

DIVISION OF MEDICAID AND LONG-TERM CARE
Nebraska DHHS

PHARMACEUTICAL AND THERAPEUTICS COMMITTEE MEETING MINUTES

Wednesday November 11, 2015 at 9 a.m., CST
Mahoney State Park, Peter Kiewit Lodge
Ashland, NE

Members Present

Eric Avery, M.D.
Claire Baker, M.D.
Stacie Bleicher, M.D.
Chris Caudill, M.D.
Yvonne Davenport, M.D.
Allison Dering-Anderson, Pharm.D.
James Dubé, Pharm.D.
Gary Elsasser, Pharm.D.
Jeffrey Gotschall, M.D.
Nancy Haberstich, R.N., M.S.
Laurie Humphries, M.D.
Eileen Rock, M.D.
Ken Saunders, Pharm.D.
Christopher Sorensen, Pharm.D.
Linda Sobeski, Pharm. D.
Eric Thomsen, M.D.

DHHS Staff

Jenny Minchow, Pharm.D.
Abigail Anderson, M.C.R.P.
Shelly Nickerson, Pharm.D.

Magellan Rx Management

Contract Staff

Julie Gilbert, Pharm. D., M.B.A
Sabrina Hellbusch, R.N., B.S.N

Absent

Kristi Bohac (excused)
Mary Hammond (excused)

- I. Call to Order: Chairperson, Jeff Gotschall, called the meeting to order at 9:00am. The agenda was posted on the Nebraska Medicaid Pharmacy MMA website on 08 OCT 2015. A copy of the Open Meetings Act was posted at the back of the meeting room and materials distributed to members were on display.
- II. Introduction of Magellan Rx Management staff: Julie Gilbert, Pharm. D., M.B.A
- III. Introduction of new P&T committee member: Eric Avery, M.D. practices in Lincoln Nebraska at Nebraska Hematology-Oncology P.C. He is board certified in Internal Medicine and Hematology and Medical Oncology. Dr. Avery fills the position vacated by Nathan Green, D.O.
- IV. Roll Call: see list above
- V. Conflict of Interest: No new conflicts of interest were reported.
- VI. Approval of May 2015 Minutes: The May 13 2015 meeting minutes were unanimously approved.
- VII. Department information:
 - i. DHHS continues to recruit for a Medicaid Medical Director
 - ii. There will be a new Account Manager for the Nebraska Medicaid Pharmacy Benefit from Magellan RX Management in place before the next NE P&T Committee meeting.
 - iii. The Managed Care "Heritage Health" Request For Proposal (RFP) was publically posted for bids on October 21, 2015. The Medicaid Pharmacy Benefit will be carved into managed care. The goal of managed care is to improve access to care, enhance health, and reduce costs by eliminating inappropriate and unnecessary care through the use of preventive services and improved care coordination. Once pharmacy services are carved into managed care in 2017, the pharmacy claims will be processed by each Managed Care Organization's (MCO) Pharmacy Benefit Manager (PBM). The 2-3 awarded MCOs will follow the NE state PDL. The P&T Committee will continue meeting and providing recommendations to the State on the determination of a preferred or non-preferred status for drugs included on the NE State PDL. There will be a non-voting member from each MCO that will serve on the committee. The Heritage Health RFP is posted at: <http://das.nebraska.gov/material/purchasing/5151/5151.html>
- VIII. Other Department News:
 - i. There is one opening on the DHHS Pharmaceutical and Therapeutics Committee for an Internal Medicine physician.

- ii. During the last P&T Committee meeting, committee members requested information pertaining to the number of denials for prior authorizations for 2 classes of non-preferred drugs. Magellan Rx Management contract staff Julie Gilbert searched between July 16, 2015 and November 4, 2015. Results indicate 3 requests for a NPD agent and 0 denials for the following non-preferred drugs: Anticoagulants – Savaysa, Lovenox (brand), Arixtra (brand) and fondaparinux (generic), Coumadin (brand). Platelet Aggregation Inhibitors – Persantine, Ticlopidine, Plavix, Zontivity. The committee questioned if requests were referred to a PDL drug and it was noted that the PA criteria require a trial on a preferred agent.
- iii. A doctoral pharmacy student working with Ally Dering-Anderson, Pharm. D. has been working on a paper concerning the differences between PDL activities and formulary activities within a pharmacy benefit, in addition to some other topics of pharmacy services. His project is well-timed with the current movement of pharmacy into managed care and may be helpful in providing information for NE prescribers and P&T committee members as we begin working with MCO representatives on this committee.

IX. Officer Election:

- i. Caudill nominated Christopher Sorensen, Pharm. D. to the position Committee Chair. Roll call vote was taken and passed.

Votes as follows: Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser-absent (excused), Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-Absent (excused), Saunders-yes, Sobeski-absent (excused), Sorensen-abstain, Thomsen-yes.

Nomination Carried.

- ii. Thomsen nominated Baker to the position of Vice-Chair. Roll call vote was taken and passed.

Votes as follows: Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser- absent (excused), Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-Absent (excused), Saunders-yes, Sobeski-absent (excused), Sorensen-abstain, Thomsen-yes.

Nomination Carried.

