

DIVISION OF MEDICAID AND LONG-TERM CARE
Nebraska DHHS

PHARMACEUTICAL AND THERAPEUTICS COMMITTEE MEETING MINUTES

November 8, 2017 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.
Kristie Bohac, Master of Divinity
Chris Caudill, M.D.
Kyle, Clarey, Pharm.D (New Member)
Allison Dering-Anderson, Pharm.D.
Gary Elsasser, Pharm.D
Wade Fornander, M.D.
Jeff Gotschall, M.D
Nancy Haberstich, R.N., M.S.
Mary Hammond, Pharm.D
Laurie Humphries, M.D.
Joyce Juracek, Pharm.D.
Jessica Pohl, Pharm.D.
Ken Saunders, Pharm.D.
Linda Sobeski, Pharm.D.
Eric Thomsen, M.D.

DHHS Staff

Jenny Minchow, Pharm.D.
Shelly Nickerson, Pharm.D.
Nicole Mattson
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
Shannon Nelson, Wellcare

Absent

Yvonne Davenport, M.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 12, 2017. A copy of the Open Meetings Act and materials distributed to members were on display.
- II. Introduction of new Committee Member, Kyle Clarey, Pharm.D.
- III. Roll Call: See list above
- IV. Conflict of Interest: No new conflicts of interest were reported.
- V. Approval of May 10, 2017 Minutes: A motion to approve the minutes as written was made by Avery and seconded by Juracek.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-abstain, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstich-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

- VI. Chairperson/Vice-Chairperson Elections:

Claire Baker was nominated by Stacie Bleicher for P&T Committee Chairperson. The nomination was seconded by Linda Sobeski.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstich-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Nomination Approved.**

Linda Sobeski was nominated by Allison Dering-Anderson for P&T Committee Vice-Chairperson. The nomination was seconded by Nancy Haberstick.

*Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Nomination Approved.***

VII. Department information:

Dr. Minchow gave a Department update. In January 2017 the pharmacy benefit was incorporated into the benefit plan of three new managed care providers. Now prescriptions are processed by either Nebraska Total Care, UnitedHealthcare of Nebraska, or Wellcare. Magellan continues to process prescriptions for the few remaining patients not enrolled in managed care. The contracts with the MCOs require the MCOs to adopt the Nebraska PDL.

Several new classes are being reviewed today for inclusion on the PDL. One of the goals of adding these new classes is to promote consistency among the managed care plans.

Payment for the drug treatment of Hepatitis C continues to be a struggle for the State. Several new products have recently come on the market prompting an off-cycle review of the class.

VIII. Public Testimony

Speaker Order	DRUG CLASS	Drug Name	PDL Status	Speaker Name	Affiliation
1	Bronchodilators Beta Agonist Inhalers - Long Acting	Arcapta Neohaler	NP	Bethany Jones	Sunovion Pharmaceuticals
2	Chronic Obstructive Pulmonary Disease (COPD) Agents	Seebri Neohaler	NP	Bethany Jones	Sunovion Pharmaceuticals
3	Chronic Obstructive Pulmonary Disease (COPD) Agents	Spiriva	P	Scott Maurice	Boehringer Ingelheim
4	Chronic Obstructive Pulmonary Disease (COPD) Agents	Stiolto Respimat	NP	Scott Maurice	Boehringer Ingelheim
5	Chronic Obstructive Pulmonary Disease (COPD) Agents	Utibron Neohaler	NP	Bethany Jones	Sunovion Pharmaceuticals
6	Cytokine & CAM Antagonists	Cimzia	NP	Hayley Young	UCB
7	Cytokine & CAM Antagonists	Otezla	NP	Carrie Johnson	Celgene
8	Cytokine & CAM Antagonists	Xeljanz	NP	Chris Paap	Pfizer Inc.
9	Hemophilia Treatments	Alprolix	P	Alex Bitting	Bioverativ
10	Hemophilia Treatments	Eloctate	NP	Alex Bitting	Bioverativ
11	Hemophilia Treatments	Hemophilia Factor Products	NA	Rebecca Runge	Bioverativ and Methodist Hospital
12	Hemophilia Treatments	Hemophilia Factor Products	NA	Richard D. Starks	Patient
13	Hemophilia Treatments	Novoeight	P	Erik Hecht	Novo Nordisk Inc.
14	Hemophilia Treatments	NovoSeven RT	P	Erik Hecht	Novo Nordisk Inc.
15	Hemophilia Treatments	Tretten	NP	Erik Hecht	Novo Nordisk Inc.
16	Hepatitis C Treatments	Epclusa	NP	Michele Puyear	Gilead Sciences Inc.

17	Hepatitis C Treatments	Harvoni	NP	Michele Puyear	Gilead Sciences Inc.
18	Hepatitis C Treatments	Vosevi	P	Michele Puyear	Gilead Sciences Inc.
19	Immunomodulators Atopic Dermatitis	Eucrisa	NP	Aimee Louise Kraus	Pfizer Inc.
20	Movement Disorders	Austedo	NP	Yvonne Luu	Teva Pharmaceuticals
24	Movement Disorders	Ingrezza	NP	Ali Norbash	Neurocrine Biosciences Inc.
27	Oncology Agents Oral Hematologic	Idhifa	NP	Kendig Bergstresser	Celgene
28	Oncology Agents Oral Hematologic	Pomalyst	NP	Kendig Bergstresser	Celgene
29	Oncology Agents Oral Hematologic	Revlimid	NP	Kendig Bergstresser	Celgene

IX. A motion to move into closed session was made by Haberstich and seconded by Avery. Moved into closed session at 10:15am.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstich-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

X. Consent Agenda (Therapeutic Categories with Unchanged Recommendations):

A motion was made by Saunders and seconded by Caudill to accept recommendations as published for the therapeutic classes on the consent agenda.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstich-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

