

DIVISION OF MEDICAID AND LONG-TERM CARE
Nebraska DHHS

PHARMACEUTICAL AND THERAPEUTICS COMMITTEE MEETING MINUTES

November 13, 2019 at 9 a.m. CST
Mahoney State Park, Peter Kiewit Lodge
Ashland, NE

Committee Members Present:

Eric Avery, M.D. (New Vice Chair effective 11/13/19)
Claire Baker, M.D. (Chair)
Kyle Clarey, Pharm.D.
Allison Dering-Anderson, Pharm.D.
Gary Elsasser, Pharm.D.
Wade Fornander, M.D.
Jeffrey Gotschall, M.D.
Mary Hammond, Pharm.D.
Jennifer Hill, M.D.
Laurie Humphries, M.D.
Rachelle Kaspar-Cope, M.D.
Lauren Nelson, M.D.
Jessica Pohl, Pharm.D.
Linda Sobeski, Pharm.D. (Vice Chair / New Chair effective 11/13/2019)

Division of Medicaid and Long-Term Care Staff Present:

Carisa Masek, Pharm.D., MBA, MPH
Leah Spencer, R.N., M.Ed.

Magellan Medicaid Administration Staff Present:

Jill Bot, Pharm.D., Clinical Account Executive
Valarie Simmons, M.S., Account Executive

Managed Care Staff Present:

Shannon Nelson, Pharm. D., WellCare Director
Bernadette Ueda, Pharm. D., UHC Director

Committee Members Excused:

Stacie Bleicher, M.D.
Joyce Juracek, Pharm.D.
Ken Saunders, Pharm.D.

I. Opening of Public Meeting and Call to Order Committee Business

- i. Committee Chair called the meeting to order at 9:00am. The agenda was posted on the Nebraska Medicaid Pharmacy Magellan Medicaid website (<https://nebraska.fhsc.com/PDL/PTcommittee.asp>) on October 8, 2019. A copy of the Open Meetings Act and meeting materials distributed to members were made available to the public for review.
- ii. Introduction of New Committee Members: Dr. Jennifer Hill, Dr. Laurie Humphries, and Dr. Rachelle Kaspar-Cope.
- iii. Roll Call: See list above.
- iv. Conflict of Interest: No new conflicts of interest were reported.
- v. Approval of May 15, 2019 minutes was unanimously approved by all in attendance.
- vi. Election of Board Chair and Vice Chair: Per the Nebraska P&T Committee By-Laws, members shall select a Chairperson and Vice Chairperson every two years from the committee membership. Ideally, one will be a physician and the other will be a pharmacist. Except in extenuating circumstances, it is anticipated the Vice Chairperson will be elected to accede the Chairperson and then the membership will elect a new Vice Chairperson.
 - i. Linda Sobeski, Pharm.D. has serviced as Vice Chairperson for the last two years. A vote to approve Dr. Sobeski as Chairperson for the next two years was unanimously approved by all in attendance. (1st) Motion: Baker / (2nd) Motion: Pohl.
 - ii. Eric Avery, M.D. was nominated as Vice Chairperson for the next two years. A vote to approve Dr. Avery as Vice Chairperson for the next two years was unanimously approved by all in attendance. (1st) Motion: Baker / (2nd) Motion: Elsasser.

- vii. Department information: Carisa Masek, Deputy Director for DHHS, Medicaid and Long-Term Care Division provided a department update.
 - I. Dr. Masek thanked Dr. Baker for her service as Chair of the P&T Committee for the last two years. In addition, she discussed the resignation of Jenny Minchow, long time pharmacist for DHHS. She also discussed the current open roles on the pharmacy team at DHHS and the change in her position from Director of Pharmacy for DHHS to Deputy Director.

II. Public Testimony

Speaker Order	DRUG CLASS	Drug Name	PDL Status	Speaker Name	Affiliation
1	Glucocorticoids, Oral	Emflaza	NP	Alexis Russell	PTC Therapeutics
2	Hemophilia Treatments	Alprolix	NP	Jomy Joseph	Sanofi Genzyme
3	Hemophilia Treatments	Eloctate	NP	Jomy Joseph	Sanofi Genzyme
4	Immunomodulators Atopic Dermatitis	Eucrisa	NP	James Bauman	Pfizer Inc.
5	Movement Disorders	Ingrezza	NP	Jon Wagner	Neurocrine
6	Oncology Agents Oral Breast Cancer	Piqray	NP	Susie Moroney	Novartis
7	Oncology Agents Oral Breast Cancer	Kisqali	NP	Susie Moroney	Novartis

III. Committee Closed Session

IV. Resume Open Session.

During the public open session, committee members vote publicly on decisions with regard to the Nebraska Preferred Drug List recommendations. Per the State of Nebraska P&T Committee By-Laws, the minutes reflect how each member voted or if the member was absent or not voting. The chairperson votes only in the event of a tie. The details of each vote and the associated PDL recommendations are presented in the following tables.

i. Consent Agenda

Consent Agenda											
(1st) Motion: Dering-Anderson											
(2nd) Motion: Fornander											
Discussion: Remove all cough & cold medications from the consent agenda.											
Voting – P&T Committee Members <small>Does not include absent or excused members</small>			Yes	No	Abstain	Voting – P&T Committee Members			Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)			x			Hammond, Mary, M.D.			x		
Baker, Claire, M.D.			x			Hill, Jennifer, M.D.			x		
Clarey, Kyle, Pharm.D.			x			Humphries, Laurie, M.D.			x		
Dering Anderson, Allison, Pharm.D.			x			Kaspar-Cope, Rachelle, M.D.			x		
Elsasser, Gary, Pharm.D.			x			Nelson, Lauren, M.D.			x		
Fornander, Wade, M.D.			x			Pohl, Jessica, Pharm.D.			x		
Gotschall, Jeffrey, M.D.			x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>					

Consent Agenda: Therapeutic categories (TC) with unchanged recommendations unless otherwise indicated.	
Alzheimer's Agents	Immunomodulators, Topical
Anti-Allergens, Oral	Intranasal Rhinitis Agents
Antihistamines, Minimally Sedating	Leukotriene Modifiers
Antihypertensives, Sympatholytics	Methotrexate
Antihyperuricemics	Ophthalmic, Allergic Conjunctivitis
Antipsoriatics, Oral	Ophthalmic Antibiotic-Steroid Combinations
Anxiolytics	Otic Anti-Infectives & Anesthetics
Colony Stimulating Factors	Otic Antibiotics
Cough and Cold, Opiate	Sedative Hypnotics
Enzyme Replacement, Gauchers Disease	Steroids, Topical Low
Erythropoiesis Stimulating Proteins	Steroids, Topical Medium
Immunomodulators, Atopic Dermatitis	Steroids, Topical High

ii. Therapeutic Class Reviews

Review Agenda – Anthelmintics											
(1st) Motion: Dering-Anderson											
(2nd) Motion: Pohl											
Discussion: Approved as written.											
Voting – P&T Committee Members <small>Does not include absent or excused members</small>			Yes	No	Abstain	Voting – P&T Committee Members			Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)			x			Hammond, Mary, M.D.			x		
Baker, Claire, M.D.			x			Hill, Jennifer, M.D.			x		
Clarey, Kyle, Pharm.D.			x			Humphries, Laurie, M.D.			x		
Dering Anderson, Allison, Pharm.D.			x			Kaspar-Cope, Rachelle, M.D.			x		
Elsasser, Gary, Pharm.D.			x			Nelson, Lauren, M.D.			x		
Fornander, Wade, M.D.			x			Pohl, Jessica, Pharm.D.			x		
Gotschall, Jeffrey, M.D.			x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>					

Review Agenda – Antiparkinson’s

(1st) Motion: Dering-Anderson

(2nd) Motion: Baker

Discussion: Keep bromocriptine (dopamine agonists) as Preferred on PDL.