X. Public Testimony

| Classes with changes | | | | |
|-------------------------------|-------------------------------------|-------------------|---------------------|------------------------------------|
| DRUG CLASS | Drug Name | PDL Status | Speaker Name | Affiliation |
| Bronchodilators, Beta Agonist | Striverdi | NP | Julie McDavitt | Boehringer-Ingelheim |
| COPD Agents | Spiriva | P | Julie McDavitt | Boehringer-Ingelheim |
| COPD Agents | Stiolto | NP | Julie McDavitt | Boehringer-Ingelheim |
| Cytokine and CAM Antagonists | CoSentyx | NP | Kori Hack | Novartis |
| Cytokine and CAM Antagonists | Xeljanz | NP | Nancy Bell | Pfizer N. American Medical Affairs |
| Glucocorticoids, Inhaled | Advair HFA/other asthma medications | NP | Russell Hopp D.O. | Creighton/UNMC/Children's Hospital |

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QL indicates quantity limits.

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

| | | | | |
|-----------------------|----------|----|-------------|--------------------------|
| Oncology Agents, Oral | Ibrance | NP | Azah Borham | Pfizer |
| Oncology Agents, Oral | Lynparza | NP | Gary Guritz | AstraZeneca Oncology MSL |

XI. A motion to move into closed session was made by Dubé, seconded, and unanimously passed to move into closed session at 9:55am. Roll call vote was taken and the motion passed:

Votes as follows: Baker-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser-yes, Haberstitch-yes, Hammond-yes, Humphries-yes, Rock-yes, Saunders-yes, Sobeski-yes, Sorensen-yes, Thomsen-yes.

Motion Carried.

Chairperson, Chris Sorensen restated the reason for closed session, which is (a): “Strategy session with respect to collective bargaining”. Cost issues discussed in Closed Session.

XII. A motion was made by Baker, seconded, and unanimously passed to move back into open session at 11:07.

XIII. Consent Agenda (Therapeutic Categories with Unchanged Recommendations): A motion was made by Dering-Anderson to withdraw the Colony Stimulating Factors from the Consent Agenda

ANTIHISTAMINES, MINIMALLY SEDATING

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|--|--|---|
| cetirizine (Zyrtec) (swallow tablets and solution) loratadine (Claritin) (swallow tablets and solution) | cetirizine chewable (Zyrtec) desloratadine (Clarinex) desloratadine ODT (Clarinex Reditabs) fexofenadine (Allegra) levocetirizine (Xyzal) loratadine dispersible (Claritin Reditabs) | 1. Adverse reaction or contraindication to or preferred drugs. <i>or</i> 2. Treatment failure with both cetirizine and loratadine |

ANTIHYPERTENSIVES, SYMPATHOLYTICS

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|--|--|---|
| CATAPRES-TTS (transdermal) clonidine ORAL (generic for Catapres) guanfacine (generic for Tenex) methyldopa | clonidine transdermal CLORPRES (chlorthalidone/clonidine) methyldopa/hydrochlorothiazide reserpine | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with preferred drug. |

ANTIPSORIATICS, ORAL

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|-----------------------|--|---|
| SORIATANE (acitretin) | acitretin (Soriatane) methoxsalen rapid (Oxsoralen-Ultra) 8-MOP (methoxsalen) | 1. Adverse reaction to, allergy, or contraindication to preferred drug. <i>or</i> 2. Documentation of treatment failure with preferred drug. 3. Trial on acitretin (Category X) not required in pregnancy. |

ANXIOLYTICS

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|-----------------|---------------------|-------------------------|
|-----------------|---------------------|-------------------------|

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| | | |
|--|---|--|
| alprazolam tablet (Xanax) buspirone chlordiazepoxide clorazepate (Tranxene-T) diazepam solution diazepam tablet (Valium) lorazepam INTENSOL lorazepam tablet (Ativan) | alprazolam ER (Xanax XR) alprazolam ODT alprazolam INTENSOL diazepam INTENSOL meprobamate oxazepam | 1. Adverse reaction or contraindication to two preferred drugs. <i>or</i> 2. Documentation of treatment failure with two preferred drugs or one oral solution . |
|--|---|--|

ERYTHROPOIESIS STIMULATING PROTEINS

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|---------------------------------------|---------------------|-------------------------|
| EPOGEN (epoetin) PROCRIT (epoetin) | | |

HISTAMINE II RECEPTOR BLOCKERS

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|---|--|--|
| famotidine tablet (Pepcid) ranitidine TABLET (Zantac) ranitidine syrup | cimetidine solution cimetidine tablet (Tagamet) ranitidine CAPSULE famotidine SUSPENSION nizatidine (Axid) | 1. Adverse reaction to, allergy, or contraindication to preferred drug. <i>or</i> 2. Documentation of treatment failure with preferred drug. |

IMMUNOMODULATORS, ATOPIC DERMATITIS

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|-----------------------|------------------------|--|
| ELIDEL (pimecrolimus) | tacrolimus* (Protopic) | 1. Adverse reaction to, allergy, or contraindication to preferred drug. <i>or</i> 2. Documentation of treatment failure with preferred drug. AND 3. Trial on topical steroid. |

IMMUNOMODULATORS, TOPICAL

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|--------------------|---|--|
| ALDARA (imiquimod) | imiquimod (Aldara) ZYCLARA (imiquimod) | 1. Adverse reaction to, allergy, or contraindication to preferred drug. <i>or</i> 2. Documentation of treatment failure with preferred drug. |

ONCOLOGY AGENTS, ORAL, BREAST CANCER

Note: other oral oncology agents not listed here may also be available. See

<https://nebraska.fhsc.com/default.asp> for coverage information and prior authorization status for products not listed below.