ANTI-HISTAMINES, MINIMALLY SEDATING

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
cetirizine TABLET, SOLUTION (generic for Zyrtec) loratadine TABLET, SOLUTION (generic for Claritin) levocetirizine TABLET (generic for Xyzal)	cetirizine CHEWABLE (generic for Zyrtec) desloratadine (generic for Clarinex) desloratadine ODT (generic for Clarinex Reditabs) fexofenadine (generic for Allegra) levocetirizine (generic for Xyzal) SOLUTION loratadine DISPERSABLE TABLET (generic for Claritin Reditabs)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed TWO preferred agents Combination products not covered – individual products may be covered

ANTIHYPERTENSIVES, SYMPATHOLYTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
CATAPRES-TTS (clonidine) clonidine TABLET (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

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) CALCITRENE (calcipotriene) DOVONEX CREAM (calcipotriene) ENSTILAR (calcipotriene/betamethasone) SORILUX (calcipotriene) 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

ANXIOLYTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
alprazolam TABLET (generic for Xanax) buspirone (generic for Buspar) chlordiazepoxide diazepam TABLET, SOLUTION (generic for Valium) lorazepam INTENSOL, TABLET (generic for Ativan)	alprazolam ER (generic for Xanax XR) alprazolam ODT alprazolam INTENSOL clorazepate (generic for Tranxene-T) diazepam INTENSOL meprobamate oxazepam	<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®

BILE SALTS

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

COLONY STIMULATING FACTORS

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

ERYTHROPOIESIS STIMULATING PROTEINS

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

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
famotidine TABLET (generic for Pepcid) ranitidine TABLET, SYRUP (generic for Zantac)	cimetidine TABLET, SOLUTION (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

IDIOPATHIC PULMONARY FIBROSIS

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

IMMUNOMODULATORS, TOPICAL

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

LEUKOTRIENE MODIFIERS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
montelukast TABLET/CHEWABLE (generic for Singulair)	montelukast GRANULES (generic for Singulair) zafirlukast (generic for Accolate) zileuton (generic for Zyflo) zileuton ER (generic for Zyflo CR)	<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 <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Montelukast granules: PA not required for age < 2 years

ONCOLOGY AGENTS, ORAL, PROSTATE

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

OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS

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

OPHTHALMICS, GLAUCOMA

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
MIOTICS		<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
pilocarpine	PHOSPHOLINE IODIDE (echothiophate iodide)	
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) levobunolol (generic for Betagan) timolol (generic for Timoptic)	betaxolol (generic for Betoptic) BETOPTIC S (betaxolol) ISTALOL (timolol) TIMOPTIC OCUDOSE TIMOPTIC XE (timolol gel forming solution)	
CARBONIC ANHYDRASE INHIBITORS		
AZOPT (brinzolamide) dorzolamide (generic for Trusopt)	TRUSOPT (dorzolamide)	
PROSTAGLANDIN ANALOGS		
latanoprost (generic for Xalatan) TRAVATAN Z (travoprost)	bimatoprost (generic for Lumigan) travoprost (generic for Travatan) XALATAN (latanoprost) ZIOPTAN (tafluprost)	
COMBINATION DRUGS		
COMBIGAN (brimonidine/timolol) dorzolamide/timolol (generic for Cosopt) SIMBRINZA (brinzolamide/brimonidine)	COSOPT (dorzolamide/timolol)	

OTIC ANTI-INFECTIVES & ANESTHETICS

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)	▪ Non-preferred agents will be approved for patients who have failed a trial of BOTH preferred agents

SEDATIVE HYPNOTICS

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

STEROIDS, TOPICAL

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
fluticasone propionate CREAM, OINTMENT (generic for Cutivate) mometasone furoate CREAM, OINTMENT, SOLUTION (generic for Elocon)	betamethasone valerate (generic for Luxiq) clocortolone (generic for Cloderm) fluocinolone acetonide (generic for Synalar) flurandrenolide (generic for Cordran) fluticasone propionate LOTION (generic for Cutivate) hydrocortisone butyrate (generic for Locoid) hydrocortisone butyrate/emoll (generic for Locoid Lipocream) hydrocortisone valerate (generic for Westcort) PANDEL (hydrocortisone probutate 0.1%) prednicarbate (generic for Dermatop)	

STEROIDS, TOPICAL

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) clobetasol propionate (generic for Temovate) halobetasol propionate (generic for Ultravate)	APEXICON-E (diflorasone) clobetasol SHAMPOO, LOTION clobetasol propionate FOAM, SPRAY CLOBEX (clobetasol) OLUX-E /OLUX/OLUX-E CP (clobetasol)	

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

ALZHEIMER’S DRUGS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
CHOLINESTERASE INHIBITORS		<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
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)	
NMDA RECEPTOR ANTAGONIST		<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)
memantine (generic for Namenda)	NAMENDA (memantine) NAMENDA SOLUTION NAMENDA XR (memantine ER) NAMZARIC (memantine/donepezil) memantine soln (generic for Namenda)	

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

*Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstich-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-absent, Thomsen-yes. **Motion Carried.***

ANTHELMINTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ALBENZA (albendazole) BILTRICIDE (praziquantel) ivermectin pyrantel pamoate OTC STROMEKTOL (ivermectin)	EMVERM (mebendazole)	<ul style="list-style-type: none"> <i>Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agents within the last 6 months</i> <p><i>Drug-specific criteria:</i></p> <ul style="list-style-type: none"> Emverm: Approval will be considered for indications not covered by preferred agents

A motion was made by Fornander and seconded by Juracek to accept recommendations as published.

*Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstich-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-absent, Thomsen-yes. **Motion Carried.***

ANTI-ALLERGENS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
	<p><i>GRASTEK (grass pollen-timothy, standard)</i></p> <p><i>ORALAIR (sweet vernal/orchard/rye/timothy/kentucky blue grass mixed pollen allergen extract)</i></p> <p><i>RAGWITEK (weed pollen-short ragweed)</i></p>	<p>Class Criteria:</p> <ul style="list-style-type: none"> ■ <i>Approved for immunotherapy for the treatment of grass pollen-induced allergic rhinitis with or without conjunctivitis.</i> ■ <i>Patient has had treatment failure with or contraindication to: antihistamines AND montelukast</i> ■ <i>Clinical reason as to why allergy shots cannot be used.</i> <p>Drug-specific criteria:</p> <p>GRASTEK</p> <ul style="list-style-type: none"> ■ <i>Confirmed by positive skin test or in vitro testing for pollen-specific IgE antibodies for Timothy grass or cross-reactive grass pollens.</i> ■ <i>For use in persons 5 through 65 years of age.</i> ■ <i>Quantity Limit = 1 sublingual tablet per day</i> <p>ORALAIR</p> <ul style="list-style-type: none"> ■ <i>Confirmed by positive skin test or in vitro testing for pollen-specific IgE antibodies for Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens.</i> ■ <i>For use in patients 10 through 65 years of age.</i> <p>RAGWITEK</p> <ul style="list-style-type: none"> ■ <i>Confirmed by positive skin test or in vitro testing for pollen-specific IgE antibodies for short ragweed pollen. (Submit documentation of completed results.)</i> ■ <i>For use in patients 18 through 65 years of age.</i> ■ <i>Quantity Limit = 1 sublingual tablet per day</i>

A motion was made by Thomsen and seconded by Caudill to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstich-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-absent, Thomsen-yes. **Motion Carried.**

ANTIHYPURICEMICS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
allopurinol (generic for Zyloprim) <i>colchicine CAPSULE (generic for Mitigare)</i> probenecid probenecid/colchicine (generic for Col-Probenecid)	colchicine TABLET (generic for Colcrys) ^{CL} ULORIC (febuxostat) ^{CL} ZURAMPIC (lesinurad) ^{CL}	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial with ONE preferred agent Drug-specific criteria: <ul style="list-style-type: none"> colchicine capsule: <i>Maximum of 12 per fill</i> colchicine tablet: Approved without trial for familial Mediterranean fever OR pericarditis Uloric®: Clinical reason why allopurinol cannot be used Zurampic®: Requires trial of allopurinol and Uloric®

A motion was made by Dering-Anderson and seconded by Elsasser to accept recommendations as published, but to remove the colchicine CAPSULE prior authorization requirement and replace the prior authorization with quantity limits. Dering-Anderson amended the motion to also add the quantity limit for the colchicine TABLET, Elsasser amended the motion to add the provision that long term care with colchicine for pericarditis should be an approvable diagnosis for the override of the colchicine quantity limit.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstich-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-abstain, 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
benztropine (generic for Cogentin) trihexyphenidyl (generic for Artane)		
COMT INHIBITORS		Drug-specific criteria: <ul style="list-style-type: none"> Carbidopa/Levodopa ODT: Approved for documented swallowing disorder COMT Inhibitors: Approved if using as add-on therapy with levodopa-containing drug Neupro®: <ul style="list-style-type: none"> For Parkinsons: Clinical reason required why preferred agent cannot be used For Restless Leg (RLS): Requires trial OR Contraindication to ropinirole AND pramipexole Pramipexole ER: Required diagnosis of Parkinson's along with preferred agent trial Ropinirole ER: Required diagnosis of Parkinson's along with preferred agent trial Zelapar®: Approved for documented swallowing disorder
	entacapone (generic for Comtan) TASMAR (tolcapone) tolcapone (generic for Tasmar)	
DOPAMINE AGONISTS		<ul style="list-style-type: none"> Neupro®: <ul style="list-style-type: none"> For Parkinsons: Clinical reason required why preferred agent cannot be used For Restless Leg (RLS): Requires trial OR Contraindication to ropinirole AND pramipexole Pramipexole ER: Required diagnosis of Parkinson's along with preferred agent trial Ropinirole ER: Required diagnosis of Parkinson's along with preferred agent trial Zelapar®: Approved for documented swallowing disorder
bromocriptine (generic for Parlodel) pramipexole (generic for Mirapex) ropinirole (generic for Requip)	NEUPRO (rotigotine) ^{CL} pramipexole ER (generic for Mirapex ER) ^{CL} ropinirole ER (generic for REQUIP XL) ^{CL}	
MAO-B INHIBITORS		<ul style="list-style-type: none"> Pramipexole ER: Required diagnosis of Parkinson's along with preferred agent trial Ropinirole ER: Required diagnosis of Parkinson's along with preferred agent trial Zelapar®: Approved for documented swallowing disorder
selegiline TABLET (generic for Eldepryl)	rasagiline ^{QL} (generic for Azilect) selegiline CAPSULE (gen. for Eldepryl) <i>XADAGO (safinamide)</i> ZELAPAR (selegiline) ^{CL}	
OTHER ANTIPARKINSON'S DRUGS		
amantadine CAPSULE, SYRUP (generic for Symmetrel) carbidopa/levodopa (generic for Sinemet) carbidopa/levodopa ER (generic for Sinemet CR) levodopa/carbidopa/entacapone (generic for Stalevo)	amantadine TABLET carbidopa (generic for Lodosyn) carbidopa/levodopa ODT (generic for Parcopa) DUOPA (carbidopa/levadopa) RYTARY (carbidopa/levodopa) STALEVO (levodopa/carbidopa/entacapone)	

A motion was made by Fornander and seconded by Juracek to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

ANTIPSORIATICS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<i>acitretin (generic for Soriatane)</i>	8-MOP (methoxsalen) methoxsalen (generic for Oxsoralen-Ultra) OXSORALEN-ULTRA (methoxsalen) <i>SORIATANE (acitretin)</i>	<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

A motion was made by Avery and seconded by Juracek to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. Motion Carried.

