

DIVISION OF MEDICAID AND LONG-TERM CARE
Nebraska DHHS

PHARMACEUTICAL AND THERAPEUTICS COMMITTEE MEETING MINUTES

May 2, 2018 at 9 a.m., CST
Mahoney State Park, Peter Kiewit Lodge
Ashland, NE

Committee Members Present:

Eric Avery, M.D.
Claire Baker, M.D. (Chair)
Chris Caudill, M.D.
Kyle Clarey, Pharm.D.
Yvonne Davenport M.D.
Allison Dering-Anderson, Pharm.D.
Gary Elsasser, Pharm.D.
Jeff Gotschall, M.D.
Nancy Habertich, 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. (Vice Chair)
Eric Thomsen, M.D.
Stacie Bleicher, M.D.
Wade Fornander, M.D.

Division of Medicaid and Long-Term Care Staff Present:

Nicole Mattson
Jenny Minchow, Pharm.D.
Lisa White, M.D.
Lisa Neeman LIMHP, LCSW

Magellan Medicaid Administration Staff Present:

Jill Bot, Pharm.D., Clinical Account Manager
Jessica Czechowski, Pharm.D., Clinical Account Manager

Managed Care Staff Present:

Shannon Nelson, Pharm. D., WellCare Director
Kevin Peterson, Pharm. D., NTC Director
Bernadette Ueda, Pharm. D., UHC Director

Committee Members Absent:

Kristi Johnson-Bohac, M.Div. (Excused)

- I. Call to Order: Chair, Claire Baker, called the meeting to order at 9:02am. The agenda was posted on the Nebraska Medicaid Pharmacy Magellan Medicaid website (<https://nebraska.fhsc.com/PDL/PTcommittee.asp>) on April 11, 2018. A copy of the Open Meetings Act and meeting materials distributed to members were made available to the public for review.
- II. Roll Call: See list above
- III. Conflict of Interest: No new conflicts of interest were reported.
- IV. Approval of November 8, 2017 minutes was unanimously approved by all in attendance (sans absent member, Kristi Johnson-Bohac, M.Div).
- V. Department information: Jenny Minchow, Pharmacist for DHHS, Medicaid and Long-Term Care Division provided a department update.
 - a. In March of this year, Dr. Matthew Van Patton became the new Director of the Division of Medicaid and Long-Term Care for the State of Nebraska. Director Van Patton originates from South Carolina and has had experience in the health care and public policy arena. Most recently, he served as the President and CEO of Cadre Medical Technologies, LLC, a start-up healthcare technology company building transition of care and staff placement solutions. Previously, Director Van Patton served as the Chief of Staff for Congressman Trey Gowdy. Director Van Patton holds a Doctorate degree in Health Administration from the University of South Carolina.
 - b. **DMA – Data Management and Analytics:** The State of Nebraska's Medicaid Management Information System (MMIS) is an older system. It has been in use since the 1970s. There have been previous attempts to replace the current MMIS, but due to various reasons the system has not been replaced. Recently, the State awarded a contract to Deloitte to help start the process of a vendor-managed data

management and analytics system. Managing and utilizing data to make informed business decisions is a major goal of the DMA development. All the departments within Medicaid are working together to develop a system which will meet the Department's needs and reach the Department's goals.

- c. **Opioids:** Due to the Opioid Epidemic, Medicaid has taken several steps this last year to implement controls on opioids by following FDA guidance:
 - i. Codeine and Tramadol for pain – Minimum age of 12
 - ii. Codeine in cough and cold preparations – Minimum age 18
- d. **Upcoming Legislative Changes on Opioids:** LB 931 will go into effect 7/19/18. It contains a number of strategies such as mandatory counseling by the prescriber, identification requirement when opioids are picked up from the pharmacy, and a maximum of a 7 day supply of opiates when dispensed to children for the first time.
- e. **Departmental Changes on Opioids:** Medicaid will implement maximum daily Morphine Milligrams Equivalents (MME) limits in the near future.
 - i. The approach will be to gradually taper down maximum MME limits.
 - ii. For Opiate naïve patients, quantities will be limited to a 7 day supply and the MME will be limited to 50 MME per day.
- f. The new Magellan Clinical Account Manager, Jill Bot, was introduced.

VI. Public Testimony

Speaker Order	DRUG CLASS	Drug Name	PDL Status	Speaker Name	Affiliation
1	Cystic Fibrosis, Oral	Syndeko; Orkambi; Kalydeco <i>Deferred Testimony</i>	NP	Karla Kenyon	Vertex Pharma
2	Cystic Fibrosis, Oral	Syndeko; Orkambi; Kalydeco	NP	Peter James Murphy	University of Nebraska Medical Center
3	Hepatitis B & C Treatments	Vemlidy; Epclusa	NP	Stuart O'Brochta	Gilead Sciences
4	HIV/AIDS	Various Drugs <i>Deferred Testimony – (Representative deferred testimony, indicated the proposed PDL is aligned with national HIV/AID treatment guidelines.</i>	Various	Samantha Sam	ViiV Healthcare
5	Hypoglycemics, Incretin Mimetics / Enhancers	Ozempic and Tresiba	NP	Ryan Flugge	Novo Nordisk
6	Immunosuppressive, Oral	Envarsus XR	NP	Samir Patel	Veloxis
7	Lipotropic, Other PCSK9 Inhibitors	Repatha	NP	Sarah Maseth	Amgen
8	Multiple Sclerosis Drugs	Aubagio	NP	Kevin Duhrkopf	Sanofi-Genzyme
9	Multiple Sclerosis Drugs	Tecfidera	NP	Tami Sova	Biogen
10	PAH	Uptravi / Opsumit	NP	Josephine Garcia-Ferrer	Actelion Pharmaceuticals
11	PAH	Orenitram ER	NP	Zev Winicur	United Therapeutics

- VI. A vote to move into closed session at 10:00am was unanimously approved by all in attendance. The closed session ended at 11:15am and the meeting was reopened to the public at 11:25am. The meeting moved into closed session during working lunch, then resumed open session between the drug classes of Analgesics, Opiate Long-Acting and Opiate Short-Acting. During the public session, committee members addressed each agenda item and voted publically on decisions with regard to the Nebraska Preferred Drug List recommendations. The details of each vote and the associated PDL recommendations are presented in the following tables.

CONSENT AGENDA				Acne Agents, Topical			
(1ST) MOTION: CAUDILL				(1ST) MOTION: GOTSCHALL			
(2ND) SECONDED: GOTSCHALL				(2ND) SECONDED: FORNANDER			
DISCUSSION - VOTE TO APPROVE AS WRITTEN	YES	NO	ABSTAIN	DISCUSSION - VOTE TO APPROVE AS WRITTEN	YES	NO	ABSTAIN
AVERY, ERIC MD	X			AVERY, ERIC MD	X		
BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X
BLEICHER, STACIE MD	X			BLEICHER, STACIE MD	X		
CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X		
CLAREY, KYLE RP	X			CLAREY, KYLE RP	X		
DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD	X		
DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X		
ELSASSER, GARY RP	X			ELSASSER, GARY RP	X		
FORNANDER, WADE MD	X			FORNANDER, WADE MD	X		
GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD	X		
HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X		
HAMMOND, MARY RP	X			HAMMOND, MARY RP	X		
HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X		
JURACEK, JOYCE RP	X			JURACEK, JOYCE RP	X		
POHL, JESSICA RP	X			POHL, JESSICA RP	X		
SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP	X		
SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X		
THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X		

Analgesics, Opiate Long-Acting				Analgesics, Opiate Short-Acting				Angiotensin Modulators			
(1ST) MOTION: DERING-ANDERSON				(1ST) MOTION: ELSASSER				(1ST) MOTION: GOTSCHALL			
(2ND) SECONDED: SOBESKI				(2ND) SECONDED: AVERY				(2ND) SECONDED: SOBESKI			
DISCUSSION - First 2 motions withdrawn, vote to approve as written w/ condition: Omit 30 day trial, PA criteria to include failure or intolerance of 2 of the preferred agents and retain Hysingla as preferred.	YES	NO	ABSTAIN	DISCUSSION - VOTE TO APPROVE AS WRITTEN	YES	NO	ABSTAIN	DISCUSSION - VOTE TO APPROVE AS WRITTEN	YES	NO	ABSTAIN
AVERY, ERIC MD		X		AVERY, ERIC MD (Absent)				AVERY, ERIC MD	X		
BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X
BLEICHER, STACIE MD	X			BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]			
CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X		
CLAREY, KYLE RP	X			CLAREY, KYLE RP	X			CLAREY, KYLE RP	X		
DAVENPORT, YVONNE MD		X		DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD	X		
DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X		
ELSASSER, GARY RP	X			ELSASSER, GARY RP	X			ELSASSER, GARY RP	X		
FORNANDER, WADE MD		X		FORNANDER, WADE MD	X			FORNANDER, WADE MD	X		
GOTSCHALL, JEFFREY MD		X		GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD	X		
HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X		
HAMMOND, MARY RP	X			HAMMOND, MARY RP	X			HAMMOND, MARY RP	X		
HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X		
JURACEK, JOYCE RP	X			JURACEK, JOYCE RP	X			JURACEK, JOYCE RP	X		
POHL, JESSICA RP		X		POHL, JESSICA RP	X			POHL, JESSICA RP	X		
SAUNDERS, KENNETH RP		X		SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP	X		
SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X		
THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X		

Antibiotics, Gastrointestinal				Antiemetics / Antivertigo Agents				Antifungals, Topical			
(1ST) MOTION: ELSASSER 1ST MOTION AMENDED: SOBESKI				(1ST) MOTION: JURACEK				(1ST) MOTION: GOTSCHALL			
(2ND) SECONDED: CAUDILL 2ND AMENDED: DERING-ANDERSON				(2ND) SECONDED: AVERY				(2ND) SECONDED: JURACEK			
DISCUSSION – Czechowski pointed out that Firvanq was recently approved but not reviewed today., This drug may potentially limit the ability to prefer compounded vancomycin. ORIGINAL VOTE TO APPROVE AS WRITTEN, however Sobeski offered amendment to criteria for DifcidRequire trial on vancomycin. Remove requirement for trial on metronidazole. A second vote on amended motion did not change member voting.				DISCUSSION - VOTE TO APPROVE AS WRITTEN				DISCUSSION – VOTE TO APPROVE AS WRITTEN			
	YES	NO	ABSTAIN		YES	NO	ABSTAIN		YES	NO	ABSTAIN
AVERY, ERIC MD	X			AVERY, ERIC MD	X			AVERY, ERIC MD	X		
BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X
BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]			
CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X		
CLAREY, KYLE RP	X			CLAREY, KYLE RP	X			CLAREY, KYLE RP	X		
DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD	X		
DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X		
ELSASSER, GARY RP	X			ELSASSER, GARY RP	X			ELSASSER, GARY RP	X		
FORNANDER, WADE MD	X			FORNANDER, WADE MD	X			FORNANDER, WADE MD	X		
GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD	X		
HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X		
HAMMOND, MARY RP	X			HAMMOND, MARY RP	X			HAMMOND, MARY RP	X		
HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X		
JURACEK, JOYCE RP	X			JURACEK, JOYCE RP	X			JURACEK, JOYCE RP	X		
POHL, JESSICA RP	X			POHL, JESSICA RP	X			POHL, JESSICA RP	X		
SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP	X		
SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X		
THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X		

