

DIVISION OF MEDICAID AND LONG-TERM CARE
Nebraska DHHS

PHARMACEUTICAL AND THERAPEUTICS COMMITTEE MEETING MINUTES

November 2, 2016 at 9 a.m., CST
Mahoney State Park, Peter Kiewit Lodge
Ashland, NE

Members Present

Eric Avery, M.D.
Claire Baker, M.D. (Co-Chair)
Stacie Bleicher, M.D.
Chris Caudill, M.D.
Yvonne Davenport, M.D.
James Dubé, Pharm.D.
Wade Fornander, M.D.
Jeff Gotschall, M.D.
Nancy Haberstich, R.N., M.S.
Laurie Humphries, M.D.
Joyce Juracek, Pharm.D.
Ken Saunders, Pharm.D.
Linda Sobeski, Pharm.D.
Eric Thomsen, M.D.

DHHS Staff

Jenny Minchow, Pharm.D.
Shelly Nickerson, Pharm.D.
Leah Spencer RN, M.Ed.
Sharon Gruhn
Calder Lynch, Medicaid Director
Lisa White, M.D.

Magellan Rx Management

Contract Staff

Jessica Czechowski, Pharm. D., R.P., B.S.
Valarie Simmons, M.S

MCO Staff

Kevin Peterson, Nebraska Total Care, Inc.
Bernadette Ueda, United Healthcare
Bill Davies, Wellcare

Absent

Kristie Bohac, M.D. (Excused)
Allison Dering-Anderson, Pharm.D. (Excused)
Gary Elsasser, Pharm.D.
Mary Hammond, Pharm.D.
Christopher Sorensen, Pharm.D. (Excused)

- I. Call to Order: Co-Chair, Claire Baker, called the meeting to order at 9:00am. The agenda was posted on the Nebraska Medicaid Pharmacy MMA website on October 7, 2016. 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. Roll Call: see list above
- III. Conflict of Interest: No new conflicts of interest were reported.
- IV. Approval of May 11, 2016 Minutes.
- V. Department information:
 - i. Heritage Health:
 1. Calder Lynch, State of Nebraska Medicaid Director, discussed the upcoming implementation of Heritage Health. Heritage Health will integrate behavioral and physical health, pharmacy and new populations into managed care. Contracts were awarded to three Managed Care Organizations (MCOs), United Healthcare, Wellcare, and Nebraska Total Care, Inc. Each MCO owns or has a contract with a Pharmacy Benefit Manager (PBM) to process pharmacy claims. Each MCO will have a non-voting P&T Committee member to attend the Pharmaceutical and Therapeutics Committee meetings.

VI. Other: Review of NE Medicaid P&T Committee By-Law, Article II, Section V – Industry Communication, which states, “Pharmaceutical representatives shall not contact Committee Members in an attempt to influence voting on agenda items.” The By-Laws can be found on the Magellan website under the Preferred Drug List, P&T Committee tab. (<https://nebraska.fhsc.com>).

VII. Public Testimony

Classes with changes				
DRUG CLASS	Drug Name	PDL Status	Speaker Name	Affiliation
COPD Agents	Spiriva	P	Julie McDavitt	Boehringer-Ingelheim
Cytokine and CAM antagonists	Orencia S.C.	NP	John Brokars	Bristol-Myers Squibb
Cytokine and CAM antagonists	Cosentyx	NP	Kerri Hoernemann	Novartis
Cytokine and CAM antagonists	Xeljanz	NP	Nancy Bell	Pfizer
Cytokine and CAM antagonists	Otezla	NP	Paul McDermott	Celgene
Stimulants	Quillichew	NP	Richard Maddy	Pfizer
Oncology – Lung	Tagrisso	P (with motion to make NP)	Bradley Haas	AstraZeneca

VIII. A motion to move into closed session was made and seconded. Moved into closed session at 10:15am. Roll call vote was taken and the motion passed:

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

Co-Chair, Claire Baker, restated the reason for closed session, which is (a): “Strategy session with respect to collective bargaining”.
Cost issues discussed in Closed Session.

IX. A motion was made by Avery and seconded by Bleicher, and unanimously passed to move back into open session at 11:15am.

X. Consent Agenda (Therapeutic Categories with Unchanged Recommendations): A motion was made by Gotschall to move Bile Salts to the General Session, Therapeutic Class Review section, seconded by Caudill.

ALZHEIMER'S DRUGS - Consent Agenda

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class
CHOLINESTERASE INHIBITORS		
donepezil (generic for Aricept) donepezil ODT (generic for Aricept ODT) EXELON Transdermal (rivastigmine)	donepezil 23 (generic for Aricept 23) galantamine (generic for Razadyne) galantamine ER (generic for Razadyne ER) rivastigmine (generic for Exelon)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a 120-day trial of ONE preferred agent within the last 6 months OR Current, stabilized therapy of the non-preferred agent within the previous 45 days <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Donepezil 23®: Requires donepezil 10mg/day for at least 3 months AND clinical reason as to why 5mg or 10mg tablets can't be used (to deliver 20mg or 25mg)
NMDA RECEPTOR ANTAGONIST		
memantine (generic for Namenda) NAMENDA SOLUTION	NAMENDA (memantine) NAMENDA XR (memantine ER) NAMZARIC (memantine/donepezil) memantine soln (generic for Namenda)	

ANTIHYPERTENSIVES, SYMPATHOLYTICS Consent Agenda

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class
CATAPRES-TTS (clonidine transdermal) clonidine ORAL (generic for Catapres) guanfacine (generic for Tenex) methyldopa	clonidine transdermal CLORPRES (chlorthalidone/clonidine) methyldopa/hydrochlorothiazide reserpine	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a 30-day trial with ONE preferred agent

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

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

QL indicates quantity limits.