BRONCHODILATORS, BETA AGONIST

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 <p>Drug-specific criteria:</p> <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 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
PROAIR HFA (albuterol)	levalbuterol (generic for Xopenex HFA)	
PROVENTIL HFA (albuterol)	PROAIR RESPICLICK (albuterol)	
	VENTOLIN HFA (albuterol)	
INHALERS – Long Acting		
FORADIL (formoterol)	ARCAPTA NEOHALER (indacaterol)	
SEREVENT (salmeterol)	STRIVERDI RESPIMAT (olodaterol)	
INHALATION SOLUTION		
albuterol (2.5mg/3ml premix or 2.5mg/0.5ml)	BROVANA (arformoterol)	
<i>albuterol 100 mg/20 mL</i>	levalbuterol (generic for Xopenex)	
<i>albuterol low dose (0.63mg/3ml & 1.25mg/3ml)</i>	PERFOROMIST (formoterol)	
ORAL		
albuterol SYRUP	albuterol TABLET	
terbutaline (generic for Brethine)	<i>albuterol ER (generic for Vospire ER)</i> metaproterenol (formerly generic for Alupent)	

A motion was made by Elsasser and seconded by Juracek to accept recommendations as published. Bleicher noted that neither oral albuterol or terbutaline are included within the national treatment guidelines.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-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) BEVESPI AEROSPHERE <i>(glycopyrolate/formoterol)</i> SPIRIVA (tiotropium)	ANORO ELLIPTA (umeclidinium/vilanterol) COMBIVENT RESPIMAT (albuterol/ <i>ipratropium</i>) INCRUSE ELIPTA (umeclidinium) SEEBRI NEOHALER (glycopyrolate) SPIRIVA RESPIMAT (tiotropium) STIOLTO RESPIMAT (tiotropium/olodaterol) TUDORZA PRESSAIR (aclidinium br) UTIBRON NEOHALER (indacaterol/glycopyrolate)	<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 Drug-specific criteria: <ul style="list-style-type: none"> ■ Daliresp®: <ul style="list-style-type: none"> Covered for diagnosis of severe COPD associated with chronic bronchitis Requires trial of a bronchodilator Requires documentation of one exacerbation in last year upon initial review 	
INHALATION SOLUTION			
albuterol/ipratropium (generic for Duoneb) ipratropium SOLUTION (generic for Atrovent)			
ORAL AGENT			
	DALIRESP (roflumilast) ^{CL}		

A motion was made by Sobeski and seconded by Juracek to accept recommendations as published. Criteria amended to allow for coverage of Respimat device if patient unable to effectively use the Preferred delivery device. Re-evaluate utilization next year.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-absent, Sobeski-yes, Thomsen-yes. Motion Carried.

COUGH AND COLD, OPIATE COMBINATION

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
guaifenesin/codeine SOLUTION promethazine/codeine SOLUTION	hydrocodone/homatropine SOLN, TABLET LORTUSS EX (pseudoephedrine/codeine/guaifenesin) promethazine/phenylephrine/codeine PROMETHAZINE VC-CODEINE (promethazine/phenylephrine/codeine) TUSNEL C (pseudoephedrine/codeine/guaifenesin) VIRTUSSIN DAC (pseudoephedrine/codeine/guaifenesin) Z-TUSS AC (chlorpheniramine/codeine)	<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 Elsasser and seconded by Caudill to accept recommendations as published. Dering-Anderson indicated opposition due to the rationale that dextromethorphan should be trialed prior to utilizing codeine.

Votes as follows: Avery-abstain, Bleicher-no, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-no, Elsasser-yes, Fornander-no, Gotschall-yes, Haberstick-no, Hammond-yes, Humphries-no, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

CYTOKINE & CAM ANTAGONISTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
COSENTYX (<i>secukinumab</i>) ^{CL} ENBREL (etanercept) HUMIRA (adalimumab)	ACTEMRA (tocilizumab) SUB-Q ARCALYST (niloncept) CIMZIA (certolizumab pegol) KEVZARA (<i>sarilumab</i>) KINERET (anakinra) ORENCIA (abatacept) SUB-Q OTEZLA (apremilast) ORAL SILIQ (<i>brodalumab</i>) SIMPONI (golimumab) STELARA (<i>ustekinumab</i>) SUB-Q TALTZ (ixekizumab) TREMFYA (<i>guselkumab</i>) XELJANZ (tofacitinib) ORAL XELJANZ XR (<i>tofacitinib</i>) ORAL	<ul style="list-style-type: none"> Non-preferred agents will be approved for FDA-approved indications in patients who have failed a trial of ONE preferred agent Drug-specific criteria: <ul style="list-style-type: none"> Cosentyx: Requires trial of Humira

A motion was made by Thompson and seconded by Saunders to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

ENZYME REPLACEMENT, GAUCHERS DISEASE

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
No preferred agents	CERDELGA (eliglustat) ZAVESCA (miglustat)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who meet appropriate clinical criteria & indications

A motion was made by Gotschall and seconded by Sobeski to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

EPINEPHRINE, SELF-INJECTED

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

A motion was made by Dering-Anderson and seconded by Juracek to accept recommendations as published with the caveat that brand name Epipen would be approved if a national shortage of the generic occurs.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

GLUCOCORTICIDS, INHALED

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
GLUCOCORTICIDS		<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 Drug-specific criteria: <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
ASMANEX (mometasone) ^{QL,AL} <i>FLOVENT HFA (fluticasone)</i> <i>PULMICORT FLEXHALER (budesonide)</i>	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ^{AL,CL} <i>ARMONAIR RESPICLICK (fluticasone)^{AL}</i> ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) ^{AL,QL} FLOVENT DISKUS (fluticasone) <i>QVAR (beclomethasone)</i>	
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS		
ADVAIR DISKUS (fluticasone/salmeterol) ^{QL} DULERA (mometasone/formoterol) SYMBICORT (budesonide/ formoterol)	ADVAIR HFA (fluticasone/salmeterol) ^{QL} <i>AIRDUO RESPICLICK (fluticasone/salmeterol)</i> BREO ELLIPTA (fluticasone/vilanterol)	
INHALATION SOLUTION		
	budesonide RESPULES (generic for Pulmicort)	

A motion was made by Elsasser and seconded by Juracek to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

