

DIVISION OF MEDICAID AND LONG-TERM CARE
Nebraska DHHS

PHARMACEUTICAL AND THERAPEUTICS COMMITTEE MEETING MINUTES

November 4, 2020 at 9 a.m. CST
Virtual Meeting via ZOOM Webinar

Committee Members Present:

Eric Avery, M.D. (Vice Chair)
Claire Baker, M.D.
Andrew Bendlin, Pharm.D.
Allison Dering-Anderson, Pharm.D.
Gary Elsasser, Pharm.D. (Morning Only)
Wade Fornander, M.D.
Mary Hammond, Pharm.D.
Jennifer Hill, M.D.
Laurie Humphries, M.D.
Joyce Juracek, Pharm.D.
Lauren Nelson, M.D.
Jessica Pohl, Pharm.D.
Bradley Sundsboe, Pharm.D.
Linda Sobeski, Pharm.D. (Chair)

Division of Medicaid and Long-Term Care Staff Present:

Carisa Masek, Pharm.D., MBA, MPH
Leah Spencer, R.N., M.Ed.
Dianne Garside, Pharm.D.
Ken Saunders, Pharm.D.
Spencer Moore, Pharm.D.

Magellan Medicaid Administration Staff Present:

Nikia Bennette-Carter, 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
Jamie Benson, Pharm.D., NTC Director

Committee Members Excused:

Stacie Bleicher, M.D.
Jeffrey Gotschall, M.D.
Rachelle Kaspar-Cope, M.D.
Gary Elsasser, Pharm.D. (Afternoon Only)

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

- i. The meeting was called to order at 9:00am CT. Dianne Garside called the meeting to order. Chairperson Linda Sobeski introduced the new committee members, Andrew Bendlin and Bradley Sundsboe.
- ii. A copy of the Agenda, Open Meetings Act, and Proposed Preferred Drug List (PDL) were posted on the Nebraska Medicaid Pharmacy website (<https://nebraska.fhsc.com/PDL/PTcommittee.asp>).
- iii. Roll Call: See list above.
- iv. Conflicts of Interest: Dr. Eric Avery acknowledged he has been on advisory boards for AstraZeneca, Janssen Biotech, and McKesson. Dianne Garside confirmed that Dr. Avery sent a conflict of interest explanation to the State. No further discussions.
- v. Approval of May 13, 2020 P&T Committee Meeting Minutes.

(1st) Motion: **Humphries**

(2nd) Motion: **Hill**

Unanimously approved by all in attendance.

- vi. Department information: Dianne Garside notified the committee and public attendees that a copy of the Open Meetings Act and State of Nebraska P&T Committee By-Laws are located on the DHHS pharmacy website.

Dianne noted the Heritage Health Adult Expansion (Medicaid Expansion) was implemented on Oct 1, 2020. To date, there are approximately 16,000 beneficiaries that are enrolled. She also introduced Spencer Moore, the newest pharmacist at the State of Nebraska. Spencer will be focused on data analytics using the new Nebraska data warehouse that went live on November 2, 2020.

II. Public Testimony

Speaker Order	DRUG CLASS	Drug Name	PDL Status	Speaker Name	Affiliation
1	Anti-Allergens, Oral	Palforzia	NP	Shannon Payne	Aimmune Therapeutics
2	AntiParkinson's Agents	Kynmobi	NP	Jennifer Wilbanks	Sunovion Pharmaceuticals
3	Cytokine & CAM Antagonists	Xeljanz	NP	Nancy Bell	Pfizer
4	Oncology Agents, Oral, Hematologic	Brukinsa	NP	Hoa Pham	Beigene
5	Oncology Agents, Oral, Skin	Braftovi	NP	Vila Shetty	Pfizer
6	Stimulants and Related ADHD Drugs	Jornay PM	NP	Justin Barnes	Ironshore Pharmaceuticals

III. Committee Closed Session.

(1 st) Motion: Humphries	(2 nd) Motion: Dering-Anderson
Unanimously approved by all in attendance.	

IV. Resume Open Session.

(1 st) Motion: Avery	(2 nd) Motion: Hill
Unanimously approved by all in attendance.	

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: Hill							
(2nd) Motion: Fornander							
Discussion: Approve as written.							
Voting – P&T Committee Members Does not include absent or excused members	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Humphries, Laurie, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D.	x						

Consent Agenda: Therapeutic categories (TC) with unchanged recommendations unless otherwise indicated.	
Alzheimer's Agents	Methotrexate
Antihistamines, Minimally Sedating	Movement Disorders
Antihypertensives, Sympatholytics	Oncology, Oral- Breast
Antipsoriatics, Oral	Oncology, Oral – Hematologic
Antipsoriatics, Topical	Oncology, Oral – Skin
Anxiolytics	Ophthalmic, Allergic Conjunctivitis
Bile Salts	Ophthalmic Antibiotic-Steroid Combinations
Colony Stimulating Factors	Ophthalmic, Glaucoma Agents
Cough and Cold, Opiate	Otic Anti-Infectives & Anesthetics
Enzyme Replacement, Gauchers Disease	Otic Antibiotics
Epinephrine, Self-Injected	Sedative Hypnotics
Erythropoiesis Stimulating Proteins	Steroids, Topical High
Idiopathic Pulmonary Fibrosis	Steroids, Topical Medium
Immunomodulators, Topical	Steroids, Topical Very High
Intranasal Rhinitis Agents	
Leukotriene Modifiers	

ii. Therapeutic Class Reviews

Review Agenda – Antihelmintics							
(1st) Motion: Dering-Anderson							
(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 Chair)	x			Humphries, Laurie, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D.	x						