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

ANTIPSORIATICS, ORAL - Consent Agenda

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class
SORIATANE (acitretin)	acitretin (generic for Soriatane) methoxsalen (generic for Oxsoralen-Ultra) OXSORALEN-ULTRA (methoxsalen) 8-MOP (methoxsalen)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial with THE preferred agent Trial of acitretin (Pregnancy category X) not required in pregnancy or while attempting or planning pregnancy

BRONCHODILATORS, BETA AGONIST - Consent Agenda

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
INHALERS – Short Acting		<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within the same group
PROAIR HFA (albuterol)	PROAIR RESPICLICK (albuterol)	
PROVENTIL HFA (albuterol)	VENTOLIN HFA (albuterol)	
INHALERS – Long Acting		
SEREVENT (salmeterol)	ARCAPTA NEOHALER (indacaterol) STRIVERDI RESPIMAT (olodaterol)	Drug-specific criteria:
INHALATION SOLUTION		<ul style="list-style-type: none"> Albuterol low dose: May be approved if parent/caregiver is not capable/reliable to measure/dilute preferred agent OR patient <15kg Arcapta®: Covered for diagnosis of COPD Ventolin HFA®: Requires trial and failure on Proventil HFA® AND Proair HFA® OR allergy/contraindication/side effect to BOTH Xopenex®: Covered for cardiac diagnoses or side effect of tachycardia with albuterol product
albuterol (2.5mg/3ml premix or 2.5mg/0.5ml)	albuterol low dose (0.63mg/3ml & 1.25mg/3ml)	
albuterol/ipratropium(generic for Duoneb)	BROVANA (arformoterol) levalbuterol (generic for Xopenex)	
ORAL		
albuterol syrup	albuterol tablets	
albuterol ER (generic for Vospire ER) terbutaline (generic for Brethine)	metaproterenol (formerly generic for Alupent)	

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ERYTHROPOIESIS STIMULATING PROTEINS Consent Agenda

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
EPOGEN (rHuEPO) PROCRIT (rHuEPO)		<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent

HISTAMINE II RECEPTOR BLOCKERS Consent Agenda

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
famotidine TABLET (generic for Pepcid) ranitidine TABLET (generic for Zantac) ranitidine SYRUP	cimetidine SOLUTION cimetidine TABLET (generic for Tagamet) famotidine SUSPENSION nizatidine (generic for Axid) ranitidine CAPSULE	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Cimetidine: Approved for viral <i>M. contagiosum</i> or common wart <i>V. Vulgaris</i> treatment Nizatadine/Cimetidine Solution/ Famotidine Suspension: Requires clinical reason why ranitidine syrup cannot be used

IMMUNOMODULATORS, ATOPIC DERMATITIS^{AL} Consent Agenda

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ELIDEL (pimecrolimus)	tacrolimus (generic for Protopic) ^{CL}	<ul style="list-style-type: none"> Non-preferred agents require: Trial of a topical steroid AND Trial of one preferred product

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LEUKOTRIENE MODIFIERS Consent Agenda

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
montelukast TABLET/CHEWABLE (generic for Singulair)	ACCOLATE (zafirlukast) montelukast GRANULES (generic for Singulair Granules) zafirlukast (generic for Accolate) ZYFLO (zileuton) ZYFLO CR (zileuton)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a 30-day trial of THE preferred agent Singulair®/montelukast granules: PA not required for age < 2 years

OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS Consent Agenda

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
neomycin/polymyxin/dexamethasone (generic for Maxitrol)	BLEPHAMIDE (prednisolone and sulfacetamide)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agents
PRED-G DROPS SUSP (prednisolone and gentamicin)	BLEPHAMIDE S.O.P.	
PRED-G OINTMENT (prednisolone and gentamicin)	neomycin/polymyxin/HC	
sulfacetamide/prednisolone	neomycin/bacitracin/poly/HC	
TOBRADEX OINTMENT (tobramycin and dexamethasone)	tobramycin/dexamethasone SUSPENSION (generic for Tobradex)	
TOBRADEX SUSPENSION (tobramycin and dexamethasone)	TOBRADEX ST (tobramycin/dexamethasone)	
	ZYLET (loteprednol/tobramycin)	

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OPHTHALMICS, ANTIBIOTICS Consent Agenda

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
FLUOROQUINOLONES		<ul style="list-style-type: none"> ▪ Non-preferred agents will be approved for patients who have failed a one month trial of TWO preferred agent within the same group ▪ Azasite®: Approval only requires trial of erythromycin <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> ▪ Natacyn®: Approved for documented fungal infection
ciprofloxacin SOLUTION (generic for Ciloxan)	BESIVANCE (besifloxacin)	
MOXEZA (moxifloxacin)	CILOXAN (ciprofloxacin)	
ofloxacin (generic for Ocuflax)	gatifloxacin 0.5% (generic for Zymaxid)	
VIGAMOX (moxifloxacin)	levofloxacin	
MACROLIDES		
erythromycin	AZASITE (azithromycin)	
AMINOGLYCOSIDES		
gentamicin DROPS, OINTMENT	GARAMYCIN (gentamicin)	
tobramycin (generic for Tobrex drops)		
TOBREX OINTMENT (tobramycin)		
OTHER OPHTHALMIC AGENTS		
polymyxin B/trimethoprim (generic for Polytrim)	bacitracin bacitracin/polymyxin B (generic Polysporin) NATACYN (natamycin) ^{CL} neomycin/bacitracin/polymyxin B OINTMENT neomycin/polymyxin B/gramicidin sulfacetamide DROPS (generic for Bleph-10) sulfacetamide OINTMENT	

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OPHTHALMICS, ALLERGIC CONJUNCTIVITIS Consent Agenda

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ALREX (loteprednol 0.2%)	ALOCRIL (nedocromil)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agents
cromolyn (generic for Opticrom)	ALOMIDE (Iodoxamide)	
ketotifen OTC (generic for Zaditor)	azelastine (generic for Optivar)	
PATADAY (olopatadine 0.2%)	BEPREVE (bepotastine besilate)	
PAZEO (olopatadine)	EMADINE (emedastine)	
	epinastine (generic for Elestat)	
	LASTACAFT (alcaftadine)	
	olopatadine 0.1% (generic for Patanol)	