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|-----------------------------|---------------------|-------------------------|
| AROMATASE INHIBITORS | | |

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| | | |
|---|-----------------------|--|
| anastrozole (Arimidex) exemestane (Aromasin) letrozole (Femara) | | |
| ANTIESTROGEN | | Documentation of why tamoxifen is not appropriate for patient. |
| tamoxifen | Fareston (toremifene) | |

OPHTHALMICS, ANTIBIOTICS

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|---|--|---|
| FLUOROQUINOLONES | | |
| ciprofloxacin solution (Ciloxan) MOXEZA (moxifloxacin) ofloxacin (Ocuflox) VIGAMOX (moxifloxacin) | BESIVANCE (besifloxacin) CILOXAN ointment (ciprofloxacin) gatifloxacin 0.5% (Zymaxid) levofloxacin generic | 1. Adverse reaction to, allergy, or contraindication to preferred drug. <i>or</i> 2. Documentation of treatment failure with two preferred drugs. |
| MACROLIDES | | |
| erythromycin | AZASITE (azithromycin) | 1. Adverse reaction to, allergy, or contraindication to preferred drug. <i>or</i> 2. Documentation of treatment failure with preferred drug. |
| AMINOGLYCOSIDES | | |
| gentamicin drops and ointment tobramycin (Tobrex drops) TOBREX ointment (tobramycin) | GARAMYCIN (gentamicin) | 1. Adverse reaction to, allergy, or contraindication to preferred drug. <i>or</i> 2. Documentation of treatment failure with preferred drug. |
| OTHER OPHTHALMIC ANTIBIOTICS | | |
| NEOSPORIN polymyxin B/trimethoprim (Polytrim) | bacitracin bacitracin/polymyxin B (Polysporin) NATACYN (natamycin)* neomycin/bacitracin/polymyxin B ointment neomycin/polymyxin B/gramicidin (Neosporin) sulfacetamide drops (Bleph-10) sulfacetamide ointment | NATACYN: Documented fungal infection. |

OTIC ANTI-INFECTIVES & ANESTHETICS

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|---|--|--|
| acetic acid antipyrine/benzocaine (generic similar to Auralgan) | acetic acid/aluminum (Otic Domeboro) acetic acid HC (VoSol HC) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with two preferred drugs. |

STEROIDS, TOPICAL

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|---|--|--|
| MEDIUM POTENCY | | |
| fluticasone propionate cream , ointment (Cutivate) | betamethasone valerate (Luxiq) clocortolone (CLODERM) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. |

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| | | |
|---|---|---|
| mometasone furoate solution, cream, ointment (Elocon) | CORDRAN TAPE (flurandrenolide) fluocinolone acetonide (Synalar) fluticasone propionate lotion (generic for Cutivate) hydrocortisone butyrate (Locoid) hydrocortisone butyrate/emoll (Locoid Lipocream) hydrocortisone valerate (Westcort) MOMEXIN (mometasone) PANDEL (hydrocortisone probutate 0.1%) prednicarbate (Dermatop) | <i>or</i> 2. Documentation of treatment failure with two preferred drugs. |
| VERY HIGH POTENCY | | |
| clobetasol emollient (Temovate-E) clobetasol propionate (Temovate) halobetasol propionate (Ultravate) | APEXICON-E (diflorasone) CLOBEX (clobetasol) clobetasol shampoo, lotion clobetasol propionate FOAM OLUX-E (clobetasol) OLUX/OLUX-E CP (clobetasol) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with preferred drug. |

It was moved by Dering-Anderson and seconded to accept recommendations as published for the Therapeutic Classes on the Consent Agenda. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser-yes, Gotschall-yes, Haberstick-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

XIV. Therapeutic Class Review: (Therapeutic Categories with New Recommendations)

ALZHEIMER'S DRUGS

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|---|--|--|
| CHOLINESTERASE INHIBITORS | | |
| donepezil (Aricept) donepezil ODT (Aricept ODT) EXELON Transdermal (rivastigmine) | donepezil 23 (Aricept 23) galantamine (Razadyne) galantamine ER (Razadyne ER) rivastigmine (Exelon oral capsules) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with preferred drug when given more than 120 days in the previous six months. |
| NMDA RECEPTOR ANTAGONIST | | |
| memantine (generic for Namenda) NAMENDA SOLUTION | NAMENDA (memantine) NAMENDA XR (memantine ER) NAMZARIC (memantine/donepezil) | |

It was moved by Caudill and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

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Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-absent, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

ANTIHYPURICEMICS

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|---|---|--|
| allopurinol (Zyloprim) probenecid probenecid/colchicine (Col-Probenecid) | colchicine (Colcrys) ULORIC (febuxostat)* | colchicine: <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 Uloric: Allergy to, treatment failure with, or contraindication to allopurinol. |

It was moved by Sanders and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-absent, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

ANTIPARKINSON'S AGENTS

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|--|--|--|
| ANTICHOLINERGICS | | |
| benztropine (Cogentin) trihexyphenidyl (Artane) | | |
| COMT INHIBITORS | | |
| | entacapone (Comtan) tolcapone (Tasmar) | Approve if using as add on therapy with a levodopa containing drug. |
| DOPAMINE AGONISTS | | |
| bromocriptine (Parlodel) pramipexole (Mirapex) ropinirole (Requip) | NEUPRO (rotigotine transdermal) pramipexole ER (Mirapex ER) REQUIP (ropinirole) ropinirole ER (Requip XL) | 1. Adverse reaction to, allergy, or contraindication to one preferred drug within the same group. <i>or</i> 2. Documentation of treatment failure with preferred drug. |