Voting – P&T Committee Members <small>Does not include absent or excused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)	x			Hammond, Mary, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Clarey, Kyle, Pharm.D.	x			Humphries, Laurie, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Elsasser, Gary, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Fornander, Wade, M.D.	x			Pohl, Jessica, Pharm.D.	x		
Gotschall, Jeffrey, M.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			

Review Agenda – Antipsoriatics, Topical

(1st) Motion: Elsasser

(2nd) Motion: Avery

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include absent or excused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)	x			Hammond, Mary, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Clarey, Kyle, Pharm.D.	x			Humphries, Laurie, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Elsasser, Gary, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Fornander, Wade, M.D.	x			Pohl, Jessica, Pharm.D.	x		
Gotschall, Jeffrey, M.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			

Review Agenda – Bile Salts											
(1st) Motion: Fornander											
(2nd) Motion: Hill											
Discussion: Approve as written.											
Voting – P&T Committee Members <small>Does not include absent or excused members</small>			Yes	No	Abstain	Voting – P&T Committee Members			Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)			x			Hammond, Mary, M.D.			x		
Baker, Claire, M.D.			x			Hill, Jennifer, M.D.			x		
Clarey, Kyle, Pharm.D.			x			Humphries, Laurie, M.D.			x		
Dering Anderson, Allison, Pharm.D.			x			Kaspar-Cope, Rachelle, M.D.			x		
Elsasser, Gary, Pharm.D.			x			Nelson, Lauren, M.D.			x		
Fornander, Wade, M.D.			x			Pohl, Jessica, Pharm.D.			x		
Gotschall, Jeffrey, M.D.			x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>					

Review Agenda – Bronchodilators, Beta Agonist											
(1st) Motion: Hammond											
(2nd) Motion: Hill											
Discussion: Approve as written.											
Voting – P&T Committee Members <small>Does not include absent or excused members</small>			Yes	No	Abstain	Voting – P&T Committee Members			Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)			x			Hammond, Mary, M.D.			x		
Baker, Claire, M.D.			x			Hill, Jennifer, M.D.			x		
Clarey, Kyle, Pharm.D.			x			Humphries, Laurie, M.D.			x		
Dering Anderson, Allison, Pharm.D.			x			Kaspar-Cope, Rachelle, M.D.			x		
Elsasser, Gary, Pharm.D.			x			Nelson, Lauren, M.D.			x		
Fornander, Wade, M.D.			x			Pohl, Jessica, Pharm.D.			x		
Gotschall, Jeffrey, M.D.			x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>					

Review Agenda – COPD Agents							
(1st) Motion: Gotschall							
(2nd) Motion: Fornander							
Discussion: Approve as written.							
Voting – P&T Committee Members <small>Does not include absent or excused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)	x			Hammond, Mary, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Clarey, Kyle, Pharm.D.	x			Humphries, Laurie, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Elsasser, Gary, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Fornander, Wade, M.D.	x			Pohl, Jessica, Pharm.D.	x		
Gotschall, Jeffrey, M.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			

Review Agenda – Cytokine and CAM Antagonists							
(1st) Motion: Avery							
(2nd) Motion: Hammond							
Discussion: Approve as written.							
Voting – P&T Committee Members <small>Does not include absent or excused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)	x			Hammond, Mary, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Clarey, Kyle, Pharm.D.	x			Humphries, Laurie, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Elsasser, Gary, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Fornander, Wade, M.D.	x			Pohl, Jessica, Pharm.D.	x		
Gotschall, Jeffrey, M.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			

Review Agenda – Epinephrine, Self-Injected

(1st) Motion: Hill

(2nd) Motion: Elsasser

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include absent or excused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)	x			Hammond, Mary, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Clarey, Kyle, Pharm.D.	x			Humphries, Laurie, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Elsasser, Gary, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Fornander, Wade, M.D.	x			Pohl, Jessica, Pharm.D.	x		
Gotschall, Jeffrey, M.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			

Review Agenda – Glucocorticoids, Inhaled

(1st) Motion: Dering-Anderson

(2nd) Motion: Pohl

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include absent or excused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)	x			Hammond, Mary, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Clarey, Kyle, Pharm.D.	x			Humphries, Laurie, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Elsasser, Gary, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Fornander, Wade, M.D.	x			Pohl, Jessica, Pharm.D.	x		
Gotschall, Jeffrey, M.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			

Review Agenda – Glucocorticoids, Oral

(1st) Motion: Baker

(2nd) Motion: Elsasser

Discussion: Keep Emflaza as NP, but add PA criteria for 2 years of age and older, must fail a trial of prednisolone first.

Voting – P&T Committee Members <small>Does not include absent or excused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)	x			Hammond, Mary, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Clarey, Kyle, Pharm.D.	x			Humphries, Laurie, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Elsasser, Gary, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Fornander, Wade, M.D.		x		Pohl, Jessica, Pharm.D.	x		
Gotschall, Jeffrey, M.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			

Review Agenda – Hemophilia Treatment

(1st) Motion: Dering-Anderson

(2nd) Motion: Hammond

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include absent or excused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)	x			Hammond, Mary, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Clarey, Kyle, Pharm.D.	x			Humphries, Laurie, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Elsasser, Gary, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Fornander, Wade, M.D.	x			Pohl, Jessica, Pharm.D.	x		
Gotschall, Jeffrey, M.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			

Review Agenda – Histamine II Receptor Blockers											
(1st) Motion: Dering-Anderson											
(2nd) Motion: Hill											
Discussion: Famotidine suspension is authorized during national storage of ranitidine syrup.											
Voting – P&T Committee Members <small>Does not include absent or excused members</small>			Yes	No	Abstain	Voting – P&T Committee Members			Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)			x			Hammond, Mary, M.D.			x		
Baker, Claire, M.D.			x			Hill, Jennifer, M.D.			x		
Clarey, Kyle, Pharm.D.			x			Humphries, Laurie, M.D.			x		
Dering Anderson, Allison, Pharm.D.			x			Kaspar-Cope, Rachelle, M.D.			x		
Elsasser, Gary, Pharm.D.			x			Nelson, Lauren, M.D.			x		
Fornander, Wade, M.D.			x			Pohl, Jessica, Pharm.D.			x		
Gotschall, Jeffrey, M.D.			x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>					

- V. Motion for closed session during lunch was unanimously approved by all in attendance. The meeting resumed open session at 1:00pm.

Review Agenda – Idiopathic Pulmonary Fibrosis											
(1st) Motion: Baker											
(2nd) Motion: Avery											
Discussion: Must have ICD10 indicator for adjudication.											
Voting – P&T Committee Members <small>Does not include absent or excused members</small>			Yes	No	Abstain	Voting – P&T Committee Members			Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)			x			Hammond, Mary, M.D.			x		
Baker, Claire, M.D.			x			Hill, Jennifer, M.D.			x		
Clarey, Kyle, Pharm.D.			x			Humphries, Laurie, M.D.			x		
Dering Anderson, Allison, Pharm.D.			x			Kaspar-Cope, Rachelle, M.D.			x		
Elsasser, Gary, Pharm.D.			x			Nelson, Lauren, M.D.			x		
Fornander, Wade, M.D.			x			Pohl, Jessica, Pharm.D.			x		
Gotschall, Jeffrey, M.D.			x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>					

Review Agenda – Movement Disorders

(1st) Motion: Dering-Anderson

(2nd) Motion: Baker

Discussion: Must have ICD10 indicator for adjudication.

Voting – P&T Committee Members <small>Does not include absent or excused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)			x	Hammond, Mary, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Clarey, Kyle, Pharm.D.	x			Humphries, Laurie, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Elsasser, Gary, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Fornander, Wade, M.D.	x			Pohl, Jessica, Pharm.D.	x		
Gotschall, Jeffrey, M.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			

Review Agenda – NSAIDS

(1st) Motion: Avery

(2nd) Motion: Fornander

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include absent or excused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)	x			Hammond, Mary, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Clarey, Kyle, Pharm.D.	x			Humphries, Laurie, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Elsasser, Gary, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Fornander, Wade, M.D.	x			Pohl, Jessica, Pharm.D.	x		
Gotschall, Jeffrey, M.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			

Review Agenda – Oncology, Oral - Breast

(1st) Motion: Elsasser

(2nd) Motion: Avery

Discussion: Approve as written. Dr. Avery would like guidance on how oncology drugs are delineated. Suggested that all oncology drugs be changed to NP and require documentation for each drug. The NP status isn't a barrier to the patient receiving the drug, but does help provide some consistency in P and NP status w/ oncology products.