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OPHTHALMICS, ANTI-INFLAMMATORIES Consent Agenda

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
CORTICOSTEROIDS		<ul style="list-style-type: none"> ▪ Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agent ▪ NSAID class: Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent
dexamethasone (generic for Maxidex)	FML (fluorometholone 0.1% DROPS)	
DUREZOL (difluprednate)	FML FORTE (fluorometholone 0.25%)	
FLAREX (fluorometholone)	FML S.O.P. (fluorometholone 0.1%)	
fluorometholone 0.1% (generic for FML) OINTMENT)	LOTEMAX OINTMENT, GEL (loteprednol)	
LOTEMAX DROPS (loteprednol 0.5%)	prednisolone acetate 1% (gen. for Omnipred, Pred Forte)	
MAXIDEX (dexamethasone)	prednisolone sodium phosphate 1%	
PRED MILD (prednisolone 0.12%)	VEXOL (rimexolone)	
NSAID		
diclofenac (generic for oltaren)	ACUVAIL (ketorolac 0.45%)	
flurbiprofen (generic for Ocufer)	bromfenac 0.09% (generic for Bromday)	
	ILEVRO (nepafenac 0.3%)	
	ketorolac LS 0.4% (generic for Acular LS)	
	ketorolac 0.5% (generic for Acular)	
	NEVANAC (nepafenac)	
	PROLENSA (bromfenac 0.07%)	

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OTIC ANTI-INFECTIVES & ANESTHETICS Consent Agenda

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
acetic acid (generic for Vosol)	acetic acid/aluminum (generic for Otic Domeboro) acetic acid/hydrocortisone (generic for Vosol HC)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of BOTH preferred agents

STEROIDS, TOPICAL Consent Agenda

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
LOW POTENCY		
hydrocortisone RX/OTC CREAM , OINTMENT (generic for Cortaid)	alclometasone dipropionate (generic for Aclovate)	<ul style="list-style-type: none"> Low Potency: Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent
hydrocortisone RX/OTC LOTION	CAPEX SHAMPOO (fluocinolone)	
hydrocortisone GEL	DESONATE (desonide GEL)	
hydrocortisone RX/OTC LOTION	desonide LOTION (generic for Desowen)	
hydrocortisone acetate OTC CREAM, OINTMENT	desonide CREAM, OINTMENT (generic for former products Desowen, Tridesilon)	
hydrocortisone/aloe OTC OINTMENT, CREAM	fluocinolone 0.01% OIL (generic for DERMA-SMOOTH-FS)	
	hydrocortisone/aloe GEL	
	hydrocortisone/urea	
	TEXACORT (hydrocortisone)	

STEROIDS, TOPICAL Consent Agenda

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
MEDIUM POTENCY		<ul style="list-style-type: none"> ▪ Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agents
<p>fluticasone propionate CREAM, OINTMENT (generic for Cutivate)</p> <p>mometasone furoate CREAM, OINTMENT, SOLUTION (generic for Elocon)</p>	<p>betamethasone valerate (generic for Luxiq)</p> <p>clocortolone (generic for CLODERM)</p> <p>CORDRAN TAPE (flurandrenolide)</p> <p>fluocinolone acetonide (generic for Synalar)</p> <p>fluticasone propionate LOTION (generic for Cutivate)</p> <p>hydrocortisone butyrate (generic for Locoid)</p> <p>hydrocortisone butyrate/emoll (generic for Locoid Lipocream)</p> <p>hydrocortisone valerate (generic for Westcort)</p> <p>MOMEXIN (mometasone)</p> <p>PANDEL (hydrocortisone probutate 0.1%)</p> <p>prednicarbate (generic for Dermatop)</p>	

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STEROIDS, TOPICAL Consent Agenda

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
HIGH POTENCY		<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agents
betamethasone valerate (generic for Beta-Val) triamcinolone acetonide CREAM, LOTION, OINTMENT (generic for Kenalog)	amcinonide CREAM, LOTION, OINTMENT betamethasone dipropionate (generic for Diprolene) betamethasone dipropionate (augmented) desoximetasone (generic for Topicort) diflorasone diacetate fluocinonide SOLUTION fluocinonide CREAM, GEL, OINTMENT fluocinonide emollient HALOG (halcinonide) KENALOG AEROSOL (triamcinolone) triamcinolone SPRAY (generic for Kenalog spray) TRIANEX OINTMENT (triamcinolone) VANOS (fluocinonide)	

STEROIDS, TOPICAL Consent Agenda

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
VERY HIGH POTENCY		<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agents
clobetasol emollient (generic for Temovate-E)	APEXICON-E (diflorasone)	
clobetasol propionate (generic for Temovate)	clobetasol SHAMPOO, LOTION	
halobetasol propionate (generic for Ultravate)	clobetasol propionate FOAM, SPRAY	
	CLOBEX (clobetasol)	
	OLUX-E (clobetasol)/OLUX/OLUX-E CP (clobetasol)	

A motion was moved and seconded to accept recommendations as published for the Therapeutic Classes on the Consent Agenda, with the removed of the Bile Salts class to the General Session, Therapeutic Class Review section. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

XII. Extracted Therapeutic Class Review:

BILE SALTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ursodiol 250mg TABLET (generic for URSO)	CHENODAL (chenodiol)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial with THE preferred agent
ursodiol 500mg TABLET (generic for URSO FORTE)	CHOLBAM (cholic acid)	
	<i>OCALIVA (obeticholic acid)</i>	
	ursodiol CAPSULE 300mg (generic for Actigall)	

A motion was made by Juracek and seconded by Sobeski 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, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