Antimigraine Drugs, Triptans				Antivirals, Oral				Beta Blockers			
(1ST) MOTION: DERING-ANDERSON				(1ST) MOTION: AVERY				(1ST) MOTION: AVERY			
(2ND) SECONDED: JURACEK				(2ND) SECONDED: DERING-ANDERSON				(2ND) SECONDED: HAMMOND			
DISCUSSION - VOTE TO APPROVE AS WRITTEN	YES	NO	ABSTAIN	DISCUSSION – Clarey noted that QL on Tamiflu suspension needs to be adjusted, because the 120ml QL will reject, but child will not have received therapeutic dose. MLTC will review coding and correct as needed.	YES	NO	ABSTAIN	DISCUSSION - VOTE TO APPROVE AS WRITTEN	YES	NO	ABSTAIN
AVERY, ERIC MD	X			AVERY, ERIC MD	X			AVERY, ERIC MD	X		
BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X
BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]			
CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X		
CLAREY, KYLE RP	X			CLAREY, KYLE RP	X			CLAREY, KYLE RP	X		
DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD	X		
DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X		
ELSASSER, GARY RP	X			ELSASSER, GARY RP	X			ELSASSER, GARY RP	X		
FORNANDER, WADE MD	X			FORNANDER, WADE MD	X			FORNANDER, WADE MD	X		
GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD	X		
HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X		
HAMMOND, MARY RP	X			HAMMOND, MARY RP	X			HAMMOND, MARY RP	X		
HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X		
JURACEK, JOYCE RP	X			JURACEK, JOYCE RP	X			JURACEK, JOYCE RP	X		
POHL, JESSICA RP	X			POHL, JESSICA RP	X			POHL, JESSICA RP	X		
SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP	X		
SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X		
THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X		

Bladder Relaxant Preparations				Bone Resorption Suppression and Related Drugs				Calcium Channel Blockers			
(1ST) MOTION: JURACEK				(1ST) MOTION: FORNANDER				(1ST) MOTION: THOMSEN 1st MOTION AMENDED: SOBESKI			
(2ND) SECONDED: ELSASSER				(2ND) SECONDED: JURACEK				(2ND) SECONDED: FORNANDER 2ND SECONDED AMENDED: DERING-ANDERSON			
DISCUSSION - VOTE TO APPROVE AS WRITTEN	YES	NO	ABSTAIN	DISCUSSION - VOTE TO APPROVE AS WRITTEN	YES	NO	ABSTAIN	DISCUSSION - VOTE TO APPROVE AS WRITTEN; Davenport recommended adding criteria to allow nifedipine IR for diagnosis of preterm labor and Pregnancy Induced Hypertension without trial of a preferred agent. Kevin Peterson (NTC – MCO, non-voting mbr) requested that a diagnosis code be added in order to approve nifedipine. Committee Chair response to Peterson was that his request would most appropriately be managed independently by MLTC.	YES	NO	ABSTAIN
AVERY, ERIC MD (Absent)				AVERY, ERIC MD	X			AVERY, ERIC MD	X		
BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X
BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]			
CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X		
CLAREY, KYLE RP	X			CLAREY, KYLE RP	X			CLAREY, KYLE RP	X		
DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD	X		
DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X		
ELSASSER, GARY RP	X			ELSASSER, GARY RP	X			ELSASSER, GARY RP	X		
FORNANDER, WADE MD	X			FORNANDER, WADE MD	X			FORNANDER, WADE MD	X		
GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD	X		
HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X		
HAMMOND, MARY RP	X			HAMMOND, MARY RP	X			HAMMOND, MARY RP	X		
HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X		
JURACEK, JOYCE RP	X			JURACEK, JOYCE RP	X			JURACEK, JOYCE RP	X		
POHL, JESSICA RP	X			POHL, JESSICA RP	X			POHL, JESSICA RP	X		
SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP	X		
SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X		
THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X		

Cephalosporins and Related Antibiotics				Contraceptives, Oral				Cystic Fibrosis			
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(1ST) MOTION: DERING-ANDERSON				(1ST) MOTION: SAUNDERS				(1ST) MOTION: AVERY			
(2ND) SECONDED: HABERSTICH				(2ND) SECONDED: ELSASSER				(2ND) SECONDED: JURACEK			
DISCUSSION - VOTE TO APPROVE AS WRITTEN	YES	NO	ABSTAIN	DISCUSSION - VOTE TO APPROVE AS WRITTEN	YES	NO	ABSTAIN	DISCUSSION - VOTE TO APPROVE AS WRITTEN	YES	NO	ABSTAIN
AVERY, ERIC MD	X			AVERY, ERIC MD	X			AVERY, ERIC MD	X		
BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X
BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]			
CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X		
CLAREY, KYLE RP	X			CLAREY, KYLE RP	X			CLAREY, KYLE RP	X		
DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD	X		
DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X		
ELSASSER, GARY RP	X			ELSASSER, GARY RP	X			ELSASSER, GARY RP	X		
FORNANDER, WADE MD	X			FORNANDER, WADE MD	X			FORNANDER, WADE MD	X		
GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD	X		
HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X		
HAMMOND, MARY RP	X			HAMMOND, MARY RP	X			HAMMOND, MARY RP	X		
HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X		
JURACEK, JOYCE RP	X			JURACEK, JOYCE RP	X			JURACEK, JOYCE RP	X		
POHL, JESSICA RP	X			POHL, JESSICA RP	X			POHL, JESSICA RP	X		
SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP	X		
SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X		
THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X		

Diuretics	Fluoroquinolones, Oral	GI Motility, Chronic (formerly IBS)
(1ST) MOTION: FORNANDER	(1ST) MOTION: ELSASSER	(1ST) MOTION: POHL

(2ND) SECONDED: JURACEK				(2ND) SECONDED: CAUDILL				(2ND) SECONDED: SOBESKI			
DISCUSSION - VOTE TO APPROVE AS WRITTEN	YES	NO	ABSTAIN	DISCUSSION - Add criteria to Baxdela that indicates if a failure or intolerance to MRSA agents, a prescriber can bypass class criteria.	YES	NO	ABSTAIN	DISCUSSION – For Relistor and Symproic, add trial of 1 OTC laxative and Movantik.	YES	NO	ABSTAIN
AVERY, ERIC MD	X			AVERY, ERIC MD	X			AVERY, ERIC MD	X		
BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X
BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]			
CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X		
CLAREY, KYLE RP	X			CLAREY, KYLE RP	X			CLAREY, KYLE RP	X		
DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD	X		
DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X		
ELSASSER, GARY RP		X		ELSASSER, GARY RP	X			ELSASSER, GARY RP	X		
FORNANDER, WADE MD	X			FORNANDER, WADE MD	X			FORNANDER, WADE MD	X		
GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD		X		GOTSCHALL, JEFFREY MD	X		
HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X		
HAMMOND, MARY RP	X			HAMMOND, MARY RP	X			HAMMOND, MARY RP	X		
HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X		
JURACEK, JOYCE RP	X			JURACEK, JOYCE RP	X			JURACEK, JOYCE RP	X		
POHL, JESSICA RP	X			POHL, JESSICA RP	X			POHL, JESSICA RP	X		
SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP	X		
SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X		
THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X		

Hepatitis B Agents (*NEW*)				Hepatitis C Agents				HIV/AIDS (*NEW*)			
(1ST) MOTION: JURACEK				(1ST) MOTION: AVERY				(1ST) MOTION: SOBESKI			
(2ND) SECONDED: FORNANDER				(2ND) SECONDED: JURACEK				(2ND) SECONDED: DERING-ANDERSON			
DISCUSSION - VOTE TO APPROVE AS WRITTEN	YES	NO	ABSTAIN	DISCUSSION - VOTE TO APPROVE AS WRITTEN; MCOs (non-voting mbrs) expressed interest in a clear definition on decompensated cirrhosis.	YES	NO	ABSTAIN	DISCUSSION - MCOs requesting MLTC guidance on prophylaxis coverage.	YES	NO	ABSTAIN
AVERY, ERIC MD	X			AVERY, ERIC MD	X			AVERY, ERIC MD	X		
BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X
BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]			
CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X		
CLAREY, KYLE RP	X			CLAREY, KYLE RP	X			CLAREY, KYLE RP	X		
DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD	X		
DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X		
ELSASSER, GARY RP	X			ELSASSER, GARY RP	X			ELSASSER, GARY RP	X		
FORNANDER, WADE MD	X			FORNANDER, WADE MD	X			FORNANDER, WADE MD	X		
GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD	X		
HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X		
HAMMOND, MARY RP	X			HAMMOND, MARY RP	X			HAMMOND, MARY RP	X		
HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X		
JURACEK, JOYCE RP	X			JURACEK, JOYCE RP	X			JURACEK, JOYCE RP	X		
POHL, JESSICA RP	X			POHL, JESSICA RP	X			POHL, JESSICA RP	X		
SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP	X		
SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X		
THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X		