Voting – P&T Committee Members <small>Does not include absent or excused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)	x			Hammond, Mary, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Clarey, Kyle, Pharm.D.	x			Humphries, Laurie, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Elsasser, Gary, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Fornander, Wade, M.D.	x			Pohl, Jessica, Pharm.D.	x		
Gotschall, Jeffrey, M.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			

Review Agenda – Oncology, Oral - Hematologic

(1st) Motion: Avery

(2nd) Motion: Hill

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include absent or excused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)	x			Hammond, Mary, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Clarey, Kyle, Pharm.D.	x			Humphries, Laurie, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Elsasser, Gary, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Fornander, Wade, M.D.	x			Pohl, Jessica, Pharm.D.	x		
Gotschall, Jeffrey, M.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			

Review Agenda – Oncology, Oral - Lung											
(1st) Motion: Avery											
(2nd) Motion: Gotschall											
Discussion: Approve as written.											
Voting – P&T Committee Members <small>Does not include absent or excused members</small>			Yes	No	Abstain	Voting – P&T Committee Members			Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)			x			Hammond, Mary, M.D.			x		
Baker, Claire, M.D.			x			Hill, Jennifer, M.D.			x		
Clarey, Kyle, Pharm.D.			x			Humphries, Laurie, M.D.			x		
Dering Anderson, Allison, Pharm.D.			x			Kaspar-Cope, Rachelle, M.D.			x		
Elsasser, Gary, Pharm.D.			x			Nelson, Lauren, M.D.			x		
Fornander, Wade, M.D.			x			Pohl, Jessica, Pharm.D.			x		
Gotschall, Jeffrey, M.D.			x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>					

Review Agenda – Oncology, Oral - Other											
(1st) Motion: Avery											
(2nd) Motion: Baker											
Discussion: Approve as written.											
Voting – P&T Committee Members <small>Does not include absent or excused members</small>			Yes	No	Abstain	Voting – P&T Committee Members			Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)			x			Hammond, Mary, M.D.			x		
Baker, Claire, M.D.			x			Hill, Jennifer, M.D.			x		
Clarey, Kyle, Pharm.D.			x			Humphries, Laurie, M.D.			x		
Dering Anderson, Allison, Pharm.D.			x			Kaspar-Cope, Rachelle, M.D.			x		
Elsasser, Gary, Pharm.D.			x			Nelson, Lauren, M.D.			x		
Fornander, Wade, M.D.			x			Pohl, Jessica, Pharm.D.			x		
Gotschall, Jeffrey, M.D.			x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>					

Review Agenda – Oncology, Oral - Prostate											
(1st) Motion: Gotschall											
(2nd) Motion: Fornander											
Discussion: Approve as written.											
Voting – P&T Committee Members <small>Does not include absent or excused members</small>			Yes	No	Abstain	Voting – P&T Committee Members			Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)			x			Hammond, Mary, M.D.			x		
Baker, Claire, M.D.			x			Hill, Jennifer, M.D.			x		
Clarey, Kyle, Pharm.D.			x			Humphries, Laurie, M.D.			x		
Dering Anderson, Allison, Pharm.D.			x			Kaspar-Cope, Rachelle, M.D.			x		
Elsasser, Gary, Pharm.D.			x			Nelson, Lauren, M.D.			x		
Fornander, Wade, M.D.			x			Pohl, Jessica, Pharm.D.			x		
Gotschall, Jeffrey, M.D.			x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>					

Review Agenda – Oncology, Oral – Renal Cell											
(1st) Motion: Fornander											
(2nd) Motion: Avery											
Discussion: Approve as written.											
Voting – P&T Committee Members <small>Does not include absent or excused members</small>			Yes	No	Abstain	Voting – P&T Committee Members			Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)			x			Hammond, Mary, M.D.			x		
Baker, Claire, M.D.			x			Hill, Jennifer, M.D.			x		
Clarey, Kyle, Pharm.D.			x			Humphries, Laurie, M.D.			x		
Dering Anderson, Allison, Pharm.D.			x			Kaspar-Cope, Rachelle, M.D.			x		
Elsasser, Gary, Pharm.D.			x			Nelson, Lauren, M.D.			x		
Fornander, Wade, M.D.			x			Pohl, Jessica, Pharm.D.			x		
Gotschall, Jeffrey, M.D.			x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>					

Review Agenda – Oncology, Oral - Skin

(1st) Motion: Avery

(2nd) Motion: Elsasser

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include absent or excused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)	x			Hammond, Mary, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Clarey, Kyle, Pharm.D.	x			Humphries, Laurie, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Elsasser, Gary, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Fornander, Wade, M.D.	x			Pohl, Jessica, Pharm.D.	x		
Gotschall, Jeffrey, M.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			

Review Agenda – Ophthalmic, Antibiotics

(1st) Motion: Dering-Anderson

(2nd) Motion: Fornander

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include absent or excused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)	x			Hammond, Mary, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Clarey, Kyle, Pharm.D.	x			Humphries, Laurie, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Elsasser, Gary, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Fornander, Wade, M.D.	x			Pohl, Jessica, Pharm.D.	x		
Gotschall, Jeffrey, M.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			

Review Agenda – Ophthalmic, Anti-Inflammatories

(1st) Motion: Dering Anderson

(2nd) Motion: Hill

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include absent or excused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)	x			Hammond, Mary, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Clarey, Kyle, Pharm.D.	x			Humphries, Laurie, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Elsasser, Gary, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Fornander, Wade, M.D.	x			Pohl, Jessica, Pharm.D.	x		
Gotschall, Jeffrey, M.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			

Review Agenda – Ophthalmic, Anti-Inflammatory/Immunomodulator

(1st) Motion: Elsasser

(2nd) Motion: Pohl

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include absent or excused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)	x			Hammond, Mary, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Clarey, Kyle, Pharm.D.	x			Humphries, Laurie, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Elsasser, Gary, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Fornander, Wade, M.D.	x			Pohl, Jessica, Pharm.D.	x		
Gotschall, Jeffrey, M.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			

Review Agenda – Ophthalmic, Glaucoma Agents

(1st) Motion: Hammond								
(2nd) Motion: Gotschall								
Discussion: Approve as written.								
Voting – P&T Committee Members <small>Does not include absent or excused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain	
Avery, Eric, M.D. (Vice Chairperson)	x			Hammond, Mary, M.D.	x			
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x			
Clarey, Kyle, Pharm.D.	x			Humphries, Laurie, M.D.	x			
Dering Anderson, Allison, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x			
Elsasser, Gary, Pharm.D.	x			Nelson, Lauren, M.D.	x			
Fornander, Wade, M.D.	x			Pohl, Jessica, Pharm.D.	x			
Gotschall, Jeffrey, M.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>				

Review Agenda – Steroids, Topical Very High

(1st) Motion: Avery								
(2nd) Motion: Fornander								
Discussion: Approve as written.								
Voting – P&T Committee Members <small>Does not include absent or excused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain	
Avery, Eric, M.D. (Vice Chairperson)	x			Hammond, Mary, M.D.	x			
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x			
Clarey, Kyle, Pharm.D.	x			Humphries, Laurie, M.D.	x			
Dering Anderson, Allison, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x			
Elsasser, Gary, Pharm.D.	x			Nelson, Lauren, M.D.	x			
Fornander, Wade, M.D.	x			Pohl, Jessica, Pharm.D.	x			
Gotschall, Jeffrey, M.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>				

Review Agenda – Stimulants and Related Drugs

(1st) Motion: Humphries

(2nd) Motion: Elsasser

Discussion: Change substance abuse to *substance use disorder*.

