

DIVISION OF MEDICAID AND LONG-TERM CARE
Nebraska DHHS

PHARMACEUTICAL AND THERAPEUTICS COMMITTEE MEETING MINUTES

May 12, 2021 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.
Stacie Bleicher, M.D.
Allison Dering-Anderson, Pharm.D.
Wade Fornander, M.D.
Mary Hammond, Pharm.D.
Jennifer Hill, M.D.
Laurie Humphries, M.D.
Joyce Juracek, Pharm.D.
Rachelle Kaspar-Cope, M.D.
Jessica Pohl, Pharm.D. (Afternoon Only)
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.
Spencer Moore, Pharm.D.
Ken Saunders, 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., Healthy Blue Director
Bernadette Ueda, Pharm. D., UHC Director
Jamie Benson, Pharm.D., NTC Director

Committee Members Excused:

Gary Elsasser, Pharm.D.
Lauren Nelson, M.D.
Jessica Pohl, Pharm.D. (Morning Only)

Committee Members Unexcused:

Jeffrey Gotschall, M.D.

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

- i. The meeting was called to order at 9:00am CT. 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>).

(1st) Motion: **Avery**

(2nd) Motion: **Baker**

Unanimously approved by all in attendance.

- ii. Roll Call: See list above.
- iii. Conflict of Interest: No new conflicts of interest were reported.
- iv. Approval of November 4, 2020 P&T Committee Meeting Minutes:

(1st) Motion: **Dering-Anderson**

(2nd) Motion: **Avery**

Unanimously approved by all in attendance.

- v. 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 NE DHHS pharmacy

website. Dianne announced that a new Director of the Division of Medicaid and Long-Term Care for the State of Nebraska had been hired. Kevin Bagley became the new Director in November of 2020. She also announced that effective on July 1st, 2021, Nebraska Medicaid will be lowering the fibrosis score requirement for Hepatitis C treatment from F2 to F0. She thanked the P&T Committee members for their continued service and time on the board.

- vi. Consideration and Approval of Updated By-Laws: The By-Laws were approved as written. Allison Dering-Anderson commented that Article 2, Section 2 of the new By-Laws were not consistent with the new paragraph under Article 5. The Board recommended the language of both paragraphs be consistent.

Allison Dering-Anderson also commented the Open Meetings Act and By-Laws indicate that changes to the agenda should not be made within 24 hours before the meeting. The Board recommended posting the virtual meeting link or the date and time of when the link will be available on the agenda prior to the 24 hour window.

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

II. Public Testimony

Speaker Order	DRUG CLASS	Drug Name	PDL Status	Speaker Name	Affiliation
1	Antimigraine Agents, Other	Aimovig	NP	Leasa Neumann	Amgen
2	Antimigraine Agents, Other	Nurtec ODT	NP	Chelsea Leroue	Biohaven Pharmaceuticals
3	Antimigraine Agents, Other	Ajovy	P	Maggie Murphy	Teva Pharmaceuticals
4	Antimigraine Agents, Other	Ubrovly	P	Erin Hohman	AbbVie
5	Antivirals, Oral	Xofluza	NP	Jeremy Whalen	Genentech
6	Uterine Disorder Treatment	OriaHnn	P	Holly Budlong	AbbVie
7	Hepatitis C Treatments	Mavyret	P	Holly Budlong	AbbVie
8	Hepatitis C Treatments	Epclusa	NP	Porscha Showers	Gilead Sciences
9	HIV/AIDS	Biktarvy	P	Porscha Showers	Gilead Sciences
10	HIV/AIDS	Descovy	NP for PrEP	Porscha Showers	Gilead Sciences
11	HIV/AIDS	Dovato	NP	Aimee Metzner	ViiV Healthcare
12	HIV/AIDS	Rukobia	NP	Aimee Metzner	ViiV Healthcare
13	HIV/AIDS	Tivicay PD	NP	Aimee Metzner	ViiV Healthcare
14	HIV/AIDS	Symtuza	NP	Jennifer Stoffel	Janssen
15	Hypoglycemics	Rybelsus	NP	Jessica Chardoulis	Novo Nordisk
16	Hypoglycemics	Ozempic	NP	Jessica Chardoulis	Novo Nordisk
17	Lipotropics, Other	Praluent	NP	Scott Andersen	Regeneron
18	Multiple Sclerosis	Aubagio	NP	Kevin Duhrkopf	Sanofi Genzyme
19	Opioid Dependence Treatments	Lucemyra	NP	Mallory Alonso	US WorldMeds
20	PAH Agents, Oral and Inhaled	Orenitram	NP	Kevin Schreur	United Therapeutics Corporation

III. Committee Closed Session

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

IV. Resume Open Session

(1 st) Motion: Baker	(2 nd) Motion: Bleicher
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: Dering-Anderson							
(2nd) Motion: Fornander							
Discussion: Approve as written.							
Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, 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.	
Antibiotics, Topical	Hypoglycemics, Metformins
Antibiotics, Vaginal	Hypoglycemics, Sulfonylureas
Anticoagulants	Hypoglycemics, TZDs
Antifungals, Oral	Lincosamides / Oxazolidinones /
Antivirals, Oral	Streptogramins
Beta-Blockers	Lipotropics, Statins
BPH - Benign Prostatic Hyperplasia Agents	Nitrofurans Derivatives
Calcium Channel Blockers	Pancreatic Enzymes
Cephalosporins and Related Antibiotics	Pediatric Vitamin Preparations
Diuretics	Penicillins
Fluoroquinolones, Oral	Platelet Aggregation Inhibitors
Glucagon Agents	Sinus Node Inhibitors
Growth Hormone	Skeletal Muscle Relaxants
H. Pylori Treatment	Tetracyclines
Hypoglycemics, Meglitinides	

ii. Therapeutic Class Reviews

Review Agenda – Acne Agents, Topical								
(1st) Motion: Baker								
(2nd) Motion: Fornander								
Discussion: Approve as written.								
Voting – P&T Committee Members Does not include excused or unexcused members	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain	
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x			
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x			
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x			
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D.	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>				

Review Agenda – Analgesics, Opioids Long-Acting

(1st) Motion: Avery

(2nd) Motion: Juracek

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Analgesics, Opioids Short-Acting

(1st) Motion: Avery

(2nd) Motion: Bleicher

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Androgenic Agents

(1st) Motion: Dering-Anderson

(2nd) Motion: Hill

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Angiotensin Modulators Combinations

(1st) Motion: Avery

(2nd) Motion: Kaspar-Cope

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Angiotensin Modulators

(1st) Motion: Hammond

(2nd) Motion: Hill

Discussion: Approve as written.

Voting – P&T Committee Members Does not include excused or unexcused members	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Antibiotics, Gastrointestinal

(1st) Motion: Baker

(2nd) Motion: Fornander

Discussion: Approve as written.

Voting – P&T Committee Members Does not include excused or unexcused members	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Antibiotics, Inhaled

(1st) Motion: Avery

(2nd) Motion: Hill

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Antiemetics / Antivertigo Agents

(1st) Motion: Hill

(2nd) Motion: Fornander

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Antifungals, Topical

(1st) Motion: Dering-Anderson

(2nd) Motion: Juracek

Discussion: Approve as written.

Voting – P&T Committee Members Does not include excused or unexcused members	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Antimigraine Agents, Other

(1st) Motion: Baker

(2nd) Motion: Hill

Discussion: Approve as written.

Voting – P&T Committee Members Does not include excused or unexcused members	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Antimigraine Agents, Triptans

(1st) Motion: Avery

(2nd) Motion: Juracek

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Antiparasitics, Topical

(1st) Motion: Juracek

(2nd) Motion: Kaspar-Cope

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Antivirals, Topical

(1st) Motion: Juracek

(2nd) Motion: Hill

Discussion: Approve as written.

Voting – P&T Committee Members Does not include excused or unexcused members	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Bladder Relaxant Preparations

(1st) Motion: Bleicher

(2nd) Motion: Avery

Discussion: Approve as written.

Voting – P&T Committee Members Does not include excused or unexcused members	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Bone Resorption Suppression and Related Agents

(1st) Motion: Baker

(2nd) Motion: Juracek

Discussion: Approve as written.

Voting – P&T Committee Members Does not include excused or unexcused members	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Contraceptives, Oral

(1st) Motion: Dering-Anderson

(2nd) Motion: Hill

Discussion: Approve as written.

Voting – P&T Committee Members Does not include excused or unexcused members	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Cystic Fibrosis

(1st) Motion: Avery

(2nd) Motion: Juracek

Discussion: Approve as written.

Voting – P&T Committee Members Does not include excused or unexcused members	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – GI Motility, Chronic (formerly IBS)

(1st) Motion: Baker

(2nd) Motion: Hill

Discussion: Approve as written.