Hypoglycemics, Incretin Mimetics / Enhancers				Hypoglycemics, Insulin and Related Drugs				Hypoglycemics, SGLT2			
(1ST) MOTION: JURACEK				(1ST) MOTION: GOTSCHALL				(1ST) MOTION: DERING-ANDERSON			
(2ND) SECONDED: ELSASSER				(2ND) SECONDED: CAUDILL				(2ND) SECONDED: HABERSTICH			
DISCUSSION - VOTE TO APPROVE AS WRITTEN	YES	NO	ABSTAIN	DISCUSSION - Motion to add Tresiba as Preferred, Saunders and Gotschall had questions in response to Novo Nordisk representative's statement on Tresiba. Baker clarified that not all insulins have basal equivalents, effectiveness can be determined by trial and error.	YES	NO	ABSTAIN	DISCUSSION - VOTE TO APPROVE AS WRITTEN	YES	NO	ABSTAIN
AVERY, ERIC MD	X			AVERY, ERIC MD		X		AVERY, ERIC MD	X		
BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON) [TIE BREAKING VOTE]		X		BAKER, CLAIRE MD (CHAIRPERSON)			X
BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]			
CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X		
CLAREY, KYLE RP	X			CLAREY, KYLE RP	X			CLAREY, KYLE RP	X		
DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD		X		DAVENPORT, YVONNE MD	X		
DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X		
ELSASSER, GARY RP	X			ELSASSER, GARY RP	X			ELSASSER, GARY RP	X		
FORNANDER, WADE MD	X			FORNANDER, WADE MD		X		FORNANDER, WADE MD	X		
GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD	X		
HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X		
HAMMOND, MARY RP	X			HAMMOND, MARY RP		X		HAMMOND, MARY RP	X		
HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X		
JURACEK, JOYCE RP	X			JURACEK, JOYCE RP		X		JURACEK, JOYCE RP	X		
POHL, JESSICA RP	X			POHL, JESSICA RP		X		POHL, JESSICA RP	X		
SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP		X		SAUNDERS, KENNETH RP	X		
SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)		X		SOBESKI, LINDA RP (VICE CHAIRPERSON)	X		
THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X		

Immunosuppressives, Oral (*NEW*)				Lincosamides/Oxazolidinones/Str eptogramins (*NEW*)				Lipotropics, Other			
(1ST) MOTION: HAMMOND				(1ST) MOTION: JURACEK				(1ST) MOTION: JURACEK			
(2ND) SECONDED: JURACEK				(2ND) SECONDED: POHL				(2ND) SECONDED: POHL			
DISCUSSION - VOTE TO APPROVE AS WRITTEN	YES	NO	ABSTAIN	DISCUSSION - Avery presented follow-up note to MLTC, incorporate a blanket statement that accounts for patients with swallowing difficulties. Avery's comment was in response to K.Peterson's (NTC – MCO, non-voting mbr) request to allow pediatric exceptions on suspensions. K.Peterson said such an exception would ease administrative burden at Children's Hospital.	YES	NO	ABSTAIN	DISCUSSION - VOTE TO APPROVE AS WRITTEN	YES	NO	ABSTAIN
AVERY, ERIC MD	X			AVERY, ERIC MD	X			AVERY, ERIC MD	X		
BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X
BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]			
CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X		
CLAREY, KYLE RP	X			CLAREY, KYLE RP	X			CLAREY, KYLE RP	X		
DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD	X		
DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X		
ELSASSER, GARY RP	X			ELSASSER, GARY RP	X			ELSASSER, GARY RP	X		
FORNANDER, WADE MD	X			FORNANDER, WADE MD	X			FORNANDER, WADE MD	X		
GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD	X		
HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X		
HAMMOND, MARY RP	X			HAMMOND, MARY RP	X			HAMMOND, MARY RP	X		
HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X		
JURACEK, JOYCE RP	X			JURACEK, JOYCE RP	X			JURACEK, JOYCE RP	X		
POHL, JESSICA RP	X			POHL, JESSICA RP	X			POHL, JESSICA RP	X		
SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP	X		
SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X		
THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X		

Multiple Sclerosis Drugs				PAH (Pulmonary Arterial Hypertension Agents)				Pediatric Vitamin Preparations (*NEW*)			
(1ST) MOTION: ELSASSER				(1ST) MOTION: DERING-ANDERSON				(1ST) MOTION: DERING-ANDERSON			
(2ND) SECONDED: SOBESKI				(2ND) SECONDED: CAUDILL				(2ND) SECONDED: SAUNDERS			
DISCUSSION - VOTE TO APPROVE AS WRITTEN	YES	NO	ABSTAIN	DISCUSSION - VOTE TO APPROVE AS WRITTEN	YES	NO	ABSTAIN	DISCUSSION - Dering-Anderson had concerns on how one could fail a vitamin. She motioned to add criteria for Aquadeks - allow only with Cystic Fibrosis diagnosis. Committee wanted record to reflect that providers want insurance to tell them which NDCs are covered. S.Nelson (WellCare – MCO, non-voting mbr) advised pharmacies to check with labeler.	YES	NO	ABSTAIN
AVERY, ERIC MD	X			AVERY, ERIC MD	X			AVERY, ERIC MD	X		
BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X
BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]			
CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X		
CLAREY, KYLE RP	X			CLAREY, KYLE RP	X			CLAREY, KYLE RP	X		
DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD	X		
DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X		
ELSASSER, GARY RP	X			ELSASSER, GARY RP	X			ELSASSER, GARY RP	X		
FORNANDER, WADE MD	X			FORNANDER, WADE MD	X			FORNANDER, WADE MD	X		
GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD	X		
HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X		
HAMMOND, MARY RP	X			HAMMOND, MARY RP	X			HAMMOND, MARY RP	X		
HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X		
JURACEK, JOYCE RP [Absent]				JURACEK, JOYCE RP [Absent]				JURACEK, JOYCE RP [Absent]			
POHL, JESSICA RP	X			POHL, JESSICA RP	X			POHL, JESSICA RP	X		
SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP	X		
SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X		
THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X		

Phosphate Binders				Prenatal Vitamins				Tetracyclines			
(1ST) MOTION: FORNANDER				(1ST) MOTION: DERING-ANDERSON				(1ST) MOTION: HAMMOND			
(2ND) SECONDED: SOBESKI				(2ND) SECONDED: AVERY				(2ND) SECONDED: POHL			
DISCUSSION - VOTE TO APPROVE AS WRITTEN	YES	NO	ABSTAIN	DISCUSSION - Add to criteria "intolerance" to preferred vitamin.	YES	NO	ABSTAIN	DISCUSSION - Haberstich requested that the record reflect her desire for the committee to take actions that would ensure good stewardship with regard to antibiotic use. Discussion halted at this time due to various reasons, including the fact that currently providers cannot culture all diseases to ensure correct use.	YES	NO	ABSTAIN
AVERY, ERIC MD	X			AVERY, ERIC MD	X			AVERY, ERIC MD	X		
BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X	BAKER, CLAIRE MD (CHAIRPERSON)			X
BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]				BLEICHER, STACIE MD [Absent]			
CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X			CAUDILL, CHRISTOPHER MD	X		
CLAREY, KYLE RP	X			CLAREY, KYLE RP	X			CLAREY, KYLE RP	X		
DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD	X			DAVENPORT, YVONNE MD	X		
DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X			DERING-ANDERSON, ALLISON RP	X		
ELSASSER, GARY RP	X			ELSASSER, GARY RP	X			ELSASSER, GARY RP	X		
FORNANDER, WADE MD	X			FORNANDER, WADE MD	X			FORNANDER, WADE MD	X		
GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD	X			GOTSCHALL, JEFFREY MD	X		
HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X			HABERSTICH, NANCY RN	X		
HAMMOND, MARY RP	X			HAMMOND, MARY RP	X			HAMMOND, MARY RP	X		
HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X			HUMPHRIES, LAURIE MD	X		
JURACEK, JOYCE RP [Absent]				JURACEK, JOYCE RP [Absent]				JURACEK, JOYCE RP [Absent]			
POHL, JESSICA RP	X			POHL, JESSICA RP	X			POHL, JESSICA RP	X		
SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP	X			SAUNDERS, KENNETH RP	X		
SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X			SOBESKI, LINDA RP (VICE CHAIRPERSON)	X		
THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X			THOMSEN, ERIC MD	X		

Nebraska Medicaid Preferred Drug List with Prior Authorization Criteria

May 2018 P&T Proposed Changes *Highlights* indicate proposed changes

ACNE AGENTS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
AZELEX (azelaic acid) benzoyl peroxide GEL, CREAM, WASH, LOTION OTC <i>clindamycin/benzoyl peroxide (generic for Duac)</i> clindamycin phosphate SOLUTION DIFFERIN LOTION, CREAM, GEL RX (adapalene) erythromycin SOLUTION RETIN-A GEL, CREAM ^{AL}	ACANYA (clindamycin and benzoyl peroxide) dapsone (generic for ACZONE) adapalene CREAM, GEL, GEL W/PUMP (generic Differin) adapalene/benzoyl peroxide (generic EPIDUO) ATRALIN (tretinoin) <i>AVAR (sulfacetamine sodium/sulfur)</i> AVITA (tretinoin) BENZACLIN GEL (clindamycin/benzoyl peroxide) <i>BENZACLIN W/PUMP (clindamycin/benzoyl peroxide)</i> BENZAPRO (benzoyl peroxide) <i>benzoyl peroxide CLEANSER, CLEANSING BAR, OTC</i> benzoyl peroxide FOAM (generic for Benzepro Foam) benzoyl peroxide GEL Rx clindamycin GEL, FOAM, LOTION clindamycin/benzoyl peroxide (generic for Benzacclin) clindamycin/tretinoin (generic for Veltin & Ziana) DIFFERIN GEL OTC EPIDUO FORTE GEL W/PUMP erythromycin GEL erythromycin-benzoyl peroxide (generic for Benzamycin) EVOCLIN (clindamycin) FABIOR (tazarotene foam) <i>NEUAC (clindamycin/benzoyl peroxide)</i> ONEXTON (clindamycin/benzoyl peroxide) <i>OVACE PLUS (sulfacetamind sodium)</i> <i>PANOXYL (benzoyl peroxide) OTC</i> RETIN-A MICRO (tretinoin microspheres) ^{AL} sulfacetamide sulfacetamide/sulfur SUMADAN (sulfacetamide/sulfur) TAZORAC (tazarotene) tretinoin CREAM, GEL ^{AL} tretinoin microspheres (generic for Retin-A Micro) ^{AL}	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed THREE preferred agents