GLUCOCORTICOIDS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<p>budesonide EC CAPSULE (generic for Entocort EC)</p> <p>dexamethasone SOLN, TABLET</p> <p>hydrocortisone TABLET</p> <p>methylprednisolone DOSE PAK</p> <p>prednisolone SOLUTION</p> <p>prednisolone sodium phosphate</p> <p>prednisone TABLET</p>	<p>CORTEF (hydrocortisone)</p> <p>cortisone TABLET</p> <p>dexamethasone ELIXIR, INTENSOL</p> <p>DEXPAK (methylprednisolone (generic for Medrol))</p> <p>EMFLAZA (deflazacort) SUSPENSION, TABLET^{CL}</p> <p>ENTOCORT EC (budesonide)</p> <p>methylprednisolone (generic for Medrol)</p> <p>ORAPRED ODT (prednisolone sodium phosphate)</p> <p>PEDIAPRED (prednsolone sodium phosphate)</p> <p>prednisolone sodium phosphate (generic for Millipred/Veripred)</p> <p>prednisolone sodium phosphate ODT</p> <p>prednisone DOSE PAK, INTENSOL, SOLUTION</p> <p>RAYOS DR (prednisone) TABLET</p>	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agents within the last 6 months <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Emflaza: Indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients 5 years of age and older <ul style="list-style-type: none"> Approved after trial/failure with prednisone

A motion was made by Avery and seconded by Juracek to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

HEMOPHILIA TREATMENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ADVATE	ADYNOVATE	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent
ALPHANINE SD	AFSTYLA	
ALPROLIX	ALPHANATE	
BEBULIN	COGADEX	
BENEFIX	CORIFACT	
FEBIA NF	ELOCTATE	
HELIXATE FS	IDELVION	
HEMOFIL-M	OBIZUR	
HUMATE-P	TRETTEN	
IXINITY	VONVENDI	
KOATE-DVI KIT, VIAL		
KOGENATE FS		
KOVALTRY		
MONOCLATE-P		
MONONINE		
NOVOEIGHT		
NOVOSEVEN RT		
NUWIQ		
PROFILNINE SD		
RECOMBINATE		
RIXUBIS		
WILATE		
XYNTHA KIT, SOLOFUSE		

A motion was made by Elsasser and seconded by Dering-Anderson to accept recommendations as published with the addition of Adynovate, Eloctate and Alphanate as Preferred. Discussion followed that improvements could be made in the clinical and cost evaluations and comparisons for next year's review.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

XI. No motion / no vote. Moved back into open session at 11:15am.

XII. A motion was made by Thomsen and seconded by Sobeski to move into closed session at 12:00.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstich-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

XIII. A motion was made by Sobeski and seconded by Caudill to move into open session. Open session resumed at 1:15pm.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstich-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-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 <ul style="list-style-type: none"> Non-preferred products require trial of preferred agents and will only be considered with documentation of why the preferred product is not appropriate for patient <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Vosevi: Requires documentation of non-response after previous treatment course of Direct Acting Anti-viral agent (DAA)
MAVYRET (glecaprevir/pibrentasvir)^{CL} VOSEVI (sofosbuvir/velpatasvir/voxicaprev)^{CL}	DAKLINZA (daclatasvir) ^{CL} EPCLUSA (sofosbuvir/velpatasvir)^{CL} HARVONI (sofosbuvir/ledipasvir)^{CL} OLYSIO (simeprevir) ^{CL} SOVALDI (sofosbuvir) ^{CL} TECHNIVIE (ombitasvir/paritaprevir/ritonavir)^{CL} VIEKIRA PAK/XR (ombitasvir/paritaprevir/ritonavir/dasabuvir)^{CL} ZEPATIER (elbasvir/grazoprevir) ^{CL}	
RIBAVIRIN		
ribavirin 200mg TABLET, CAPSULE	REBETOL (ribavirin)	
INTERFERON		
PEGASYS (pegylated interferon alfa-2a) ^{CL}		
PEG-INTRON (pegylated interferon alfa-2b) ^{CL}		

A motion was made by Bohac and seconded by Juracek to accept recommendations as published with the additional criteria that patients currently treated will be grandfathered and allowed to complete therapy with the same drug as started on. Also, patients new to Medicaid coverage be allowed to complete treatment with the original drug that treatment was authorized by another payor.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstich-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

IMMUNOMODULATORS, ATOPIC DERMATITIS^{AL}

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

A motion was made by Elsasser and seconded by Juracek to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-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 ONE preferred agent within the same group
ipratropium (generic for Atrovent)		
ANTI-HISTAMINES		
<i>azelastine (generic for Astelin)</i> <i>azelastine (generic for Astepro)</i> PATANASE (olopatadine)	DYMISTA (azelastine/fluticasone) olopatadine (generic for Patanase)	Drug-specific criteria: <ul style="list-style-type: none"> Mometasone: Prior authorization NOT required for children ≤ 12 years Budesonide: Approved for use in Pregnancy (Pregnancy Category B) Veramyst®: Prior authorization NOT required for children ≤ 12 years
CORTICOSTEROIDS		
fluticasone (generic for Flonase)	BECONASE AQ (beclomethasone) budesonide Rx (generic for Rhinocort) flunisolide (generic for Nasalide) mometasone (generic for Nasonex) OMNARIS (ciclesonide) QNASL 40 & 80 (beclomethasone) TICANASE (fluticasone) VERAMYST (fluticasone) ZETONNA (ciclesonide)	

A motion was made by Juracek and seconded by Fornander to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

METHOTREXATE

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
methotrexate PF VIAL, TABLET, VIAL	OTREXUP (methotrexate) SUB-Q RASUVO (methotrexate) SUB-Q TREXALL (methotrexate) TABLET XATMEP (methotrexate) SOLUTION	<ul style="list-style-type: none"> Non-preferred agents will be approved for FDA-approved indications <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Xatmep™: Indicated for pediatric patients only

A motion was made by Juracek and seconded by Bleicher to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

