Severe defined as 1) leukocytosis w/WBC ≥15,000 cells/microliter OR 2) serum creatinine ≥1.5 x premorbid level **Xifaxan-** 1) Diagnosis of travelers diarrhea resistant to quinolone. Or 2) Hepatic encephalopathy with treatment failure of lactulose or neomycin.

A motion was made by Tonniges and seconded by Hutchins to accept the class as published. To avoid delay in prior authorization process, Dering-Anderson suggested reminding pharmacists that emergency overrides are an option and Sorensen suggested a message be sent back to pharmacy indicating that oral vancomycin compounded solution is available without prior authorization when claims are submitted for vancomycin oral capsules.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

G. ANTICOAGULANTS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
FRAGMIN (dalteparin) LOVENOX (enoxaparin) warfarin (generic for Coumadin)	*ARIXTRA (fondaparinux)* enoxaparin (generic for Lovenox) fondaparinux (generic for Arixtra) PRADAXA (dabigatran)* *XARELTO (rivaroxaban)**	Non-preferred agents will be approved only after documented failure of a preferred agent. **PRADAXA:** Diagnosis of nonvalvular atrial fibrillation AND Patient has taken warfarin for at least three months without INR stabilization (2 most recent INRs out of therapeutic range: between 2.0 and 3.0) OR Patient has taken warfarin for at least three months without dose stabilization (dose changing at least monthly) OR Allergy to warfarin ***XARELTO:*** *1. Diagnosis of* ***nonvalvular atrial fibrillation*** *AND*

		2. Patient has taken warfarin for at least three months without INR stabilization (2 most recent INRs out of therapeutic range: between 2.0 and 3.0) *OR* *Patient has taken warfarin for at least three months without dose stabilization (dose changing at least monthly)* *OR* *Allergy to warfarin* *3. May bypass trial on warfarin for short term use for prophylaxis of deep vein thrombosis in patients undergoing* ***knee replacement surgery*** *(12 days) OR* ***hip replacement surgery*** *(35 days).*

A motion was made by Farho and seconded by Rock to accept the class as published.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

H. ANTIFUNGALS, ORAL

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
fluconazole (generic for Diflucan) GRIS-PEG (griseofulvin) griseofulvin suspension ketoconazole (generic for Nizoral) nystatin ***TABLET***, ***SUSPENSION*** terbinafine (generic for Lamisil)	clotrimazole (mucous membrane, troche) flucytosine (generic for Ancobon)* GRIFULVIN V (griseofulvin) itraconazole (generic for Sporanox) LAMISIL GRANULES (terbinafine) NOXAFIL (posaconazole)* *nystatin* ***POWDER*** ORAVIG (miconazole buccal) SPORANOX (itraconazole)* voriconazole (generic for VFEND)*	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with two preferred drugs. **----------** **These meds do not necessarily require trial and failure on a preferred medication, if clinical criteria are met. Tech: may approve:** **All: allow if immunocompromised** **ANCOBON: diagnosis of:** • CANDIDA: septicemia, endocarditis, UTI • CRYPTOCOCCUS: meningitis, pulmonary infections. **ITRACONAZOLE:** diagnosis of: • Aspergillosis • Blastomycosis • Histoplasmosis • Onychomycosis resistant to terbinafine • Oropharyngeal/esophageal candidiasis refractory to fluconazole. • Sporanox liquid only if unable to take capsules. **NOXAFIL:** minimum age of 13.

		Prevention of infection with diagnosis of: • Neutropenic Myelodysplastic Syndrome • Neutropenic hematologic malignancies • Graft vs. Host disease • Immunosuppression following hematopoetic stem cell transplant Oropharyngeal/esophageal candidiasis refractory to itraconazole and/or fluconazole **VFEND:** • Myelodysplastic Syndrome (MDS), • Neutropenic Acute Myeloid Leukemia (AML) • Graft versus Host Disease (GVHD) • Candidemia (candida krusei), Esophageal Candidiasis • Pulmonary or invasive aspergillosis • Blastomycosis • Serious fungal infections caused by *Scedosporium apiospermum* (asexual form of *Pseudallescheria boydii*) and *Fusarium* spp., including *Fusarium solani*, in patients intolerant of, or refractory to other therapy. Oropharyngeal/esophageal candidiasis refractory to fluconazole.