ANALGESICS, OPIOID LONG-ACTING

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<p>BUTRANS (buprenorphine, transdermal)</p> <p><i>EMBEDA (morphine sulfate/ naltrexone)</i></p> <p>fentanyl 25, 50, 75, 100 mcg PATCH</p> <p>morphine ER TABLET (generic for MS Contin, Oramorph SR)</p> <p>OXYCONTIN (oxycodone ER)</p>	<p>ARYMO ER (morphine sulfate ER)^{QL}</p> <p>BELBUCA (buprenorphine, buccal)^{CL}</p> <p><i>buprenorphine TRANSDERMAL (generic for Butrans)</i></p> <p>DURAGESIC MATRIX (fentanyl) fentanyl 37.5, 62.5, 87.5 mcg PATCH^{CL}</p> <p>hydromorphone ER (generic for Exalgo)^{CL}</p> <p><i>HYSINGLA ER (hydrocodone, extended release)</i></p> <p>KADIAN (morphine ER capsule) methadone ^{CL}</p> <p><i>MORPHABOND (morphine sulfate)</i></p> <p>morphine ER CAPSULE (generic for Avinza, Kadian)</p> <p>NUCYNTA ER (tapentadol)^{CL}</p> <p>oxycodone ER (generic for re-formulated Oxycontin)</p> <p>oxymorphone ER (generic for Opana ER)</p> <p>tramadol extended release (generic for Ultram ER & CONZIP)^{CL}</p> <p>XTAMPZA ER (oxycodone myristate)^{QL}</p> <p>ZOHYDRO ER (hydrocodone bitartrate ER)</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 within the last 6 months <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Exalgo®/Exalgo ER®: Clinical reason why IR hydromorphone can't be used Methadone: Trial of preferred drug not required for end of life care Oxycontin®: Pain contract required for maximum quantity authorization Ultram ER®: Clinical reason why IR tramadol can't be used Zohydro ER®: Clinical reason why IR hydrocodone can't be used

ANALGESICS, OPIOID SHORT-ACTING^{QL}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ORAL		
acetaminophen/codeine ELIXIR, TABLET codeine ORAL hydrocodone/APAP SOLUTION, TABLET hydrocodone/ibuprofen hydromorphone TABLET morphine ORAL oxycodone TABLET, SOLUTION oxycodone/APAP tramadol	<i>butalbital/caffeine/APAP w/codeine</i> <i>butalbital compound w/codeine (butalbital/ASA/caffeine/codeine)</i> <i>carisoprodol compound-codeine (carisoprodol/ASA/codeine)</i> dihydrocodeine/acetamin/caffeine dihydrocodeine/aspirin/caffeine (generic for Synalgos DC) <i>FIORINAL/CODEINE (butalbital/ASA/codeine/caffeine)</i> hydromorphone ORAL LIQUID, TABLET, SUPPOSITORY (generic for Dilaudid) IBUDONE (hydrocodone/ibuprofen) levorphanol meperidine (generic for Demerol) morphine SUPPOSITORIES NUCYNTA (tapentadol) ^{CL} <i>OXYDO (oxycodone)^{CL}</i> oxycodone CAPSULE oxycodone/acetaminophen SOLUTION oxycodone/aspirin oxycodone CONCENTRATE oxycodone/ibuprofen (generic for Combunox) oxymorphone (generic for Opana) pentazocine/naloxone <i>PANLOR (dihydrocodeine/acetaminophen/caffeine)^{NR}</i> PRIMLEV (oxycodone/acetaminophen) REPREXAIN (hydrocodone/ibuprofen) ROXICODONE TABLET (oxycodone) tramadol/APAP –generic for Ultracet XARTEMIS XR (oxycodone/acetaminophen) ZAMICET (hydrocodone/acetaminophen)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed THREE preferred agents within the last 12 months Note: for short acting opiate tablets and capsules there is a maximum quantity limit of #150 per 30 days. <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Abstral®/Actiq®/Fentora®/Onsolis®/ Subsys® (fentanyl): Approved only for diagnosis of cancer AND current use of long-acting opiate Nucynta®: Approved only for diagnosis of acute pain, for 30 days or less Tramadol/APAP: Clinical reason why individual ingredients can't be used Xartemis XR®: Approved only for diagnosis of acute pain

ANALGESICS, OPIOID SHORT-ACTING^{QL} (CONTINUED)

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
NASAL		
	butorphanol NASAL SPRAY ^{QL} LAZANDA (fentanyl citrate)	
BUCCAL/TRANSMUCOSAL		
	ABSTRAL (fentanyl)CL fentanyl TRANSMUCOSAL (generic for Actiq)CL FENTORA (fentanyl)CL SUBSYS (fentanyl spray)CL	

ANGIOTENSIN MODULATORS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ACE INHIBITORS		<ul style="list-style-type: none">Non-preferred agents will be approved for patients who have failed TWO preferred agents within the last 12 monthsNon-preferred combination products may be covered as individual prescriptions without prior authorization <p>Drug-specific criteria:</p> <ul style="list-style-type: none">Epaned® and Qbrelis® Oral Solution: Clinical reason why oral tablet is not appropriate
benazepril (generic for Lotensin) enalapril (generic for Vasotec) lisinopril (generic for Prinivil/Zestril) quinapril (generic for Accupril) ramipril (generic for Altace)	captopril (generic for Capoten) EPANED (enalapril) ORAL SOLUTION fosinopril (generic for Monopril) moexepiril (generic for Univasc) perindopril (generic for Aceon) QBRELIS (lisinopril) ORAL SOLUTION trandolapril (generic for Mavik)	
ACE INHIBITOR/DIURETIC COMBINATIONS		
benazepril/HCTZ (generic for Lotensin HCT) enalapril/HCTZ (generic for Vaseretic) lisinopril/HCTZ (generic Prinzide/Zestoretic)	captopril/HCTZ (generic for Capozide) fosinopril/HCTZ (generic for Monopril HCT) moexepiril/HCTZ (generic for Uniretic) quinapril/HCTZ (generic for Accuretic)	
ANGIOTENSIN RECEPTOR BLOCKERS		
irbesartan (generic for Avapro) losartan (generic for Cozaar) valsartan (generic for Diovan)	candesartan (generic for Atacand) EDARBI (azilsartan medoxomil) eprosartan (generic for Teveten) olmesartan (generic for Benicar) telmisartan (generic for Micardis)	

ANGIOTENSIN MODULATORS (Continued)

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ANGIOTENSIN RECEPTOR BLOCKER/DIURETIC COMBINATIONS		<ul style="list-style-type: none">Non-preferred agents will be approved for patients who have failed TWO preferred agents within the last 12 monthsNon-preferred combination products may be covered as individual prescriptions without prior authorizationAngiotensin Modulator/Calcium Channel Blocker Combinations: Combination agents may be approved if there has been a trial and failure with both preferred agentsDirect Renin Inhibitors/Direct Renin Inhibitor Combinations: May be approved with a history of TWO preferred ACE Inhibitors or Angiotensin Receptor Blockers within the last 12 months
irbesartan/HCTZ (generic for Avalide) losartan/HCTZ (generic for Hyzaar) valsartan-HCTZ (generic for Diovan-HCT)	candesartan/HCTZ (generic for Atacand-HCT) EDARBYCLOR (azilsartan/chlorthalidone) olmesartan/HCTZ (generic for Benicar-HCT) telmisartan/HCTZ (generic for Micardis-HCT)	
ANGIOTENSIN MODULATOR/ CALCIUM CHANNEL BLOCKER COMBINATIONS		
benazepril/amlodipine (generic for Lotrel)	amlodipine/olmesartan/HCTZ (generic for Tribenzor) PRESTALIA (perindopril/amlodipine) TEKAMLO (aliskiren/amlodipine) olmesartan/amlodipine (generic for Azor) telmisartan/amlodipine (generic for Twynsta) trandolapril/verapamil (generic for Tarka) valsartan/amlodipine (generic for Exforge) valsartan/amlodipine/HCTZ (generic for Exforge HCT)	
DIRECT RENIN INHIBITORS		
	TEKTURNA (aliskiren)	
DIRECT RENIN INHIBITOR COMBINATIONS		
	TEKTURNA/HCT (aliskiren/HCTZ)	
NEPRILYSIN INHIBITOR COMBINATION		<ul style="list-style-type: none">Entresto®: Approved only for NYHA Class II-IV Heart Failure with reduced ejection fraction Does NOT require class criteriaByvalson®: Approved for hypertension in those patients not adequately controlled on valsartan 80mg or nebivolol up to 10mg
ENTRESTO (sacubitril/valsartan) ^{GL}		
ANGIOTENSIN RECEPTOR BLOCKER/BETA-BLOCKER COMBINATIONS		
	BYVALSON (nebibolol/valsartan)	

ANTIBIOTICS, GASTROINTESTINAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
metronidazole TABLET neomycin vancomycin COMPOUNDED ORAL SOLUTION	ALINIA (nitazoxanide) DIFICID (fidaxomicin) FLAGYL ER (metronidazole) metronidazole CAPSULE <i>paromomycin</i> <i>SOLOSEC (secnidazole)</i> tinidazole (generic for Tindamax) vancomycin CAPSULE (generic for Vancocin) XIFAXAN (rifaximin)	<ul style="list-style-type: none"> Note: Although azithromycin, ciprofloxacin, and trimethoprim/sulfmethoxazole are not included in this review, they are available without prior authorization <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Alinia®: Trial and failure with metronidazole is required for a diagnosis of giardiasis Dificid®: Trial and failure with oral vancomycin OR metronidazole is required for a diagnosis of C. difficile diarrhea (pseudomembranous colitis) Flagyl ER®: Trial and failure with metronidazole is required Flagyl®/Metronidazole 375mg capsules and Flagyl ER®/Metronidazole 750mg ER tabs: Clinical reason why the generic regular-release cannot be used Tinidazole: Trial and failure/contraindication to metronidazole required Approvable diagnoses include: Giardia Amebiasis intestinal or liver abscess Bacterial vaginosis or trichomoniasis Vancomycin capsules: Trial and failure with metronidazole Trial may be bypassed if initial or recurrent episode of SEVERE C. difficile colitis SEVERE C. difficile colitis: Leukocytosis w/WBC ≥ 15,000 cells/microliter, OR Serum creatinine ≥ 1.5 times premonitory level Provider to provide labs for documentation Xifaxan®: Approvable diagnoses include: Travelers diarrhea resistant to quinolones Hepatic encephalopathy with treatment failure of lactulose or neomycin Diarrhea-Predominant IBS (IBS-D) 550mg strength only with treatment failure of Lomotil® AND Imodium®