MOVEMENT DISORDERS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
No preferred agents	AUSTEDO (deutetrabenazine) ^{CL} INGREZZA (valbenazine) ^{CL} tetrabenazine (generic for Xenazine) ^{CL}	<p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Austedo: Diagnosis of chorea associated with Huntington's Disease Ingrezza: Diagnosis of tardive dyskinesia in adults Tetrabenazine: Diagnosis of chorea with Huntington Disease

A motion was made by Sobeski and seconded by Juracek to accept recommendations as published and add Tardive Dyskinesia as an indication for prior authorization approval.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

NSAIDS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
COX-I SELECTIVE		
<p>diclofenac sodium (generic for Voltaren)</p> <p>diclofenac SR (generic for Voltaren-XR)</p> <p>ibuprofen OTC, Rx (generic for Advil, Motrin)</p> <p>indomethacin CAPSULE (generic for Indocin)</p> <p>ketorolac (generic for Toradol)</p> <p>meloxicam TABLET (generic for Mobic)</p> <p>nabumetone (generic for Relafen)</p> <p>naproxen Rx, OTC (generic for Naprosyn)</p> <p><i>naproxen enteric coated</i></p> <p>sulindac (generic for Clinoril)</p>	<p>diclofenac potassium (generic for Cataflam)</p> <p>diflunisal (generic for Dolobid)</p> <p>etodolac & sr (generic for Lodine/XL)</p> <p>fenoprofen (generic for Nalfon)</p> <p>flurbiprofen (generic for Ansaid)</p> <p>ibuprofen OTC (generic for Advil, Motrin) CAPSULE</p> <p>indomethacin ER (generic for Indocin)</p> <p>INDOCIN RECTAL, SUSPENSION</p> <p>Ketoprofen & ER (generic for Orudis)</p> <p>meclofenamate (generic for Meclomen)</p> <p>mefenamic acid (generic for Ponstel)</p> <p>meloxicam SUSPENSION (generic Mobic)</p> <p>naproxen CR (generic for Naprelan)</p> <p><i>naproxen SUSPENSION (generic for Naprosyn)</i></p> <p>naproxen sodium (generic for Anaprox)</p> <p>oxaprozin (generic for Daypro)</p> <p>piroxicam (generic for Feldene)</p> <p>tolmetin (generic for Tolectin)</p>	<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 <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> ▪ Arthrotec®: Requires clinical reason why individual ingredients cannot be used ▪ Duexis®/Vimovo®: Requires clinical reason why individual agents cannot be used ▪ Meclofenamate: Approvable without trial of preferred agents for menorrhagia ▪ Meloxicam suspension: Approved for age ≤ 11 years

NSAID (Continued)

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
COX-I SELECTIVE (continued)		<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: <ul style="list-style-type: none"> ▪ 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 ▪ Celebrex[®]: Rheumatoid Arthritis (RA) and Juvenile RA AND Osteoarthritis with at least ONE risk factor: Approvable with history of GI bleed/ulcer, active peptic ulcer disease, current daily/every other day use of oral corticosteroids, current use of anticoagulents, coronary artery or cerebral vascular disease requiring daily aspirin and a trial of meloxicam Approved for age ≥ 65 years and NOT taking another NSAID (other than daily aspirin)
	ALL BRAND NAME NSAIDs including: CAMBIA (diclofenac oral solution) DUEXIS (ibuprofen/famotidine) SPRIX (ketorolac) ^{QL} 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 Gotschall and seconded by Caudill to accept recommendations as published with the exception of adding celecoxib as a preferred agent.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsassner-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

ONCOLOGY AGENTS, ORAL, BREAST CANCER

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
anastrozole (generic for Arimidex) cyclophosphamide (generic for Cytosan) exemestane (generic for Aromasin) letrozole (generic for Femara) tamoxifen citrate <i>XELODA (capecitabine)</i>	FARESTON (toremifene) capecitabine (generic for Xeloda) IBRANCE (palbociclib) <i>KISQALI (ribociclib)</i> <i>KISQALI FEMARA CO-PACK</i> <i>NERLYNX (neratinib)</i> TYKERB (lapatinib)	<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 OR documentation submitted supporting off-label use from current treatment guidelines <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 Avery and seconded by Juracek to accept recommendations as published and to allow grandfathering if patients have been receiving a product changed from preferred to non-preferred.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

ONCOLOGY AGENTS, ORAL, HEMATOLOGIC

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ALKERAN (melphalan) GLEEVEC (imatinib) hydroxyurea (generic for Hydrea) LEUKERAN (chlorambucil) MATULANE (procarbazine) mercaptopurine <i>melphalan (generic for Alkeran)</i> MYLERAN (busulfan) <i>THALOMID (thalidomide)</i> <i>retinoin (generic for Vesanoide)</i>	BOSULIF (bosutinib) FARYDAK (panobinostat) HYDREA (hydroxyurea) ICLUSIG (ponatinib) <i>IDHIFA (enasidenib)</i> imatinib (generic for Gleevec) <i>IMBRUVICA (irutinib)</i> <i>JAKAFI (ruxolitinib)</i> NINLARO (ixazomib) POMALYST (pomalidomide) PURIXAN (mercaptopurine) <i>REVLIMID (lenalidomide)</i> <i>RYDAPT (midostaurin)</i> <i>SPRYCEL (dasatinib)</i> TABLOID (thioguanine) <i>TASIGNA (nilotinib)</i> VENCLEXTA (venetoclax) ZOLINZA (vorinostat) ZYDELIG (idelalisib)	Non-preferred agents DO NOT require a trial of a preferred agent, but DO require an FDA-approved indication OR documentation submitted supporting off-label use from current treatment guidelines Drug-specific criteria <ul style="list-style-type: none"> ▪ Hydrea®: Requires clinical reason why generic cannot be used ▪ Tabloid (thioguanine): Prior authorization not required for age < 19

As Sprycel was recommended by the Department to be non-preferred, previously deferred testimony was allowed. Melissa Laurie, a representative of Bristol-Myers Squibb, provided testimony in support of Sprycel.