Review Agenda – Anti-Allergens, Oral							
(1st) Motion: Juracek							
(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 Chair)	x			Humphries, Laurie, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D.	x						

Review Agenda – Antihistamines, Minimally Sedating

(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 Chair)	x			Humphries, Laurie, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D.	x						

Review Agenda – Antihyperuricemics

(1st) Motion: Baker

(2nd) Motion: Juracek

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 Chair)	x			Humphries, Laurie, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D.	x						

Review Agenda – Antiparkinson’s								
(1st) Motion: Juracek								
(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 Chair)	x			Humphries, Laurie, M.D	x			
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x			
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x			
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x			
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x			
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>				
Hill, Jennifer, M.D	x							

Review Agenda – Antipsoriatics, Topical								
(1st) Motion: Avery								
(2nd) Motion: Dering-Anderson								
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 Chair)	x			Humphries, Laurie, M.D	x			
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x			
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x			
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x			
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x			
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>				
Hill, Jennifer, M.D	x							

Review Agenda – Bronchodilators, Beta Agonist

(1st) Motion: Dering-Anderson

(2nd) Motion: Juracek

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 Chair)	x			Humphries, Laurie, M.D	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D	x						

Review Agenda – Colony Stimulating Factors

(1st) Motion: Avery

(2nd) Motion: Juracek

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 Chair)	x			Humphries, Laurie, M.D	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x		
Dering Anderson, Allison, Pharm.D.		x		Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D	x						

Review Agenda – COPD Agents								
(1st) Motion: Juracek								
(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 Chair)	x			Humphries, Laurie, M.D	x			
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x			
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x			
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x			
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x			
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>				
Hill, Jennifer, M.D	x							

Review Agenda – Cytokine and CAM Antagonists								
(1st) Motion: Avery								
(2nd) Motion: Juracek								
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 Chair)	x			Humphries, Laurie, M.D	x			
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x			
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x			
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x			
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x			
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>				
Hill, Jennifer, M.D	x							

Review Agenda – Glucocorticoids, Inhaled											
(1st) Motion: Dering-Anderson											
(2nd) Motion: Juracek											
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 Chair)			x			Humphries, Laurie, M.D.			x		
Baker, Claire, M.D.			x			Juracek, Joyce, Pharm.D.			x		
Bendlin, Andrew, Pharm.D.			x			Nelson, Lauren, M.D.			x		
Dering Anderson, Allison, Pharm.D.			x			Pohl, Jessica, Pharm.D.			x		
Fornander, Wade, M.D.			x			Sundsboe, Bradley, Pharm.D.			x		
Hammond, Mary, Pharm.D.			x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>					
Hill, Jennifer, M.D.			x								

Review Agenda – Glucocorticoids, Oral											
(1st) Motion: Hill											
(2nd) Motion: Juracek											
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 Chair)			x			Humphries, Laurie, M.D.			x		
Baker, Claire, M.D.			x			Juracek, Joyce, Pharm.D.			x		
Bendlin, Andrew, Pharm.D.			x			Nelson, Lauren, M.D.			x		
Dering Anderson, Allison, Pharm.D.			x			Pohl, Jessica, Pharm.D.			x		
Fornander, Wade, M.D.			x			Sundsboe, Bradley, Pharm.D.			x		
Hammond, Mary, Pharm.D.			x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>					
Hill, Jennifer, M.D.			x								

Review Agenda – Hemophilia Treatment

(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 Chair)	x			Humphries, Laurie, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D.	x						

Review Agenda – Histamine II Receptor Blockers

(1st) Motion: Juracek

(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 Chair)	x			Humphries, Laurie, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D.	x						

Review Agenda – Immunomodulators, Asthma (new)

(1st) Motion: Fornander

(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 Chair)	x			Humphries, Laurie, M.D	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D	x						

Review Agenda – Immunomodulators, Atopic Dermatitis

(1st) Motion: Avery

(2nd) Motion: Juracek

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 Chair)	x			Humphries, Laurie, M.D	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D	x						

Review Agenda – NSAIDS											
(1st) Motion: Hill											
(2nd) Motion: Juracek											
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 Chair)			x			Humphries, Laurie, M.D.			x		
Baker, Claire, M.D.			x			Juracek, Joyce, Pharm.D.			x		
Bendlin, Andrew, Pharm.D.			x			Nelson, Lauren, M.D.			x		
Dering Anderson, Allison, Pharm.D.			x			Pohl, Jessica, Pharm.D.			x		
Fornander, Wade, M.D.			x			Sundsboe, Bradley, Pharm.D.			x		
Hammond, Mary, Pharm.D.			x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>					
Hill, Jennifer, M.D.			x								