Voting – P&T Committee Members Does not include excused or unexcused members	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – HAE Treatments

(1st) Motion: Fornander

(2nd) Motion: Juracek

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Hepatitis B Agents

(1st) Motion: Juracek

(2nd) Motion: Avery

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Hepatitis C Agents

(1st) Motion: Baker

(2nd) Motion: Dering-Anderson

Discussion: Approve with changes to the criteria. The committee recommended the criteria be changed to: Non-preferred products require trial of preferred agents within the same group **and / or** will only be considered with documentation of why the preferred product within this drug class is not appropriate for patient.

Voting – P&T Committee Members Does not include excused or unexcused members	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – HIV/AIDS

(1st) Motion: Fornander

(2nd) Motion: Avery

Discussion: Approve as written.

Voting – P&T Committee Members Does not include excused or unexcused members	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Hypoglycemics, Alpha-glucosidase Inhibitors

(1st) Motion: Dering-Anderson

(2nd) Motion: Bleicher

Discussion: Approve as written.

Voting – P&T Committee Members Does not include excused or unexcused members	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Hypoglycemics, Incretin Mimetics / Enhancers

(1st) Motion: Baker

(2nd) Motion: Dering-Anderson

Discussion: Approve as written.

Voting – P&T Committee Members Does not include excused or unexcused members	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Hypoglycemics, Insulin and Related Agents

(1st) Motion: Baker

(2nd) Motion: Avery

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Hypoglycemics, SGLT2

(1st) Motion: Fornander

(2nd) Motion: Hill

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Immunosuppressives, Oral

(1st) Motion: Avery

(2nd) Motion: Fornander

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Lipotropics, Other

(1st) Motion: Baker

(2nd) Motion: Bleicher

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Macrolides and Ketolides

(1st) Motion: Dering-Anderson

(2nd) Motion: Hill

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Multiple Sclerosis Agents

(1st) Motion: Baker

(2nd) Motion: Juracek

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Opioid Dependence Treatments

(1st) Motion: Avery

(2nd) Motion: Dering-Anderson

Discussion: Approve as written.

Voting – P&T Committee Members Does not include excused or unexcused members	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – PAH - Pulmonary Arterial Hypertension Agents

(1st) Motion: Baker

(2nd) Motion: Bleicher

Discussion: Approve as written.

Voting – P&T Committee Members Does not include excused or unexcused members	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Phosphate Binders

(1st) Motion: Avery

(2nd) Motion: Humphries

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Prenatal Vitamins

(1st) Motion: Dering-Anderson

(2nd) Motion: Juracek

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Proton Pump Inhibitors

(1st) Motion: Hill

(2nd) Motion: Humphries

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Thyroid Hormones

(1st) Motion: Avery

(2nd) Motion: Baker

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Ulcerative Colitis

(1st) Motion: Avery

(2nd) Motion: Humphries

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Uterine Disorder Treatments

(1st) Motion: Juracek

(2nd) Motion: Hill

Discussion: Approve as written.

Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

Review Agenda – Vasodilators, Coronary

(1st) Motion: Dering-Anderson

(2nd) Motion: Juracek

Discussion: Approve as written.

Voting – P&T Committee Members Does not include excused or unexcused members	Yes	No	Abstain	Voting – P&T Committee Members	Yes	No	Abstain
Avery, Eric, M.D. (Vice Chair)	x			Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Humphries, Laurie, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Bleicher, Stacie, M.D.	x			Kaspar-Cope, Rachelle, 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, M.D	x			Sobeski, Linda, Pharm.D. (Chair) <i>Votes only in the event of a tie</i>			

V. Complete Copy of Proposed PDL

Nebraska Medicaid - Preferred Drug List with Prior Authorization Criteria

May 2021 P&T Proposed Changes **Red Highlights** indicate proposed changes

ACNE AGENTS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
benzoyl peroxide (BPO) WASH, LOTION clindamycin/BPO (generic Duac) clindamycin phosphate PLEDGET clindamycin phosphate SOLUTION DIFFERIN LOTION, CREAM, Rx-GEL (adapalene) DIFFERIN GEL (adapalene) OTC erythromycin GEL erythromycin SOLUTION erythromycin-BPO (generic for Benzamycin) PANOXYL 10% WASH (BPO) OTC RETIN-A (tretinoin)^{AL} CREAM, GEL	adapalene (generic differin) adapalene/BPO (generic Epiduo) AKLIEF (trifarotene)^{AL} ALTRENO (tretinoin)^{AL} AMZEEQ (minocycline)^{AL} ARAZLO (tazarotene)^{AL} ATRALIN (tretinoin) AVAR (sulfacetamide sodium/sulfur) AVITA (tretinoin) AZELEX (azelaic acid) BENZACLIN PUMP (clindamycin/BPO) BENZEFOAM (benzoyl peroxide)^{NR} benzoyl peroxide CLEANSER, CLEANSING BAR OTC benzoyl peroxide FOAM (generic Benzepro) benzoyl peroxide GEL OTC benzoyl peroxide GEL Rx benzoyl peroxide TOWELETTE OTC clindamycin FOAM, LOTION clindamycin GEL clindamycin/BPO (generic Acanya, Benzaclin) GEL clindamycin/tretinoin (generic Veltin, Ziana) dapsone (generic Aczone) EPIDUO FORTE GEL PUMP (adapalene/BPO) erythromycin PLEDGET EVOCLIN (clindamycin) FABIOR (tazarotene foam) NEUAC (clindamycin/BPO) ONEXTON (clindamycin/BPO) OVACE PLUS (sulfacetamide sodium) PLIXDA (adapalene) SWAB sulfacetamide sulfacetamide/sulfur SUMADAN (sulfacetamide/sulfur) tazarotene CREAM (generic Tazorac) tazarotene FOAM (generic Fabior)^{NR} TRETIN-X (tretinoin) tretinoin CREAM, GEL^{AL} (generic Avita, Retin-A) tretinoin microspheres (generic for Retin-A Micro) ^{AL}	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed THREE preferred agents within this drug class

ANALGESICS, OPIOID LONG-ACTING

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<p>BUTRANS (buprenorphine)^{QL} PATCH</p> <p>fentanyl 25, 50, 75, 100 mcg PATCH^{QL}</p> <p>morphine ER TABLET (generic MS Contin, Oramorph SR)</p> <p>OXYCONTIN^{CL} (oxycodone ER)</p> <p><i>tramadol ER (generic Conzip, Ryzolt, Ultram ER)^{CL}</i></p>	<p>ARYMO ER (morphine sulfate)^{QL}</p> <p>BELBUCA (buprenorphine)^{CL} buccal</p> <p>buprenorphine PATCH (generic Butrans)^{QL}</p> <p><i>EMBEDA (morphine sulfate/naltrexone)</i></p> <p>DURAGESIC MATRIX (fentanyl)^{QL}</p> <p>fentanyl 37.5, 62.5, 87.5 mcg PATCH^{QL}</p> <p>hydrocodone bitartrate ER (generic for Zohydro ER)</p> <p>hydromorphone ER (generic for Exalgo)^{CL}</p> <p>HYSINGLA ER (hydrocodone ER)</p> <p>KADIAN (morphine ER)</p> <p>methadone^{CL}</p> <p>MORPHABOND ER (morphine sulfate)</p> <p>morphine ER (generic for Avinza, Kadian) CAPSULE</p> <p>NUCYNTA ER (tapentadol)^{CL}</p> <p>oxycodone ER (generic Oxycontin)</p> <p>oxymorphone ER (generic Opana ER)</p>	<p>The Center for Disease Control (CDC) does not recommend long acting opioids when beginning opioid treatment.</p> <ul style="list-style-type: none"> Preferred agents require previous use of a long acting opioid or documentation of a trial on a short acting agent within 90 days Non-preferred agents will be approved with failure on, or intolerance to TWO preferred agents within this drug class <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Methadone: Will only be approved for use in pain control or end of life care. Trial of preferred agent not required for end of life care Oxycontin®: Pain contract required for maximum quantity authorization

ANALGESICS, OPIOID SHORT-ACTING^{QL}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ORAL		
acetaminophen/codeine ELIXIR, TABLET	APADAZ (benzhydrocodone/APAP) ^{CL}	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed THREE preferred agents within this drug class within the last 12 months Note: for short acting opiate tablets and capsules there is a maximum quantity limit of #150 per 30 days. Beginning Oct. 11, 2018: Opiate limits for opiate naïve patients will consist of <ul style="list-style-type: none"> -prescriptions limited to a 7 day supply, AND -initial opiate prescription fill limited to maximum of 50 Morphine Milligram Equivalents (MME) per day These limits may only be exceeded with patient specific documentation of medical necessity, with examples such as, cancer diagnosis, end-of-life care, palliative care, Sickle Cell Anemia, or prescriber attestation that patient is not recently opiate naïve
codeine TABLET	benzhydrocodone/APAP (generic Apadaz) ^{CL}	
hydrocodone/APAP SOLUTION, TABLET	butalbital/caffeine/APAP/codeine	
hydrocodone/ibuprofen	butalbital compound w/codeine (butalbital/ASA/caffeine/codeine)	
hydromorphone TABLET	carisoprodol compound-codeine (carisoprodol/ASA/codeine)	
morphine CONC SOLUTION, ORAL SYRINGE, SOLUTION, TABLET	dihydrocodeine/APAP/caffeine	
oxycodone TABLET, SOLUTION	dihydrocodeine/aspirin/caffeine	
oxycodone/APAP	FIORINAL/CODEINE (butalbital/ASA/codeine/caffeine)	
Tramadol 50mg TABLET (generic Ultram) ^{AL}	hydromorphone LIQUID, SUPPOSITORY (generic Dilaudid)	
tramadol/APAP (generic Ultracet)	IBUDONE (hydrocodone/ibuprofen)	<p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Apadaz: Approval for 14 days or less Nucynta®: Approved only for diagnosis of acute pain, for 30 days or less Tramadol/APAP: Clinical reason why individual ingredients can't be used
	levorphanol	
	meperidine (generic Demerol)	
	morphine SUPPOSITORIES	
	NALOCET (oxycodone/APAP)	
	NUCYNTA (tapentadol) ^{CL}	
	OXAYDO (oxycodone) ^{CL}	
	oxycodone CAPSULE	
	oxycodone/APAP SOLUTION	
	oxycodone/APAP TABLET (generic Prolate)	