A motion was made by Avery and seconded by Sobeski to accept recommendations as published. Jenny Minchow notified the committee that Nebraska's Children's Hospital protested that thioguanine required prior authorization, because of its place in the treatment of pediatric Acute Lymphocytic Leukemia. A letter indicating such was forwarded to committee members. After interactions with Children's it was decided earlier this year to allow prescription claims for thioguanine to go through without prior authorization for children.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-yes, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

ONCOLOGY AGENTS, ORAL, LUNG

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
IRESSA (gefitinib)	ALECENSA (alectinib) <i>ALUNBRIG (brigatinib)</i> <i>GILOTRIF (afatinib)</i> <i>HYCAMTIN (topotecan)</i> TAGRISSO (osimertinib)	<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 OR documentation submitted supporting off-label use from current treatment guidelines

A motion was made by Elsasser and seconded by Gotschal to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstich-yes, Hammond-yes, Humphries-yes, Juracek-absent, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

ONCOLOGY AGENTS, ORAL, OTHER

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
temozolomide (generic for Temodar)	<i>CAPRELSA (vandetanib)</i> COMETRIQ (cabozantinib) <i>GLEOSTINE (lomustine)</i> HEXALEN (altretamine) LONSURF (trifluridine/tipiracil) LYNPARZA (olaparib) RUBRACA (rucaparib) STIVARGA (regorafenib) <i>ZEJULA (niraparib)</i>	<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 OR documentation submitted supporting off-label use from current treatment guidelines

A motion was made by Caudill and seconded by Sobeski to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstich-yes, Hammond-yes, Humphries-yes, Juracek-absent, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

ONCOLOGY AGENTS, ORAL, RENAL

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

A motion was made by Dering-Anderson and seconded by Elsasser to change all products to preferred with prior authorization except Afinitor Disperz would remain non-preferred. Keep the prior authorization criteria to ensure appropriate utilization and prevent penalty to MCOs for PDL non-compliance. Dr. Avery indicated that there needs to be a better way of categorizing and comparing the oncology agents.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-no, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstich-yes, Hammond-yes, Humphries-no, Juracek-absent, Pohl-yes, Saunders-yes, Sobeski-no, Thomsen-no. **Motion Carried.**

ONCOLOGY AGENTS, ORAL, SKIN

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
	<p><i>COTELLIC (cobimetinib)</i> <i>ERIVEDGE (vismodegib)</i> <i>MEKINIST (trametinib)</i> <i>ODOMZO (sonidegib)</i> <i>TAFINLAR (dabrafenib)</i> <i>ZELBORAF (vemurafenib)</i></p>	<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 OR documentation submitted supporting off-label use from current treatment guidelines

A motion was made by Avery and seconded by Dering-Anderson to have all the agents in the class be preferred with clinical criteria for approval.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-no, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-no, Haberstich-yes, Hammond-yes, Humphries-no, Juracek-absent, Pohl-yes, Saunders-yes, Sobeski-no, Thomsen-no. **Motion Carried.**

OPHTHALMICS, ANTIBIOTICS

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 Ocuflox)	gatifloxacin 0.5% (generic for Zymaxid)	
VIGAMOX (moxifloxacin)	levofloxacin moxifloxacin (generic for Vigamox)	
MACROLIDES		
erythromycin	AZASITE (azithromycin)	
AMINOGLYCOSIDES		
gentamicin SOLUTION, 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	
	NEOSPORIN (neomycin/polymyxin B/gramicidin)	
	sulfacetamide SOLUTION (generic for Bleph-10)	
sulfacetamide OINTMENT		

A motion was made by Saunders and seconded by Caudill to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstich-yes, Hammond-yes, Humphries-yes, Juracek-absent, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

OPHTHALMICS, ALLERGIC CONJUNCTIVITIS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ALREX (loteprednol 0.2%) cromolyn (generic for Opticrom) ketotifen OTC (generic for Zaditor) PAZEO (olopatadine 0.7%)	ALOCRIIL (nedocromil) ALOMIDE (Iodoxamide) azelastine (generic for Optivar) BEPREVE (bepotastine besilate) EMADINE (emedastine) epinastine (generic for Elestat) LASTACAFT (alcaftadine) olopatadine 0.1% (generic for Patanol) olopatadine 0.2% (generic for Pataday) <i>PATADAY (olopatadine 0.2%)</i>	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agents

A motion was made by Bohac and seconded by Hammond to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-absent, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

OPHTHALMICS, ANTI-INFLAMMATORIES

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 agents NSAID class: Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent
DUREZOL (difluprednate) FLAREX (fluorometholone) fluorometholone 0.1% (generic for FML) OINTMENT LOTEMAX SOLUTION (loteprednol 0.5%) MAXIDEX (dexamethasone) PRED MILD (prednisolone 0.12%)	<i>dexamethasone (generic for Maxidex)</i> FML (fluorometholone 0.1% SOLUT.) FML FORTE (fluorometholone 0.25%) FML S.O.P. (fluorometholone 0.1%) LOTEMAX OINTMENT, GEL (loteprednol) prednisolone acetate 1% (gen. for Omnipred, Pred Forte) prednisolone sodium phosphate 1% VEXOL (rimexolone)	
NSAID		
diclofenac (generic for Voltaren) flurbiprofen (generic for Ocufen)	ACUVAIL (ketorolac 0.45%) <i>BROMSITE (bromfenac)</i> 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%)	

A motion was made by Elsasser and seconded by Pohl to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-absent, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

OPHTHALMICS, IMMUNOMODULATORS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
RESTASIS (cyclosporine) <i>RESTASIS MULTIDOSE (cyclosporine)</i>	XIIDRA (lifitegrast)	<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 Dering-Anderson to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-absent, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