Voting – P&T Committee Members <small>Does not include absent or excused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chairperson)	x			Hammond, Mary, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Clarey, Kyle, Pharm.D.	x			Humphries, Laurie, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Elsasser, Gary, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Fornander, Wade, M.D.	x			Pohl, Jessica, Pharm.D.	x		
Gotschall, Jeffrey, M.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			

Nebraska Medicaid Preferred Drug List

With Prior Authorization Criteria – Nov 2019 P&T Proposed Changes - *Highlights* indicate proposed changes

ALZHEIMER’S AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
CHOLINESTERASE INHIBITORS		
donepezil (generic for Aricept) donepezil ODT (generic for Aricept ODT) EXELON . (rivastigmine)	donepezil 23 (generic for Aricept 23) galantamine (generic for Razadyne) SOLUTION, TABLET galantamine ER (generic for Razadyne ER) rivastigmine (generic for Exelon)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a 120-day trial of ONE preferred agent within this drug class within the last 6 months OR Current, stabilized therapy of the non-preferred agent within the previous 45 days
NMDA RECEPTOR ANTAGONIST		
memantine (generic for Namenda)	memantine ER (generic for Namenda XR) memantine soln (generic for Namenda) NAMENDA (memantine) NAMENDA SOLUTION NAMZARIC (memantine/donepezil)	<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)

ANTHELMINTICS

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

ANTI-ALLERGENS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
	ORALAIR (sweet vernal/orchard/rye/timothy/kentucky blue grass mixed pollen allergen extract)	<p>Class Criteria:</p> <ul style="list-style-type: none"> Approved for immunotherapy for the treatment of grass pollen-induced allergic rhinitis with or without conjunctivitis. Patient has had treatment failure with or contraindication to: antihistamines AND montelukast Clinical reason as to why allergy shots cannot be used. <p>Drug-specific criteria:</p> <p>ORALAIR</p> <ul style="list-style-type: none"> 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. For use in patients 10 through 65 years of age.

ANTIHISTAMINES, 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) fexofenadine 180mg (generic for Allegra 180mg) ^{QL} levocetirizine (generic for Xyzal) SOLUTION loratadine CAPSULE, CHEWABLE, 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 within this drug class 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 methyldopa/hydrochlorothiazide	<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 within this drug class

ANTIHYPURICEMICS

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

ANTIPARKINSON'S AGENTS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ANTICHOLINERGICS		
benztropine (generic for Cogentin) trihexyphenidyl (generic for Artane)		<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed ONE preferred agents within this drug class
COMT INHIBITORS		
	entacapone (generic for Comtan) tolcapone (generic for Tasmar)	<p>Drug-specific criteria:</p> <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 Gocovri: Required diagnosis of Parkinson's disease and had trial of or is intolerant to amantadine AND must be used as an add-on therapy with levodopa-containing drug Inbrija: <i>Approval upon diagnosis of Parkinson's disease and concurrent treatment with carbidopa/levodopa agent</i> 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 Nourianz: <i>Approval upon diagnosis of Parkinson's disease and concurrent treatment with carbidopa/levodopa agent</i> Osmolex ER: Required diagnosis of Parkinson's disease or drug-induced extrapyramidal reactions and had trial of or is intolerant to amantadine IR Pramipexole ER: Required diagnosis of Parkinson's along with preferred agent trial Ropinerole ER: Required diagnosis of Parkinson's along with preferred agent trial Zelapar®: Approved for documented swallowing disorder
DOPAMINE AGONISTS		
pramipexole (generic for Mirapex) ropinirole (generic for Requip)	<i>bromocriptine (generic for Parlodel)</i> NEUPRO (rotigotine) ^{CL} pramipexole ER (generic for Mirapex ER) ^{CL}	
MAO-B INHIBITORS		
selegiline CAPSULE, TABLET (generic for Eldepryl)	rasagiline (generic for Azilect) ^{QL} XADAGO (safinamide) ZELAPAR (selegiline) ^{CL}	
OTHER ANTIPARKINSON'S DRUGS		
amantadine CAPSULE, SYRUP TABLET (generic for Symmetrel) carbidopa/levodopa (generic for Sinemet) carbidopa/levodopa ER (generic for Sinemet CR) levodopa/carbidopa/entacapone (generic for Stalevo)	carbidopa (generic for Lodosyn) carbidopa/levodopa ODT (generic for Parcopa) DUOPA (carbidopa/levodopa) GOCOVRI (amantadine) ^{QL} INBRIJA (levodopa) INHALER^{NR,CL,QL} NOURIANZ (istradefylline)^{NR,CL,QL} OSMOLEX ER (amantadine) ^{QL} RYTARY (carbidopa/levodopa) STALEVO (levodopa/carbidopa/entacapone)	

ANTIPSORIATICS, ORAL

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

ANTIPSORIATICS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
calcipotriene CREAM, OINTMENT, SOLUTION,	calcitriol (generic for Vectical) calcipotriene/betamethasone (generic for Taclonex) CALCITRENE (calcipotriene) DOVONEX CREAM (calcipotriene) <i>DUOBRII (halobetasol prop./tazarotene)^{NR}</i> 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 within this drug class

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 within this drug class <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Diazepam Intenso[®]: Requires clinical reason why diazepam solution cannot be used Alprazolam Intenso[®]: Requires trial of diazepam solution OR lorazepam Intenso[®]

BILE SALTS

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

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 this drug class Drug-specific criteria: <ul style="list-style-type: none"> 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) PROVENTIL HFA (albuterol)	albuterol sul. HFA (generic for ProAir HFA, Proventil HFA, Ventolin HFA) levalbuterol HFA (generic for Xopenex HFA) PROAIR RESPICLICK (albuterol)	
INHALERS – Long Acting		
SEREVENT (salmeterol)	ARCAPTA NEOHALER (indacaterol) STRIVERDI RESPIMAT (olodaterol)	
INHALATION SOLUTION		
albuterol (2.5mg/3ml premix or 2.5mg/0.5ml) albuterol 100 mg/20 mL albuterol low dose (0.63mg/3ml & 1.25mg/3ml)	BROVANA (arformoterol) levalbuterol (generic for Xopenex) PERFOROMIST (formoterol)	
ORAL		
albuterol SYRUP	albuterol TABLET albuterol ER (generic for Vospire ER) metaproterenol (formerly generic for Alupent) <i>terbutaline (generic for Brethine)</i>	

COLONY STIMULATING FACTORS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
NEUPOGEN (filgrastim) VIAL	GRANIX (tbo-filgrastim) NEUPOGEN (filgrastim) DISP SYR NIVESTYM (filgrastim-aafi) SYR,VIAL 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 within this drug class

COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE) AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria	
INHALERS			
ATROVENT HFA (ipratropium) BEVESPI AEROSPHERE (glycopyrolate/formoterol) COMBIVENT RESPIMAT (albuterol/ ipratropium) STIOLTO RESPIMAT (tiotropium/olodaterol) SPIRIVA (tiotropium)	ANORO ELLIPTA (umeclidinium/vilanterol) DUAKLIR PRESSAIR (<i>aclidinium br and formoterol fum</i>) ^{NR} INCRUSE ELIPTA (umeclidinium) SEEBRI NEOHALER (glycopyrolate) SPIRIVA RESPIMAT (tiotropium) 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 within this drug class OR Patient specific documentation of inability to use traditional inhaler device. 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)	LONHALA (glycopyrrolate inhalation soln) YUPELRI (<i>revefenacin</i>) ^{NR}		
ORAL AGENT			
	DALIRESP (roflumilast) ^{CL}		

COUGH AND COLD, OPIATE COMBINATION

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
guaifenesin/codeine LIQUID promethazine/codeine SYRUP	hydrocodone/homatropine SYRUP promethazine/phenylephrine/codeine SYRUP pseudoephedrine/codeine/ guaifenesin (generic for Lortuss EX, Tusnel C, Virtussin DAC)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within this drug class All codeine or hydrocodone containing cough and cold combinations are limited to ≥ 18 years of age