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| | | |
|--|---|--|
| | | <p>Mirapex ER: will only be approved for Parkinson's Disease.</p> <p>ropinirole ER: (REQUIP XL) will only be approved for Parkinson's Disease</p> <p>Neupro @transdermal patch (rotigotine):</p> <ul style="list-style-type: none"> • For Parkinson's Disease: Documentation of a clinical reason (i.e. swallowing disorder) that contraindicates the use of a preferred oral agent. If there is no clinical reason as noted above, approval requires trial of ONE preferred agent. • For Restless Legs Syndrome: Approval requires trial on both ropinirole and pramipexole, or clinical reasons these agents cannot be tried. |
| MAO-B INHIBITORS | | |
| selegiline tablets (Eldepryl) | AZILECT (rasagiline) selegiline capsules (Eldepryl) ZELAPAR (selegiline dispersible) | 1. Adverse reaction to, allergy, or contraindication to one preferred drug within the same group. <i>or</i> 2. Documentation of treatment failure with preferred drug. |
| OTHER ANTIPARKINSON'S DRUGS | | |
| amantadine CAPSULE, SYRUP (Symmetrel) carbidopa/levodopa (Sinemet) carbidopa/levodopa ER (Sinemet CR) levodopa/carbidopa/entacapone (Stalevo) | amantadine TABLET carbidopa/levodopa ODT (Parcopa) RYTARY (carbidopa/levodopa) STALEVO (levodopa/carbidopa/entacapone) | Zelapar@: May approve if documented swallowing disorder. Carbidopa/levodopa (generic for Parcopa@): May approve if documented swallowing disorder. |

It was moved by Thomsen and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-absent, Elsasser-yes, Gotschall-yes, Haberstick-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

ANTIPSORIATICS, TOPICAL

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|---|--|--|
| calcipotriene SOLUTION DOVONEX CREAM (calcipotriene) | calcipotriene CREAM calcipotriene OINTMENT (Calcitrene) calcipotriene/betamethasone (Taclonex ointment) calcitriol OINTMENT (Vectical) SORILUX (calcipotriene foam) | 1. Adverse reaction to, allergy, or contraindication to preferred drug. <i>or</i> 2. Documentation of treatment failure with preferred drug. |

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| | | |
|--|---|--|
| | TACLONEX SCALP (calcipotriene/betamethasone) | |
|--|---|--|

It was moved by Dering-Anderson and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-absent, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

BILE SALTS

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|--|---|---|
| ursodiol tablet 250mg (URSO) ursodiol tablet 500mg (URSO Forte) | CHENODAL (chenodiol) CHOLBAM (cholic acid) ursodiol capsule 300mg (Actigall) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with preferred drug. |

It was moved by Avery and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-absent, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

BRONCHODILATORS, BETA AGONIST

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|---|---|--|
| INHALERS-Short Acting | | |
| PROAIR HFA (albuterol) PROVENTIL HFA (albuterol) | PROAIR RESPICLICK (albuterol) VENTOLIN HFA (albuterol) XOPENEX HFA (levalbuterol) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with a preferred drug. Ventolin: may be approved without trials on preferred if prescriber documents need for dose counter on canister. |
| INHALERS – Long Acting | | |
| FORADIL (formoterol) SEREVENT (salmeterol) (Prior authorization of Foradil and Serevent not required if diagnosis of COPD on claim or in Patient Clinical | ARCAPTA NEOHALER (indacaterol) STRIVERDI RESPIMAT (olodaterol) | 1. Adverse reaction to, allergy, or contraindication to preferred drug. <i>or</i> 2. Documentation of treatment failure with a preferred drug. |

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| | | |
|--|--|---|
| Health Conditions OR or inhaled corticosteroid in claims history) | | In 2010 the FDA contraindicated the use of Long Acting Beta Agonists in asthma WITHOUT an asthma controller medication, such as an inhaled corticosteroid. |
| INHALATION SOLUTION | | |
| albuterol (2.5mg/3ml premix or 2.5mg/0.5ml) albuterol/ipratropium (Duoneb) | albuterol low dose (0.63mg/3ml & 1.25mg/3ml) BROVANA (arformoterol) levalbuterol (generic for Xopenex) PERFOROMIST (formoterol) | If the patient weighs less than 15kg (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. 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with preferred drug. |
| ORAL | | |
| albuterol syrup albuterol ER (Vospire ER) terbutaline (Brethine) | albuterol tablets metaproterenol (Alupent) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with preferred drug. |

It was moved by Elsasser and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-absent, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

COLONY STIMULATING FACTORS

This class was removed from the Consent Agenda for further discussion. Allison Dering-Anderson, Pharm.D. discussed the implications of changing treatment between biosimilar drugs during the course of therapy and that best practice dictates referencing the *Purple Book of Licensed Biological Products and Interchangeable Biosimilars* published by the FDA before implementing a change in biosimilar drugs. Magellan representative Julie Prichard, Pharm. D. informed the committee that these implications are considered when making recommendations to states.