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

ANTIHISTAMINES, MINIMALLY SEDATING^{AL}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
cetirizine (generic for Zyrtec) (swallow tablets and solution)	cetirizine chewable (generic for Zyrtec)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed ALL preferred agents Combination products not covered – individual products may be covered
loratadine (generic for Claritin) (swallow tablets and solution)	desloratadine (generic for Clarinex)	
<i>levocetirizine (generic for Xyzal) tablets</i>	desloratadine ODT (generic for Clarinex Reditabs)	
	fexofenadine (generic for Allegra)	
	levocetirizine (generic for Xyzal) solution	
	loratadine dispersible (generic for Claritin Reditabs)	

A motion was made by Gotschall and seconded by Jurack 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, Dubé-N/A, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

ANTIHYPURICEMICS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
allopurinol (generic for Zyloprim) probenecid probenecid/colchicine (generic for Col-Probenecid)	colchicine (generic for Colcrys) ^{CL} ULORIC (febuxostat) ^{CL} <i>colchicine (generic for Mitigare) CAPSULE</i> <i>ZURAMPIC (lesinurad)</i>	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial with ONE preferred agent Colcrys®: Approved without trial for familial Mediterranean fever OR pericarditis Uloric®: Clinical reason why allopurinol cannot be used

A motion was made by Juracek and seconded by Bleicher 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, Dubé-no, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes

Motion Carried.

ANTIPARKINSON'S DRUGS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ANTICHOLINERGICS		<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed ONE preferred agents within the same group Drug-specific criteria:
benztropine (generic for Cogentin) trihexyphenidyl (generic for Artane)		
COMT INHIBITORS		
	entacapone (generic for Comtan) TASMAR (tolcapone) tolcapone (generic for Tasmar)	<ul style="list-style-type: none"> COMT Inhibitors: Approved if using as add-on therapy with levodopa-containing drug Mirapex®ER: Required diagnosis of Parkinson's along with preferred agent trial Neupro®: For Parkinsons: Clinical reason required why preferred agent cannot be used

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DOPAMINE AGONISTS	
bromocriptine (generic for Parlodel)	NEUPRO (rotigotine) ^{CL}
pramipexole (generic for Mirapex)	pramipexole ER (generic for Mirapex ER) ^{CL}
ropinirole (generic for Requip)	ropinirole extended release (generic for REQUIP XL) ^{CL}
MAO-B INHIBITORS	
selegiline TABLET (generic for Eldepryl)	AZILECT (rasagiline) ^{QL}
	selegiline CAPSULE (generic for Eldepryl)
	ZELAPAR (selegiline) ^{CL}
OTHER ANTIPARKINSON'S DRUGS	
amantadine CAPSULE, SYRUP (generic for Symmetrel)	amantadine TABLET
	<i>carbidopa (generic for Lodosyn)</i>
carbidopa/levodopa (generic for Sinemet)	carbidopa/levodopa ODT (generic for Parcopa)
carbidopa/levodopa ER (generic for Sinemet CR)	<i>DUOPA (carbidopa/levodopa)</i>
levodopa/carbidopa/entacapone (generic for Stalevo)	RYTARY (carbidopa/levodopa)
	STALEVO (levodopa/carbidopa/entacapone)

For Restless Leg (RLS): Requires trial OR Contraindication to ropinirole AND pramipexole

- **Parcopa®**: Approved for documented swallowing disorder
- **Requip XL®**: Required diagnosis of Parkinson's along with preferred agent trial
- **Zelapar®**: Approved for documented swallowing disorder

A motion was made by Thomsen and seconded by Sauders 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-N/A, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes

Motion Carried.

ANTIPSORIATICS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
calcipotriene CREAM calcipotriene SOLUTION	calcipotriene OINTMENT calcitriol (generic for Vectical) calcipotriene/betamethasone (generic for Taclonex ointment) CALCITRENE (calcipotriene ointment) DOVONEX CREAM (calcipotriene) <i>ENSTILAR</i> <i>(calcipotriene/betamethasone)</i> SORILUX (calcipotriene foam) TACLONEX SCALP (calcipotriene/betamethasone)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial with ONE preferred agent

A motion was made by Thomsen and seconded by Juracek 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, Dubé-N/A, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes

Motion Carried.

ANXIOLYTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
alprazolam tablet (generic for Xanax)	alprazolam ER (generic for Xanax XR)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial with TWO preferred agents <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Diazepam IntenSol®: Requires clinical reason why diazepam solution cannot be used Alprazolam IntenSol®: Requires trial of diazepam solution OR lorazepam IntenSol®
bupirone	alprazolam ODT	
chlordiazepoxide	alprazolam INTENSOL	
diazepam solution	<i>clorazepate (generic for Tranxene-T)</i>	
diazepam tablet	diazepam INTENSOL	
lorazepam INTENSOL	meprobamate	
lorazepam tablet (generic for Ativan)	oxazepam	

A motion was made by Thomsen and seconded by Avery 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, Dubé-N/A, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes

Motion Carried.

COLONY STIMULATING FACTORS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
NEUPOGEN (filgrastim) VIAL	<p><i>GRANIX (tbo-filgrastim)</i></p> <p>NEUPOGEN (filgrastim) DISP SYR</p> <p><i>ZARXIO (filgrastim-sndz)</i></p>	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent

A motion was made by Caudill and seconded by Juracek 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, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria	
INHALERS			
ATROVENT HFA (ipratropium)	ANORO ELLIPTA (umeclidinium/vilanterol)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent in the same group <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Daliresp®: Covered for diagnosis of severe COPD associated with chronic bronchitis Theophylline: Xanthines are not reviewed by the PDL, but are covered without prior authorization 	
COMBIVENT RESPIMAT (albuterol/ipratropium)	<i>BEVESPI AEROSPHERE</i> (glycopyrolate/formoterol)		
SPIRIVA (tiotropium)	INCRUSE ELIPTA (umeclidinium)		
	<i>SEEBRI NEOHALER</i> (glycopyrolate)		
	SPIRIVA RESPIMAT (tiotropium)		
	STIOLTO RESPIMAT (tiotropium/olodaterol)		
	TUDORZA PRESSAIR (aclidinium br)		
	<i>UTIBRON NEOHALER</i> (indacaterol/glycopyrolate)		
INHALATION SOLUTION			
albuterol/ipratropium (generic for Duoneb)			
ipratropium solution (generic for Atrovent)			
ORAL AGENT			
	DALIRESP (roflumilast) ^{CL}		