A motion was made by Sorensen and seconded by Thomsen to accept the class as published.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

I. ANTIMIGRAINE DRUGS[QL], TRIPTANS Note: There are Quantity Limits for entire class.

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
ORAL		
RELPAX (eletriptan) sumatriptan generic oral	AXERT (almotriptan) FROVA (frovatriptan) IMITREX oral (sumatriptan) MAXALT (rizatriptan) MAXALT MLT (rizatriptan) naratriptan (generic for Amerge) TREXIMET (sumatriptan/naproxen) ZOMIG (zolmitriptan) ZOMIG ZMT (zolmitriptan)	Non-preferred agents will be approved only if patient has tried and failed therapy with all preferred agents.
NASAL		
IMITREX (sumatriptan)	sumatriptan generic nasal ZOMIG (zolmitriptan)	

INJECTABLE		
IMITREX (sumatriptan)	sumatriptan generic injection *SUMAVEL DOSEPRO (sumatriptan)*	

A motion was made by Elsasser and seconded by Ward to accept the class as published.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

J. ANTIPARASITICS, TOPICAL

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
EURAX (crotamiton) ***CREAM*** permethrin 1% OTC (generic for Nix) permethrin 5% RX (generic for Elimite) pyrethrin/piperonyl butoxide (generic for RID, A-200) OVIDE (malathion)	*EURAX (crotamiton)* ***LOTION*** lindane malathion (generic for Ovide) NATROBA (spinosad) ULESFIA (benzyl alcohol)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with two preferred drugs. Note: Ulesfia and Lindane will process in claims system automatically without prior authorization if 2 preferred products have been filled within the previous 60 days. Ulesfia: *Quantity limits based on hair length.*

A motion was made by Tonniges and seconded by Caudill to accept the class as published.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

K. BETA BLOCKERS (Oral)

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
BETA BLOCKERS		
acebutolol (generic for Sectral) atenolol (generic for Tenormin) atenolol/chlorthalidone(generic for Tenoretic) bisoprolol (generic for Zebeta) bisoprolol/HCTZ (generic for Ziac) INNOPRAN XL (propranolol) metoprolol (generic for Lopressor) metoprolol/HCTZ (generic for Lopressor HCT) metoprolol XL (generic for Toprol XL) nadolol (generic for Corgard) pindolol (generic for Viskin) propranolol (generic for Inderal) propranolol extended release (Inderal LA) propranolol/hydrochlorothiazide (generic for Inderide) sotalol (generic for Betapace)	betaxolol (generic for Kerlone) BYSTOLIC (nebivolol) *DUTOPROL (metoprolol XR and HCTZ)* LEVATOL (penbutolol) *nadolol/bendroflumethiazide (generic for Corzide)*	Non-preferred agent will be approved only after documented failure of two preferred agents within the past 12 months. Bystolic: Non-preferred agent will be approved only after documented failure of one preferred agent within the past 12 months in patients with obstructive lung disease.

timolol (generic for Blocadren) *TOPROL XL (metoprolol XL)*		
BETA- AND ALPHA- BLOCKERS		
carvedilol (generic for Coreg) labetalol (generic for Trandate)	COREG CR (carvedilol)	Coreg CR:Clinical reason the generic regular-release cannot be used.

A motion was made by Ward and seconded by Rock to accept the class as published.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

L. BPH - BENIGN PROSTATIC HYPERPLASIA TREATMENTS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
ALPHA BLOCKERS		
alfuzosin (generic for Uroxatral) doxazosin (generic for Cardura) tamsulosin (generic for Flomax) terazosin (generic for Hytrin)	CARDURA XL (doxazosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) *UROXATRAL (alfuzosin)*	Treatment failure with one preferred agent. JALYN: Must meet criteria for approval of Avodart and clinical reason can't take individual agents.
5-ALPHA-REDUCTASE (5AR) INHIBITORS		
finasteride (generic for Proscar)	AVODART (dutasteride) JALYN (dutasteride/tamsulosin)	

A motion was made by Farho and seconded by Hutchins to accept the class as published.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

M. CEPHALOSPORINS (Oral) and RELATED ANTIBIOTICS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS		
amoxicillin/clavulanate tablets and suspension	amoxicillin/clavulanate ER (generic for Augmentin XR) *AUGMENTIN (amoxicillin/clavulanate)*	1. Adverse reaction to, contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
CEPHALOSPORINS – First Generation		
cephalexin (oral) (generic for Keflex) cefadroxil (oral) (generic for Duricef)		1. Adverse reaction to, contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
CEPHALOSPORINS – Second Generation		
cefuroxime (oral tablet) (generic for Ceftin) cefprozil (oral) (generic for Cefzil)	cefaclor (oral) (generic for Ceclor) CEFTIN (cefuroxime) tablets, suspension cefuroxime oral suspension (generic for Ceftin suspension)	1. Adverse reaction to, contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
CEPHALOSPORINS – Third Generation		

cefdinir (oral) (generic for Omnicef) SUPRAX (cefixime)	*CEDAX (ceftibuten)* cefpodoxime (oral) (generic for Vantin) cefditoren generic (generic for Spectracef)	1. Adverse reaction to, contraindicationto preferred drugs, or 2. Documentation of treatment failure with preferred drug.