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

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
NASAL		Drug-specific criteria: <ul style="list-style-type: none">▪ Abstral®/Actiq®/Fentora®/Onsolis (fentanyl): Approved only for diagnosis of cancer AND current use of long-acting opiate
	butorphanol SPRAY ^{QL}	
	LAZANDA (fentanyl citrate)	
BUCCAL/TRANSMUCOSAL ^{CL}		
	ABSTRAL (fentanyl) ^{CL}	
	fentanyl TRANSMUCOSAL (generic Actiq) ^{CL}	
	FENTORA (fentanyl) ^{CL}	

ANDROGENIC AGENTS (Topical)

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ANDROGEL (testosterone) PUMP ^{CL}	ANDRODERM (testosterone) ^{CL}	<ul style="list-style-type: none"> ▪ Preferred agents approved for diagnosis of Primary hypogonadism (congenital or acquired) or Hypogonadotropic hypogonadism. Off label use for the following will be considered with documentation of necessity: female to male transsexual – gender dysphoria, weight gain, male osteoporosis, delayed puberty in males, corticosteroid-induced hypogonadism and osteoporosis, inoperable carcinoma of the breast, postpartum breast pain and engorgement, and menopause ▪ In addition, non-preferred agents will be approved for patients who have failed ONE preferred agent within this drug class within the last 6 months
	NATESTO (testosterone) ^{CL}	
	testosterone PACKET (generic Androgel) ^{CL}	
	testosterone PUMP (generic Androgel) ^{CL}	
	testosterone GEL, PACKET, PUMP (generic Vogelxo)	
	testosterone (generic Axiron)	
	testosterone (generic Fortesta)	
	testosterone (generic Testim)	
		<p>Drug-specific criteria:</p> <ul style="list-style-type: none"> ▪ Androderm®/Androgel®: Approved for Males only ▪ Natesto®: Approved for Males only with diagnosis of: Primary hypogonadism (congenital or acquired) OR Hypogonadotropic hypogonadism (congenital or acquired)

ANGIOTENSIN MODULATORS

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

ANGIOTENSIN MODULATORS (Continued)

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ANGIOTENSIN RECEPTOR BLOCKER/DIURETIC COMBINATIONS		<ul style="list-style-type: none">Non-preferred agents will be approved for patients who have failed TWO preferred agents within this drug class within the last 12 monthsNon-preferred combination products may be covered as individual prescriptions without prior authorizationAngiotensin Modulator/Calcium Channel Blocker Combinations: Combination agents may be approved if there has been a trial and failure of preferred agentDirect Renin Inhibitors/Direct Renin Inhibitor Combinations: May be approved witha history of TWO preferred ACE Inhibitors or Angiotensin Receptor Blockers within the last 12 months
irbesartan/HCTZ (generic Avalide)	candesartan/HCTZ (generic Atacand-HCT)	
losartan/HCTZ (generic Hyzaar)	EDARBYCLOR (azilsartan/chlorthalidone)	
olmesartan/HCTZ (generic Benicar-HCT)	telmisartan/HCTZ (generic Micardis-HCT)	
valsartan/HCTZ (generic Diovan-HCT)		
ANGIOTENSIN MODULATOR/		<ul style="list-style-type: none">Drug Specific Criteria<ul style="list-style-type: none">Entresto: May be approved with a diagnosis of heart failure AND ≥ 18 years old
amlodipine/benazepril (generic Lotrel)	amlodipine/olmesartan/HCTZ (generic Tribenzor)	
amlodipine/olmesartan (generic Azor)	amlodipine/telmisartan (generic Twynsta)	
amlodipine/valsartan (generic Exforge)	amlodipine/valsartan/HCTZ (generic Exforge HCT)	
	PRESTALIA (perindopril/amlodipine) trandolapril/verapamil (generic Tarka)	
DIRECT RENIN INHIBITORS		
	aliskiren (generic Tekturna) ^{QL}	
DIRECT RENIN INHIBITOR COMBINATIONS		
	TEKTURNA/HCT (aliskiren/HCTZ)	
NEPRILYSIN INHIBITOR COMBINATION		
ENTRESTO (sacubitril/valsartan) ^{AL,QL}		
ANGIOTENSIN RECEPTOR BLOCKER/BETA-BLOCKER COMBINATIONS		
	BYVALSON (nevigolol/valsartan)	

ANTIBIOTICS, GASTROINTESTINAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
FIRVANQ (vancomycin) SOLUTION metronidazole TABLET neomycin tinidazole (generic Tindamax) ^{CL}	DIFICID (fidaxomicin) ^{CL} TABLET, SUSP^{NR} FLAGYL ER (metronidazole) ^{CL} Metronidazole ^{CL} CAPSULE <i>nitazoxanide (generic Alinia)</i> TABLET^{AL, CL, NR, QL} paromomycin SOLOSEC (secnidazole) vancomycin CAPSULE (generic Vancocin) ^{CL} XIFAXAN (rifaximin) ^{CL}	<ul style="list-style-type: none"> Note: Although azithromycin, ciprofloxacin, and trimethoprim/ sulfmethoxazole are not included in this review, they are available without prior authorization <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Alinia®: Trial and failure with metronidazole is required for a diagnosis of giardiasis Dificid®: Trial and failure with oral vancomycin is required for a diagnosis of C. difficile diarrhea (pseudomembranous colitis) Flagyl ER®: Trial and failure with metronidazole is required Flagyl®/Metronidazole 375mg capsules and Flagyl ER®/ Metronidazole 750mg ER tabs: Clinical reason why the generic regular-release cannot be used tinidazole: Trial and failure/contraindication to metronidazole required Approvable diagnoses include: Giardia Amebiasis intestinal or liver abscess Bacterial vaginosis or trichomoniasis vancomycin capsules: Requires patient specific documentation of why the Firvanq/vancomycin solution is not appropriate for patient Xifaxan®: Approvable diagnoses include: Travelers diarrhea resistant to quinolones Hepatic encephalopathy with treatment failure of lactulose or neomycin Diarrhea-Predominant IBS (IBS-D) 550mg strength only with treatment failure of Lomotil® AND Imodium®

ANTIBIOTICS, INHALED

Preferred Agents ^{CL}	Non-Preferred Agents	Prior Authorization/Class Criteria
BETHKIS (tobramycin) ^{CL} KITABIS PAK (tobramycin) ^{CL} TOBI-PODHALER (tobramycin) ^{CL,QL}	ARIKAYCE (amikacin liposomal inh) ^{CL} SUSPENSION CAYSTON (aztreonam lysine) ^{QL,CL} <i>tobramycin (generic for Bethkis)^{NR}</i> tobramycin (generic Tob) ^{CL}	<ul style="list-style-type: none"> Diagnosis of Cystic Fibrosis is required for all agents ICD10 Group = E84, ICD9 = 277.00, 277.01, 277.02, 277.03, 277.09 <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Arikayce: Requires diagnosis of refractory MAC lung disease defined as patients who did not achieve negative sputum cultures after a minimum of 6 consecutive months of a multidrug background regimen therapy Cayston®: Trial of tobramycin via nebulizer and demonstration of TOBI® compliance required Tobi Podhaler®: Requires trial of tobramycin via nebulizer or documentation why nebulized tobramycin cannot be used

ANTIBIOTICS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
bacitracin OINTMENT bacitracin/polymyxin (generic Polysporin) mupirocin OINTMENT (generic Bactroban) neomycin/polymyxin/bacitracin (generic Neosporin, Triple AB) neomycin/polymyxin/pramoxine neomycin/polymyxin/bacitracin/pramoxine	CENTANY (mupirocin) gentamicin OINTMENT, CREAM mupirocin CREAM (generic Bactroban) ^{CL}	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed ALL preferred agents within this drug class within the last 12 months <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Mupirocin® Cream: Clinical reason the ointment cannot be used