A motion was made by Juracek and seconded by Fornander 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, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

CYTOKINE & CAM ANTAGONISTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ENBREL (etanercept) HUMIRA (adalimumab)	ACTEMRA subcutaneous (tocilizumab) <i>ARCALYST (nilonacept)</i> CIMZIA (certolizumab pegol) COSENTYX (secukinumab) KINERET (anakinra) ORENCIA (abatacept) SUBCUTANEOUS OTEZLA (apremilast oral) SIMPONI (golimumab) <i>TALTZ (ixekizumab)</i> XELJANZ (tofacitinib oral)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Actemra®: Approved for diagnosis of moderately to severely active Rheumatoid Arthritis with inadequate response to Disease-Modifying Anti-Rheumatic Drugs (DMARDs) Arcalyst®: <i>limited to use for FDA-approved indication</i>

A motion was made by Thomsen and seconded by Caudill 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, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

EPINEPHRINE, SELF-INJECTED

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<i>epinephrine (generic for Adrenaclick)</i> EPIPEN EPIPEN JR.	ADRENACLICK	<ul style="list-style-type: none"> Non-preferred agents require clinical documentation why the preferred product is not appropriate

A motion was made by Fornander and seconded by Juracek 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, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

GLUCOCORTICIDS, INHALED

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
GLUCOCORTICIDS		
ASMANEX (mometasone) ^{QL,AL,CL}	<i>AEROSPAN (flunisolide)</i>	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agents within the last 6 months <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Budesonide respules: Covered without PA for age ≤ 8 years OR for diagnosis of eosinophilic esophagitis in patients ≥ 9 years, by GI biopsy or upper endoscopy
QVAR (beclomethasone)	ALVESCO (ciclesonide) ^{AL,CL}	
	ARNUIITY ELLIPTA (fluticasone)	
	ASMANEX HFA (mometasone) ^{AL,QL}	
	FLOVENT DISKUS (fluticasone)	
	FLOVENT HFA (fluticasone)	
	PULMICORT FLEXHALER (budesonide)	
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS		
ADVAIR DISKUS (fluticasone/salmeterol) ^{QL}	ADVAIR HFA ^{QL}	
	BREO ELLIPTA (fluticasone/vilanterol)	
DULERA (mometasone/formoterol)		
SYMBICORT (budesonide/ formoterol)		
INHALATION SOLUTION		
	budesonide respules (generic for Pulmicort)	
	PULMICORT RESPULES (budesonide)	

A motion was made by Juracek and seconded by Bleicher 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, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

HEPATITIS C TREATMENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
DIRECT ACTING ANTI-VIRAL		Hepatitis C Treatments PA Form Hepatitis C Criteria
<i>EPCLUSA (sofosbuvir/velpatasvir)^{CL}</i> <i>(genotype 2,3)</i>	<i>DAKLINZA (daclatasvir)^{CL}</i>	
<i>HARVONI (sofosbuvir/ledipasvir)^{CL}</i> <i>(genotype 1,5,6)</i>	OLYSIO (simeprevir) ^{CL} SOVALDI (sofosbuvir) ^{CL}	
TECHNIVIE (ombitasvir, paritaprevir, ritonavir) ^{CL (genotype 4)}	ZEPATIER (elbasvir/grazoprevir) ^{CL}	
VIEKIRA PAK/ <i>XL^{CL}</i> <i>(genotype 1)</i> (ombitasvir/paritaprevir/ritonavir/dasabuvir)		
RIBAVIRIN		
ribavirin 200mg tablets/capsules	REBETOL (ribavirin)	
INTERFERON		
PEGASYS (pegylated interferon alfa-2a) ^{CL}		
PEG-INTRON (pegylated interferon alfa-2b) ^{CL}		

A motion was made by Avery and seconded by Fornander 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, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

IDIOPATHIC PULMONARY FIBROSIS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
	<p><i>ESBRIET (pirfenidone)</i></p> <p><i>OFEV (nintedanib esylate)</i></p>	<ul style="list-style-type: none"> Non-preferred agents require: Use limited to FDA-approved indications

A motion was made by Avery and seconded by Fornander 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, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

IMMUNOMODULATORS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<p><i>imiquimod (generic for Aldara)</i></p>	<p><i>ALDARA (imiquimod)</i></p> <p>ZYCLARA (imiquimod)</p>	<ul style="list-style-type: none"> Non-preferred agents require clinical reason why preferred agent cannot be used

A motion was made by Sobeski and seconded by Bleicher 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, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

INTRANASAL RHINITIS DRUGS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ANTICHOLINERGICS		<ul style="list-style-type: none"> ▪ Non-preferred agents will be approved for patients who have failed a 30-day trial of THE preferred agent within the same group ▪ Nasonex®: Prior authorization NOT required for children ≤ 12 years ▪ Rhinocort Aqua®: Approved for use in Pregnancy (Pregnancy Category B) ▪ Veramyst®: Prior authorization NOT required for children ≤ 12 years
ipratropium (generic for Atrovent)		
ANTI-HISTAMINES		
PATANASE (olopatadine)	ASTEPRO (azelastine) azelastine (generic for Astelin) azelastine (generic for Astepro) DYMISTA (azelastine/fluticasone) olopatadine (generic for Patanase)	
CORTICOSTEROIDS		
fluticasone (generic for Flonase)	BECONASE AQ (beclomethasone) budesonide (generic for Rhinocort Aqua) flunisolide (generic for Nasalide) mometasone (generic for Nasonex) OMNARIS (ciclesonide) QNASL 80 (beclomethasone) QNASL 40 CHILDRENS (beclomethasone) <i>TICANASE (fluticasone)</i> triamcinolone (generic for Nasacort AQ) VERAMYST (fluticasone) ZETONNA (ciclesonide)	