ANTIEMETICS/ANTIVERTIGO AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
CANNABINOIDS		<ul style="list-style-type: none">Non-preferred agents will be approved for patients who have failed ONE preferred agents within the same groupSYNDROS – documentation of inability to swallow solid dosage forms. <p>Drug-specific criteria:</p> <ul style="list-style-type: none">Akynzeo®/Emend®/Varubi®: Approved for Moderately/Highly emetogenic chemotherapy with dexamethasone and a 5-HT3 antagonist WITHOUT trial of preferred agents <u>Regimens include:</u> AC combination (Doxorubicin or Epirubicin with Cyclophosphamide), Aldesleukin, Amifostine, Arsenic trioxide, Azacitidine, Bendamustine, Busulfan, Carmustine, Carboplatin, Cisplatin, Clofarabine, Cyclophosphamide, Cytarabine, Dacarbazine, Dactinomycin, Daunorubicin, Epirubicin, Etoposide, Hexamethylmelamine, Idarubicin, Ifosfamide, Imatinib, Interferon α, Irinotecan, Mechlorethamine, Melphalan, Methotrexate, Oxaliplatin, Procarbazine, Streptozotocin, Temozolomide.Diclegis®/Bonjesta: Approved only for treatment of nausea and vomiting of pregnancy. in females onlyMetozolv ODT®: Documentation of inability to swallow or Clinical reason oral liquid cannot be usedSancuso®/Zuplenz®: Documentation of oral dosage form intolerance
dronabinol (generic for Marinol) ^{AL}	CESAMET (nabilone) SYNDROS (dronabinol)^{AL}	
5HT3 RECEPTOR BLOCKERS		
ondansetron (generic for Zofran) ^{QL} ondansetron ODT (generic for Zofran) ^{QL}	ANZEMET (dolasetron) granisetron (generic for Kytril) SANCUSO (granisetron) ^{CL} ZUPLENZ (ondansetron)	
NK-1 RECEPTOR ANTAGONIST		
	aprepitant (generic for Emend) ^{QL,CL} AKYNZEO (netupitant/palonosetron) ^{CL} VARUBI (rolapitant) TABLET^{CL}	
TRADITIONAL ANTIEMETICS		
DICLEGIS (doxylamine/pyridoxine) ^{CL,QL} dimenhydrinate (generic for Dramamine) hydroxyzine (generic for Vistaril) meclizine (generic for Antivert) metoclopramide (generic for Reglan) phosphoric acid/dextrose/fructose SOLUTION (generic for Emetrol) prochlorperazine, oral (generic for Compazine) promethazine, oral (generic for Phenergan) promethazine SUPPOSITORIES 12.5mg, 25mg TRANSDERM-SCOP (scopolamine)	BONJESTA (doxylamine/pyridoxine)^{CL,QL} COMPRO (prochlorperazine rectal) metoclopramide ODT(generic for Metozolv ODT) prochlorperazine SUPPOSITORIES (generic for Compazine) promethazine SUPPOSITORIES 50mg scopolamine transdermal trimethobenzamide, oral (generic for Tigan)	

ANTIFUNGALS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ANTIFUNGAL		<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"> Extina®: Requires trial and failure or contraindication to other ketoconazole forms Jublia®: Approved diagnoses include Onychomycosis of the toenails due to <i>T. rubrum</i> OR <i>T. mentagrophytes</i> Nystatin/Triamcinolone: individual ingredients available without prior authorization Ciclopirox nail lacquer: No trial required in diabetes, peripheral vascular disease (PVD), immunocompromised OR contraindication to oral terbinafine
clotrimazole CREAM (generic for Lotrimin) RX, OTC ketoconazole CREAM, SHAMPOO (generic for Nizoral) LAMISIL AT CREAM (terbinafine) OTC miconazole OTC CREAM, POWDER nystatin selenium sulfide 2.5% terbinafine OTC (generic for Lamisil AT) tolnaftate AERO POWDER, CREAM, POWDER, OTC (generic for Tinactin)	ALEVAZOL (clotrimazole) OTC BENSAL HP (salicylic acid) ciclopirox CREAM, GEL, SUSPENSION (generic for Ciclodan, Loprox) ciclopirox NAIL LACQUER (generic for Penlac) ciclopirox SHAMPOO (generic for Loprox) clotrimazole SOLUTION RX (generic for Lotrimin) DESENEX AERO POWDER OTC (miconazole) econazole (generic for Spectazole) ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) FUNGOID OTC JUBLIA (efinaconazole) <i>KERIDYN (tavaborole)</i> ketoconazole FOAM (generic for Ketodan) LAMISIL AT GEL, SPRAY (terbinafine) OTC LOPROX (ciclopirox) SUSPENSION, SHAMPOO, CREAM LOTRIMIN AF CREAM OTC (clotrimazole) LOTRIMIN ULTRA (bufenafine) LUZU (luliconazole) MENTAX (butenafine) <i>miconazole OTC OINTMENT, SPRAY</i> naftifine (generic for Naftin) oxiconazole (generic for Oxistat) selenium sulfide 2.25% TINACTIN AERO POWDER OTC <i>tolnaftate SPRAY, OTC</i> VUSION (miconazole/ zinc oxide)	
ANTIFUNGAL/STEROID COMBINATIONS		
clotrimazole/betamethasone CREAM (generic for Lotrisone)	clotrimazole/betamethasone LOTION (generic for Lotrisone) nystatin/triamcinolone (generic for Mycolog)	

ANTIMIGRAINE AGENTS, TRIPTANS^{QL}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ORAL		<ul style="list-style-type: none">Non-preferred agents will be approved for patients who have failed ALL preferred agents <p>Drug-specific criteria:</p> <ul style="list-style-type: none">Sumavel® Dosepro: Requires clinical reason sumatriptan injection cannot be usedOnzetra, Zembrace: approved for patients who have failed ALL preferred agents
RELPAx (eletriptan) rizatriptan (generic for Maxalt) rizatriptan ODT (generic for Maxalt MLT) sumatriptan	almotriptan (generic for Axert) eletriptan (generic Relpax) frovatriptan (generic for Frova) IMITREX (sumatriptan) naratriptan (generic for Amerge) Treximet (sumatriptan/naproxen) zolmitriptan (generic for Zomig/Zomig ZMT)	
NASAL		
sumatriptan	IMITREX (sumatriptan) ONZETRA XSAIL (sumatriptan) ZOMIG (zolmitriptan)	
INJECTABLE		
sumatriptan KIT, SYRINGE, VIAL <i>sumatriptan KIT (mfr SUN)</i>	ALSUMA (sumatriptan) IMITREX (sumatriptan) INJECTION SUMAVEL DOSEPRO (sumatriptan) ZEMBRACE SYMTOUCH (sumatriptan)	

ANTIVIRALS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ANTI-HERPETIC DRUGS		<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a 10-day trial of ONE preferred agent
acyclovir (generic for Zovirax) famciclovir (generic for Famvir) valacyclovir (generic for Valtrex)	SITAVIG (acyclovir buccal)	
ANTI-INFLUENZA DRUGS		<p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Sitavig®: Approved for recurrent herpes labialis (cold sores) in immunocompetent adults
RELENZA (zanamivir) ^{QL} TAMIFLU (oseltamivir) ^{QL}	oseltamivir (generic for Tamiflu) ^{QL} <i>rimantadine (generic for Flumadine)</i>	

BETA BLOCKERS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
BETA BLOCKERS		<ul style="list-style-type: none">Non-preferred agents will be approved for patients who have failed TWO diagnosis-appropriate preferred agents <p>Drug-specific criteria:</p> <ul style="list-style-type: none">Bystolic®: Only ONE trial is required with Diagnosis of Obstructive Lung DiseaseCoreg CR®: Requires clinical reason generic IR product cannot be usedHemangeol®: Covered for diagnosis of Proliferating Infantile HemangiomaSotylize®: Covered for diagnosis of life –threatening ventricular arrhythmias OR maintenance of normal sinus rhythm in highly symptomatic atrial fibrillation/flutter (AFIB/AFL) Requires clinical reason generic sotalol cannot be used
atenolol (generic for Tenormin) atenolol/chlorthalidone(generic for Tenoretic) <i>bisoprolol (generic for Zebeta)</i> bisoprolol/HCTZ (generic for Ziac) metoprolol (generic for Lopressor) metoprolol XL (generic for Toprol XL) propranolol (generic for Inderal) propranolol extended release (generic for Inderal LA)	acebutolol (generic for Sectral) betaxolol (generic for Kerlone) BYSTOLIC (nebivolol) DUTOPROL (metoprolol XR and HCTZ) HEMANGEOL (propranolol) oral solution INDERAL XL (propranolol) INNOPRAN XL (propranolol) LEVATOL (penbutolol) metoprolol/HCTZ (generic for Lopressor HCT) nadolol (generic for Corgard) nadolol/bendroflumethiazide (generic for Corzide) pindolol (generic for Viskin) propranolol/hydrochlorothiazide (generic for Inderide) timolol (generic for Blocadren) TOPROL XL (metoprolol)	
BETA- AND ALPHA-BLOCKERS		
carvedilol (generic for Coreg) labetalol (generic for Trandate)	carvedilol ER (generic for Coreg CR)	
ANTIARRHYTHMIC		
sotalol (generic for Betapace)	SOTYLIZE (sotalol)	

BLADDER RELAXANT PREPARATIONS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
oxybutynin & ER (generic for Ditropan/XL) TOVIAZ (fesoterodine ER) VESICARE (solifenacin)	darifenacin ER (generic for Enablex) GELNIQUE (oxybutynin) <i>flavoxate</i> MYRBETRIQ (mirabegron) OXYTROL (oxybutynin) tolterodine & ER (generic for Detrol/LA) trospium & ER (generic for Sanctura/XR)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial with ONE preferred agent <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Myrbetriq®: Covered without trial in contraindication to anticholinergic agents

BONE RESORPTION SUPPRESSION AND RELATED DRUGS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
BISPHOSPHONATES		<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"> Actonel® Combinations: Covered as individual agents without prior authorization Atelvia DR®: Requires clinical reason alendronate cannot be taken on an empty stomach Binosto®: Requires clinical reason why alendronate tablets OR Fosamax® solution cannot be used Etidronate disodium: Trial not required for diagnosis of heterotrophic ossification Forteo®: Covered for high risk of fracture <ul style="list-style-type: none"> High risk of fracture: BMD -3 or worse Postmenopausal women with history of non-traumatic fractures Postmenopausal women with 2 or more clinical risk factors – Family history of non-traumatic fractures, DXA BMD T-score ≤ -2.5 at any site, Glucocorticoid use ≥ 6 months at 7.5 dose of prednisolone equivalent, Rheumatoid Arthritis Postmenopausal women with BMD T-score ≤ -2.5 at any site with any clinical risk factors – more than 2 units of alcohol per day, current smoker Men with primary or hypogonadal osteoporosis Osteoporosis associated with sustained systemic glucocorticoid therapy Trial of Miacalcin not required
alendronate (generic for Fosamax) (daily and weekly formulations)	alendronate SOLUTION (generic for Fosamax) ^{QL} ATELVIA DR (risedronate) BINOSTO (alendronate) etidronate disodium (generic for Didronel) FOSAMAX PLUS D ^{QL} ibandronate (generic for Boniva) ^{QL} risedronate (generic for Actonel) ^{QL}	
OTHER BONE RESORPTION SUPPRESSION AND RELATED DRUGS		
calcitonin-salmon NASAL raloxifene (generic for Evista)	EVISTA (raloxifene) FORTEO (teriparatide) ^{QL} FORTICAL (calcitonin) NASAL <i>TYMLOS (abaloparatide)</i>	