ANTIBIOTICS, VAGINAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
CLEOCIN OVULES (clindamycin) clindamycin CREAM (generic Cleocin) CLINDESSE (clindamycin) NUVESSA (metronidazole) VANDAZOLE (metronidazole)	CLEOCIN CREAM (clindamycin) METROGEL (metronidazole) <i>metronidazole, vaginal</i>	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a therapeutic trial (duration = 3 days) with ONE preferred agent within this drug class within the last 6 months

ANTICOAGULANTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ELIQUIS (apixaban) enoxaparin (generic Lovenox) PRADAXA (dabigatran) warfarin (generic Coumadin) XARELTO (rivaroxaban) 10 mg, 15 mg, 20 mg XARELTO (rivaroxaban) 2.5 mg ^{CL,QL} XARELTO DOSE PACK (rivaroxaban)	BEVYXXA (<i>betrixaban</i>) ^{QL} fondaparinux (generic Arixtra) FRAGMIN (dalteparin) SAVAYSA (edoxaban) ^{QL}	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed ONE preferred agent within this drug class within the last 12 months <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Coumadin®: Clinical reason generic warfarin cannot be used Savaysa®: Approved diagnoses include: Stroke and systemic embolism (SE) risk reduction in nonvalvular atrial fibrillation (NVAf) OR Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE) following 5-10 days of parenteral anticoagulant therapy Xarelto 2.5mg: Use limited to reduction of risk of major cardiovascular events (cardiovascular death, myocardial infarction, and stroke) in patients with chronic coronary artery disease or peripheral artery disease

ANTIEMETICS/ANTIVERTIGO AGENTS

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

ANTIFUNGALS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
clotrimazole (mucous membrane, troche) fluconazole SUSPENSION, TABLET (generic Diflucan) griseofulvin SUSPENSION griseofulvin microsize TABLET nystatin SUSPENSION, TABLET terbinafine (generic Lamisil)	CRESEMBA (isavuconazonium) ^{CL} flucytosine (generic Ancobon) ^{CL} griseofulvin ultramicrosize (generic GRIS-PEG) itraconazole (generic Sporanox) ^{CL} ketoconazole (generic Nizoral) nystatin POWDER ONMEL (itraconazole) ORAVIG (miconazole) posaconazole (generic Noxafil) ^{AL,CL} TOLSURA (itraconazole) ^{CL} voriconazole (generic VFEND) ^{CL}	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of TWO diagnosis-appropriate preferred agents within this drug class <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Cresemba®: Approved for diagnosis of invasive aspergillosis or invasive mucormycosis Flucytosine: Approved for diagnosis of: Candida: Septicemia, endocarditis, UTIs Cryptococcus: Meningitis, pulmonary infections Noxafil®: No trial for diagnosis of Neutropenia Myelodysplastic Syndrome (MDS), Neutropenic Acute Myeloid Leukemia (AML), Neutropenic hematologic malignancies, Graft vs. Host disease (GVHD), Immunosuppression secondary to hematopoietic stem cell transplant Noxafil® Suspension: Oropharyngeal/esophageal candidiasis refractory to itraconazole and/or fluconazole Onmel®: Requires trial and failure or contraindication to terbinafine Sporanox®/itraconazole: Approved for diagnosis of Aspergillosis, Blastomycosis, Histoplasmosis, Onychomycosis due to terbinafine-resistant dermatophytes, Oropharyngeal/ esophageal candidiasis refractory to fluconazole Sporanox®: Requires trial and failure of generic itraconazole Sporanox® Liquid: Clinical reason solid oral cannot be used Tolsura: Approved for diagnosis of Aspergillosis, Blastomycosis, and Histoplasmosis and requires a trial and failure of generic itraconazole Vfend®: No trial for diagnosis of Myelodysplastic Syndrome (MDS), Neutropenic Acute Myeloid Leukemia (AML), Graft vs. Host disease (GVHD), Candidemia (candida krusei), Esophageal Candidiasis, Blastomycosis, <i>S. apiospermum</i> and <i>Fusarium spp.</i>, Oropharyngeal/esophageal candidiasis refractory to fluconazole

ANTIFUNGALS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ANTIFUNGAL		<ul style="list-style-type: none">Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agents within this drug class within the last 6 months Drug-specific criteria: <ul style="list-style-type: none">Extina: Requires trial and failure or contraindication to other ketoconazole formsJublia: Approved diagnoses include Onychomycosis of the toenails due to <i>T.rubrum</i> OR <i>T. Mentagrophytes</i>nystatin/triamcinolone: Individual ingredients available without prior authorizationciclopirox nail lacquer: No trial required in diabetes, peripheral vascular disease (PVD), immunocompromised OR contraindication to oral terbinafine
clotrimazole CREAM (generic Lotrimin) RX, OTC	ALEVAZOL (clotrimazole) OTC	
clotrimazole SOLN OTC	ciclopirox CREAM, GEL, SUSPENSION (generic Ciclodan, Loprox)	
ketoconazole CREAM, SHAMPOO (generic Nizoral)	ciclopirox NAIL LACQUER (generic Penlac)	
LAMISIL (terbinafine) SPRAY OTC	ciclopirox SHAMPOO (generic Loprox)	
LAMISIL AT CREAM (terbinafine) OTC	clotrimazole SOLUTION RX (generic Lotrimin)	
miconazole CREAM, POWDER OTC	DESENEX POWDER OTC (miconazole)	
nystatin	econazole (generic Spectazole)	
terbinafine OTC (generic Lamisil AT)	ERTACZO (sertaconazole)	
tolnaftate POWDER, CREAM, POWDER OTC (generic Tinactin)	EXELDERM (sulconazole)	
	FUNGOID OTC	
	JUBLIA (efinaconazole)	
	ketoconazole FOAM (generic Extina, Ketodan)	
	LAMISIL AT GEL, SPRAY (terbinafine) OTC	
	LOPROX (ciclopirox) SUSPENSION, SHAMPOO, CREAM	
	LOTRIMIN AF CREAM OTC (clotrimazole)	
	LOTRIMIN ULTRA (butenafine)	
	luliconazole (generic Luzu)	
	MENTAX (butenafine)	
ANTIFUNGAL/STEROID COMBINATIONS		
clotrimazole/betamethasone CREAM (generic Lotrisone)	clotrimazole/betamethasone LOTION (generic Lotrisone)	
<i>nystatin/triamcinolone (generic Mycolog)</i>		
CREAM, OINT		

ANTIMIGRAINE AGENTS, OTHER

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<p>AJOVY (fremanezumab-vfrm)^{CL, QL} PEN, Autoinjector, Autoinjector 3-pack^{NR}</p> <p>EMGALITY 120 mg/mL (galcanezumab-gnlm)^{CL, QL} PEN, SYRINGE</p> <p>UBRELVY (ubrogepant)^{AL, CL, QL} TABLET</p>	<p>AIMOVIG (erenumab-aooe)^{CL, QL}</p> <p>CAFERGOT (ergotamine/cafeine)</p> <p>CAMBIA (diclofenac potassium)</p> <p>dihydroergotamine mesylate NASAL</p> <p>EMGALITY 100 mg (galcanezumab-gnlm)^{CL, QL} SYRINGE</p> <p>ERGOMAR SUBLINGUAL (ergotamine tartrate)</p> <p>MIGERGOT (ergotamine/cafeine) RECTAL</p> <p>MIGRANAL (dihydroergotamine) NASAL</p> <p>NURTEC ODT (rimegepant)^{AL, CL, QL}</p> <p>REYVOW (lasmiditan)^{AL, CL, QL} TABLET</p>	<ul style="list-style-type: none"> All acute treatment agents will be approved for patients who have a failed trial or contraindication of a triptan. In addition, all non-preferred agents will require a failed trial or contraindication of a preferred agent of the same indication <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Cambia®: Requires diagnosis of migraine and documentation of why solid dosing forms not appropriate Emgality 120mg is recommended dosing for Migraine, <i>Emgality 100mg is recommended dosing for Episodic Cluster Headache</i> Aimovig, Ajovy and Emgality 120mg: Require ≥ 4 migraines per month for ≥ 3 months and has tried and failed a ≥ 1 month trial of two medications listed in the 2012 American Academy of Neurology/American Headache Society guidelines (examples include: antidepressants (amitriptyline, venlafaxine), Beta blockers (propranolol, metoprolol, timolol, atenolol), anti-epileptics (valproate, topiramate), ACE/ARB (lisinopril, candesartan) In addition, Aimovig requires a trial of Emgality 120mg or Ajovy or clinical, patient specific reason that a preferred agent cannot be used