Review Agenda – Oncology, Oral- Breast											
(1st) Motion: Avery											
(2nd) Motion: Juracek											
Discussion: Approve as written. Dr. Avery to review Oncology classes w/ the State before next P&T mtg.											
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 Chair)			x			Humphries, Laurie, M.D.			x		
Baker, Claire, M.D.			x			Juracek, Joyce, Pharm.D.			x		
Bendlin, Andrew, Pharm.D.			x			Nelson, Lauren, M.D.			x		
Dering Anderson, Allison, Pharm.D.			x			Pohl, Jessica, Pharm.D.			x		
Fornander, Wade, M.D.			x			Sundsboe, Bradley, Pharm.D.			x		
Hammond, Mary, Pharm.D.			x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>					
Hill, Jennifer, M.D.			x								

Review Agenda – Oncology, Oral – Hematologic

(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 Chair)	x			Humphries, Laurie, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D.	x						

Review Agenda – Oncology, Oral – Lung

(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 Chair)	x			Humphries, Laurie, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D.	x						

Review Agenda – Oncology, Oral – Other

(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 Chair)	x			Humphries, Laurie, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D.	x						

Review Agenda – Oncology, Oral – Prostate

(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 Chair)	x			Humphries, Laurie, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D.	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D.	x						

Review Agenda – Oncology, Oral – Renal Cell

(1st) Motion: Avery

(2nd) Motion: Juracek

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 Chair)	x			Humphries, Laurie, M.D	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D	x						

Review Agenda – Ophthalmic, Allergic Conjunctivitis

(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 Chair)	x			Humphries, Laurie, M.D	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D	x						

Review Agenda – Ophthalmic, Antibiotics

(1st) Motion: Fornander

(2nd) Motion: Juracek

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 Chair)	x			Humphries, Laurie, M.D	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D	x						

Review Agenda – Ophthalmic, Anti-Inflammatories

(1st) Motion: Hill

(2nd) Motion: Juracek

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 Chair)	x			Humphries, Laurie, M.D	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D	x						

Review Agenda – Ophthalmic, Anti- Inflammatory/Immunomodulator

(1st) Motion: Humphries

(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 Chair)	x			Humphries, Laurie, M.D	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D	x						

Review Agenda – Otic Antibiotics

(1st) Motion: Baker

(2nd) Motion: Juracek

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 Chair)	x			Humphries, Laurie, M.D	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D	x						

Review Agenda – Progesterone (hydroxyprogesterone caproate)

(1st) Motion: Hill

(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 Chair)	x			Humphries, Laurie, M.D	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D	x						

Review Agenda – Sedative Hypnotics

(1st) Motion: Humphries

(2nd) Motion: Juracek

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 Chair)	x			Humphries, Laurie, M.D	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D	x						

Review Agenda – Sickle Cell Anemia Treatments (new)

(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 Chair)	x			Humphries, Laurie, M.D	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D	x						

Review Agenda – Steroids, Topical High

(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 Chair)	x			Humphries, Laurie, M.D	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D	x						

Review Agenda – Steroids, Topical Low								
(1st) Motion: Juracek								
(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 Chair)	x			Humphries, Laurie, M.D	x			
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x			
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x			
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x			
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x			
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>				
Hill, Jennifer, M.D	x							

Review Agenda – Stimulants and Related Drugs								
(1st) Motion: Humphries								
(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 Chair)	x			Humphries, Laurie, M.D	x			
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x			
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x			
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x			
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x			
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>				
Hill, Jennifer, M.D	x							

Review Agenda – Thrombopoiesis Stimulating Proteins (new)

(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 Chair)	x			Humphries, Laurie, M.D	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Nelson, Lauren, M.D	x		
Dering Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Fornander, Wade, M.D	x			Sundsboe, Bradley, Pharm.D.	x		
Hammond, Mary, Pharm.D.	x			Sobeski, Linda, Pharm.D. (Chair) • <i>Votes only in the event of a tie</i>			
Hill, Jennifer, M.D	x						

Nebraska Medicaid

Preferred Drug List with Prior Authorization Criteria

November 2020 P&T Proposed Changes

Highlights indicated proposed changes

For the most up to date list of covered drugs consult the Drug Lookup on the Nebraska Medicaid Website at <https://druglookup.fhsc.com/druglookupweb/?client=nestate>

- **Opioids**- The maximum opioid dose covered will decrease from 150 Morphine Milligram Equivalents (MME) per day to 120 Morphine Milligram Equivalents (MME) per day. (beginning September 1, 2020)

Non-Preferred Drug Coverage

Class and drug-specific therapeutic trial and failure requirements are found within this document.

Examples of non-preferred exception criteria include:

- Adverse reaction to preferred drugs
- Allergy to preferred drugs
- Contraindication to preferred drugs
- Documentation of inability to swallow solid dosage forms

Specific Class Prior Authorization forms can be found within the PDL class listings and at:

<https://nebraska.fhsc.com/priorauth/paforms.asp>

- [Buprenorphine Products PA Form](#)
- [Buprenorphine Products Informed Consent](#)
- [Growth Hormone PA Form](#)
- [HAE Treatments PA Form](#)
- [Hepatitis C PA Form](#)

For all other class medically-necessary coverage, quantity, and high dose requests use the following:

- [Documentation of Medical Necessity PA Form](#)

For a complete list of Claims Limitations visit:

<https://nebraska.fhsc.com/Downloads/neclaimlimitations.pdf>

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 TRANSDERMAL (rivastigmine)	donepezil 23 (generic for Aricept 23) galantamine (generic for Razadyne) SOLUTION, TABLET galantamine ER (generic for Razadyne ER) rivastigmine CAPSULE, TRANSDERMAL (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 <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Donepezil 23: Requires donepezil 10mg/day for at least 3 months AND clinical reason as to why 5mg or 10mg tablets can't be used (to deliver 20mg or 25mg)
NMDA RECEPTOR ANTAGONIST		
memantine DOSE PACK, TABLET (generic for Namenda)	memantine ER (generic for Namenda XR) memantine SOLUTION (generic for Namenda) NAMENDA DOSE PACK, TABLET (memantine) NAMZARIC (memantine/donepezil)	

ANTHELMINTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
albendazole (generic for Albenza) BILTRICIDE (praziquantel) ivermectin (generic for Stromectol)	ALBENZA (albendazole) EMVERM (mebendazole) ^{CL} praziquantel (generic for Biltricide) STROMEKTOL (ivermectin)	<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
	<p>ORALAIR (sweet vernal/orchard/rye/timothy/kentucky blue grass mixed pollen allergen extract)</p> <p><i>PALFORZIA^{NR,AL} (peanut allergen powder-dnfp)</i></p>	<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 (Rx only) (generic for Zyrtec) loratadine TABLET, SOLUTION (generic for Claritin) levocetirizine TABLET (generic for Xyzal)	cetirizine CHEWABLE (generic for Zyrtec) cetirizine SOLUTION (OTC) 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, ODT (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

ANTIHYPERURICEMICS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
allopurinol (generic for Zyloprim) MITIGARE (colchicine) probenecid probenecid/colchicine (generic for Col-Probenecid)	colchicine TABLET (generic for Colcrys) ^{CL} colchicine CAPSULE (generic for Mitigare) febuxostat (generic for Uloric) ^{CL} GLOPERBA SOLN (colchicine) ^{NR,CL,QL}	<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 Gloperba: Approved for documented swallowing disorder 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 <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: Approval upon diagnosis of Parkinson's disease and concurrent treatment with carbidopa/levodopa agent ■ 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 	
COMT INHIBITORS			
	entacapone (generic for Comtan) tolcapone (generic for Tasmar)		
DOPAMINE AGONISTS			
pramipexole (generic for Mirapex) ropinirole (generic for Requip)	bromocriptine (generic for Parlodel) ropinirole ER (<i>generic for Requip ER</i>) ^{CL} NEUPRO (rotigotine) ^{CL} pramipexole ER (generic for Mirapex ER) ^{CL} ropinirole ER (generic for Requip XL) ^{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)	APOKYN (apomorphine)^{NR} SUB-Q carbidopa (generic for Lodosyn) carbidopa/levodopa ODT (generic for Parcopa) DUOPA (carbidopa/levodopa) GOCOVRI (amantadine) ^{QL} INBRIJA (levodopa) INHALER ^{CL,QL} KYNMOBI (apomorphine)^{QL,NR} 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 OINTMENT (generic for Taclonex) <i>calcipotriene/betamethasone SUSP (generic for Taclonex Scalp)^{NR}</i> CALCITRENE (calcipotriene) DOVONEX CREAM (calcipotriene) DUOBRII (halobetasol prop/tazarotene) 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^{CL} clorazepate (generic for Tranxene-T) diazepam INTENSOL^{CL} 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 (generic for Actigall) 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)	albuterol HFA (generic for ProAir HFA, Proventil HFA, Ventolin HFA) levalbuterol HFA (generic for Xopenex HFA) <i>PROAIR DIGIHALER (albuterol)^{NR}</i> PROAIR RESPICLICK (albuterol) <i>PROVENTIL HFA (albuterol)</i>	
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) terbutaline (generic for Brethine)	

COLONY STIMULATING FACTORS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
NEUPOGEN (filgrastim) VIAL	GRANIX (tbo-filgrastim) NEUPOGEN DISP SYR (filgrastim) NIVESTYM SYR, VIAL (filgrastim-aafi) ZARXIO (filgrastim-sndz) ZIEXTENZO SYR (pegfilgrastim-bmez) ^{NR}	<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		
ANORO ELLIPTA (umeclidinium/vilanterol) ATROVENT HFA (ipratropium) COMBIVENT RESPIMAT (albuterol/ipratropium) SPIRIVA (tiotropium) STIOLTO RESPIMAT (tiotropium/olodaterol)	BEVESPI AEROSPHERE (glycopyrolate/formoterol) DUAKLIR PRESSAIR (aclidinium br and formoterol fum) ^{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. <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Daliresp®: 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 (revefenacin)	
ORAL AGENT		
	DALIRESP (roflumilast) ^{CL, QL}	