CALCIUM CHANNEL BLOCKERS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
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 Drug-specific criteria: <ul style="list-style-type: none">Nimodipine: Covered without trial for diagnosis of subarachnoid hemorrhage
Dihydropyridines		
	isradipine (generic for Dynacirc) nicardipine (generic for Cardene) <i>nifedipine (generic for Procardia)</i> nimodipine (generic for Nimotop) NYMALIZE (nimodipine solution)	
Non-dihydropyridines		
diltiazem (generic for Cardizem) verapamil (generic for Calan, Isoptin)		
LONG-ACTING		
Dihydropyridines		
amlodipine (generic for Norvasc) nifedipine ER (generic for Procardia XL/Adalat CC)	felodipine ER (generic for Plendil) nisoldipine (generic for Sular)	
Non-dihydropyridines		
diltiazem ER (generic for Cardizem CD) verapamil ER TABLET	CALAN SR (verapamil) diltiazem LA (generic for Cardizem LA) MATZIM LA (diltiazem) TIAZAC (diltiazem) verapamil ER CAPSULE verapamil 360mg CAPSULE verapamil ER PM (generic for Verelan PM)	

CEPHALOSPORINS AND RELATED ANTIBIOTICS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS		<ul style="list-style-type: none">Non-preferred agents will be approved for patients who have failed a 3-day trial of ONE preferred agent <p>Drug-specific criteria:</p> <ul style="list-style-type: none">Suprax® Tablet/Chewable/ Suspension: Requires clinical reason why capsule or generic suspension cannot be used
amoxicillin/clavulanate TABLETS, SUSPENSION	<i>amoxicillin/clavulanate, CHEWABLE</i> amoxicillin/clavulanate XR (generic for Augmentin XR) AUGMENTIN SUSPENSION, TABLET (amoxicillin/clavulanate)	
CEPHALOSPORINS – First Generation		
cefadroxil CAPSULE, SUSPENSION (generic for Duricef) cephalexin CAPSULE, SUSPENSION (generic for Keflex)	cefadroxil TABLET (generic for Duricef) cephalexin TABLET <i>DAXBIA (cephalexin)</i>	
CEPHALOSPORINS – Second Generation		
cefprozil (generic for Cefzil) cefuroxime TABLET (generic for Ceftin)	cefaclor (generic for Ceclor) CEFTIN (cefuroxime) TABLET, SUSPENSION	
CEPHALOSPORINS – Third Generation		
cefdinir (generic for Omnicef) <i>SUPRAX CAPSULE, CHEWABLE TABLET (cefixime)</i>	<i>cefixime SUSPENSION (generic for Suprax)</i> ceftibuten (generic for Cedax) cefepodoxime (generic for Vantin) SUPRAX SUSPENSION, TABLET (cefixime)	

CONTRACEPTIVES, ORAL

All reviewed agents are recommended preferred at this time.

Only those products for review are listed.

Brand name products may be subject to Maximum Allowable Cost (MAC) pricing

Specific agents that are not listed below can be looked up using the Drug Look-up Tool at:

<https://druglookup.fhsc.com/druglookupweb/?client=nestate>

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<i>ethynodiol d-ethinyl estradiol</i> <i>levonorgestrel/ethinyl estradiol</i> <i>melodotta 24 FE (norethindrone-e. estradiol/iron)</i> <i>my choice otc (levonorgestrel)</i>		

CYSTIC FIBROSIS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
	KALYDECO PACKET, TABLET (ivacaftor) ORKAMBI (lumacaftor/ivacaftor) <i>SYMDEKO (tezacaftor/ivacaftor)^{QL, AL}</i>	Drug-specific criteria: <ul style="list-style-type: none"> ■ Kalydeco®: Diagnosis of CF and documentation of the drug-specific, FDA-approved mutation of CFTR gene <ul style="list-style-type: none"> • Minimum age: 2 years ■ Orkambi®: Diagnosis of CF and documentation of presence of two copies of the F580del mutation (homozygous) of CFTR gene <ul style="list-style-type: none"> • Minimum age: 6 years ■ <i>Symdeko: Diagnosis of CF and documentation of the drug specific, FDA approved mutation of CFTR gene.</i> <ul style="list-style-type: none"> • <i>Minimum age: 12 years</i>

DIURETICS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
SINGLE-AGENT PRODUCTS		<ul style="list-style-type: none"> ■ Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agent within the same group
amiloride TABLET bumetanide TABLET chlorothiazide TABLET chlorthalidone TABLET furosemide SOLUTION, TABLET hydrochlorothiazide CAPSULE, TABLET indapamide TABLET metolazone TABLET spironolactone TABLET torsemide TABLET	ALDACTONE TABLET (spironolactone) <i>CAROSPIR (spironolactone)</i> SUSPENSION DIURIL TABLET (chlorothiazide) DYRENIUM TABLET (triamterene) eplerenone TABLET (generic for INSPRA) ethacrynic acid CAPSULE (generic for EDECRIN) LASIX TABLET (furosemide) <i>methyclothiazide TABLET</i> MICROZIDE (hydrochlorothiazide)	
COMBINATION PRODUCTS		
amiloride/HCTZ TABLET spironolactone/HCTZ TABLET triamterene/HCTZ CAPSULE, TABLET	ALDACTAZIDE TABLET (spironolactone/HCTZ) DYZIDE CAPSULE (triamterene/HCTZ) MAXZIDE TABLET (triamterene/HCTZ) MAXZIDE-25 TABLET (triamterene/HCTZ)	

FLUOROQUINOLONES, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ciprofloxacin (generic for Cipro) levofloxacin TABLET (generic for Levaquin)	<i>BAXDELA (delafloxacin)</i> ciprofloxacin ER ciprofloxacin SUSPENSION (generic for Cipro) levofloxacin SOLUTION moxifloxacin (generic for Avelox) ofloxacin	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a 3-day trial of ONE preferred agent <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Ciprofloxacin Suspension: Coverable with documented swallowing disorders Levofloxacin Suspension: Coverable with documented swallowing disorders Ofloxacin: Trial of preferred not required for diagnoses of Pelvic Inflammatory Disease OR Acute Epididymitis (non-gonorrhea)

GI MOTILITY, CHRONIC

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
AMITIZA (lubiprostone) ^{QL} LINZESS (linaclotide) ^{QL} MOVANTIK (naloxegol oxalate)^{QL}	alosetron (generic for Lotronex) RELISTOR (methylnaltrexone) TABLET^{QL} SYMPROIC (naldemedine) TRULANCE (plecanatide) ^{QL} VIBERZI (eluxodoline)	<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 <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Lotronex®: Covered for diagnosis of IBS Diarrhea Predominant type with trial and failure of loperamide AND diphenoxylate Movantik®: Covered for diagnosis of opioid-induced constipation in adult patients with chronic non-cancer pain after trial on at least TWO OTC laxatives Relistor®: Covered for diagnosis of opioid-induced constipation in adults with chronic, non-cancer pain after trial of at least TWO OTC laxatives (senna, bisacodyl, etc.) Symproic: Covered for diagnosis of opioid-induced constipation in adult patients with chronic non-cancer pain after trial on at least TWO OTC laxatives Trulance®: Covered for diagnosis of either chronic idiopathic constipation or IBS with constipation after trial of at least TWO OTC laxatives (senna, bisacodyl, etc.) Viberzi®: Covered for diagnosis of IBS Diarrhea Predominant type with trial and failure of loperamide AND diphenoxylate

HEPATITIS B TREATMENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
entecavir TABLET lamivudine hbv TABLET	adefovir dipivoxil BARACLUDE (entecavir) SOLUTION, TABLET EPIVIR HBV (lamivudine) TABLET, SOLUTION HEPSERA (adefovir dipivoxil) VEMLIDY (tenofovir alafenamide fumarate)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent

HEPATITIS C TREATMENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
DIRECT ACTING ANTI-VIRAL		Hepatitis C Treatments PA Form Hepatitis C Criteria
MAVYRET (glecaprevir/pibrentasvir) ^{CL} VOSEVI (sofosbuvir/velpatasvir/ voxilaprev) ^{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}	<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 Patients undergoing treatment at the time of preferred status change (January 2018) will be allowed to complete treatment with same drug as started on. Patients newly eligible for Medicaid will be allowed to complete treatment with the original that treatment was initially authorized by another payor.
RIBAVIRIN		
ribavirin 200mg TABLET, CAPSULE	REBETOL (ribavirin)	
INTERFERON		
PEGASYS (pegylated interferon alfa-2a) ^{CL} PEG-INTRON (pegylated interferon alfa-2b) ^{CL}		<p>Drug-specific criteria: <i>Trial with Mavyret not required in the following:</i></p> <ul style="list-style-type: none"> Epclusa: For genotype 1-6 with decompensated cirrhosis along with ribavirin. Harvoni: <ul style="list-style-type: none"> For genotype 1 with decompensated cirrhosis along with ribavirin. For use in children 12 or older. Post liver transplant for genotype 1 or 4. Vosevi: Requires documentation of non-response after previous treatment course of Direct Acting Anti-viral agent (DAA) for genotype 1-6 without cirrhosis or with compensated cirrhosis.