A motion was made by Thomsen and seconded by Juracek to accept the class as published.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

N. ERYTHROPOIESIS STIMULATING PROTEINS (Entire class requires prior authorization when administered outside physician office or hospital)

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
ARANESP (darbepoetin) PROCRIT (rHuEPO)	*EPOGEN (rHuEPO)*	Entire class requires place of service determination. Only approved for self administration or administration by care giver in home. (not approved thru Pharmacy program for administration in office, clinic or hospital) Length of authorization: varies • Anemia associated with chronic renal failure APPROVAL ONE YEAR • Anemia with chemotherapy, need length of chemo regimen auth 30 days longer • Anemia in HIV infected clients • Anemia associated with hepatitis C treatment

A motion was made by Hutchins and seconded by Juracek to accept the class as published.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

O. FLUOROQUINOLONES, ORAL

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
ciprofloxacin levofloxacin (generic for Levaquin)	*AVELOX (moxifloxacin)* CIPRO Suspension (ciprofloxacin) ciprofloxacin ER FACTIVE (gemifloxacin) NOROXIN (norfloxacin) ofloxacin PROQUIN XR (ciprofloxacin)	1. Adverse reaction to, allergy to or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug. Ofloxacin ~~*and levofloxacin*~~ may be approved without trial on preferred drug with diagnosis of: Pelvic Inflammatory Disease or Acute Epididymitis not caused by gonorrhea. Non-preferred quinolone may be approved upon inpatient hospital discharge to complete a course of

		antibiotic therapy initiated during inpatient care.

A motion was made by Gotschall and seconded by Rock to accept the class as published.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

P. HEPATITIS C AGENTS

PREFERRED DRUGS	NON-PREFERRED DRUGS	CRITERIA FOR USE OF NON-PREFERRED PRODUCTS
INTERFERON		See clinical criteria. ~~*PEG-INTRON: clinical reason Pegasys cannot be used.*~~
PEGASYS (pegylated interferon alfa-2a)* *PEG-INTRON (pegylated interferon alfa-2b)**	INFERGEN (interferon alfacon-1)*	
RIBAVIRIN		
ribavirin 200mg tablets and capsules*		

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
*INCIVEK (telaprevir)** VICTRELIS (boceprevir)*		*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 month 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 coinfected patients.* *8. Not approvable if previous treatment failure with another protease inhibitor.* *VICTRELIS:* *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 ≥ 100 IU/ml, STOP all therapy.* *4. Treatment week 24: If HCV-RNA levels DETECTABLE, STOP all therapy.* *INCIVEK:* *1. Treatment week 12: If HCV RNA > 1000 IU/ml, STOP all therapy.* *2. Treatment week 24: If HCV RNA DETECTABLE, stop peginterferon and ribavirin.*

A motion was made by Rock and seconded by Dube' to accept the class as published.

Votes as follows:

Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

Q. HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
Glucagon-Like Peptide-1 Receptor Agonist (GLP-1 RA)	*BYDUREON (exenatide ER)** BYETTA (exenatide) subcutaneous* VICTOZA (liraglutide) subcutaneous*	https://nebraska.fhsc.com/Downloads/NEfaxform_IncretinMimetics-20110622.pdf VICTOZA may be approved after trial on BYETTA or BYDUREON or with compromised renal function.
Amlyn Analog	SYMLIN (pramlintide) subcutaneous*	https://nebraska.fhsc.com/Downloads/NEfaxform_Amylin-20110318.pdf
Dipeptidyl peptidase-4 (DPP-4) Inhibitor	JANUVIA (sitagliptin)* JANUMET (sitagliptin/metformin)* *JENTADUETO (linagliptin/metformin)* *JUVASYNC (sitagliptin/simvastatin)** KOMBIGLYZE XR (saxagliptin/metformin)* ONGLYZA (saxagliptin)* *TRADJENTA (linagliptin)**	~~*ANUVIA, ONGLYZA:*~~ • Type 2 diabetics who have not achieved adequate glycemic control and have demonstrated compliance with a regimen of metformin, a sulfonylurea or a thiazolidinedione. • HbA1C ≥ 7 • ~~*saxagliptin and*~~ *Linagliptin has not been studied in combination with insulin and will not be authorized with insulin.* ~~JANUMET: Approve if has been on metformin and meets criteria for Januvia.~~ ~~KOMBIGLYZE XR:~~ ~~Would need to meet criteria for Onglyza (saxagliptin) which is failure to achieve glycemic control following use of metformin, a sulfonylurea or TZD.~~