COUGH AND COLD, OPIATE COMBINATION

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
	guaifenesin/codeine LIQUID hydrocodone/homatropine SYRUP promethazine/codeine 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 dextromethorphan product 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} ENBREL (etanercept) VIAL^{NR,QL} OTEZLA (apremilast) ORAL^{CL,QL}	ACTEMRA (tocilizumab) SUB-Q ARCALYST (niloncept) CIMZIA (certolizumab pegol) ^{QL} COSENTYX (secukinumab) ^{CL} ENSPRYNG (satralizumab-mwge)^{NR} SUB-Q ILUMYA (tildrakizumab) SUB-Q KEVZARA (sarilumab) SUB-Q, PEN, SYRINGE KINERET (anakinra) OLUMIANT (baricitinib) ORAL^{CL,QL} ORENCIA (abatacept) SUB-Q RINVOQ ER (upadacitinib) ^{CL,QL} SILIQ (brodalumab) SIMPONI (golimumab) SKYRIZI (risankizumab-rzaa) STELARA (ustekinumab) SUB-Q TALTZ (ixekizumab) ^{AL} TREMFYA (guselkumab) ^{QL} XELJANZ (tofacitinib) ORAL^{CL,QL} XELJANZ XR (tofacitinib) ORAL^{CL,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"> Otezla: Requires a trial of Humira Olumiant: Requires documentation of inadequate response or intolerance to methotrexate and an inadequate response to one or more TNF antagonist therapies. Rinvoq, Xeljanz, Xeljanz XR: Requires documentation of inadequate response or intolerance to methotrexate

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.) AUTOINJECTOR	epinephrine (generic for Adrenaclick) epinephrine (generic for EpiPen/ EpiPen Jr.) AUTOINJECTOR EPIPEN (epinephrine) AUTOINJ EPIPEN JR. (epinephrine) AUTOINJ SYMJEPI (epinephrine) PFS	<ul style="list-style-type: none"> Non-preferred agents require clinical documentation why the preferred product within this drug class is not appropriate <p>Brand name product may be authorized in event of documented national shortage of generic product.</p>

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		<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 <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> budesonide respules: Covered without PA for age ≤ 8 years OR for diagnosis of eosinophilic esophagitis in patients ≥ 9 years, by GI biopsy or upper endoscopy. For other indications, must have failed a trial of two preferred agents within this drug class, within the last 6 months.
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) ^{CL,AL,QL} FLOVENT DISKUS (fluticasone) QVAR (beclomethasone) QVAR Redihaler (beclomethasone)	
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS		
ADVAIR DISKUS (fluticasone/salmeterol) ^{QL} ADVAIR HFA (fluticasone/salmeterol) ^{QL} DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	AIRDUO DIGIHALER (fluticasone/salmeterol) ^{AL,NR,QL} BREO ELLIPTA (fluticasone/vilanterol) BREZTRI (budesonide/formoterol/glycopyrrolate) ^{NR,QL} Budesonide/formoterol (generic for Symbicort) 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
budesonide EC CAPSULE (generic for Entocort EC) dexamethasone TABLET dexamethasone ELIXIR, SOLN hydrocortisone TABLET methylprednisolone DOSE PAK methylprednisolone tablet (generic for Medrol) prednisolone SOLUTION prednisolone sodium phosphate prednisone DOSE PAK prednisone TABLET	CORTEF (hydrocortisone) cortisone TABLET dexamethasone INTENSOL DEXPAK (dexamethasone) DXEVO (dexamethasone) EMFLAZA (deflazacort) SUSPENSION, TABLET^{CL} ENTOCORT EC (budesonide) methylprednisolone 8mg, 16mg, 32mg <i>ORTIKOS ER (budesonide)^{AL,NR,QL}</i> PEDIAPRED (prednisolone sodium phosphate) prednisolone sodium phosphate (generic for Millipred/Veripred) prednisolone sodium phosphate ODT prednisone SOLUTION prednisone INTENSOL RAYOS DR (prednisone) TABLET	<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 2 years of age and older 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
ALPHANATE HELIXATE FS HUMATE-P NOVOEIGHT NUWIQ XYNTHA KIT, SOLOFUSE	ADVATE ADYNOVATE AFSTYLA ELOCTATE ESPEROCT^{NR} HEMOFIL-M JIVI ^{AL} KOATE-DVI KIT KOATE-DVI VIAL KOGENATE FS KOVALTRY OBIZUR RECOMBINATE	
FACTOR IX		
BENEFIX	ALPHANINE SD ALPROLIX IDELVION IXINITY MONONINE PROFILNINE SD REBINYN RIXUBIS	
FACTOR VIIa AND PROTHROMBIN COMPLEX-PLASMA DERIVED		
NOVOSEVEN RT	FEIBA NF	
FACTOR X AND XIII PRODUCTS		
COAGADEX^{CL} CORIFACT	TRETTEN ^{CL}	
VON WILLEBRAND PRODUCTS		
WILATE	VONVENDI	
BISPECIFIC FACTORS		
HEMLIBRA^{CL}		

HISTAMINE II RECEPTOR BLOCKERS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
famotidine TABLET (generic for Pepcid) nizatidine SOLUTION (generic for Axid)	cimetidine TABLET, SOLUTION (generic for Tagamet) famotidine SUSPENSION nizatidine CAP (generic for Axid) ranitidine CAPSULE , (generic for Zantac) ranitidine OTC, SYRUP, TABLET (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 nizatadine/cimetidine solution/famotidine suspension: Requires clinical reason why ranitidine syrup cannot be used ***famotidine suspension is authorized during national shortage of ranitidine syrup.***

IDIOPATHIC PULMONARY FIBROSIS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
OFEV (nintedanib esylate) ^{CL}	ESBRIET (pirfenidone)	<ul style="list-style-type: none"> Non-preferred agent requires trial of preferred agent within this drug class FDA approved indication required – ICD-10 diagnosis code