OTIC ANTIBIOTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
CIPRODEX (ciprofloxacin/dexamethasone) neomycin/polymyxin/hydrocortisone (generic for Cortisporin) ofloxacin (generic for Floxin)	CIPRO HC (ciprofloxacin/ hydrocortisone) <i>ciprofloxacin</i> COLY-MYCIN S(neomycin/ hydrocortisone/colistin) CORTISPORIN-TC (neomycin/ hydrocortisone/colistin) OTOVEL (ciprofloxacin/fluocinolone)	<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 Gotschall and seconded by Saunders to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstich-yes, Hammond-yes, Humphries-yes, Juracek-absent, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

PROGESTATIONAL AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
MAKENA MDV, SDV		<ul style="list-style-type: none"> When filled as outpatient prescription, use limited to: <ul style="list-style-type: none"> Singleton pregnancy AND Previous Pre-term delivery AND No more than 20 doses (administered between 16 -36 weeks gestation) Maximum of 30 days per dispensing

A motion was made by Avery and seconded by Sobeski to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstich-yes, Hammond-yes, Humphries-yes, Juracek-absent, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

STEROIDS, TOPICAL

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
fluticasone propionate CREAM, OINTMENT (generic for Cutivate) mometasone furoate CREAM, OINTMENT, SOLUTION (generic for Elocon)	betamethasone valerate (generic for Luxiq) clocortolone (generic for Cloderm) fluocinolone acetonide (generic for Synalar) flurandrenolide (generic for Cordran) fluticasone propionate LOTION (generic for Cutivate) hydrocortisone butyrate (generic for Locoid) hydrocortisone butyrate/emoll (generic for Locoid Lipocream) hydrocortisone valerate (generic for Westcort) PANDEL (hydrocortisone probutate 0.1%) prednicarbate (generic for Dermatop)	
HIGH POTENCY		
triamcinolone acetonide OINTMENT, CREAM (generic for Kenalog) triamcinolone LOTION	amcinonide CREAM, LOTION, OINTMENT betamethasone dipropionate (generic for Diprolene) betamethasone dipro/prop gly (augmented) <i>betamethasone valerate (generic for Beta-Val)</i> DERMACINRX SILAPAK (triamcinolone/dimethicone) <i>DERMACINRX SILAZONE (triamcinolone)</i> desoximetasone (generic for Topicort) diflorasone diacetate fluocinonide SOLUTION fluocinonide CREAM, GEL, OINTMENT fluocinonide emollient HALOG (halcinonide) KENALOG AEROSOL (triamcinolone) SERNIVO (betamethasone dipropionate) triamcinolone SPRAY (generic for Kenalog spray) TRIANEX OINTMENT (triamcinolone) VANOS (fluocinonide)	

A motion was made by Thomsen and seconded by Fornander to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-absent, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

STEROIDS, TOPICAL

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

A motion was made by Bohac and seconded by Elsasser to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-absent, Pohl-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		<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 Zenedi®: Requires clinical reason generic dextroamphetamine IR cannot be used
Amphetamine type		
ADDERALL XR (amphetamine salt combo)	ADZENYS XR (amphetamine)	
amphetamine salt combination IR	amphetamine salt combination ER (generic for Adderall XR)	
VYVANSE (lisdexamfetamine) CAPSULE, CHEWABLE	dextroamphetamine (generic for Dexedrine)	
	dextroamphetamine SOLUTION (generic for Procentra)	
	dextroamphetamine ER (generic for Dexedrine ER)	
	DYANAVEL XR (amphetamine)	
	MYDAYIS (amphetamine salt combo)^{QL}	
	EVEKEO (amphetamine sulfate)	
	methamphetamine (generic for Desoxyn)	
	ZENZEDI (dextroamphetamine)	

STIMULANTS AND RELATED ADHD DRUGS (Continued)

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
Methylphenidate type		<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agents <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Daytrana®: May be approved in history of substance abuse by parent/caregiver or patient. May be approved with documentation of difficulty swallowing
FOCALIN (dexamethylphenidate)	dexamethylphenidate (generic for Focalin)	
FOCALIN XR (dexamethylphenidate)	dexamethylphenidate XR (generic for Focalin XR)	
<i>APTENSIO XR (methylphenidate)</i>		
methylphenidate (generic for Ritalin)	<i>COTEMPLA XR-ODT (methylphenidate)</i>	
methylphenidate ER 10mg, 20mg (generic for Ritalin SR, Metadate ER)	methylphenidate CHEWABLE, SOLUTION (generic for Methylin) RITALIN (methylphenidate)	
QUILLICHEW ER (methylphenidate)	DAYTRANA (methylphenidate)	
QUILLIVANT XR (methylphenidate suspension)	methylphenidate 30/70 (generic for Metadate CD) methylphenidate 50/50 (generic for RITALIN LA) methylphenidate ER (generic for Ritalin SR)	
MISCELLANEOUS		
<i>atomoxetine (generic for Strattera)</i>	clonidine ER (generic for Kapvay) ^{CL}	
guanfacine ER (generic for Intuniv)	<i>STRATTERA (atomoxetine)</i>	
ANALEPTICS		
	armodafinil (generic for Nuvigil) ^{CL} modafanil (generic for Provigil) ^{CL}	

A motion was made by Humphries and seconded by Dering-Anderson to accept recommendations as published.

Votes as follows: Avery-yes, Bleicher-yes, Bohac-yes, Caudill-yes, Clarey-yes, Dering-Anderson-yes, Elsasser-yes, Fornander-yes, Gotschall-yes, Haberstick-yes, Hammond-yes, Humphries-yes, Juracek-absent, Pohl-yes, Saunders-yes, Sobeski-yes, Thomsen-yes. **Motion Carried.**

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.

XIV. Other Business:

A motion was made by Sobeski and seconded by Saunders to conclude the meeting at 3:00 p.m.

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

Date: May 2, 2018

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 Health.

- XV. As noted in the May 2, 2018 Nebraska Medicaid Pharmaceutical and Therapeutics Committee Meeting Minutes, the November 8, 2017 meeting minutes were unanimously approved by all in attendance (sans absent member, Kristi Johnson-Bohac, M.Div).