A motion was made by Farho and seconded by Dube' to accept the class as published. Baker suggested changing the first bullet point criteria for the DPP-4 Inhibitors
From:

- Type 2 diabetics who have not achieved adequate glycemic control and have demonstrated compliance with a regimen of metformin, a sulfonylurea or a thiazolidinedione.

To:

- Type 2 diabetics who have not achieved adequate glycemic control and have demonstrated compliance with a regimen of metformin or could not tolerate adverse reactions from metformin.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

R. LIPOTROPICS, OTHER (Non-Statins) Note: Several other forms of OTC niacin and fish oil are also covered under Medicaid with a prescription without prior authorization.

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
BILE ACID SEQUESTRANTS		The non-preferred agent will be approved only after documented failure of the preferred agents.
cholestyramine (generic for Questran) colestipol (generic for Colestid) …. ***TABLETS***	*colestipol (generic for Colestid)* ***GRANULES*** *QUESTRAN LIGHT (cholestyramine)* WELCHOL (colesevalam)	
FIBRIC ACID DERIVATIVES		

gemfibrozil (generic for Lopid) TRICOR (fenofibrate) TRILIPIX (fenofibric acid)	ANTARA (fenofibrate) fenofibric acid fenofibrate FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) *LOFIBRA (fenofibrate)* TRIGLIDE (fenofibrate)	
NIACIN		
NIACOR (niacin IR) NIASPAN (niacin ER)		
OMEGA-3 FATTY ACIDS		
	*LOVAZA (omega-3 fatty acids)**	*May approve if TG ≥500. (verified by faxed copy of lab report) . If TG ≤500, OTC fish oils covered without prior authorization.
CHOLESTEROL ABSORPTION INHIBITORS		
	ZETIA (ezetimibe)	Zetia will be approved for patients who have a diagnosis of hypercholesterolemia and have either failed statin monotherapy or have a documented intolerance to statins. Zetia treatment is only approved as an adjunct to concurrent statin therapy unless there is a documented intolerance to the statins.

A motion was made by Tonniges and seconded by Humphries to accept the class as published.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – absent, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - absent, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

S. LIPOTROPICS, STATINS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
STATINS		
atorvastatin (generic for Lipitor) lovastatin (generic for Mevacor) pravastatin (generic for Pravachol) simvastatin (generic for Zocor)	ALTOPREV (lovastatin) *CRESTOR (rosuvastatin)* LESCOL (fluvastatin) LESCOL XL (fluvastatin) *LIPITOR (atorvastatin)* LIVALO (pitavastatin)	Non-preferred agents may be approved if the patient has a ~~*history*~~ *treatment failure* with two preferred agents in the last 12 months. ALTOPREV AND LESCOL XL require documentation of medical necessity of long acting form.
STATIN COMBINATIONS		
SIMCOR (simvastatin/niacin ER)	ADVICOR (lovastatin/niacin ER) atorvastatin/ amlodipine (generic for CADUET) VYTORIN (simvastatin/ezetimibe)	Vytorin will be approved for patients failing a minimum 3 month trial of standard dose statin

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

The motion was amended to include recommending grandfathering for patients currently stabilized on Crestor, and Crestor authorized after failure of ONE agent if agent is atorvastatin 40mg.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-no, Thomsen-yes, Tonniges – no, Ward-no

T. MACROLIDES AND KETOLIDES (Oral)

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
KETOLIDES		
	KETEK (telithromycin)	1. Documentation of any antibiotic use within the last 28 days and 2. Diagnosis is Community Acquired Pneumonia. 3. 18 years of age or older
MACROLIDES		
azithromycin (generic for Zithromax) *clarithromycin ER (generic for Biaxin XL)* *clarithromycin IR (generic for Biaxin)* erythromycin	PCE (erythromycin) ZMAX (azithromycin ER) ZITHROMAX (azithromycin)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug. ~~*Clarithromycin:*~~ ~~*May be approved for diagnosis of*~~ ~~*1) helicobacter pylori when there is concurrent administration of a proton pump inhibitor. (allow 28 days of treatment per 365 days)*~~ ~~*atypical mycobacterial disease including mycobacterium avium intracellulare (MAI)*~~