ANTIMIGRAINE AGENTS, TRIPTANS^{QL}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ORAL		<ul style="list-style-type: none">Non-preferred agents will be approved for patients who have failed ALL preferred agents within this drug class Drug-specific criteria: <ul style="list-style-type: none">Sumavel® Dosepro: Requires clinical reason sumatriptan injection cannot be usedOnzetra, Zembrace: approved for patients who have failed ALL preferred agents
rizatriptan (generic Maxalt)	almotriptan (generic Axert)	
rizatriptan ODT (generic Maxalt MLT)	eletriptan (generic Relpax)	
sumatriptan	frovatriptan (generic Frova)	
	IMITREX (sumatriptan)	
	naratriptan (generic Amerge)	
	RELPAx (eletriptan) ^{QL}	
NASAL		
IMITREX (sumatriptan)	ONZETRA XSAIL (sumatriptan)	
	sumatriptan (generic Imitrex Nasal)	
	TOSYMRA (sumatriptan)	
	zolmitriptan (generic for Zomig) ^{NR}	
INJECTABLE		
sumatriptan KIT, SYRINGE, VIAL	IMITREX (sumatriptan) INJECTION	
	SUMAVEL DOSEPRO (sumatriptan)	
	ZEMBRACE SYMTOUCH (sumatriptan)	

ANTIPARASITICS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
NATROBA (spinosad) permethrin 1% OTC (generic Nix) permethrin 5% RX (generic Elimite) pyrethrin/piperonyl butoxide (generic RID, A-200)	CROTAN (crotamiton) LOTION EURAX (crotamiton) CREAM, LOTION <i>ivermectin (generic Sklice)^{NR}</i> lindane malathion (generic Ovide) SKLICE (ivermectin) spinosad (generic Natroba)	<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

ANTIVIRALS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ANTI-HERPETIC DRUGS		<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a 10-day trial of ONE preferred agent within the same group
acyclovir (generic Zovirax) famciclovir (generic Famvir)	acyclovir SUSPENSION (generic for Zovirax) SITAVIG (acyclovir buccal) ^{CL}	
ANTI-INFLUENZA DRUGS		Drug-specific criteria: <ul style="list-style-type: none"> Sitavig[®]: Approved for recurrent herpes labialis (cold sores) in immunocompetent adults Xofluza: Requires clinical, patient specific reason that a preferred agent cannot be used
oseltamivir (generic Tamiflu) ^{QL}	rimantadine (generic Flumadine) RELENZA (zanamivir) ^{QL} TAMIFLU (oseltamivir) ^{QL} XOFLUZA (baloxavir marboxil) ^{AL,CL,QL}	

ANTIVIRALS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<i>acyclovir OINTMENT</i>	acyclovir CREAM, (generic Zovirax) DENAVIR (penciclovir) XERESE (acyclovir/hydrocortisone)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial with ONE preferred ORAL Antiviral agent

BETA BLOCKERS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
BETA BLOCKERS		<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed TWO diagnosis-appropriate preferred agents within this drug class <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Bystolic®: Only ONE trial is required with Diagnosis of Obstructive Lung Disease Coreg CR®: Requires clinical reason generic IR product cannot be used Hemangeol®: Covered for diagnosis of Proliferating Infantile Hemangioma Sotylize®: Covered for diagnosis of life –threatening ventricular arrhythmias OR maintenance of normal sinus rhythm in highly symptomatic atrial fibrillation/flutter (AFIB/AFL) Requires clinical reason generic sotalol cannot be used
atenolol (generic Tenormin)	acebutolol (generic Sectral)	
atenolol/chlorthalidone (generic Tenoretic)	betaxolol (generic Kerlone)	
bisoprolol (generic Zebeta)	BYSTOLIC (nebivolol)	
bisoprolol/HCTZ (generic Ziac)	HEMANGEOL (propranolol) SOLUTION	
metoprolol (generic Lopressor)	INDERAL/INNOPRAN XL (propranolol ER)	
metoprolol ER (generic Toprol XL)	KAPSPARGO SPRINKLE (metoprolol ER)	
propranolol (generic Inderal)	LEVATOL (penbutolol)	
propranolol ER (generic Inderal LA)	metoprolol/HCTZ (generic Lopressor HCT)	
	nadolol (generic Corgard)	
BETA- AND ALPHA-BLOCKERS		
carvedilol (generic Coreg)	carvedilol ER (generic Coreg CR)	
labetalol (generic Trandate)		
ANTIARRHYTHMIC		
sotalol (generic Betapace)	SOTYLIZE (sotalol)	

BLADDER RELAXANT PREPARATIONS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
Oxybutynin IR, ER (generic Ditropan/Ditropan XL) solifenacin (generic Vesicare) TOVIAZ (fesoterodine ER)	darifenacin ER (generic Enablex) GELNIQUE (oxybutynin) flavoxate MYRBETRIQ (mirabegron) OXYTROL (oxybutynin) tolterodine IR, ER (generic Detrol/ Detrol LA) trospium IR, ER (generic Sanctura/ Sanctura XR) VESICARE (solifenacin) <i>VESICARE LS SUSP (solifenacin succinate) ^{AL, NR}</i>	<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 <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Myrbetrig[®]: Covered without trial in contraindication to anticholinergic agents

BONE RESORPTION SUPPRESSION AND RELATED DRUGS

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

BPH (BENIGN PROSTATIC HYPERPLASIA) TREATMENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ALPHA BLOCKERS		<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
alfuzosin (generic Uroxatral)	CARDURA XL (doxazosin)	
doxazosin (generic Cardura)	silodosin (generic Rapaflo)	
tamsulosin (generic Flomax)		
5-ALPHA-REDUCTASE (5AR) INHIBITORS		Drug-specific criteria:
dutasteride (generic for Avodart)	dutasteride/tamsulosin (generic for Jalyn)	<ul style="list-style-type: none"> Alfuzosin/dutasteride/finasteride <ul style="list-style-type: none"> Covered for males only Cardura XL®: Requires clinical reason generic IR form cannot be used Flomax®: Females covered for a 7 day supply with diagnosis of acute kidney stones Jalyn®: Requires clinical reason why individual agents cannot be used
finasteride (generic for Proscar)		

CALCIUM CHANNEL BLOCKERS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
SHORT-ACTING		<ul style="list-style-type: none">Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within this drug class <p>Drug-specific criteria:</p> <ul style="list-style-type: none">Nifedipine: May be approved without trial for diagnosis of Preterm Labor or Pregnancy Induced Hypertension (PIH)Nimodipine: Covered without trial for diagnosis of subarachnoid hemorrhageKaterzia: May be approved with documented swallowing difficulty
Dihydropyridines		
	isradipine (generic Dynacirc)	
	nicardipine (generic Cardene)	
	nifedipine (generic Procardia)	
	nimodipine (generic Nimotop)	
Non-dihydropyridines		
diltiazem (generic Cardizem)		
verapamil (generic Calan/Isontin)		
LONG-ACTING		
Dihydropyridines		
amlodipine (generic Norvasc)	felodipine ER (generic Plendil)	
nifedipine ER (generic Procardia XL/Adalat CC)	KATERZIA (amlodipine) ^{QL} SUSP	
Non-dihydropyridines		
diltiazem ER (generic Cardizem CD)	CALAN SR (verapamil)	
verapamil ER TABLET	diltiazem ER (generic Cardizem LA)	
	MATZIM LA (diltiazem ER)	
	TIAZAC (diltiazem)	
	verapamil ER CAPSULE	
	verapamil 360mg CAPSULE	
	verapamil ER (generic Verelan PM)	

CEPHALOSPORINS AND RELATED ANTIBIOTICS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS		■ Non-preferred agents will be approved for patients who have failed a 3-day trial of ONE preferred agent within the same group
amoxicillin/clavulanate TABLETS, SUSPENSION	amoxicillin/clavulanate CHEWABLE	
	amoxicillin/clavulanate ER (generic Augmentin XR)	
	AUGMENTIN (amoxicillin/clavulanate) SUSPENSION, TABLET	
CEPHALOSPORINS – First Generation		
cefadroxil CAPSULE, SUSPENSION (generic Duricef)	cefadroxil TABLET (generic Duricef)	
cephalexin CAPSULE, SUSPENSION	cephalexin TABLET	
	DAXBIA (cephalexin)	
CEPHALOSPORINS – Second Generation		
cefprozil (generic Cefzil)	cefaclor (generic Ceclor)	
cefuroxime TABLET (generic Ceftin)	CEFTIN (cefuroxime) TABLET, SUSPENSION	
CEPHALOSPORINS – Third Generation		
cefdinir (generic Omnicef)	cefixime CAPSULE, SUSPENSION (generic Suprax)	
	cefpodoxime (generic Vantin)	
	SUPRAX CAPSULE, CHEWABLE TAB, SUSPENSION, TABLET (cefixime)	