IMMUNOMODULATORS, ASTHMA^{NR}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
FASENRA (benralizumab) ^{NR} PEN, SYR	NUCALA (mepolizumab) ^{NR} AUTO-INJ, SYR, VIAL	

IMMUNOMODULATORS, ATOPIC DERMATITIS^{AL}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<p>ELIDEL (pimecrolimus)</p> <p>EUCRISA (crisaborole)</p>	<p>DUPIXENT (dupilumab)^{AL,CL}</p> <p>DUPIXENT PEN^{AL,NR}</p> <p>pimecrolimus (generic for Elidel)</p> <p>tacrolimus (generic for Protopic)^{CL}</p>	<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
<p>imiquimod (generic for Aldara)</p>	<p>ALDARA (imiquimod)</p> <p>imiquimod (generic for Zyclara)</p> <p>podofilox (generic for Condylox)</p> <p>VEREGEN (sinecatechins)</p> <p>ZYCLARA (imiquimod)</p>	<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		Non-preferred agents will be approved for patients who have failed a 30-day trial of ONE preferred agent within this drug class Drug-specific criteria: <ul style="list-style-type: none"> ▪ mometasone: Prior authorization NOT required for children ≤ 12 years ▪ budesonide: Approved for use in Pregnancy (Pregnancy Category B) ▪ Veramyst®: Prior authorization NOT required for children ≤ 12 years ▪ Xhance: Indicated for treatment of nasal polyps in ≥ 18 years only
ANTI-HISTAMINES		
ipratropium (generic for Atrovent)	azelastine 0.15% (generic for Astepro) <i>azelastine/fluticasone (generic for Dymista)</i> olopatadine (generic for Patanase)	
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)	

LEUKOTRIENE MODIFIERS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
montelukast TABLET/CHEWABLE (generic for Singulair) ^{AL}	montelukast GRANULES (generic for Singulair) ^{CL, AL} 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
AUSTEDO (deutetrabenazine) ^{CL} tetrabenazine (generic for Xenazine) ^{CL}	INGREZZA (valbenazine) ^{CL} CAP, INITIATION PACK XENAZINE (tetrabenazine)	<p>Non-preferred agent requires trial of Austedo</p> <p>All drugs require an FDA approved indication – ICD-10 diagnosis code required.</p> <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Austedo: Diagnosis of Tardive Dyskinesia or chorea associated with Huntington’s Disease; 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’s Disease

NSAIDs, ORAL

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

NSAIDs, ORAL (Continued)

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
COX-I SELECTIVE (continued)		
	<p>ALL BRAND NAME NSAIDs including: CAMBIA (diclofenac oral solution) DUEXIS (ibuprofen/famotidine) SPRIX (ketorolac nasal spray) NASAL^{QL, CL} TIVORBEX (indomethacin) VIVLODEX (meloxicam submicronized) ZIPSOR (diclofenac) ZORVOLEX (diclofenac)</p>	<p>Drug-specific criteria:</p> <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		
	<p>diclofenac/misoprostol (generic for Arthrotec)</p>	<ul style="list-style-type: none"> ▪
COX-II SELECTIVE		
<p>celecoxib (generic for Celebrex)</p>		

NSAIDs, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<p>diclofenac sodium GEL OTC</p>	<p>diclofenac (generic for Pennsaid Solution)^{CL} FLECTOR PATCH (diclofenac)^{CL} <i>LICART PATCH (diclofenac)^{NR}</i> PENNSAID PACKET, PUMP (diclofenac)^{CL} VOLTAREN GEL (diclofenac)^{CL}</p>	<p>Drug Specific Criteria</p> <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

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
IBRANCE (palbociclib)	KISQALI (ribociclib) KISQALI FEMARA CO-PACK VERZENIO (abemaciclib)	
CHEMOTHERAPY		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 ▪ Soltamox: May be approved with documented swallowing difficulty
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)	SOLTAMOX SOLN (tamoxifen) ^{CL} toremifene (generic for Fareston) ^{CL}	
OTHER		
	NERLYNX (neratinib) PIQRAY (alpelisib) TYKERB (lapatinib) TALZENNA (talazoparib tosylate) ^{QL} <i>TUKYSA(tucatinib)^{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 ▪ 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		
	DAURISMO (glasdegib maleate) ^{QL} IDHIFA (enasidenib) RYDAPT (midostaurin) TIBSOVO (ivosidenib) ^{QL} XOSPATA (gilteritinib) ^{QL}	
CLL		
IMBRUVICA (irutinib) LEUKERAN (chlorambucil) VENCLEXTA (venetoclax)	COPIKTRA (duvelisib) ^{QL} ZYDELIG (idelalisib)	
CML		
hydroxyurea (generic for Hydrea) imatinib (generic for Gleevec) MYLERAN (busulfan) SPRYCEL (dasatinib)	BOSULIF (bosutinib) GLEEVEC (imatinib) 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) XPOVIO (selinexor) ^{CL}	
OTHER		
MATULANE (procarbazine) TABLOID (thioguanine) tretinoin (generic for Vesanoid)	<i>BRUKINSA (zanubrutinib)^{NR,QL}</i> CALQUENCE (acalabrutinib) ^{QL} INREBIC (fedratinib dihydrochloride) ^{QL} <i>INQOVI (decitabine/cedazuridine)^{NR}</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) LORBRENA (lorlatinib) ^{QL} ZYKADIA (ceritinib) CAPSULE, TABLET	
ALK / ROS1 / NTRK		
	ROZLYTREK (entrectinib) ^{AL,QL} XALKORI (crizotinib)	
EGFR		
TAGRISSO (osimertinib)	erlotinib (generic for Tarceva) GILOTRIF (afatinib) IRESSA (gefitinib) TARCEVA (erlotinib) VIZIMPRO (dacomitinib) ^{QL}	
OTHER		
	GAVRETO (pralsetinib)^{NR,QL} HYCANTIN (topotecan) RETEVMO (selpercatinib)^{NR,AL} TABRECTA (capmatinib)^{NR,QL}	