HIV / AIDS^{CL}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
HIV CCR5 ANTAGONISTS		<ul style="list-style-type: none">Patients undergoing treatment at the time of any preferred status change will be allowed to continue therapy.Diagnosis of HIV/AIDS required for treatment.Prophylaxis covered.
SELZENTRY SOLN, TAB (maraviroc)		
CYTOCHROME P450 INHIBITORS		
TYBOST (cobicistat) ^{QL}		
FUSION INHIBITORS		
FUZEON SUB-Q (enfuvirtide) ^{QL}		
INTEGRASE INHIBITORS		
GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide) ^{QL} ISENRESS CHEW TAB, POWDER PACK, TAB (raltegravir) ^{QL} ISENRESS HD (raltegravir) JULUCA (dolutegravir/rilpivirine) ^{QL} TIVICAY (dolutegravir)		
NNRTIs		
EDURANT (rilpivirine) INTELENCE (etravirine) ^{QL} nevirapine TAB (generic for Viramune) nevirapine er (generic for Viramune XR) RESCRIPTOR (delavirdine) SUSTIVA CAP, TAB (efavirenz) VIRAMUNE SUSP (nevirapine)	efavirenz (generic for Sustiva) VIRAMUNE (nevirapine) VIRAMUNE XR (nevirapine extended release)	
NRTIs		
abacavir SOLN, TAB (generic for Ziagen) didanosine CAP DR (generic for Videx EC) EMTRIVA CAP, SOLN (emtricitabine) lamivudine SOLN, TAB (generic for Epivir) stavudine CAP, SOLN (generic for Zerit) VIDEX SOLN (didanosine) VIREAD (tenofovir disoproxil fumarate) zidovudine CAP, SYRUP, TAB (generic for Retrovir)	EPIVIR (lamivudine) RETROVIR (zidovudine) tenofovir disoproxil fumarate (generic for Viread) VIDEX EC (didanosine) ZERIT SOLN (stavudine) ZIAGEN (abacavir)	

HIV / AIDS^{CL} CONTINUED

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
NRTI COMBINATIONS		
<i>abacavir/lamivudine (generic for EPZICOM)</i> <i>abacavir/lamivudine/zidovudine (generic for Trizivir)</i> <i>ATRIPLA (tenofovir disoproxil fumarate/emtricitabine/efavirenz)</i> <i>BIKTARVY (bictegravir/emtricitabine/tenofovir alafenamide)^{QL}</i> <i>COMPLERA (rilpivirine/emtricitabine/tenofovir disoproxil fumarate)</i> <i>DESCOVY (emtricitabine/tenofovir alafenamide)^{QL}</i> <i>lamivudine/zidovudine (generic for COMBIVIR)</i> <i>ODEFSEY (emtricitabine/rilpivirine/tenofovir alafenamide)^{QL}</i> <i>STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate)^{QL}</i> <i>TRIUMEQ (dolutegravir/abacavir/lamivudine)</i> <i>TRUVADA (tenofovir disoproxil fumarate/emtricitabine)</i>	<i>COMBIVIR (zidovudine/lamivudine)</i> <i>EPZICOM (abacavir sulfate/lamivudine)</i> <i>TRIZIVIR (abacavir/zidovudine/lamivudine)</i>	

HIV / AIDS^{CL} CONTINUED

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
PROTEASE INHIBITORS		
APTIVUS CAP, SOLN (tipranavir) CRIXIVAN (indinavir) EVOTAZ (atazanavir sulfate/cobicistat) ^{QL} INVIRASE (saquinavir) KALETRA TAB (lopinavir/ritonavir) LEXIVA SUSP, TAB (fosamprenavir) lopinavir/ritonavir SOLN (generic for Kaletra) NORVIR SOLN, TAB (ritonavir) PREZCOBIX (darunavir/cobicistat) ^{QL} PREZISTA SUSP, TAB darunavir REYATAZ CAP, POWDER PACK (atazanavir) VIRACEPT (nelfinavir)	atazanavir (generic for Reyataz) fosamprenavir TABLET (generic for Lexiva) ritinovir TAB (generic for Norvir) ^{NR} KALETRA SOLN (lopinavir/ritonavir)	

HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONIST (GLP-1 RA)		GLP-1 RA PA Form
BYDUREON (exenatide ER) subcutaneous ^{CL} BYDUREON PEN (exenatide ER) subcutaneous ^{CL} BYETTA (exenatide) subcutaneous ^{CL} VICTOZA (liraglutide) subcutaneous ^{CL}	ADLYXIN (lixisenatide) BYDUREON BCISE PEN (<i>exenatide</i>) ^{QL} OZEMPIC (semaglutide) TANZEUM (albiglutide) TRULICITY (dulaglutide)	<ul style="list-style-type: none"> Preferred agents require metformin trial and diagnosis of diabetes Non-preferred agents will be approved for patients who have: <ul style="list-style-type: none"> Failed a trial of TWO preferred agents AND Diagnosis of diabetes with HbA1C ≥ 7 AND Trial of Metformin
INSULIN/GLP-1 RA COMBINATIONS		
	SOLIQUA (insulin glargine/lixisenatide) XULTOPHY (insulin degludec/liraglutide)	
AMYLIN ANALOG		Amylin Analog PA Form
	SYMLIN (pramlintide) subcutaneous	ALL criteria must be met <ul style="list-style-type: none"> Concurrent use of short-acting mealtime insulin Current therapy compliance No diagnosis of gastroparesis HbA1C ≤ 9% within last 90 days Fingerstick monitoring of glucose during <u>initiation</u> of therapy
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR		
GLYXAMBI (empagliflozin/linagliptin) JANUMET (sitagliptin/metformin) ^{QL} JANUMET XR(sitagliptin/metformin) ^{QL} JANUVIA (sitagliptin) ^{QL} JENTADUETO (linagliptin/metformin) ^{QL} TRADJENTA (linagliptin) ^{QL}	alogliptin (generic for Nesina) ^{QL} alogliptin/metformin (generic for Kazano) ^{QL} JENTADUETO XR (linagliptin/metformin) ^{QL} KOMBIGLYZE XR (saxagliptin/metformin) ^{QL} ONGLYZA (saxagliptin) ^{QL} alogliptin/pioglitazone (generic for Oseni) ^{QL} QTERN (dapagliflozin/saxagliptin) ^{QL} STEGLUJAN (<i>ertugliflozin/sitagliptin</i>) ^{QL}	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent

HYPOGLYCEMICS, INSULIN AND RELATED DRUGS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
HUMALOG (insulin lispro) U-100 CARTRIDGE, PEN, VIAL HUMALOG MIX VIAL (insulin lispro/lispro protamine) HUMULIN (insulin) VIAL HUMULIN 70/30 VIAL HUMULIN U-500 VIAL HUMALOG MIX PEN (insulin lispro/lispro protamine) LANTUS SOLOSTAR PEN (insulin glargine) LANTUS (insulin glargine) VIAL LEVEMIR (insulin detemir) PEN, VIAL NOVOLOG (insulin aspart) CARTRIDGE, PEN, VIAL NOVOLOG MIX PEN, VIAL (insulin aspart/aspart protamine)	ADMELOG (insulin lispro) PEN, VIAL AFREZZA (regular insulin, inhaled) APIDRA (insulin glulisine) BASAGLAR (insulin glargine, rec) PEN FIASP (insulin aspart) PEN, VIAL HUMALOG JR. (insulin lispro) U-100 PEN HUMALOG (insulin lispro) U-200 PEN HUMULIN 70/30 PEN HUMULIN R U-500 KWIKPEN^{CL} HUMULIN OTC PEN NOVOLIN (insulin) NOVOLIN 70/30 VIAL TOUJEO SOLOSTAR (insulin glargine) TRESIBA (insulin degludec)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent Drug-specific criteria: <ul style="list-style-type: none"> Afrezza[®]: Approved for T1DM on long-acting insulin with no current history of smoking or chronic lung disease Humulin[®] R U-500 Kwikpen: Approved for physical reasons – such as dexterity problems and vision impairment <ul style="list-style-type: none"> Usage must be for self-administration, not only convenience Patient requires >200 units/day Safety reason patient can't use vial/syringe

HYPOGLYCEMICS, SGLT2

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
FARXIGA (dapagliflozin) ^{QL,CL} INVOKANA (canagliflozin) ^{CL} JARDIANCE (empagliflozin)^{QL}	INVOKAMET & XR (canagliflozin/metformin) ^{QL} SEGLUROMET (ertugliflozin/metformin) ^{QL} STEGLATRO (ertugliflozin)^{QL} SYNJARDY (empagliflozin/metformin) SYNJARDY XR (empagliflozin/metformin)^{QL} XIGDUO XR (dapagliflozin/metformin) ^{QL}	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial with ONE preferred agent Invokana[®]/Farxiga[®]: Approved for diagnosis of diabetes AND a trial of metformin

IMMUNOSUPPRESSIVES, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
azathioprine cyclosporine CAPSULE , cyclosporine, modified MODIFIED CAPSULE mycophenolate mofetil CAPSULE , TABLET RAPAMUNE (sirolimus) SOLUTION sirolimus tacrolimus	ASTAGRAF XL (tacrolimus) AZASAN (azathioprine) CELLCEPT (mycophenolate mofetil) CAPSULE, SUSPENSION, TABLET cyclosporine, modified MODIFIED SOLUTION, SOFTGEL ENVARSUS XR (tacrolimus) IMURAN (azathioprine) mycophenolate mofetil SUSPENSION mycophenolic acid (mycophenolate sodium) MYFORTIC (mycophenolate sodium) NEORAL (cyclosporine, modified) CAPSULE, SOLUTION PROGRAF (tacrolimus) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) CAPSULE, SOLUTION ZORTRESS (everolimus)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent. Patients established on existing therapy will be allowed to continue.

LINCOSAMIDES / OXAZOLIDINONES / STREPTOGRAMINS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
clindamycin CAPSULE clindamycin palmitate SOLUTION linezolid TABLET	CLEOCIN (clindamycin hcl) CAPSULE ▪ CLEOCIN PALMITATE (clindamycin palmitate hcl) linezolid SUSPENSION SIVEXTRO (tedizolid phosphate) ZYVOX (linezolid) SUSPENSION, TABLET	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent.