A motion was made by Juracek and seconded by Caudill 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, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstick-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

NSAIDS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
COX-I SELECTIVE		<ul style="list-style-type: none"> ▪ Non-preferred agents will be approved for patients who have failed no less than 30-day trial of TWO preferred agents Drug-specific criteria ▪ Arthrotec®: Requires clinical reason why individual ingredients cannot be used ▪ Cambia®: Approved only for diagnosis of Migraine ▪ Celebrex®: Approved for <u>Rheumatoid Arthritis (RA)</u> and <u>Juvenile RA</u> – without trial of preferred (FDA-indicated ≥ age 2 yrs) <u>Osteoarthritis with at least ONE risk factor</u> – approved without trial of preferred: *History of GI bleed/ulcer, *active peptic ulcer disease, *current daily/every other day use of oral corticosteroids, *current use of anticoagulents – heparin/LMWH/warfarin, *coronary artery or cerebral vascular disease requiring daily aspirin and failure of meloxicam Approved for age ≥ 65 years and NOT taking another NSAID (other than daily aspirin) ▪ Duexis®/Vimovo®: Requires clinical reason why individual agents cannot be used ▪ Meloxicam suspension: Approved for age ≤ 11 years ▪ Sprix®: Approved for patients unable to tolerate, swallow OR absorb oral NSAIDs OR contraindication OR trial of TWO preferred oral NSAIDs ▪ Tivorbex®: Requires clinical reason why indomethacin capsules cannot be used ▪ Zorvolex®: Requires trial of oral diclofenac OR clinical reason why diclofenac potassium/sodium cannot be used

diclofenac sodium (generic for Voltaren)	diclofenac potassium (generic for Cataflam)
diclofenac SR (generic for Voltaren-XR)	diflunisal (generic for Dolobid)
ibuprofen OTC/Rx TABLET (generic for Advil, Motrin)	etodolac (generic for Lodine)
indomethacin CAPSULE (generic for Indocin)	etodolac SR
ketorolac (generic for Toradol)	fenoprofen (generic for Nalfon)
meloxicam TABLET (generic for Mobic)	flurbiprofen (generic for Ansaid)
nabumetone (generic for Relafen)	<i>ibuprofen OTC (generic for Advil, Motrin)</i> CAPSULE
naproxen Rx, OTC (generic for Naprosyn)	indomethacin ER (generic for Indocin)
naproxen SUSPENSION (Naprosyn)	INDOCIN RECTAL, SUSPENSION
sulindac (generic for Clinoril)	ketoprofen (generic for Orudis)
	ketoprofen ER
	meclofenamate (generic for Meclomen)
	mefenamic acid (generic for Ponstel)
	meloxicam SUSPENSION (generic Mobic)
	naproxen CR (generic for Naprelan)
	naproxen enteric coated
	naproxen sodium (generic for Anaprox)
	oxaprozin (generic for Daypro)
	piroxicam (generic for Feldene)
	tolmetin (generic for Tolectin)

COX-I SELECTIVE (continued)

ALL BRAND NAME NSAIDs including:

CAMBIA (diclofenac oral solution)

DUEXIS (ibuprofen/famotidine)

SPRIX (ketorolac)

TIVORBEX (indomethacin)

VIMOVO (naprosyn/esomeprazole)

VIVLODEX (meloxicam submicronized)

ZIPSOR (diclofenac)

ZORVOLEX (diclofenac)

NSAID/GI PROTECTANT COMBINATIONS

diclofenac/misoprostol (generic for Arthrotec)

COX-II SELECTIVE

celecoxib (generic for Celebrex)^{CL}

A motion was made by Caudill and seconded by Davenport to accept recommendations as published, with the exception of adding to the criteria for Meclomen: approvable without trial on other agent when used for menorrhagia. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstick-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

- XI. An all in favor motion was made to move into closed session for lunch at 12:00. Open Session resumed at 1:00pm.

ONCOLOGY AGENTS, ORAL, BREAST CANCER

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
anastrozole (generic for Arimidex) <i>cyclophosphamide (generic for Cytoxan)</i> exemestane (generic for Aromasin) IBRANCE (palbociclib) letrozole (generic for Femara) tamoxifen citrate TYKERB (lapatinib) XELODA (capecitabine)	FARESTON (toremifene) capecitabine (generic for Xeloda)	<ul style="list-style-type: none"> Non-preferred agents DO NOT require a trial of a preferred agent, but DO require an FDA-approved indication <p>Drug-specific criteria</p> <ul style="list-style-type: none"> Anastrozole: May be approved for malignant neoplasm of male breast (male breast cancer) Fareston®: Require clinical reason why tamoxifen cannot be used Letrozole: Approved for diagnosis of breast cancer with day supply greater than 12 – NOT approved for short term use

A motion was made by Dube' and seconded by Caudill to accept the recommendations as published.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-no, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-no, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

Discussion followed indicating that prior authorization for these drugs is often required for commercial insurance, so it would not be unusual for Medicaid to require prior authorization. After reconsideration, a motion was made by Avery to move IBRANCE, TYKERB, and XELODA to non-preferred status and to follow FDA guidelines related to these medications. Patients should not be required to try another first line agent prior to taking one of the medications listed above. It was seconded by Sobeski. Role call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried

ONCOLOGY AGENTS, ORAL, HEMATOLOGIC

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ALKERAN (melphalan)	HYDREA (hydroxyurea)	<ul style="list-style-type: none"> Non-preferred agents DO NOT require a trial of a preferred agent, but DO require an FDA-approved indication
BOSULIF (bosutinib)	imatinib (generic for Gleevec)	
FARYDAK (panobinostat)	<i>POMALYST (pomalidomide)</i>	<p>Drug-specific criteria</p> <ul style="list-style-type: none"> Hydrea®: Requires clinical reason why generic cannot be used
GLEEVEC (imatinib)	PURIXAN (mercaptopurine oral SUSPENSION)	
hydroxyurea (generic for Hydrea)	<i>TABLOID (thioguanine)</i>	
ICLUSIG (ponatinib)	<i>THALOMID (thalidomide)</i>	
IMBRUVICA (irutinib)	<i>tretinoin (generic for Vesanoid)</i>	
JAKAFI (ruxolitinib)		
<i>LEUKERAN (chlorambucil)</i>		
<i>MATULANE (procarbazine)</i>		
mercaptopurine		
<i>MYLERAN (busulfan)</i>		
<i>NINLARO (ixazomib)</i>		
<i>REVLIMID (lenalidomide)</i>		
SPRYCEL (dasatinib)		
TASIGNA (nilotinib)		
<i>VENCLEXTA (venetoclax)^{CL}</i>		
ZOLINZA (vorinostat)		
ZYDELIG (idelalisib)		

A motion was made by Avery to move BOSULIF, FARYDAK, ICLUSIG, NINLARO, ZOLINZA, ZYDELIG and VENCLEXTA to non-preferred status and to follow FDA guidelines related to these medications. Patients

should not be required to try another first line agent prior to taking one of the medications listed above. It was seconded by Dube. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

ONCOLOGY AGENTS, ORAL, LUNG

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<i>ALECENSA (alectinib)^{CL}</i>		
GILOTRIF (afatinib)		
<i>HYCAMTIN (topotecan)</i>		
<i>IRESSA (gefitinib)</i>		
<i>TAGRISO (osimertinib)</i>		
TARCEVA (erlotinib)		
XALKORI (crizotinib)		
ZYKADIA (ceritinib)		

A motion was made by Avery to move ALECENSA, TAGRISO, and ZYKADIA to non-preferred status and to follow FDA guidelines related to these medications. Patients should not be required to try another first line agent prior to taking one of the medications listed above. It was seconded by Gotschall. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

ONCOLOGY AGENTS, ORAL, OTHER

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
CAPRELSA (vandetanib) COMETRIQ (cabozantinib) ^{CL} <i>GLEOSTINE (lomustine)</i> <i>HEXALEN (altretamine)</i> <i>LONSURF (trifluridine/tipiracil)</i> LYNPARZA (olaparib) STIVARGA (regorafenib) temozolomide (generic for Temodar)	TEMODAR (temozolomide)	<ul style="list-style-type: none"> Non-preferred agents DO NOT require a trial of a preferred agent, but DO require an FDA-approved indication

A motion was made by Avery to move COMETRIQ, HEXALEN, LONSURF, STIVARGA, and LYNPARZA to non-preferred status and to follow FDA guidelines related to these medications. Patients should not be required to try another first line agent prior to taking one of the medications listed above. It was seconded by Dube. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstick-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

ONCOLOGY AGENTS, ORAL, PROSTATE

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
bicalutamide (generic for Casodex) <i>EMCYT (estramustine)</i> flutamide <i>NILANDRON (nilutamide)</i> XTANDI (enzalutamide) ZYTIGA (abiraterone)	CASODEX (bicalutamide) nilutamide (generic for Nilandron)	<ul style="list-style-type: none"> Non-preferred agents DO NOT require a trial of a preferred agent, but DO require an FDA-approved indication Nilandron®: Approved for males only for metastatic prostate cancer

A motion was made by Avery to move EMCYT, NILANDRON, XTANDI, and ZYTIGA to non-preferred status and to follow FDA guidelines related to these medications. Patients should not be required to try another first line agent prior to taking one of the medications listed above. It was seconded by Dube. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

ONCOLOGY AGENTS, ORAL, RENAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
AFINITOR (everolimus) <i>CABOMETYX (cabozantinib)</i> INLYTA (axitinib) <i>LENVIMA (lenvatinib)</i> NEXAVAR (sorafenib) SUTENT (sunitinib) VOTRIENT (pazopanib)	AFINITOR DISPERZ ^{CL}	<ul style="list-style-type: none"> Non-preferred agents DO NOT require a trial of a preferred agent, but DO require an FDA-approved indication Drug-specific criteria <ul style="list-style-type: none"> Afinitor Disperz[®]: Requires clinical reason why Afinitor[®] cannot be used

A motion was made by Avery to move CABOMETYX and LENVIMA to non-preferred status and to follow FDA guidelines related to these medications. Patients should not be required to try another first line agent prior to taking one of the medications listed above. It was seconded by Thomsen. Roll Call vote was taken and the motion passed.

Votes as follows: Avery-yes, Baker-yes, Bleicher-yes, Caudill-yes, Davenport-yes, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstick-yes, Humphries-yes, Juracek-yes, Saunders-N/A, Sobeski-yes, Thomsen-yes.

Motion Carried.

ONCOLOGY AGENTS, ORAL, SKIN

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<i>COTELLIC (cobimetinib)^{CL}</i> ERIVEDGE (vismodegib) MEKINIST (trametinib) <i>ODOMZO (sonidegib)</i> TAFINLAR (dabrafenib) ZELBORAF (vemurafenib)		

A motion was made by Avery and seconded by Bleicher 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, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-N/A, Sobeski-yes, Thomsen-yes.

Motion Carried.