ONCOLOGY AGENTS, ORAL, OTHER

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
CAPRELSA (vandetanib) GLEOSTINE (lomustine) LYNPARZA (olaparib) temozolomide (generic for Temodar) ZEJULA (niraparib)	BALVERSA (erdafitinib) COMETRIQ (cabozantinib) HEXALEN (altretamine) KOSELUGO (selumetinib)^{NR,AL} LONSURF (trifluridine/tipiracil) PEMAZYRE (pemigatinib)^{NR,QL} RUBRACA (rucaparib) STIVARGA (regorafenib) TAZVERIK (tazemetostat)^{AL,NR} TURALIO (pexidartinib) ^{QL} VITRAKVI (larotrectinib) CAPSULE, SOLUTION^{QL}	<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
abiraterone (generic for Zytiga) bicalutamide (generic for Casodex) flutamide XTANDI (enzalutamide) ^{AL,QL}	EMCYT (estramustine) ERLEADA (apalutamide) ^{QL} nilutamide (generic for Nilandron) NUBEQA (darolutamide) ^{QL} YONSA (abiraterone acetone, submicronized) ZYTIGA (abiraterone)	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
INLYTA (axitinib) LENVIMA (lenvatinib) SUTENT (sunitinib) VOTRIENT (pazopanib)	AFINITOR DISPERZ (everolimus) ^{CL} CABOMETYX (cabozantinib) everolimus (generic for Afinitor) NEXAVAR (sorafenib)	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) ^{CL}	
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)	BRAFTOVI (encorafenib) COTELLIC (cobimetinib) MEKTOVI (binimetinib) ZELBORAF (vemurafenib)	

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.

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%)	ALOCRI (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 OTC (olopatadine 0.2%) <i>ZERVIATE (certirizine)^{AL,NR}</i>	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agents within this drug class

OPHTHALMICS, ANTIBIOTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
FLUOROQUINOLONES		
ciprofloxacin SOLUTION (generic for Ciloxan) ofloxacin (generic for Ocuflox)	BESIVANCE (besifloxacin) CILOXAN (ciprofloxacin) gatifloxacin 0.5% (generic for Zymaxid) levofloxacin <i>MOXEZA (moxifloxacin)</i> moxifloxacin (generic for Vigamox) moxifloxacin (generic for Moxeza) VIGAMOX (moxifloxacin)	<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
MACROLIDES		
erythromycin	AZASITE (azithromycin) ^{CL}	<p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Natacyn®: Approved for documented fungal infection
AMINOGLYCOSIDES		
<i>gentamicin OINTMENT</i> gentamicin SOLUTION tobramycin (generic for Tobrex drops)	<i>TOBREX OINTMENT (tobramycin)</i>	
OTHER OPHTHALMIC AGENTS		
bacitracin/polymyxin B (generic Polysporin) 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. neomycin/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) DUREZOL (difluprednate) FLAREX (fluorometholone) FML (fluorometholone 0.1% SOLUT.) FML FORTE (fluorometholone 0.25%) FML S.O.P. (fluorometholone 0.1%) <i>INVELTYS (loteprednol etabonate) NR</i> 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) flurbiprofen (generic for Ocufer) 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) XIIDRA (lifitegrast)	<i>CEQUA (cyclosporine) QL</i>	<ul style="list-style-type: none">Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within 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
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)	AZOPT (brinzolamide)	
PROSTAGLANDIN ANALOGS		
latanoprost (generic for Xalatan) TRAVATAN Z (travoprost)	bimatoprost (generic for Lumigan) travoprost (generic for Travatan Z) VYZULTA (latanoprostene) XALATAN (latanoprost) ZIOPTAN (tafluprost)	
COMBINATION DRUGS		
COMBIGAN (brimonidine/timolol) dorzolamide/timolol (generic for Cosopt)	dorzolamide/timolol PF (generic for Cosopt PF) SIMBRINZA (brinzolamide/brimonidine)	
OTHER		<ul style="list-style-type: none"> ▪ 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
RHOPRESSA (netarsudil) ^{CL} ROCKLATAN (netarsudil and latanoprost) ^{CL}		

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

PROGESTERONE (hydroxyprogesterone caproate)

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
MAKENA AUTO INJECTOR (hydroxyprogesterone caproate)	hydroxyprogesterone caproate (generic Makena) <i>MAKENA (hydroxyprogesterone caproate) SDV</i>	<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 ▪ 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
OTHERS		
zaleplon (generic for Sonata) zolpidem (generic for Ambien)	BELSOMRA (suvorexant) ^{AL,QL} <i>DAYVIGO (lemborexant)^{AL,NR,QL}</i> doxepin (generic for Silenor) EDLUAR (zolpidem sublingual) eszopiclone (generic for Lunesta) HETLIOZ (tasimelteon) ^{CL} ramelteon (generic for Rozerem) zolpidem ER (generic for Ambien CR) zolpidem SL (generic for Intermezzo)	