A motion was made by Tonniges and seconded by Caudill to accept the class as published.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-yes, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

U. (PAH) PULMONARY ARTERIAL HYPERTENSION AGENTS (Oral and inhaled)

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
ADCIRCA (tadalafil) (for PAH only*) *LETAIRIS (ambrisentan)* REVATIO (sildenafil) (for PAH only*) TRACLEER (bosentan) VENTAVIS INHALATION (iloprost	TYVASO INHALATION (treprostinil)	Revatio and Adcirca require diagnosis of PAH. ~~*LETAIRIS:*~~ ~~*1.Adverse reaction to, allergy or contraindication to bosentan, or*~~ ~~*2 .Documentation of treatment failure with bosentan.*~~

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

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - yes, Dube' – yes, Elsasser - yes, Farho-absent, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

V. PHOSPHATE BINDERS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:

ELIPHOS (calcium acetate) RENAGEL (sevelamer HCl)	calcium acetate tablet and capsule FOSRENOL (lanthanum) *PHOSLO (calcium acetate)* *PHOSLYRA (calcium acetate)* RENVELA (sevelamer carbonate)	Non-preferred agents may be approved if the patient has a history of one preferred agent in the last 6 months

A motion was made by Thomsen and seconded by Rock to accept the class as published.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - absent, Dube' – yes, Elsasser - absent, Farho-absent, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

W. PLATELET AGGREGATION INHIBITORS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
AGGRENOX (dipyridamole/aspirin) aspirin dipyridamole (generic for Persantine) PLAVIX (clopidogrel)	*BRILINTA (ticagrelor)* EFFIENT (prasugrel)* ticlopidine (generic for Ticlid)	1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug. 3. **OR** Documentation of clopidrogel resistance. *BRILINTA: additional criteria* *-Acute coronary syndrome (ACS) (unstable angina, non-ST elevation myocardial infarction, or ST elevation myocardial infarction).* ***CONTRAINDICATIONS*** *-History of intracranial hemorrhage* *-Active pathological bleeding* EFFIENT: Additional criteria • Patient has Acute Coronary Syndrome (ACS) and is going to be managed with Percutaneous Coronary Intervention (PCI) as follows: 1. Patients with unstable angina or NSTEMI or 2. Patients with STEMI when managed with primary or delayed PCI • Must be <75 years of age unless they are high risk patients (diabetes or prior MI) ***CONTRAINDICATIONS*** *-Active pathological bleeding* *-Prior transient ischemic attack or stroke*

A motion was made by Rock and seconded by Juracek to remove reference to stroke in Brilinta criteria and accept the class as published.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - absent, Dube' – yes, Elsasser - absent, Farho-absent, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

X. ULCERATIVE COLITIS

PREFERRED DRUGS	NON-PREFERRED DRUGS	PDL EXCEPTION CRITERIA:
ORAL		
APRISO (mesalamine) ASACOL (mesalamine) 400MG balsalazide (generic for Colazal) sulfasalazine (generic for Azulfidine)	ASACOL **HD** 800mg (mesalamine) DIPENTUM (olsalazine) LIALDA (mesalamine) *PENTASA (mesalamine)*	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with one preferred drug. ASACOL **HD,** LIALDA, and *PENTASA:* Clinical reason cannot use the preferred form of mesalamine.
CANASA (mesalamine)	mesalamine SFROWASA (mesalamine)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with one preferred drug.

A motion was made by Juracek and seconded by Sorensen to accept the class as published and to grandfather current patients on Pentasa.

Votes as follows:
Baker-yes, Caudill – yes, Davenport-yes, Dering-Anderson - absent, Dube' – yes, Elsasser - absent, Farho-absent, Gotschall - yes, Humphries – yes, Hutchins - yes, Johnson- Bohac – yes, Juracek - yes, Mims – yes, Reichmuth – absent, Rock-yes, Saunders – n/a, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-absent

Y. Adjournment

A motion was made and seconded to adjourn at 3:00 pm. Voting was unanimous in favor of adjournment.

Next meeting:
The next scheduled meeting of the Nebraska Medicaid Pharmaceutical and Therapeutics Committee is scheduled for:
Wednesday, November 14, 2012, 9 am
Mahoney State Park, Ashland, NE

Recorded by: Jenny Minchow R.P., Pharm. D.
Pharmacy Consultant
Nebraska Medicaid & Long-Term Care

Approved November 14, 2012