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|------------------------|----------------------------|--------------------------------|
| NEUPOGEN VIAL | NEUPOGEN SYRINGE | |

It was moved by Dering-Anderson and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-absent, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

COPD AGENTS

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|---|---|--|
| INHALERS | | |
| ATROVENT HFA (ipratropium) COMBIVENT RESPIMAT (albuterol/ipratropium) SPIRIVA (tiotropium) | ANORO ELLIPTA (umeclidinium/vilanterol) INCRUSE ELLIPTA (undeclidinium) SPIRIVA RESPIMAT (tiotropium) STIOLTO RESPIMAT (tiotropium/olodaterol) TUDORZA PRESSAIR (aclidinium br) | 1. Adverse reaction to, allergy, or contraindication to preferred drug. <i>or</i> 2. Documentation of treatment failure with preferred drug. |
| INHALATION SOLUTION | | |
| albuterol/ipratropium (Duoneb) ipratropium solution (Atrovent) | | |
| ORAL AGENT | | |
| | DALIRESP (roflumilast) | 1. Diagnosis of severe COPD associated with chronic bronchitis. 2. Requires documentation that bronchodilators have been used. 3. Documentation of one exacerbation (office visit, hospitalization) in last year. 4. Limit of one per day. 5. Age 19 or older. |
| XANTHINES (not reviewed by the PDL process but are covered without prior authorization) | | |
| theophylline | | |

It was moved by Rock and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

CYTOKINE & CAM ANTAGONISTS

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|--|--|---|
| ENBREL (etanercept) HUMIRA (adalimumab) | ACTEMRA subcutaneous (tocilizumab) CIMZIA (certolizumab pegol) COSENTYX (secukinumab) KINERET (anakinra) ORENCIA (abatacept) S.C. OTEZLA (apremilast oral) SIMPONI (golimumab) XELJANZ (tofacitinib oral) | 1. Adverse reaction or contraindication to one preferred drug. <i>or</i> 2. Documentation of treatment failure with preferred drug. |

It was moved by Dubé and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

EPINEPHRINE, SELF-INJECTED

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|----------------------|--|-------------------------|
| EPIPEN EPIPEN JR. | ADRENALICK AUVI-Q epinephrine (Adrenalick) | |

It was moved by Baker and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

GLUCOCORTICIDS, INHALED

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|---|---|---|
| GLUCOCORTICIDS | | |
| AEROSPAN (flunisolide) ASMANEX (mometasone) QVAR (beclomethasone) | ALVESCO (ciclesonide) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) FLOVENT DISKUS (fluticasone) FLOVENT HFA (fluticasone) PULMICORT FLEXHALER (budesonide) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with two preferred drugs within last 6 months. |
| GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS | | |
| ADVAIR DISKUS (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol) | ADVAIR HFA (fluticasone/salmeterol) BREO ELLIPTA (fluticasone/vilanterol) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with 2 preferred drugs. |
| INHALATION SOLUTION | | |
| | budesonide respules (Pulmicort) PULMICORT RESPULES (budesonide) | No prior authorization for use in: • Children ages 1-8 years or children ages 9 and older with documentation of inability to use inhaler. |

It was moved by Dubé and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

INTRANASAL RHINITIS DRUGS

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|-------------------------|---|--|
| ANTICHOLINERGICS | | |
| ipratropium (Atrovent) | | |
| ANTIHISTAMINES | | |
| PATANASE (olopatadine) | ASTEPRO (azelastine) azelastine (Astepro) azelastine (Astelin) DYMISTA (azelastine/fluticasone) olopatadine (generic for Patanase) | 1. Adverse reaction to, allergy, or contraindication to preferred drug. <i>Or</i> 2. Documentation of treatment failure with preferred drug. |
| CORTICOSTEROIDS | | |
| fluticasone (Flonase) | BECONASE AQ (beclomethasone) budesonide (generic for Rhinocort aqua) flunisolide (Nasalide) NASONEX (mometasone) OMNARIS (ciclesonide) QNASL (beclomethasone) triamcinolone (Nasacort AQ) VERAMYST (fluticasone) ZETONNA (ciclesonide) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with preferred drug. <u>Budesonide (Rhinocort Aqua):</u> Allowed during pregnancy due to placement in Pregnancy Category B. <u>Veramyst:</u> Prior authorization NOT required for children 12 and younger. |

It was moved by Bleicher to accept recommendations as published with the addition of children under 18-years old already prescribed Nasonex to the PDL exception criteria. After discussion, Bleicher withdrew the motion as Veramyst is already available without prior authorization for children less than 12 years of age.

It was moved by Dering-Anderson and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

LEUKOTRIENE MODIFIERS

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|---|---|---|
| montelukast CHEWABLE TABLETS (Singulair) montelukast SWALLOW TABLETS (Singulair) | ACCOLATE (zafirlukast) montelukast granules (SINGULAIR GRANULES) zafirlukast (Accolate) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> |

| | | |
|--|---|--|
| | ZYFLO (zileuton) ZYFLO CR (zileuton) | 2. Documentation of treatment failure with preferred drug. ZYFLO: allow to be added on to Singulair when step-up therapy is required. Montelukast GRANULES: No prior authorization required for children under 2 years of age. |
|--|---|--|

It was moved by Thomsen and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

NSAIDS, (Oral)