SICKLE CELL ANEMIA TREATMENTS^{NR}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<i>DROXIA (hydroxyurea)</i>	<i>ENDARI (L-glutamine)</i> <i>OXBRYTA (voxelotor)</i> <i>SIKLOS (hydroxyurea)</i>	▪

STEROIDS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
LOW POTENCY		
hydrocortisone OTC & RX CREAM, LOTION, OINTMENT (Rx only) hydrocortisone/aloe OINTMENT 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) hydrocortisone/aloe CREAM hydrocortisone OTC OINTMENT MICORT-HC (hydrocortisone) TEXACORT (hydrocortisone)	<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
MEDIUM POTENCY		
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)	<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

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 glycol betamethasone valerate desoximetasone diflorasone diacetate fluocinonide SOLUTION fluocinonide CREAM, GEL, OINTMENT fluocinonide emollient halcinonide CREAM (generic for Halog) HALOG (halcinonide) CREAM, OINT, SOLN^{NR} 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) BRYHALI (halobetasol prop) LOTION clobetasol SHAMPOO, LOTION clobetasol propionate FOAM, SPRAY CLOBEX (clobetasol) halobetasol propionate FOAM (generic for Lexette) ^{AL,QL} LEXETTE(halobetasol propionate) ^{AL,QL} 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		
ADDERALL XR (amphetamine salt combo) amphetamine salt combination IR VYVANSE (lisdexamfetamine) CAPSULE, CHEWABLE	ADZENYS XR (amphetamine) amphetamine ER (generic for Adzenys ER) SUSPENSION amphetamine salt combination ER (generic for Adderall XR) amphetamine sulfate (generic for Evekeo) dextroamphetamine (generic for Dexedrine) dextroamphetamine SOLUTION (generic for Procentra) dextroamphetamine ER (generic for Dexedrine ER) DYANAVEL XR (amphetamine) EVEKEO ODT (amphetamine sulfate) MYDAYIS (amphetamine salt combo) ^{QL} methamphetamine (generic for Desoxyn) ZENZEDI (dextroamphetamine)	Drug-specific criteria: <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>CONCERTA (methylphenidate ER)^{QL} 18mg, 27mg, 36mg, 54mg dexamethylphenidate (generic for Focalin IR) FOCALIN XR (dexamethylphenidate) METHYLIN SOLUTION (methylphenidate) methylphenidate (generic for Ritalin) methylphenidate SOLUTION (generic for Methylin) methylphenidate ER (generic for Ritalin SR) QUILLICHEW ER CHEWTAB (methylphenidate)</p>	<p>ADHANSIA XR (methylphenidate)^{QL} APTENSIO XR (methylphenidate) COTEMPLA XR-ODT (methylphenidate)^{QL} DAYTRANA PATCH (methylphenidate)^{QL} dexamethylphenidate XR (generic for Focalin XR) FOCALIN IR (dexamethylphenidate) JORNAY PM (methylphenidate)^{QL} <i>methylphenidate 50/50 (generic for Ritalin LA)</i> <i>methylphenidate 30/70 (generic for Metadate CD)</i> <i>methylphenidate ER 18mg, 27mg, 36mg, 54mg (generic Concerta)^{QL}</i> <i>methylphenidate ER CAP (generic for Aptensio XR)^{NR, QL}</i> <i>Methylphenidate ER (generic for Metadate ER)</i> <i>methylphenidate ER 72mg (generic for RELEXXII)^{QL}</i> methylphenidate ER (generic for Ritalin SR) QUILLIVANT XR SUSP (methylphenidate) 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 ▪ Maximum accumulated dose of 108mg per day for ages < 18 ▪ Maximum accumulated dose of 72mg per day for ages > 19 <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> ▪ Daytrana[®]: May be approved in history of substance use disorder 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) ^{QL} guanfacine ER (generic for Intuniv) ^{QL}	clonidine ER (generic for Kapvay) ^{QL} STRATTERA (atomoxetine)	
ANALEPTICS		
	armodafinil (generic for Nuvigil) ^{CL} modafanil (generic for Provigil) ^{CL} SUNOSI (solriamfetol) ^{CL,QL} <i>WAKIX (pitolisant)^{NR,CL,QL}</i>	Drug-specific criteria: <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"> ○ Sleep Apnea with documentation/confirmation via sleep study and documentation that C-PAP has been maxed ○ 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</i>

THROMBOPOIESIS STIMULATING PROTEINS^{NR}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<p><i>PROMACTA (eltrombopag) TABLET</i></p>	<p><i>DOPTELET (avatrombopag)</i> <i>MULPLETA (lusutrombopag)</i> <i>PROMACTA (eltrombopag) SUSP</i> <i>TAVALISSE (fostamatinib)</i></p>	<p>▪</p>

VII. Adjournment / Other Business

iii. A vote to conclude the meeting was made at 3:00pm.

(1 st) Motion: Avery	(2 nd) Motion: Baker
Unanimously approved by all in attendance.	

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

Date: Wednesday, May 12, 2021

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.