CYTOKINE & CAM ANTAGONISTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ENBREL (etanercept) KIT, MINI CART, PEN ^{QL} HUMIRA (adalimumab) ^{QL} <i>OTEZLA (apremilast) ORAL</i> ^{CL, QL}	ACTEMRA (tocilizumab) SUB-Q ARCALYST (niloncept) CIMZIA (certolizumab pegol) ^{QL} <i>COSENTYX (secukinumab)</i> ^{CL} ILUMYA (tildrakizumab) SUB-Q KEVZARA (sarilumab) SUB-Q, PEN, SYRINGE KINERET (anakinra) OLUMIANT (baricitinib) ORAL ^{QL} ORENCIA (abatacept) SUB-Q <i>RINVOQ ER (upadacitinib)</i> ^{NR, CL, QL} SILIQ (brodalumab) SIMPONI (golimumab) <i>SKYRIZI (risankizumab-rzaa)</i> ^{NR} STELARA (ustekinumab) SUB-Q TALTZ (ixekizumab) ^{AL} TREMFYA (guselkumab) ^{QL} XELJANZ (tofacitinib) ORAL ^{QL} XELJANZ XR (tofacitinib) ORAL ^{QL}	<ul style="list-style-type: none"> Preferred agents will be approved with FDA-approved indication – ICD-10 diagnosis code is required. Non-preferred agents will be approved for FDA-approved indications in patients who have failed a trial of ONE preferred agent within this drug class, or upon diagnosis for non-preferred agent with FDA-approved indication if no preferred agent has FDA approval for diagnosis. <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Cosentyx: Requires trial of Humira <i>Otezla: Requires a trial of Humira</i> <i>Rinvoq ER: Requires documentation of inadequate response or intolerance to methotrexate</i>

ENZYME REPLACEMENT, GAUCHERS DISEASE

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ZAVESCA (miglustat) ^{CL}	CERDELGA (eliglustat) miglustat (generic Zavesca)	<ul style="list-style-type: none"> Non-preferred agents require clinical documentation why the preferred product within this drug class is not appropriate <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Zavesca: Approved for mild to moderate type 1 Gaucher disease for whom enzyme replacement therapy is not a therapeutic option

EPINEPHRINE, SELF-INJECTED^{QL}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
epinephrine (AUTHORIZED GENERIC for Epipen/ Epipen Jr.)	epinephrine (generic for Adrenaclick) epinephrine (TRUE GENERIC for Epipen/Epipen Jr.) EPIPEN EPIPEN JR. SYMJEPI^{NR}	<ul style="list-style-type: none"> Non-preferred agents require clinical documentation why the preferred product within this drug class is not appropriate Brand name product may be authorized in event of documented national shortage of generic product.

ERYTHROPOIESIS STIMULATING PROTEINS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
RETACRIT (EPOETIN ALFA-EPBX)	EPOGEN (rHuEPO) PROCRT (rHuEPO)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within this drug class

GLUCOCORTICIDS, INHALED

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
GLUCOCORTICIDS		
ASMANEX (mometasone) ^{QL,AL} FLOVENT HFA (fluticasone) PULMICORT FLEXHALER (budesonide)	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ^{AL,CL} ARMONAIR RESPICLICK (fluticasone) ^{AL} ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) ^{AL,QL} FLOVENT DISKUS (fluticasone) QVAR (beclomethasone) QVAR Redihaler (beclomethasone)	<ul style="list-style-type: none"> Non-preferred agents within the Glucocorticoids and Glucocorticoid/Bronchodilator Combo groups will be approved for patients who have failed a trial of TWO preferred agents within this drug class 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. For other indications, must have failed a trial of two preferred agents within this drug class, within the last 6 months.
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS		
ADVAIR DISKUS (fluticasone/salmeterol) ^{QL} ADVAIR HFA (fluticasone/salmeterol)^{QL} DULERA (mometasone/formoterol) SYMBICORT (budesonide/ formoterol)	BREO ELLIPTA (fluticasone/vilanterol) fluticasone/salmeterol (generic for Advair Diskus) ^{QL} fluticasone/salmeterol (generic for Airduo Respiclick) TRELEGY ELLIPTA (fluticasone/umeclidinium/vilanterol) WIXELA INHUB (generic for Advair Diskus) ^{QL}	
INHALATION SOLUTION		
	budesonide RESPULES (generic for Pulmicort)	

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>dexamethasone ELIXIR</p> <p>hydrocortisone TABLET</p> <p>methylprednisolone DOSE PAK</p> <p>methylprednisolone tablet (generic for Medrol)</p> <p>prednisolone SOLUTION</p> <p>prednisolone sodium phosphate</p> <p>prednisone DOSE PAK</p> <p>prednisone TABLET</p>	<p>CORTEF (hydrocortisone)</p> <p>cortisone TABLET</p> <p>dexamethasone INTENSOL</p> <p>DEXPAK (dexamethasone)</p> <p><i>DXEVO (dexamethasone)^{NR}</i></p> <p>EMFLAZA (deflazacort)</p> <p>SUSPENSION, TABLET^{CL}</p> <p>ENTOCORT EC (budesonide)</p> <p>methylprednisolone 8mg, 16mg</p> <p>PEDIAPRED (prednisolone sodium phosphate)</p> <p>prednisolone sodium phosphate (generic for Millipred/Veripred)</p> <p>prednisolone sodium phosphate ODT</p> <p>prednisone SOLUTION</p> <p>prednisone INTENSOL</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 this drug class 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 ■ Intensol Products: Patient specific documentation of why the less concentrated solution is not appropriate for the patient

HEMOPHILIA TREATMENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
FACTOR VIII		<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within this drug class Patients receiving a hemophilia agent which moved from preferred to non-preferred status on 1-17-19 will be allowed to continue same therapy
ADVATE	ADYNOVATE	
ALPHANATE	AFSTYLA	
<i>HELIXATE FS</i>	ELOCTATE	
HUMATE-P	HEMOFIL-M	
<i>KOATE-DVI VIAL</i>	JIVI ^{AL}	
<i>KOVALTRY</i>	KOATE-DVI KIT	
MONOCLATE-P	KOGENATE FS	
NOVOEIGHT	OBIZUR	
NUWIQ		
RECOMBINATE		
XYNTHA KIT, SOLOFUSE		
FACTOR IX		
BENEFIX	ALPHANINE SD	
MONONINE	ALPROLIX	
PROFILNINE SD	BEBULIN	
	IDELVION	
	IXINITY	
	REBINYN	
	RIXUBIS	
FACTOR VIIa AND PROTHROMBIN COMPLEX-PLASMA DERIVED		
NOVOSEVEN RT	FEIBA NF	
FACTOR X AND XIII PRODUCTS		
CORIFACT ^{CL}	COAGAD ^{CL} TRETTE ^{CL}	
VON WILLEBRAND PRODUCTS		
<i>VONVENDI^{CL}</i>		
WILATE		
BISPECIFIC FACTORS		
	HEMLIBRA ^{CL}	

HISTAMINE II RECEPTOR BLOCKERS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
famotidine TABLET (generic for Pepcid) ranitidine SYRUP, TABLET (generic for Zantac)	cimetidine TABLET, SOLUTION (generic for Tagamet) famotidine SUSPENSION nizatidine (generic for Axid) ranitidine CAPSULE , (generic for Zantac)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within this drug class <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 nizatidine/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
<i>OFEV (nintedanib esylate)</i>	ESBRIET (pirfenidone)	<ul style="list-style-type: none"> <i>Non-preferred agent requires trial of preferred agent within this drug class</i>

IMMUNOMODULATORS, ATOPIC DERMATITIS^{AL}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ELIDEL (pimecrolimus)	DUPIXENT (dupilumab) ^{CL} EUCRISA (crisaborole) pimecrolimus (generic for Elidel) tacrolimus (generic for Protopic) ^{CL}	<ul style="list-style-type: none"> Non-preferred agents require: Trial of a topical steroid AND Trial of one preferred product within this drug class <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Dupixent: For atopic dermatitis, must have trial of Eucrisa; For moderate to severe asthma, must have eosinophilic phenotype or oral corticosteroid dependent asthma uncontrolled with maintenance controller medication; For adults with chronic rhinosinusitis with nasal polyposis, must document inadequate control on current treatment regimen and be used as add-on maintenance treatment with intranasal steroid