CONTRACEPTIVES, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<p>All reviewed agents are recommended preferred at this time</p> <p><i>Only those products for review are listed.</i></p> <p>Brand name products may be subject to Maximum Allowable Cost (MAC) pricing or require substitution with a generic equivalent</p> <p>Specific agents can be looked up using the Drug Look-up Tool at:</p> <p>https://druglookup.fhsc.com/druglookupweb/?client=nestate</p> <p><i>charlotte 24 fe (norethindrone acetate/ethinyl estradiol-iron)^{NR}</i></p> <p><i>gemmily (norethindrone/ethinyl estradiol-iron)^{NR}</i></p> <p><i>hailey fe 1/20 (norethindrone acetate/ethinyl estradiol-iron)^{NR}</i></p> <p><i>iclevia (generic Seasonale)^{NR}</i></p> <p><i>LYLEQ (norethindrone)^{NR}</i></p> <p><i>merzee (generic Taytulla)^{NR}</i></p> <p><i>NYLIA 7/7/7 (norethindrone/ ethinyl estradiol)^{NR}</i></p> <p><i>NYMYO (norgestimate/ethinyl estradiol)^{NR}</i></p> <p><i>TRI-NYMO (norgestimate/ethinyl estradiol)^{NR}</i></p>		

CYSTIC FIBROSIS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
	<p><i>BRONCHITOL (mannitol)^{AL, CL, NR, QL}</i></p> <p>KALYDECO PACKET, TABLET (ivacaftor)^{QL, AL}</p> <p>ORKAMBI (lumacaftor/ivacaftor) PACKET, TABLET^{QL, AL}</p> <p>SYMDEKO (tezacaftor/ivacaftor)^{QL, AL}</p> <p>TRIKAFTA (elexacaftor, tezacaftor, ivacaftor)^{AL, CL}</p>	<p>Drug-specific criteria:</p> <ul style="list-style-type: none"> ■ Bronchitol: Approved for diagnosis of CF and documentation that the patient has passed the BRONCHITOL Tolerance Test ■ Kalydeco®: Diagnosis of CF and documentation of the drug-specific, FDA-approved mutation of CFTR gene ■ Orkambi®: Diagnosis of CF and documentation of presence of two copies of the F580del mutation (homozygous) of CFTR gene ■ Symdeko: Diagnosis of CF and documentation of the drug specific, FDA approved mutation of CFTR gene. ■ Trikafta: Diagnosis of CF and documentation of at least one F508del mutation in the CFTR gene

DIURETICS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
SINGLE-AGENT PRODUCTS		■ Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agents within this drug class
amiloride TABLET	CAROSPIR (spironolactone) SUSPENSION	
bumetanide TABLET	eplerenone TABLET (generic Inspra)	
chlorothiazide TABLET	ethacrynic acid CAPSULE (generic Edecrin)	
chlorthalidone TABLET (generic Diuril)	methyclothiazide TABLET	
furosemide SOLUTION, TABLET (generic Lasix)	triamterene (generic Dyrenium)	
hydrochlorothiazide CAPSULE, TABLET (generic Microzide)		
COMBINATION PRODUCTS		
amiloride/HCTZ TABLET		
spironolactone/HCTZ TABLET (generic Aldactazide)		
triamterene/HCTZ CAPSULE, TABLET (generic Dyazide, Maxzide)		

FLUOROQUINOLONES, ORAL

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

GI MOTILITY, CHRONIC

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
AMITIZA (lubiprostone) ^{QL} LINZESS (linaclotide) ^{QL} MOVANTIK (naloxegol oxalate) ^{QL}	alosetron (generic Lotronex) <i>lubiprostone (generic Amitiza)^{AL,NR, QL}</i> MOTEGRITY (prucalopride succinate) RELISTOR (methylnaltrexone) TABLET^{QL} SYMPROIC (naldemedine) TRULANCE (plecanatide) ^{QL} VIBERZI (eluxodoline)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a 30-day trial of ONE preferred agent within this drug class <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Lotronex®: Covered for diagnosis of IBS Diarrhea Predominant type with trial and failure of loperamide AND diphenoxylate Relistor®: Covered for diagnosis of opioid-induced constipation in adults with chronic, non-cancer pain after trial of at least TWO OTC laxatives (senna, bisacodyl, etc.) and failure of Movantik Symproic®: Covered for diagnosis of opioid-induced constipation in adult patients with chronic non-cancer pain after trial on at least TWO OTC laxatives and failure of Movantik Trulance®: Covered for diagnosis of either chronic idiopathic constipation or IBS with constipation after trial of at least TWO OTC laxatives (senna, bisacodyl, etc.) Viberzi®: Covered for diagnosis of IBS Diarrhea Predominant type with trial and failure of loperamide AND diphenoxylate

GLUCAGON AGENTS^{QL}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
BAQSIMI (glucagon) ^{AL} NASAL GLUCAGON EMERGENCY (glucagon) INJ KIT (Lilly) glucagon INJECTION PROGLYCEM (diazoxide) SUSP	diazoxide SUSP (generic Proglycem) GLUCAGON EMERGENCY (glucagon) INJ KIT (Fresenius) GVOKE (glucagon) ^{AL} PEN, SYRINGE	<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

GROWTH HORMONES

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
GENOTROPIN (somatropin) NORDITROPIN (somatropin)	HUMATROPE (somatropin) NUTROPIN AQ (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) ZOMACTON (somatropin) ZORBTIVE (somatropin)	Growth Hormone PA Form Growth Hormone Criteria

H. PYLORI TREATMENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
PYLERA (bismuth, metronidazole, tetracycline) ^{QL}	lansoprazole/amoxicillin/clarithromycin (generic Prevpac) ^{QL} OMECLAMOX-PAK (omeprazole, clarithromycin, amoxicillin) ^{QL}	<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

HAE TREATMENTS^{CL}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
BERINERT (C1 esterase inhibitor, human) INTRAVENOUS HAEGARDA (C1 esterase inhibitor, human) ^{AL} SUB-Q icatibant acetate (generic for FIRAZYR) ^{AL} SUB-Q	CINRYZE (C1 esterase inhibitor, human) ^{AL} INTRAVENOUS FIRAZYR (icatibant acetate) ^{AL} SUB-Q ORLADEYO (berotralstat) CAP ^{AL, NR, QL} RUCONEST (recombinant human C1 inhibitor) ^{AL} INTRAVENOUS TAKHZYRO (lanadelumab-flyo) ^{AL} SUB-Q	HAE Treatments PA Form <ul style="list-style-type: none"> All agents require documentation of diagnosis of Type I or Type II HAE and deficient or dysfunctional C1 esterase inhibitor enzyme. Concomitant use with ACE inhibitors, NSAIDs, and estrogen-containing products is contraindicated Non-preferred agents will be approved for patients who have a failed trial or a contraindication to ONE preferred agent within this drug class <p>Drug-Specific Criteria</p> <ul style="list-style-type: none"> Cinryze, Haegarda, Orladeyo, and Takhzyro, require a history of two or more HAE attacks monthly, and trial and failure or contraindication to oral danazol

HEPATITIS B TREATMENTS

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

HEPATITIS C TREATMENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
DIRECT ACTING ANTI-VIRAL		Hepatitis C Treatments PA Form
MAVYRET (glecaprevir/pibrentasvir) ^{CL} VOSEVI (sofosbuvir/velpatasvir/voxlaprevir) ^{CL}	HARVONI 200/45MG, TABLET, (sofosbuvir/ledipasvir) ^{CL} <i>HARVONI (ledipasvir/sofosbuvir)^{CL,NR} PELLET</i> sofosbuvir/ledipasvir (generic Harvoni) ^{CL} sofosbuvir/velpatasvir (generic Epclusa) ^{CL} <i>SOVALDI (sofosbuvir)^{CL,NR} PELLET</i> SOVALDI TABLET (sofosbuvir) ^{CL} VIEKIRA PAK (ombitasvir/paritaprevir/ritonavir/dasabuvir) ^{CL} ZEPATIER (elbasvir/grazoprevir) ^{CL}	Hepatitis C Criteria <ul style="list-style-type: none">Non-preferred products require trial of preferred agents within the same group and will only be considered with documentation of why the preferred product within this drug class is not appropriate for patientPatients newly eligible for Medicaid will be allowed to complete treatment with the original that treatment was initially authorized by another payor <p>Drug-specific criteria:</p> <p>Trial with Mavyret not required in the following:</p>
RIBAVIRIN		<ul style="list-style-type: none">Epclusa: For genotype 1-6 with decompensated cirrhosis along with ribavirinHarvoni:<ul style="list-style-type: none">For genotype 1 with decompensated cirrhosis along with ribavirinPost liver transplant for genotype 1 or 4For pediatric patients ages 3 to 11 years old with FDA indicationsSovaldi:<ul style="list-style-type: none">For pediatric patients ages 3 to 11 years old with genotype 2 or 3 chronic HCV infection without cirrhosis or with compensated cirrhosis in combination with ribavirinVosevi: Requires documentation of non-response after previous treatment course of Direct Acting Anti-viral agent (DAA) for genotype 1-6 without cirrhosis or with compensated cirrhosis
INTERFERON		
PEGASYS (pegylated interferon alfa-2a) ^{CL} PEG-INTRON (pegylated interferon alfa-2b) ^{CL}		