LIPOTROPICS, OTHER

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
BILE ACID SEQUESTRANTS		<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 Drug-specific criteria: <ul style="list-style-type: none">Juxtapid®/ Kynamro®: Approved for diagnosis of homozygous familial hypercholesterolemia (HoFH) OR Treatment failure/maximized dosing/contraindication to ALL the following: statins, ezetimibe, niacin, fibric acid derivatives, omega-3 agents, bile acid sequestrants Require faxed copy of REMS PA formLovaza®: Approved for TG ≥ 500Praluent®: Approved for diagnoses of:<ul style="list-style-type: none">atherosclerotic cardiovascular disease (ASCVD)heterozygous familial hypercholesterolemia (HeFH) AND <ul style="list-style-type: none">Maximized high-intensity statin WITH ezetimibe for at 3 continuous monthsFailure to reach target LDL-C levels: ASCVD - < 70 mg/dL, HeFH - < 100 mg/dL <ul style="list-style-type: none">Repatha®: Approved for:<ul style="list-style-type: none">adult diagnoses of atherosclerotic cardiovascular disease (ASCVD)heterozygous familial hypercholesterolemia (HeFH)homozygous familial hypercholesterolemia (HoFH) in age ≥ 13statin-induce rhabdomyolysis AND <ul style="list-style-type: none">Maximized high-intensity statin WITH ezetimibe for 3+ continuous monthsFailure to reach target LDL-C levels: ASCVD - < 70 mg/dL, HeFH - < 100 mg/dLConcurrent use of maximally-tolerated statin must continue <ul style="list-style-type: none">Vascepa®: Approved for TG ≥ 500WelChol®: Trial not required for diabetes control and monotherapy with metformin, sulfonylurea, or insulin has been inadequateZetia®: Approved for diagnosis of hypercholesterolemia AND failed statin monotherapy OR statin intolerance/contraindication
cholestyramine (generic for Questran) colestipol TABLETS (generic for Colestid)	colestipol GRANULES (generic for Colestid) QUESTRAN LIGHT (cholestyramine) WELCHOL (colesevalam)	
TREATMENT OF HOMOZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA		
	JUXTAPID (lomitapide) ^{CL} KYNAMRO (mipomersen) ^{CL}	
FIBRIC ACID DERIVATIVES		
fenofibrate (generic for Tricor) gemfibrozil (generic for Lopid)	fenofibrate (generic for Antara, Fenoglide, Lipofen, Lofibra) fenofibric acid (generic for Fibracor) <i>fenofibric acid (generic for Trilipix)</i> TRICOR (fenofibrate) TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid)	
NIACIN		
niacin ER (generic for Niaspan)	NIACOR (niacin IR) NIASPAN (niacin ER)	
Several other forms of OTC Niacin and fish oil are also covered without prior authorization under Medicaid with a prescription		
OMEGA-3 FATTY ACIDS		
	omega-3 fatty acids (generic for Lovaza) ^{CL} VASCEPA (icosapent) ^{CL}	
CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe (generic for Zetia)</i>		
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 (PCSK9) INHIBITORS		
	PRALUENT (alorocumab) ^{CL} REPATHA (evolocumab) ^{CL}	

MULTIPLE SCLEROSIS DRUGS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
AVONEX (interferon beta-1a) ^{QL} BETASERON (interferon beta-1b) ^{QL} COPAXONE 20mg Syringe Kit (glatiramer) ^{QL} GILENYA (fingolimod) ^{QL,CL} REBIF (interferon beta-1a) ^{QL}	AMPYRA (dalfampridine) ^{QL} AUBAGIO (teriflunomide) EXTAVIA (interferon beta-1b) ^{QL} glatiramer 20 mg/mL (generic for Copaxone) glatiramer 40 mg/mL (generic for Copaxone) ^{QL} PLEGRIDY (peginterferon beta-1a) ^{QL} TECFIDERA (dimethyl fumarate) ZINBRYTA (daclizumab)	<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"> Ampyra®: Approved for diagnosis of gait disorder associated with MS AND EDSS score ≤ 7 Gilenya®: Requires trial of preferred injectable agent (Avonex®, Betaseron®, Copaxone®, Rebif®) Plegridy®: Approved for diagnosis of relapsing MS

PAH (PULMONARY ARTERIAL HYPERTENSION AGENTS, ORAL AND INHALED)

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ADCIRCA (tadalafil) (for PAH only) ^{CL} LETAIRIS (ambrisentan) sildenafil (generic for Revatio) (for PAH only) TRACLEER (bosentan) TYVASO INHALATION (treprostinil) VENTAVIS INHALATION (iloprost)	ADEMPAS (riociguat) OPSUMIT (macitentan) ORENITRAM ER (treprostinil) REVATIO SUSPENSION (for PAH only) TRACLEER TABLETS FOR SUSPENSION (bosentan) UPTRAVI (selexipag)	<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 last 6 months <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Adcirca®/Revatio®: Approved for diagnosis of Pulmonary Arterial Hypertension (PAH) Adempas®: PAH: Requires clinical reason preferred agent cannot be used CTEPH: Approved for persistent/recurrent diagnosis after surgical treatment or inoperable CTEPH NOT for use in Pregnancy Revatio® suspension: Requires clinical reason why sildenafil tablets cannot be used

PEDIATRIC VITAMIN PREPARATIONS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<p>CHILD LITTLE ANIMALS VITAMINS CHEW OTC (pedi multivit 91/iron fum) CHEW</p> <p>child multivitamins chew otc (pedi multivit 19/folic acid) CHEW</p> <p>CHILDREN'S CHEW MULTIVIT-IRON OTC (pedi multivit 91/iron fum) CHEW</p> <p>children's chewables otc (pedi multivit 23/folic acid) CHEW</p> <p>children's vitamins with iron otc (pedi multivit/iron)</p> <p>FLINTSTONES OTC (pedi multivit) CHEW</p> <p>FLINTSTONES MULTI-VIT OTC (pedi multivit 43/iron fum) GUMMIES</p> <p>fluoride/vitamins A,C,AND D (ped multivit A,C,D3, 21/fluoride) DROPS</p> <p>multivitamins with fluoride (pedi multivit 2/fluoride) DROPS</p> <p>multivits with iron and fluoride (pedi multivit 45/fluoride/iron) DROPS</p> <p>MVC-FLUORIDE (pedi multivit 12/fluoride) CHEW TAB</p> <p>ped mvit A,C,D3,No 21/fluoride DROPS</p> <p>pedi mvi no. 16 with fluoride CHEW</p> <p>pedi mvi 17 with fluoride CHEW</p> <p>POLY-VI-SOL OTC (pedi multivit 81) DROPS</p> <p>POLY-VI-SOL WITH IRON (pedi multivit 80/ferrous sulfate) DROPS</p> <p>TRI-VI-SOL OTC (vit A palmitate/vit C/Vit D3) DROPS</p> <p>VITALETS OTC (pedi multivit 36/iron) CHEW</p>	<p>AQUADEKS (pedi multivit 40/phytonadione)</p> <p>ESCAVITE (pedi multivit 47/iron/fluoride)</p> <p>ESCAVITE D (pedi multivit 78/iron/fluoride) CHEW</p> <p>ESCAVITE LQ (pedi multivit 86/iron/fluoride)</p> <p>FLORIVA (pedi multivit 85/fluoride) CHEW</p> <p>FLORIVA PLUS (pedi multivit 130/fluoride) DROPS</p> <p>multivit A, B, D, E, K, ZN (pediatric multivit 153/D3/K)</p> <p>POLY-VI-FLOR (pedi multivit 33/fluoride) CHEW</p> <p>POLY-VI-FLOR (pedi multivit 37/fluoride) DROPS</p> <p>POLY-VI-FLOR w/IRON (pedi multivit 33/fluoride/iron) CHEW</p> <p>POLY-VI-FLOR w/IRON (pedi multivit 37/fluoride/iron) DROPS</p> <p>QUFLORA (pedi multivit 84/fluoride)</p> <p>QUFLORA FE (pedi multivit 142/iron/fluoride)</p> <p>TRI-VI-FLORO (ped multivit A, C, D3, 38/fluoride)</p>	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agents

PHOSPHATE BINDERS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
calcium acetate TABLET, CAPSULE CALPHRON OTC (calcium acetate) RENAGEL (sevelamer HCl)	AURYXIA (ferric citrate) calcium acetate CAPSULE ELIPHOS (calcium acetate) lanthanum (generic for FOSRENOL) PHOSLO (calcium acetate) <i>PHOSLYRA (calcium acetate)</i> sevelamer carbonate (generic for Renvela) VELPHORO (sucroferric oxyhydroxide)	<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 last 6 months

PRENATAL VITAMINS

Only Preferred Agents, and Non-Preferred Agent changes are shown

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
COMPLETENATE CHEWABLE CONCEPT DHA CAPSULE CONCEPT OB CAPSULE PRENATA TAB CHEW pnv #15/iron fum & ps cmp/fa pnv #16/iron fum & ps/fa/om-3 pnv combo #47/iron/fa #1/dha pnv with ca, #72/iron/fa pnv with ca, #74/iron/fa TARON-PREX PRENATAL VOL-PLUS TABLET	<i>Pnv2.iron b-g suc-p/fa/omega-3 (prenatal 2/iron/folic acid/om3)</i> <i>EXPECTA PRENATAL OTC (Prenatal 116/iron/folic acid/dha)</i>	Additional covered agents can be looked up using the Drug Look-up Tool at: https://druglookup.fhsc.com/druglookupweb/?client=nestate

TETRACYCLINES

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
doxycycline hyclate IR (generic for Vibramycin) doxycycline monohydrate 50MG, 100MG CAPSULE minocycline HCl CAPSULE (generic for Minocin, Dynacin)	demeclocycline ^{CL} DORYX (doxycycline pelletized) doxycycline hyclate DR (generic for Vibratabs) doxycycline monohydrate TABLET, SUSPENSION, 40mg, 75MG and 150MG CAPSULES (Monodox, Adoxa) doxycycline monohydrate (generic for Oracea) minocycline HCl TABLET (generic for Dynacin, Murac) minocycline HCl ER (generic for Solodyn) SOLODYN (minocycline HCl) tetracycline HCl (generic for Sumycin) VIBRAMYCIN SUSPENSION (doxycycline) <i>XIMINO (minocycline ER) CAPSULE^{QL}</i>	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed an 3-day trial of TWO preferred agents <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Demeclocycline: Approved for diagnosis of SIADH Doryx®/doxycycline hyclate DR/ Dynacin®/Oracea®/Solodyn®: Requires clinical reason why generic doxycycline, minocycline or tetracycline cannot be used Vibramycin® suspension: May be approved with documented swallowing difficulty

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.

Unless otherwise specified, the listing of a particular brand or generic name includes all dosage forms of that drug.

^{CL} – Prior Authorization / Class Criteria apply

^{QL} – Quantity/Duration Limit

^{AL} – Age

Limit

^{NR} – Product was not reviewed - New Drug criteria will apply

VII. Other Business:

A vote to conclude the meeting was made at 3:09pm it was unanimously approved by all in attendance.

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

Date: Wednesday, November 7, 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: Nicole Mattson, DHHS, Division of Medicaid and Long Term Care and Valarie Simmons, M.S – Account Operations Executive, Magellan Rx Management, Magellan Health.

VIII. Nebraska Medicaid Pharmaceutical and Therapeutics Committee Meeting Minutes were unanimously approved at November 2018 meeting.