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|--|---|---|
| COX-I SELECTIVE | | |
| diclofenac sodium (Voltaren) diclofenac SR (Voltaren-XR) ibuprofen OTC, Rx (Advil/ Motrin) indomethacin capsule (Indocin) ketorolac (Toradol) meloxicam tablet (Mobic) nabumetone (Relafen) naproxen Rx, OTC (Naprosyn) naproxen suspension (Naprosyn) sulindac (Clinoril) | diclofenac potassium (Cataflam) diflunisal (Dolobid) etodolac (Lodine) etodolac SR fenoprofen (Nalfon) flurbiprofen (Ansaid) indomethacin ER INDOCIN RECTAL INDOCIN SUSPENSION ketoprofen (Orudis, Oruvail) ketoprofen ER meclofenamate (Meclomen) mefenamic acid (Ponstel) meloxicam suspension naproxen EC naproxen sodium (Anaprox) oxaprozin (Daypro) piroxicam (Feldene) TIVORBEX (indomethacin) tolmetin (Tolectin) ALL BRAND NAME NSAIDs ARE NON-PREFERRED. CAMBIA (diclofenac oral solution) DUEXIS (ibuprofen/famotidine) SPRIX (ketorolac nasal) VIMOVO (naprosyn/esomeprazole) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure of no less than a 30 day trial with two preferred drugs. |

| | | |
|---|--|---|
| | ZIPSOR (diclofenac) ZORVOLEX (diclofenac) TOPICAL: diclofenac (Pennsaid Solution) FLECTOR PATCH (diclofenac) PENNSAID PUMP (diclofenac) VOLTAREN GEL (diclofenac) | TOPICAL: REQUIRE DOCUMENTATION THAT ORAL IS NOT APPROPRIATE. |
| NSAID/GI PROTECTANT COMBINATIONS | | |
| | diclofenac/misoprostol (Arthrotec) | diclofenac and misoprostol available individually without prior authorization. |
| COX-II SELECTIVE | | |
| | celecoxib* (Celebrex) | https://nebraska.fhsc.com/Downloads/NEcriteria_CoxII-20110809.pdf |

It was moved by Saunders and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

ONCOLOGY AGENTS, ORAL

Note: other oral oncology agents not listed here may also be available. See

<https://nebraska.fhsc.com/default.asp> for coverage information and prior authorization status for products not listed below.

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|--|-------------------------|---|
| Antiandrogens | | |
| bicalutamide (generic for Casodex) FLUTAMIDE XTANDI (enzalutamide) ZYTIGA (abiraterone) | NILANDRON (nilutamide) | |
| Kinase Inhibitors | | |
| AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) GILOTRIF (afatinib) GLEEVEC (imatinib) IBRANCE (palbociclib) ICLUSIG (ponatinib) IMBRUVICA (irutinib) INLYTA (axitinib) JAKAFI (ruxolitinib) LYNPARZA (oloparib) MEKINIST (trametinib) NEXAVAR (sorafenib) SPRYCEL (dasatinib) | AFINITOR DISPERZ | Authorization does NOT require trial on preferred agent, but DOES require that FDA approved indications and dosing guidelines are followed. |

| | | |
|--|--|--|
| STIVARGA (regorafenib) SUTENT (sunitinib) TAFINLAR (dabrafenib) TARCEVA (erlotinib) TASIGNA (nilotinib) TYKERB (lapatinib) VOTRIENT (pazopanib) XALKORI (crizotinib) ZELBORAF (vemurafenib) ZYDELIG (idelalisib) ZYKADIA (ceritinib) | | |
| Others | | |
| ALKERAN (melphalan) ERIVEDGE (vismodegib) FARYDAK (panobinostat) hydroxyurea (Hydrea) LENVIMA (lenvitanib) mercaptopurine temozolomide (Temodar) XELODA (capecitabine) ZOLINZA (vorinostat) | capecitabine (Xeloda) PURIXAN (mercaptopurine oral suspension) TEMODAR (temozolomide) | |

It was moved by Dering-Anderson and seconded to accept recommendations as published with Farydak, Lenvima, Lynparza, and Ibrance as preferred. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|--|---|--|
| neomycin/polymyxin/dexamethasone (generic for Maxitrol) 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) | BLEPHAMIDE (prednisolone, and sulfacetamide) BLEPHAMIDE S.O.P. neomycin/polymyxin/HC neomycin/bacitracin/poly/HC tobramycin/dexamethasone susp. (Tobradex) TOBRADEX S.T. (tobramycin and dexamethasone suspension) ZYLET (loteprednol, tobramycin) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with two preferred drugs. |

It was moved by Dering-Anderson and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-absent, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

XV. An all in favor motion was made to move break for lunch at 12:05pm. Resumed open session at 1:00pm.

OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|--|--|--|
| ALREX (loteprednol 0.2%) cromolyn (Opticrom) ketotifen OTC (Zaditor) PATADAY (olopatadine 0.2%) PAZEO (olopatadine 0.7%) | ALOCRIIL (nedocromil) ALOMIDE (lodoxamide) azelastine (Optivar) BEPREVE (bepotastine besilate) EMADINE (emedastine) epinastine (Elestat) LASTACAPT (alcaftadine) PATANOL (olopatadine 0.1%) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with two preferred drugs. |

It was moved by Saunders and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