IMMUNOMODULATORS, TOPICAL

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

INTRANASAL RHINITIS DRUGS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ANTICHOLINERGICS		
ipratropium (generic for Atrovent)		Non-preferred agents will be approved for patients who have failed a 30-day trial of ONE preferred agent within this drug class
ANTI-HISTAMINES		
azelastine 0.1% (generic for Astelin)	azelastine 0.15% (generic for Astepro) DYMISTA (azelastine/fluticasone) olopatadine (generic for Patanase)	Drug-specific criteria: <ul style="list-style-type: none"> mometasone: Prior authorization NOT required for children \leq 12 years budesonide: Approved for use in Pregnancy (Pregnancy Category B) Veramyst®: Prior authorization NOT required for children \leq 12 years Xhance: Indicated for treatment of nasal polyps in \geq 18 years only
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) XHANCE (fluticasone) ZETONNA (ciclesonide)	<ul style="list-style-type: none"> Veramyst®: Prior authorization NOT required for children \leq 12 years Xhance: Indicated for treatment of nasal polyps in \geq 18 years only

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 ER (generic for Zyflo CR) ZYFLO (zileuton)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a 30-day trial of THE preferred agent within this drug class Drug-specific criteria: <ul style="list-style-type: none"> montelukast granules: PA not required for age < 2 years

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

MOVEMENT DISORDERS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<i>AUSTEDO (deutetrabenazine)^{CL}</i> <i>tetrabenazine (generic for Xenazine)^{CL}</i>	INGREZZA (valbenazine) ^{CL} CAP, INITIATION PACK	<p><i>Non-preferred agent requires trial of Austedo</i></p> <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Austedo: Requires a Step through tetrabenazine with the diagnosis of chorea associated with Huntington's Disease Ingrezza: Diagnosis of Tardive Dyskinesia in adults and trial of Austedo tetrabenazine: Diagnosis of chorea with Huntington Disease

NSAID

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
COX-I SELECTIVE		
diclofenac sodium (generic for Voltaren) ibuprofen OTC, Rx (generic for Advil, Motrin) CHEW, DROPS, SUSPENSION, TABLET indomethacin CAPSULE (generic for Indocin) ketorolac (generic for Toradol) meloxicam TABLET (generic for Mobic) nabumetone (generic for Relafen) naproxen Rx, OTC (generic for Naprosyn) naproxen enteric coated sulindac (generic for Clinoril)	diclofenac potassium (generic for Cataflam, Zipsor) <i>diclofenac SR (generic for Voltaren-XR)</i> diflunisal (generic for Dolobid) etodolac & SR (generic for Lodine/XL) fenoprofen (generic for Nalfon) flurbiprofen (generic for Ansaid) ibuprofen OTC (generic for Advil, Motrin) CAPSULE indomethacin ER (generic for Indocin) INDOCIN RECTAL, SUSPENSION ketoprofen & ER (generic for Orudis) meclofenamate (generic for Meclomen) mefenamic acid (generic for Ponstel) meloxicam SUSPENSION (generic Mobic) naproxen CR (generic for Naprelan) naproxen SUSPENSION (generic for Naprosyn) naproxen sodium (generic for Anaprox) oxaprozin (generic for Daypro) piroxicam (generic for Feldene) <i>QMIIZ ODT (meloxicam)^{NR, QL}</i> <i>RELAFEN DS (nabumetone)^{NR}</i> tolmetin (generic for Tolectin)	<ul style="list-style-type: none"> Non-preferred agents within COX-1 SELECTIVE group will be approved for patients who have failed no less than 30-day trial of TWO preferred agents within this drug class Drug-specific criteria: <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 meclufenamate: 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)		
	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)	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
NSAID/GI PROTECTANT COMBINATIONS		
	diclofenac/misoprostol (generic for Arthrotec)	▪
COX-II SELECTIVE		
celecoxib (generic for Celebrex)		

NSAIDS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
	diclofenac (generic for Pennsaid Solution) FLECTOR PATCH (diclofenac) PENNSAID PACKET, PUMP (diclofenac) VOLTAREN GEL (diclofenac)	<ul style="list-style-type: none"> ▪ Flector®: Approved for diagnosis of acute pain due to sprain/strain/contusion AND trial of oral diclofenac OR clinical reason patient cannot use oral dosage form ▪ Pennsaid®: Approved for osteoarthritis of the knees AND trial of oral diclofenac OR clinical reason patient cannot use oral dosage form ▪ Pennsaid® Pump: Requires clinical reason why 1.5% solution cannot be used ▪ Voltaren®: Approved for diagnosis of osteoarthritis AND trial of oral diclofenac OR clinical reason patient cannot use oral dosage form

NOTE: Other oral oncology agents not listed here may also be available. See <https://nebraska.fhsc.com/default.asp> for coverage information and prior authorization status for products not listed.

ONCOLOGY AGENTS, ORAL, BREAST

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
CDK 4/6 INHIBITOR		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"> ▪ anastrozole: May be approved for malignant neoplasm of male breast (male breast cancer) ▪ capecitabine: Requires trial of Xeloda or clinical reason Xeloda cannot be used ▪ 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
IBRANCE (palbociclib)	KISQALI (ribociclib) KISQALI FEMARA CO-PACK VERZENIO (abemaciclib)	
CHEMOTHERAPY		
cyclophosphamide XELODA (capecitabine)	capecitabine (generic for Xeloda) ^{CL}	
HORMONE BLOCKADE		
anastrozole (generic for Arimidex) exemestane (generic for Aromasin) letrozole (generic for Femara) tamoxifen citrate (generic for Nolvadex)	<i>SOLTAMOX SOLN (tamoxifen)^{NR}</i> toremifene (generic for Fareston) ^{CL}	
OTHER		
	NERLYNX (neratinib) <i>PIQRAY (alpelisib)^{NR}</i> TYKERB (lapatinib) <i>TALZENNA (talazoparib tosylate)^{NR, QL}</i>	

NOTE: Other oral oncology agents not listed here may also be available. See <https://nebraska.fhsc.com/default.asp> for coverage information and prior authorization status for products not listed.

ONCOLOGY AGENTS, ORAL, HEMATOLOGIC

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
	ALL	<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 Drug-specific criteria <ul style="list-style-type: none"> Hydrea®: Requires clinical reason why generic cannot be used imatinib: Requires trial of Gleevec or clinical reason Gleevec cannot be used melphalan: Requires trial of Alkeran or clinical reason Alkeran cannot be used Tabloid: Prior authorization not required for age <19 Tasigna: Patients receiving Tasigna, which changed from preferred to non-preferred on 1-17-19 will be allowed to continue therapy Xpovio: Indicated for relapsed or refractory multiple myeloma. Requires concomitant therapy with dexamethasone
mercaptopurine	PURIXAN (mercaptopurine)	
	AML	
	<i>DAURISMO (glasdegib maleate)^{NR, QL}</i> IDHIFA (enasidenib) RYDAPT (midostaurin) TIBSOVO (ivosidenib) ^{QL} <i>XOSPATA (gilteritinib)^{NR, QL}</i>	
	CLL	
IMBRUVICA (irutinib) LEUKERAN (chlorambucil) <i>VENCLEXTA (venetoclax)</i>	<i>COPIKTRA (duvelisib)^{NR, QL}</i> ZYDELIG (idelalisib)	
	CML	
hydroxyurea (generic for Hydrea) <i>imatinib (generic for Gleevec)^{CL}</i> MYLERAN (busulfan) SPRYCEL (dasatinib)	BOSULIF (bosutinib) <i>GLEEVEC (imatinib)</i> HYDREA (hydroxyurea) ICLUSIG (ponatinib) TASIGNA (nilotinib) ^{CL}	
	MPN	
JAKAFI (ruxolitinib)		
	MYELOMA	
ALKERAN (melphalan) REVLIMID (lenalidomide)	FARYDAK (panobinostat) melphalan (generic for Alkeran) NINLARO (ixazomib) POMALYST (pomalidomide) THALOMID (thalidomide) <i>XPOVIO (selinexor)^{NR, CL}</i>	
	OTHER	
MATULANE (procarbazine) <i>TABLOID (thioguanine)</i> <i>tretinoin (generic for Vesanoïd)</i>	CALQUENCE (acalabrutinib) ^{QL} <i>INREBIC (fedratinib dihydrochloride)^{NR, QL}</i> ZOLINZA (vorinostat)	

NOTE: Other oral oncology agents not listed here may also be available. See <https://nebraska.fhsc.com/default.asp> for coverage information and prior authorization status for products not listed.