HIV / AIDS^{CL}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
CCR5 ANTAGONISTS		<ul style="list-style-type: none">Non-preferred agents will be approved for patients who have a diagnosis of HIV/AIDS and patient specific documentation of why the preferred products within this drug class are not appropriate for patient, including, but not limited to, drug resistance or concomitant conditions not recommended with preferred agents
SELZENTRY SOLN, TAB (maraviroc)		
FUSION INHIBITORS		
FUZEON SUB-Q (enfuvirtide) ^{QL}		<ul style="list-style-type: none">Patients undergoing treatment at the time of any preferred status change will be allowed to continue therapy
HIV-1 ATTACHMENT INHIBITOR		
	<i>RUKOBIA ER (fostemsavir)^{AL,NR,QL}</i>	
INTEGRASE STRAND TRANSFER INHIBITORS (INSTIs)		<ul style="list-style-type: none">Diagnosis of HIV/AIDS required OR
ISENTRESS (raltegravir) ^{QL}	<i>TIVICAY PD (dolutegravir)^{NR}</i>	
ISENTRESS HD (raltegravir)		
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs)		<ul style="list-style-type: none">Pre and Post Exposure Prophylaxis
efavirenz CAPSULE, TABLET (generic Sustiva)	EDURANT (rilpivirine)	
INTELENCE (etravirine) ^{QL}	nevirapine IR, ER (generic Viramune/Viramune XR)	
PIFELTRO (doravirine) ^{QL}	RESCRIPTOR (delavirdine)	
	SUSTIVA CAPSULE, TABLET (efavirenz)	
NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIs)		
abacavir SOLN, TABLET (generic Ziagen)	didanosine DR (generic Videx EC)	
EMTRIVA CAPSULE, SOLN (emtricitabine)	<i>emtricitabine CAPSULE (generic for Emtriva)^{NR}</i>	
lamivudine SOLN, TABLET (generic Epivir)	EPIVIR (lamivudine)	
	RETROVIR (zidovudine)	
	stavudine CAPSULE (generic Zerit)	
NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIs)		
tenofovir TABLET (generic Viread)	VIREAD (tenofovir) POWDER	
PHARMACOKINETIC ENHANCER		
	TYBOST (cobicistat)^{QL}	

HIV / AIDS^{CL} (Continued)

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
PROTEASE INHIBITORS		
atazanavir CAPSULE (generic Reyataz)	APTIVUS CAPSULE, SOLN (tipranavir)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have a diagnosis of HIV/AIDS and patient specific documentation of why the preferred products within this drug class are not appropriate for patient, including, but not limited to, drug resistance or concomitant conditions not recommended with preferred agents Patients undergoing treatment at the time of any preferred status change will be allowed to continue therapy Diagnosis of HIV/AIDS required OR <ul style="list-style-type: none"> Pre and Post Exposure Prophylaxis
ritonavir TABLET (generic Norvir)	CRIXIVAN (indinavir)	
	fosamprenavir TAB (generic Lexiva)	
	INVIRASE (saquinavir)	
	LEXIVA SUSP, TABLET (fosamprenavir)	
	NORVIR POWDER, SOLN (ritonavir)	
	NORVIR (ritonavir) TAB	
	PREZISTA (darunavir) SUSP, TABLET	
	REYATAZ POWDER (atazanavir)	
	VIRACEPT (nelfinavir)	

HIV / AIDS^{CL} (Continued)

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
COMBINATION PROTEASE INHIBITORS (PIs) or PIs plus PHARMACOKINETIC ENHANCER		<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have a diagnosis of HIV/AIDS and patient specific documentation of why the preferred products within this drug class are not appropriate for patient, including, but not limited to, drug resistance or concomitant conditions not recommended with preferred agents Patients undergoing treatment at the time of any preferred status change will be allowed to continue therapy Diagnosis of HIV/AIDS required OR <ul style="list-style-type: none"> Pre and Post Exposure Prophylaxis
EVOTAZ (atazanavir/cobicistat) ^{QL} lopinavir/ritonavir SOLN (generic Kaletra)	KALETRA SOLN (lopinavir/ritonavir) KALETRA TAB (lopinavir/ritonavir) PREZCOBIX (darunavir/cobicistat) ^{QL}	
COMBINATION NUCLEOS(T)IDE REVERSE TRANSCRIPTASE INHIBITORS		Drug-Specific Criteria Descovy: <ul style="list-style-type: none"> <i>Approval will be granted for a diagnosis of HIV/AIDS</i> <i>For PrEP use: Will require prior approval with a documentation of a contraindication to Truvada.</i>
abacavir/lamivudine (generic Epzicom) CIMDUO (lamivudine/tenofovir) ^{QL} DESCOVY (emtricitabine/tenofovir) ^{QL, CL} lamivudine/zidovudine (generic Combivir) TRUVADA (emtricitabine/tenofovir)	abacavir/lamivudine/zidovudine (generic Trizivir) COMBIVIR (lamivudine/zidovudine) emtricitabine/tenofovir (generic Truvada)^{CL, NR} EPZICOM (abacavir sulfate/lamivudine) TEMIXYS (lamivudine/tenofovir) ^{QL} TRIZIVIR (abacavir/lamivudine/zidovudine)	

HIV / AIDS^{CL} (Continued)

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
COMBINATION PRODUCTS – MULTIPLE CLASSES		
ATRIPLA (tenofovir/emtricitabine/efavirenz) BIKTARVY (bictegravir/emtricitabine/tenofovir) ^{QL} COMPLERA (rilpivirine/emtricitabine/tenofovir) DELSTRIGO (doravirine/lamivudine/tenofovir) ^{QL} GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir) ^{QL, AL} ODEFSEY (emtricitabine/rilpivirine/tenofovir) ^{QL} STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) ^{QL} SYMFI (efavirenz/lamivudine/tenofovir) ^{QL} SYMFI LO (efavirenz/lamivudine/tenofovir) ^{QL} TRIUMEQ (dolutegravir/abacavir/lamivudine)	DOVATO (dolutegravir/lamivudine) ^{QL} <i>efavirenz/emtricitabine/tenofovir (generic Atripla)^{CL, NR}</i> <i>efavirenz/lamivudine/tenofovir (generic for Symfi)^{NR, QL}</i> <i>efavirenz/lamivudine/tenofovir (generic for Symfi Lo)^{NR, QL}</i> JULUCA (dolutegravir/rilpivirine) ^{QL} SYMTUZA (darunavir/cobicistat/emtricitabine/tenofovir) ^{QL}	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have a diagnosis of HIV/AIDS and patient specific documentation of why the preferred products within this drug class are not appropriate for patient, including, but not limited to, drug resistance or concomitant conditions not recommended with preferred agents Patients undergoing treatment at the time of any preferred status change will be allowed to continue therapy Diagnosis of HIV/AIDS required <p>OR</p> <ul style="list-style-type: none"> Pre and Post Exposure Prophylaxis

HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
acarbose (generic for Precose)	miglitol (generic for Glyset) GLYSET (miglitol)	<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

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HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONIST (GLP-1 RA)^{CL}		Preferred agents require metformin trial and diagnosis of diabetes
BYDUREON (exenatide ER)	ADLYXIN (lixisenatide)	Non-preferred agents will be approved for patients who have: <ul style="list-style-type: none">Failed a trial of TWO preferred agents within GLP-1 RA AND <ul style="list-style-type: none">Diagnosis of diabetes with HbA1C ≥ 7 ANDTrial of metformin, or contraindication or intolerance to metformin
BYDUREON PEN (exenatide ER) subcutaneous	BYDUREON BCISE PEN (exenatide) ^{QL}	
BYETTA (exenatide) subcutaneous	OZEMPIC (semaglutide)	
TRULICITY (dulaglutide)	RYBELSUS (semaglutide)	
VICTOZA (liraglutide) subcutaneous	TANZEUM (albiglutide)	
INSULIN/GLP-1 RA COMBINATIONS		ALL criteria must be met <ul style="list-style-type: none">Concurrent use of short-acting mealtime insulinCurrent therapy complianceNo diagnosis of gastroparesisHbA1C ≤ 9% within last 90 daysFingerstick monitoring of glucose during <u>initiation</u> of therapy
	SOLIQUA (insulin glargine/lixisenatide)	
	XULTOPHY (insulin degludec/liraglutide)	
AMYLIN ANALOG		
	SYMLIN (pramlintide) subcutaneous	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR^{QL}		Non-preferred DPP-4s will be approved for patients who have failed a trial of ONE preferred agent within DPP-4
GLYXAMBI (empagliflozin/linagliptin)	alogliptin (generic for Nesina)	
JANUMET (sitagliptin/metformin)	alogliptin/metformin (generic for Kazano)	
JANUMET XR (sitagliptin/metformin)	JENTADUETO XR (linagliptin/metformin)	
JANUVIA (sitagliptin)	KOMBIGLYZE XR (saxagliptin/metformin)	
JENTADUETO (linagliptin/metformin)	ONGLYZA (saxagliptin)	
TRADJENTA (linagliptin)	alogliptin/pioglitazone (generic for Oseni)	
	QTERN (dapagliflozin/saxagliptin)	
	STEGLUJAN (ertugliflozin/sitagliptin)	
	TRIJARDY XR (empagliflozin/linagliptin/metformin) ^{AL}	