OPHTHALMICS, ANTI-INFLAMMATORIES

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|---|---|--|
| CORTICOSTEROIDS | | |
| dexamethasone (Maxidex) DUREZOL (difluprednate) FLAREX (fluorometholone) fluorometholone 0.1% (FML) LOTEMAX DROPS (loteprednol 0.5%) MAXIDEX (dexamethasone) PRED MILD (prednisolone 0.12%) | FML FORTE (fluorometholone 0.25%) FML S.O.P. fluorometholone 0.1%) LOTEMAX OINTMENT, GEL (loteprednol) prednisolone acetate 1% (Omnipred, Pred Forte) prednisolone sodium phosphate 1% VEXOL (rimexolone) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with two preferred drugs. |
| NSAID | | |
| diclofenac (Voltaren) flurbiprofen (Ocufen) | ACUVAIL (ketorolac 0.45%) bromfenac 0.09% (Bromday) ILEVRO (nepafenac 0.3%) ketorolac LS 0.4% (Acular LS) ketorolac 0.5% (Acular) NEVANAC (nepafenac 0.1%) PROLENSA (bromfenac 0.07%) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with preferred drug. |

It was moved by Caudill and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

OPHTHALMICS, GLAUCOMA DRUGS

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|---|---|--|
| MIOTICS | | |
| pilocarpine | | |
| SYMPATHOMIMETICS | | |
| ALPHAGAN P 0.15% (brimonidine) brimonidine 0.2% (Alphagan) | ALPHAGAN P 0.1% (brimonidine) apraclonidine (Iopidine) brimonidine P 0.15% (Alphagan P) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with preferred drugs. |
| BETA BLOCKERS | | |
| carteolol (Ocupress) levobunolol (Betagan) metipranolol (Optipranolol) timolol (Timoptic) | betaxolol (Betoptic) BETIMOL (timolol) BETOPTIC S (betaxolol) ISTALOL (timolol) TIMOPTIC OCUDOSE TIMOPTIC XE (timolol gel forming solution) | 1. Adverse reaction to, allergy, or contraindication to preferred drug. <i>or</i> 2. Documentation of treatment failure with preferred drug. |
| CARBONIC ANHYDRASE INHIBITORS | | |
| AZOPT (brinzolamide) dorzolamide (generic for Trusopt) | TRUSOPT (dorzolamide) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with preferred drug. |
| PROSTAGLANDIN ANALOGS | | |
| latanoprost (Xalatan) TRAVATAN Z (travoprost) | bimatoprost (Lumigan) travoprost (Travatan) XALATAN (latanoprost) ZIOPTAN (tafluprost) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with preferred drug. |
| COMBINATION DRUGS | | |
| COMBIGAN (brimonidine/timolol) dorzolamide/timolol (Cosopt) SIMBRINZA (brinzolamide/brimonidine) | COSOPT PF (dorzolamide/timolol) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with preferred drug. |

It was moved by Thomsen and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

OTIC ANTIBIOTICS

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

It was moved by Dering-Anderson and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-no, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

SEDATIVE HYPNOTICS

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|--|---|--|
| BENZODIAZEPINES | | |
| estazolam (ProSom) temazepam 15mg, 30mg (Restoril) | flurazepam (Dalmane) temazepam 7.5mg, 22.5mg triazolam (Halcion) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with two preferred drugs. |
| OTHERS | | |
| zaleplon (generic for Sonata) zolpidem (generic for Ambien) | BELSOMRA (suvorexant) EDLUAR (zolpidem sublingual) eszopiclone (Lunesta) HETLIOZ (tasimelteon) INTERMEZZO (zolpidem sublingual) ROZEREM (ramelteon) SILENOR (doxepin)* zolpidem ER (Ambien CR) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with preferred drug. Hetlioz: <ul style="list-style-type: none"> • For the treatment of Non-24-Hour Sleep-Wake Disorder (Non-24). • The patient is completely blind. • Documentation detailing the rationale that prevents changing to a preferred agent. Acceptable reasons include: |

| | | |
|--|--|---|
| | | <ol style="list-style-type: none"> 1. Adverse reaction to preferred drugs 2. Allergy to preferred drugs 3. Contraindication to preferred drugs <ul style="list-style-type: none"> • Requires a therapeutic trial and treatment failure with generic zolpidem within the last 12 months AND • Trial and failure or clinical reason as to why zaleplon and preferred benzodiazepines are not appropriate. (I.e. patient has hx of substance abuse, patient on another benzo for another disorder). <p>Silenor: In addition, would also require patient specific clinical reason patient could not use generic doxepin.</p> |
|--|--|---|

It was moved by Avery and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

STEROIDS, TOPICAL

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|--|---|---|
| HIGH POTENCY | | |
| betamethasone valerate (Beta-Val) triamcinolone acetonide ointment, cream (Kenalog) triamcinolone lotion | amcinonide cream, ointment, lotion betamethasone dipropionate (Diprolene) betamethasone dipro/prop gly (augmented) DERMACINRX SILAPAK (triamcinolone/dimethicone) desoximetasone (Topicort) diflorasone diacetate (Apexicon) fluocinonide SOLUTION fluocinonide cream, ointment, gel fluocinonide emollient HALOG (halcinonide) triamcinolone aerosol (Kenalog Aerosol) TRIANEX Ointment (triamcinolone) VANOS (fluocinonide) | <ol style="list-style-type: none"> 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with two preferred drugs. |