ONCOLOGY AGENTS, ORAL, LUNG

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ALK		<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
ALECENSA (alectinib)	ALUNBRIG (brigatinib) <i>LORBRENA (lorlatinib)^{NR,QL}</i> ZYKADIA (ceritinib) CAPSULE, TABLET	
ALK / ROS1 / NTRK		
XALKORI (crizotinib)	<i>ROZLYTREK (entrectinib)^{NR,AL,QL}</i>	
EGFR		
IRESSA (gefitinib) TAGRISSO (osimertinib)	erlotinib (generic for Tarceva) <i>GILOTRIF (afatinib)</i> <i>TARCEVA (erlotinib)</i> <i>VIZIMPRO (dacomitinib)^{NR,QL}</i>	
OTHER		
	<i>HYCAMTIN (topotecan)</i>	

ONCOLOGY AGENTS, ORAL, OTHER

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
CAPRELSA (vandetanib) GLEOSTINE (lomustine) <i>LYNPARZA (olaparib)</i> temozolomide (generic for Temodar) <i>ZEJULA (niraparib)</i>	<i>BALVERSA (erdafitinib)^{NR}</i> COMETRIQ (cabozantinib) HEXALEN (altretamine) LONSURF (trifluridine/tipiracil) RUBRACA (rucaparib) STIVARGA (regorafenib) <i>TURALIO (pexidartinib)^{NR,QL}</i> <i>VITRAKVI (larotrectinib) CAPSULE, SOLUTION^{NR,QL}</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

NOTE: Other oral oncology agents not listed here may also be available. See <https://nebraska.fhsc.com/default.asp> for coverage information and prior authorization status for products not listed.

ONCOLOGY AGENTS, ORAL, PROSTATE

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
bicalutamide (generic for Casodex) flutamide <i>XTANDI (enzalutamide)</i> <i>ZYTIGA (abiraterone)</i>	abiraterone (generic for Zytiga) EMCYT (estramustine) ERLEADA (apalutamide) ^{QL} nilutamide (generic for Nilandron) <i>NUBEQA (darolutamide)^{NR, QL}</i> YONSA (abiraterone acet, submicronized)	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

ONCOLOGY AGENTS, ORAL, RENAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
LENVIMA (lenvatinib) SUTENT (sunitinib) VOTRIENT (pazopanib)	AFINITOR (everolimus) AFINITOR DISPERZ (everolimus) CABOMETYX (cabozantinib) <i>INLYTA (axitinib)</i> <i>NEXAVAR (sorafenib)</i>	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"> ▪ Afinitor: Patients receiving Afinitor, which changed from preferred to non-preferred on 1-17-19 will be allowed to continue therapy

ONCOLOGY AGENTS, ORAL, SKIN

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
BASAL CELL		<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
ERIVEDGE (vismodegib)	ODOMZO (sonidegib)	
BRAF MUTATION		Drug-specific criteria <ul style="list-style-type: none"> ▪ Odomzo: Patients receiving Odomzo, which changed from preferred to non-preferred on 1-17-19 will be allowed to continue therapy
MEKINIST (trametinib) TAFINLAR (dabrafenib)	<i>BRAFTOVI (encorafenib)</i> <i>COTELLIC (cobimetinib)</i> <i>MEKTOVI (binimetinib)</i> <i>ZELBORAF (vemurafenib)</i>	

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%)	ALOCRIL (nedocromil) ALOMIDE (Iodoxamide) azelastine (generic for Optivar) BEPREVE (bepotastine besilate) EMADINE (emedastine) epinastine (generic for Elestat) LASTACRAFT (alcaftadine) olopatadine 0.1% (generic for Patanol) olopatadine 0.2% (generic for Pataday) PATADAY (olopatadine 0.2%)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agents within this drug class

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 this drug class 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) MOXEZA (moxifloxacin) ofloxacin (generic for Ocuflox)	BESIVANCE (besifloxacin) CILOXAN (ciprofloxacin) gatifloxacin 0.5% (generic for Zymaxid) levofloxacin moxifloxacin (generic for Vigamox) VIGAMOX (moxifloxacin)	
MACROLIDES		
erythromycin	AZASITE (azithromycin)	
AMINOGLYCOSIDES		
gentamicin SOLUTION tobramycin (generic for Tobrex drops) TOBREX OINTMENT (tobramycin)	<i>gentamicin OINTMENT</i>	
OTHER OPHTHALMIC AGENTS		
<i>bacitracin/polymyxin B (generic Polysporin)</i> polymyxin B/trimethoprim (generic for Polytrim)	bacitracin 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	

OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
neomycin/polymyxin/dexamethasone (generic for Maxitrol) sulfacetamide/prednisolone TOBRADEX SUSPENSION, OINTMENT (tobramycin and dexamethasone)	BLEPHAMIDE (prednisolone and sulfacetamide) BLEPHAMIDE S.O.P. neomyxin/polymyxin/HC neomycin/bacitracin/poly/HC PRED-G SUSPENSION, OINTMENT (prednisolone/gentamicin) 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 within this drug class

OPHTHALMICS, ANTI-INFLAMMATORIES

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

OPHTHALMICS, ANTI-INFLAMMATORY / IMMUNOMODULATORS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
RESTASIS (cyclosporine) RESTASIS MULTIDOSE (cyclosporine)	<i>CEQUA (cyclosporine)^{NR, QL}</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 within this drug class

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 this drug class Drug-specific criteria: <ul style="list-style-type: none"> Rhopressa and Rocklatan: Electronically approved for patients who have a trial of ONE generic agent, within ophthalmics-glaucoma within 60 days
pilocarpine	PHOSPHOLINE IODIDE (echothiophate iodide)	
SYMPATHOMIMETICS		
brimonidine 0.2% (generic for Alphagan)	Alphagan P (brimonidine 0.1%) Alphagan P (brimonidine 0.15%) apraclonidine (generic for Iopidine)	
BETA BLOCKERS		
levobunolol (generic for Betagan) timolol (generic for Timoptic)	betaxolol (generic for Betoptic) BETIMOL (timolol) BETOPTIC S (betaxolol) carteolol (generic for Ocupress) timolol (generic for Istalol) TIMOPTIC OCUDOSE TIMOPTIC XE (timolol gel forming solution)	
CARBONIC ANHYDRASE INHIBITORS		
dorzolamide (generic for Trusopt)	<i>AZOPT (brinzolamide)</i>	
PROSTAGLANDIN ANALOGS		
latanoprost (generic for Xalatan) TRAVATAN Z (travoprost)	bimatoprost (generic for Lumigan) VYZULTA (latanoprostene) XALATAN (latanoprost) ZIOPTAN (tafluprost)	
COMBINATION DRUGS		
COMBIGAN (brimonidine/timolol) dorzolamide/timolol (generic for Cosopt)	dorzolamide/timolol PF (generic for Cosopt PF) <i>SIMBRINZA (brinzolamide/brimonidine)</i>	
OTHER		
RHOPRESSA (netarsudil) ^{CL} <i>ROCKLATAN (netarsudil and latanoprost)^{NR,CL}</i>		

OTIC ANTI-INFECTIVES & ANESTHETICS

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

OTIC ANTIBIOTICS

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

PROGESTERONE (hydroxyprogesterone caproate)

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<p>MAKENA AUTO INJECTOR (hydroxyprogesterone caproate)</p> <p>MAKENA MDV, SDV (hydroxyprogesterone caproate)</p>	<p>hydroxyprogesterone caproate (generic Makena)</p>	<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