OPHTHALMICS, IMMUNOMODULATORS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<i>RESTASIS (cyclosporine)</i>	<i>XIIDRA (lifitegrast)</i>	

It was moved by Caudill and seconded by Gotschall 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, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

OPHTHALMICS, GLAUCOMA

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
MIOTICS		
Pilocarpine	<i>PHOSPHOLINE IODIDE (echothiophate iodide)</i>	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within the same group
SYMPATHOMIMETICS		
Alphagan P (brimonidine 0.15%) brimonidine 0.2% (generic for Alphagan)	Alphagan P (brimonidine 0.1%) apraclonidine (generic for Iopidine) brimonidine P 0.15%	

BETA BLOCKERS	
carteolol (generic for Ocupress)	betaxolol (generic for Betoptic)
levobunolol (generic for Betagan)	BETOPTIC S (betaxolol)
metipranolol (generic for Optipranolol)	ISTALOL (timolol)
timolol (generic for Timoptic)	TIMOPTIC OCUDOSE
	TIMOPTIC XE (timolol gel forming solution)
CARBONIC ANHYDRASE INHIBITORS	
AZOPT (brinzolamide)	TRUSOPT (dorzolamide)
dorzolamide (generic for Trusopt)	
PROSTAGLANDIN ANALOGS	
latanoprost (generic for Xalatan)	bimatoprost (generic for Lumigan)
TRAVATAN Z (travoprost)	travoprost (generic for Travatan)
	XALATAN (latanoprost)
	ZIOPTAN (tafluprost)
COMBINATION DRUGS	
COMBIGAN (brimonidine/timolol)	COSOPT (dorzolamide/timolol)
dorzolamide/timolol (generic for Cosopt)	

A motion was made by Thomsen and seconded by Saunders 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, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstick-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

OPIATE-REVERSAL TREATMENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<i>naloxone SYRINGE, VIAL</i> <i>naltrexone TABLET</i> <i>NARCAN (naloxone) SPRAY</i>	<i>EVZIO (naloxone)</i>	

A motion was made by Fornander and seconded by Caudill 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, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

OTIC ANTIBIOTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
CIPRODEX (ciprofloxacin/dexamethasone) ciprofloxacin neomycin/polymyxin/hydrocortisone (generic for Cortisporin) <i>ofloxacin (generic for Floxin)</i>	CIPRO HC (ciprofloxacin/ hydrocortisone) COLY-MYCIN S(neomycin/ hydrocortisone/colistin) CORTISPORIN-TC (neomycin/ hydrocortisone/colistin)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent

A motion was made by Thomsen and seconded by Saunders 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, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

SEDATIVE HYPNOTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
BENZODIAZEPINES		
temazepam 15mg, 30mg (generic for Restoril)	<i>estazolam (generic for ProSom)</i> flurazepam (generic for Dalmane) temazepam 7.5mg, 22.5mg triazolam (generic for Halcion)	<ul style="list-style-type: none"> ▪ Ambien®/Ambien CR®: Maximum daily dose for females: Ambien® 5mg; Ambien CR® 6.25mg ▪ Ambien CR®/Lunesta®/Rozerem®: Requires a trial with generic zolpidem within the last 12 months AND Trial OR Clinical reason why zaleplon and preferred benzodiazepines cannot be used ▪ Ativan®/Klonopin®/Valium®: Requires trial of generic Approvable for seizure diagnosis and documentation of seizure activity on generic therapy ▪ Edluar®: Requires a trial with generic zolpidem within the last 12 months AND Trial OR Clinical reason why zaleplon and preferred benzodiazepines cannot be used Requires documentation of swallowing disorder ▪ Flurazepam/Triazolam: Require trial of BOTH preferred benzodiazepines ▪ Hetlioz®: Requires trial with generic zolpidem within last 12 months AND clinical reason why zaleplon AND preferred benzodiazepines cannot be used ▪ Intermezzo®: Requires clinical reason why half of zolpidem tablet cannot be used ▪ Silenor®: Requires clinical reason why generic doxepin cannot be used ▪ Temazepam 7.5mg/22.5mg: Requires clinical reason why 15mg/30mg cannot be used ▪ Zolpimist®: Requires documentation of swallowing disorder
OTHERS		
zaleplon (generic for Sonata)	BELSOMRA (suvorexant)	
zolpidem (generic for Ambien)	EDLUAR (zolpidem sublingual)	
	eszopiclone (generic for Lunesta)	
	HETLIOZ (tasimelteon) ^{CL}	
	INTERMEZZO (zolpidem)	
	ROZEREM (ramelteon)	
	SILENOR (doxepin)	
	zolpidem ER (generic for Ambien CR)	
	ZOLPIMIST (zolpidem oral spray)	

A motion was made by Juracek and seconded by Avery 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, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

STIMULANTS AND RELATED ADHD DRUGS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
CNS STIMULANTS		
Amphetamine type		
ADDERALL XR (amphetamine salt combo)	<i>ADZENYS XR (amphetamine)</i>	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within the same group <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Procentra®: May be approved with documentation of swallowing disorder Zenzedi®: Requires clinical reason generic dextroamphetamine IR cannot be used <p>Approved for: Narcolepsy, ADHD</p>
amphetamine salt combination IR	amphetamine salt combination ER (generic for Adderall XR)	
VYVANSE (lisdexamfetamine)	dextroamphetamine (generic for Dexedrine)	
	dextroamphetamine solution (generic for Procentra)	
	dextroamphetamine ER (generic for Dexedrine ER)	
	<i>DYANAVEL XR (amphetamine)</i>	
	EVEKEO (amphetamine sulfate)	
	methamphetamine (generic for Desoxyn)	
	ZENZEDI (dextroamphetamine)	

A motion was made by Humphries and seconded by Bleicher 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, Dubé-yes, Fornander-yes, Gotschall –yes, Haberstich-yes, Humphries-yes, Juracek-yes, Saunders-yes, Sobeski-yes, Thomsen-yes.

Motion Carried.

- XII. Other Business:
An all in favor motion was made to conclude the meeting at 3:00 p.m.

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

Date: May 10, 2017

Time: 9:00a.m – 3:00p.m CST

Location: Mahoney State Park, Peter Kiewit Lodge, 28500 West Park Hwy, Ashland, NE 68003

Recorded by: Valarie Simmons, M.S – Account Operations Executive, Magellan Rx Management, Magellan Healthcare.

- XIII. Minutes approved by the P&T Committee on May 10, 2017