It was moved by Thomsen and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

STEROIDS, TOPICAL

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|--|---|--|
| LOW POTENCY | | |
| hydrocortisone cream, gel, ointment (Cortaid) hydrocortisone OTC lotion hydrocortisone Rx lotion hydrocortisone/aloe cream, ointment | alclometasone dipropionate (Aclovate) CAPEX Shampoo (fluocinolone) DESONATE (desonide gel) desonide lotion (Desowen) desonide cream, ointment (Desowen, Tridesilon) fluocinolone 0.01% OIL (Derma-Smoothe-FS) hydrocortisone/urea TEXACORT (hydrocortisone) | 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with two preferred drugs. |

It was moved by Thomsen and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

STIMULANTS, ADHD, AND RELATED DRUGS

| PREFERRED DRUGS | NON-PREFERRED DRUGS | PDL EXCEPTION CRITERIA: |
|---|---|---|
| CNS STIMULANTS | | |
| Amphetamine type | | |
| ADDERALL XR (amphetamine salt combo) amphetamine salt combination IR (Adderall IR) VYVANSE (lisdexamfetamine) | ADDERALL IR (amphetamine salt combo) amphetamine salt combination ER (Adderall XR) dextroamphetamine (Dexedrine) dextroamphetamine ER (Dexedrine Spansule) dextroamphetamine solution (Procentra) EVEKEO (amphetamine sulfate) methamphetamine (Desoxyn) ZENZEDI (dextroamphetamine) | Note: CNS stimulants will not be approved for weight loss. 1. Adverse reaction to, allergy, or contraindication to preferred drugs. <i>or</i> 2. Documentation of treatment failure with two preferred drugs. <u>ZENZEDI (dextroamphetamine):</u> <ul style="list-style-type: none"> In addition to PDL criteria, must provide clinical reason the generic dextroamphetamine IR products cannot be used. |
| CNS Stimulants -Methylphenidate type | | |

| | | |
|---|--|---|
| <p>FOCALIN (dexmethylphenidate) FOCALIN XR (dexmethylphenidate)</p> <p>-----</p> <p>METHYLIN CHEWABLE (methylphenidate) methylphenidate (for Ritalin)</p> <p>-----</p> <p>METADATE ER (methylphenidate ER) methylphenidate ER (Ritalin-SR, Metadate ER)</p> <p>-----</p> <p>QUILLIVANT XR (methylphenidate suspension)</p> | <p>dexmethylphenidate (generic for Focalin) dexmethylphenidate XR (generic for Focalin XR)</p> <p>-----</p> <p>methylphenidate solution METHYLIN SOLUTION (methylphenidate) RITALIN (methylphenidate)</p> <p>-----</p> <p>APTENSIO XR (methylphenidate) DAYTRANA (methylphenidate patch) methylphenidate CD 30/70 (METADATE CD) methylphenidate ER 50/50 (RITALIN LA) methylphenidate ER (Ritalin SR)</p> <p>-----</p> <p>CONCERTA (methylphenidate ER 18mg, 27mg, 36mg, 54mg) methylphenidate ER (18mg, 27mg, 36mg, 54mg)</p> | <p>Daytrana® (methylphenidate):</p> <ul style="list-style-type: none"> • May approve if requested because there is a history of substance abuse in the parent/caregiver or patient. • May approve if there is a swallowing disorder and the patient cannot be given oral medication. • Daytrana has a maximum age of 18. If preferreds are refused and patient meets criteria (clinical or PDL) age edit may be approved. |
| MISCELLANEOUS ADHD | | |
| <p>guanfacine extended- release (Intuniv) STRATTERA (atomoxetine)</p> <p>Note: generic guanfacine and clonidine are available without prior authorization.</p> | <p>clonidine ER (Kapvay)</p> | <p>KAPVAY:</p> <ol style="list-style-type: none"> 1. Only approved in children, minimum age 6. 2. Diagnosis of ADHD. 3. 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. 4. Total daily dose not to exceed 0.4mg per day. |
| CNS Stimulants -ANALEPTICS | | |
| | <p>modafanil (Provigil)* NUVIGIL (armodafinil)*</p> <p>-----</p> <p>NUVIGIL: Minimum age 18. Require trial of Provigil. For Sleep apnea: Documentation of sleep apnea with sleep study. For Narcolepsy: Treatment failure with amphetamine and documentation of diagnosis in sleep study. Shift Work Sleep disorder: Only approve for six months to verify work schedule.</p> <p>PROVIGIL: Minimum age 18. For Sleep apnea: Documentation of sleep apnea with sleep study. For Narcolepsy: Treatment failure with amphetamine and documentation of diagnosis in sleep study.</p> | |

It was moved by Rock and seconded to accept recommendations as published. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dubé-yes, Elsasser-yes, Gotschall-yes, Haberstitch-yes, Humphries-yes, Juracek-yes, Rock-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

XVI. Other Business:

- i. Committee members requested the opportunity to review psychotropics specifically the use of antipsychotics. DHHS representatives noted that legislation precludes this committee from reviewing medications used to treat behavioral health conditions. State representatives agreed to take this feedback to DHHS administration.

An all in favor motion was made to conclude the meeting at 1:25 p.m.

The next meeting of the Nebraska Medicaid Pharmaceutical and Therapeutics Committee is scheduled:

Wednesday May 11, 2016 at 9:00a.m. CST

Mahoney State Park, Ashland, NE

Recorded by: Sabrina Hellbusch, R.N., B.S.N., Recovery Care Management, Magellan Medicaid Administration and Abigail Anderson, M.R.C.P., Program Specialist, Nebraska Medicaid & Long-Term Care, DHHS.

XVII. Minutes approved by the P&T Committee on May 11, 2016.