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 (generic for Restoril) 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 benzodiazepine cannot be used ▪ Ativan®/Klonopin®/Valium®: Requires trial of generic Approvable for seizure diagnosis and documentation of seizure activity on generic therapy ▪ Edluar®: Requires a trial with generic zolpidem within the last 12 months AND Trial OR Clinical reason why zaleplon and preferred benzodiazepine cannot be used and Requires documentation of swallowing disorder ▪ flurazepam/triazolam: Requires trial of preferred benzodiazepine ▪ Hetlioz®: Requires trial with generic zolpidem within last 12 months AND clinical reason why zaleplon AND preferred benzodiazepine cannot be used ▪ Silenor®: Must meet ONE of the following: <ul style="list-style-type: none"> ○ Contraindication to preferred oral sedative hypnotics ○ Medical necessity for doxepin dose < 10mg ○ Age greater than 65 years old or hepatic impairment (3mg dose will be approved if this criteria is met) ▪ 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
OTHERS		
zaleplon (generic for Sonata) zolpidem (generic for Ambien)	BELSOMRA (suvorexant) EDLUAR (zolpidem sublingual) eszopiclone (generic for Lunesta) HETLIOZ (tasimelteon) ^{CL} ramelteon (generic for Rozerem) SILENOR (doxepin) zolpidem ER (generic for Ambien CR) zolpidem SL (generic for Intermezzo) ZOLPIMIST (zolpidem oral spray)	

STEROIDS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
LOW POTENCY		<ul style="list-style-type: none"> ▪ Low Potency Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within this drug class
hydrocortisone OTC & RX CREAM, LOTION, OINTMENT hydrocortisone/aloe OINTMENT, CREAM SCALPICIN OTC (hydrocortisone)	ALA-CORT (hydrocortisone) CREAM ALA-SCALP HP (hydrocortisone) alclometasone dipropionate (generic for Aclovate) CAPEX SHAMPOO (fluocinolone) DESONATE (desonide) GEL desonide LOTION (generic for Desowen) desonide CREAM, OINTMENT (generic for former products Desowen, Tridesilon) fluocinolone 0.01% OIL (generic for DERMA-SMOOTHIE-FS) MICORT-HC (hydrocortisone) TEXACORT (hydrocortisone)	
MEDIUM POTENCY		<ul style="list-style-type: none"> ▪ Medium Potency Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agents within this drug class
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 (Continued)

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
HIGH POTENCY		
triamcinolone acetonide OINTMENT, CREAM triamcinolone LOTION	amcinonide CREAM, LOTION, OINTMENT betamethasone dipropionate betamethasone / propylene glyc betamethasone valerate desoximetasone diflorasone diacetate fluocinonide SOLUTION fluocinonide CREAM, GEL, OINTMENT fluocinonide emollient halcinonide CREAM (generic for Halog) HALOG (halcinonide) KENALOG AEROSOL (triamcinolone) SERNIVO (betamethasone dipropionate) triamcinolone SPRAY (generic for Kenalog spray) TRIANEX OINTMENT (triamcinolone) VANOS (fluocinonide)	<ul style="list-style-type: none"> High Potency Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agents within this drug class
VERY HIGH POTENCY		
clobetasol emollient (generic for Temovate-E) clobetasol propionate CREAM, GEL, OINTMENT, SOLUTION halobetasol propionate (generic for Ultravate)	APEXICON-E (diflorasone) <i>BRYHALI (halobetasol prop) LOTION^{NR}</i> clobetasol SHAMPOO, LOTION clobetasol propionate FOAM, SPRAY CLOBEX (clobetasol) <i>halobetasol propionate FOAM (generic for Lexette)^{NR,AL,QL}</i> <i>LEXETTE(halobetasol propionate)^{NR,AL,QL}</i> OLUX-E /OLUX/OLUX-E CP (clobetasol)	<ul style="list-style-type: none"> Very High Potency Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agents within this drug class

STIMULANTS AND RELATED AGENTS^{AL}

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 this drug class
Amphetamine type		
<p><i>amphetamine salt combination ER (generic for Adderall XR)</i></p> <p>amphetamine salt combination IR</p> <p>VYVANSE (lisdexamfetamine)</p> <p>CAPSULE, CHEWABLE</p>	<p><i>ADDERALL XR (amphetamine salt combo)</i></p> <p>ADZENYS ER (amphetamine)</p> <p>SUSPENSION</p> <p>ADZENYS XR (amphetamine)</p> <p>amphetamine sulfate (generic for Evekeo)</p> <p>dextroamphetamine (generic for Dexedrine)</p> <p>dextroamphetamine SOLUTION (generic for Procentra)</p> <p>dextroamphetamine ER (generic for Dexedrine ER)</p> <p>DYANAVEL XR (amphetamine)</p> <p><i>EVEKEO ODT (amphetamine sulfate)^{NR}</i></p> <p>MYDAYIS (amphetamine salt combo)^{QL}</p> <p>methamphetamine (generic for Desoxyn)</p> <p>ZENZEDI (dextroamphetamine)</p>	<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

STIMULANTS AND RELATED ADHD DRUGS (Continued)^{AL}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
Methylphenidate type		
<p>APTENSIO XR (methylphenidate) <i>dexmethylphenidate (generic for Focalin IR)</i></p> <p>FOCALIN XR (dexmethylphenidate) METHYLIN SOLUTION <i>(methylphenidate)</i></p> <p>methylphenidate (generic for Ritalin) <i>methylphenidate 30/70 (generic for Metadate CD)</i> <i>methylphenidate SOLUTION (generic for Methylin)</i></p> <p>methylphenidate ER 10mg, 20mg (generic for Ritalin SR, Metadate ER) <i>methylphenidate ER 18mg, 27mg, 36mg, 54mg (generic Concerta)</i></p> <p>QUILLICHEW ER CHEWTAB (methylphenidate)</p>	<p><i>ADHANSIA XR (methylphenidate)^{NR, QL}</i></p> <p>CONCERTA (methylphenidate ER) 18mg, 27mg, 36mg, 54mg</p> <p>COTEMPLA XR-ODT (methylphenidate)</p> <p>DAYTRANA PATCH (methylphenidate)</p> <p>dexmethylphenidate XR (generic for Focalin XR)</p> <p><i>FOCALIN IR (dexmethylphenidate)</i></p> <p><i>JORNAY PM (methylphenidate)^{NR, QL}</i></p> <p>methylphenidate 50/50 (generic for RITALIN LA)</p> <p>methylphenidate ER (generic for Ritalin SR)</p> <p>methylphenidate ER 72mg (generic for RELEXXI)^{QL}</p> <p>QUILLIVANT XR SUSP <i>(methylphenidate)</i></p> <p>RITALIN (methylphenidate)</p>	<ul style="list-style-type: none"> ▪ Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agents within this drug class <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

STIMULANTS AND RELATED ADHD DRUGS (Continued)^{AL}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
MISCELLANEOUS		Note: generic guanfacine IR and clonidine IR are available without prior authorization
atomoxetine (generic for Strattera) guanfacine ER (generic for Intuniv) ^{QL}	clonidine ER (generic for Kapvay) ^{CL} STRATTERA (atomoxetine)	
ANALEPTICS		
	modafanil (generic for Provigil) ^{CL} armodafinil (generic for Nuvigil) ^{CL} <i>SUNOSI (solriamfeto)^{NR,CL,QL}</i> <i>WAKIX (pitolisant)^{NR,CL,QL}</i>	<ul style="list-style-type: none"> ▪ armodafinil and Sunosi: Require trial of modafinil ▪ armodafinil and modafinil: approved only for: <ul style="list-style-type: none"> ○ Sleep Apnea with documentation/confirmation via sleep study and documentation that C-PAP has been maxed ○ Narcolepsy with documentation of diagnosis via sleep study ○ Shift Work Sleep Disorder (only approvable for 6 months) with work schedule verified and documented. Shift work is defined as working the all night shift ▪ Sunosi approved only for: <ul style="list-style-type: none"> ○ <i>Sleep Apnea with documentation/confirmation via sleep study and documentation that C-PAP has been maxed</i> ○ <i>Narcolepsy with documentation of diagnosis via sleep study</i> ▪ Wakix: approved only for excessive daytime sleepiness in adults with narcolepsy with documentation of narcolepsy diagnosis via sleep study

VII. Adjournment / Other Business

- i. A vote to conclude the meeting was made at 3:00pm it was unanimously approved by all in attendance.

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

Date: Wednesday, May 13, 2020

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.