HYPOGLYCEMICS, INSULIN AND RELATED DRUGS

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

HYPOGLYCEMICS, MEGLITINIDES

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
repaglinide (generic for Prandin)	nateglinide (generic for Starlix) repaglinide/metformin (generic for Prandimet)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients with: Failure of a trial of ONE preferred agent in another Hypoglycemic class OR T2DM and inadequate glycemic control

HYPOGLYCEMICS, METFORMINS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
metformin IR & ER (generic Glucophage/Glucophage XR)	metformin ER (generic Fortamet/Glumetza) metformin SOLUTION (generic Riomet) RIOMET ER (metformin ER) ^{AL}	<ul style="list-style-type: none"> Metformin ER (generic Fortamet®/Glumetza®): Requires clinical reason why generic Glucophage XR® cannot be used Metformin solution: Prior authorization not required for age <7 years

HYPOGLYCEMICS, SGLT2

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

HYPOGLYCEMICS, SULFONYLUREAS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
glimepiride (generic Amaryl)	chlorpropamide	<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
glipizide IR & ER (generic Glucotrol/ Glucotrol XL)	tolazamide	
glyburide (generic Diabeta/Glynase)	tolbutamide	
SULFONYLUREA COMBINATIONS		
glipizide/metformin		
glyburide/metformin (generic Glucovance)		

HYPOGLYCEMICS, TZD

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
THIAZOLIDINEDIONES (TZDs)		<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
pioglitazone (generic for Actos)	AVANDIA (rosiglitazone)	
TZD COMBINATIONS		<ul style="list-style-type: none"> Combination products: Require clinical reason why individual ingredients cannot be used
	pioglitazone/glimepiride (generic for Duetact)	
	pioglitazone/metformin (generic for Actoplus Met)	

IMMUNOSUPPRESSIVES, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
azathiaprine (generic Imuran) cyclosporine, modified CAPSULE (generic Neoral) mycophenolate CAPSULE, TABLET (generic Cellcept) RAPAMUNE (sirolimus) SOLUTION RAPAMUNE (sirolimus) TABLET tacrolimus ZORTRESS (everolimus) ^{AL}	ASTAGRAF XL (tacrolimus) AZASAN (azathiaprine) cyclosporine CAPSULE, SOFTGEL cyclosporine, modified SOLUTION (generic Neoral) ENVARSUS XR (tacrolimus) GENGRAF (cyclosporine, modified) CAPSULE, SOLUTION mycophenolate SUSPENSION (generic Cellcept) mycophenolic acid MYFORTIC (mycophenolate sodium) PROGRAF (tacrolimus) CAPSULE, PACKET SANDIMMUNE (cyclosporine) CAPSULE, SOLUTION sirolimus SOLUTION, TABLET (generic Rapamune) everolimus (generic for Zortress) ^{AL}	Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within this drug class ▪ Patients established on existing therapy will be allowed to continue

LINCOSAMIDES / OXAZOLIDINONES / STREPTOGRAMINS

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

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LIPOTROPICS, OTHER

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
BILE ACID SEQUESTRANTS		<ul style="list-style-type: none">Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within this drug class Drug-specific criteria: <ul style="list-style-type: none">Colesevelam: Trial not required for diabetes control and monotherapy with metformin, sulfonylurea, or insulin has been inadequateJuxtapid®/ Kynamro®:<ul style="list-style-type: none">Approved for diagnosis of homozygous familial hypercholesterolemia (HoFH) ORTreatment failure/maximized dosing/contraindication to ALL the following: statins, ezetimibe, niacin, fibric acid derivatives, omega-3 agents, bile acid sequestrantsRequire faxed copy of REMS PA formLovaza®: Approved for TG ≥ 500Vascepa®: Approved for TG ≥ 500
cholestyramine (generic Questran)	colesevelam (generic Welchol) TABLET, PACKET	
colestipol TABLET (generic Colestid)	colestipol GRANULES (generic Colestid)	
TREATMENT OF HOMOZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA		
	JUXTAPID (lomitapide) ^{CL}	
	KYNAMRO (mipomersen) ^{CL}	
FIBRIC ACID DERIVATIVES		
fenofibrate (generic Tricor)	fenofibric acid (generic Fibricor/Trilipix)	
fenofibrate (generic Lofibra)	fenofibrate (generic Antara/Fenoglide/Lipofen/Triglide)	
gemfibrozil (generic Lopid)		
NIACIN		
niacin ER (generic for Niaspan)	NIACOR (niacin IR) NIASPAN (niacin ER)	
OMEGA-3 FATTY ACIDS		
omega-3 fatty acids (generic for Lovaza) ^{CL}	icosapent (generic for Vascepa) ^{CL,NR} omega-3 OTC VASCEPA (icosapent) ^{CL}	
CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe (generic for Zetia)	NEXLIZET (bempedoic acid/ezetimibe) ^{NR,QL}	

LIPOTROPICS, OTHER (continued)

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 (PCSK9) INHIBITORS		<ul style="list-style-type: none"> ▪ Praluent®: Approved for diagnoses of: <ul style="list-style-type: none"> • atherosclerotic cardiovascular disease (ASCVD) • heterozygous familial hypercholesterolemia (HeFH) • Homozygous familial hypercholesterolemia (HoFH) as an adjunct to other LDL-C lowering therapies <p>AND</p> <ul style="list-style-type: none"> • Maximized high-intensity statin WITH ezetimibe for at 3 continuous months • Failure to reach target LDL-C levels: ASCVD - < 70 mg/dL, HeFH - < 100 mg/dL ▪ Repatha®: Approved for: <ul style="list-style-type: none"> • adult diagnoses of atherosclerotic cardiovascular disease (ASCVD) • heterozygous familial hypercholesterolemia (HeFH) • homozygous familial hypercholesterolemia (HoFH) in age ≥ 13 • statin-induce rhabdomyolysis <p>AND</p> <ul style="list-style-type: none"> • Maximized high-intensity statin WITH ezetimibe for 3+ continuous months • Failure to reach target LDL-C levels: ASCVD - < 70 mg/dL, HeFH - < 100 mg/dL • Concurrent use of maximally-tolerated statin must continue
	PRALUENT (alorocumab) ^{CL} REPATHA (evolocumab) ^{CL}	

LIPOTROPICS, STATINS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
STATINS		<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agent within this drug class, within the last 12 months <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Altoprev®: One of the TWO trials must be IR lovastatin Combination products: Require clinical reason why individual ingredients cannot be used fluvastatin ER: Requires trial of TWO preferred agents AND trial of IR fluvastatin OR clinical reason IR cannot be used simvastatin/ezetimibe: Approved for 3-month continuous trial of ONE standard dose statin
atorvastatin (generic Lipitor) ^{QL}	ALTOPREV (lovastatin ER) ^{CL}	
lovastatin (generic Mevacor)	EZALLOR SPRINKLE (rosuvastatin) ^{QL}	
pravastatin (generic Pravachol)	fluvastatin IR/ER (generic Lescol/Lescol XL)	
rosuvastatin (generic Crestor)	LIVALO (pitavastatin)	
simvastatin (generic Zocor)	ZYPITAMAG (pitavastatin)	
STATIN COMBINATIONS		
	atorvastatin/amlodipine (generic Caduet)	
	simvastatin/ezetimibe (generic Vytorin)	

MACROLIDES AND KETOLIDES, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
MACROLIDES		<ul style="list-style-type: none"> Require clinical reason why preferred products within this drug class cannot be used AND ≥ 3-day trial on a preferred product
azithromycin (generic Zithromax)	clarithromycin ER (generic Biaxin XL)	
clarithromycin TABLET, SUSPENSION (generic Biaxin)	E.E.S. SUSPENSION (erythromycin ethylsuccinate)	
erythromycin ethylsuccinate SUSPENSION	E.E.S. TABLET (erythromycin ethylsuccinate)	
	ERY-TAB (erythromycin)	
	ERYPED SUSPENSION (erythromycin)	
	ERYTHROCIN (erythromycin)	
	erythromycin base TABLET, CAPSULE	

MULTIPLE SCLEROSIS DRUGS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
AVONEX (interferon beta-1a) ^{QL} BETASERON (interferon beta-1b) ^{QL} COPAXONE 20mg (glatiramer) ^{QL} <i>KESIMPTA (Ofatumumab)^{NR, QL}</i> TECFIDERA (dimethyl fumarate)	AUBAGIO (teriflunomide) <i>BAFIERTAM (monomethyl fumarate)^{NR, QL}</i> dalfampridine (generic Ampyra) ^{QL} <i>dimethyl fumarate (generic for Tecfidera)^{NR}</i> EXTAVIA (interferon beta-1b) ^{QL} <i>GILENYA (fingolimod)^{QL}</i> glatiramer (generic Copaxone) ^{QL} MAVENCLAD (cladribine) MAYZENT (siponimod) ^{QL} PLEGRIDY (peginterferon beta-1a) ^{QL} REBIF (interferon beta-1a) ^{QL} VUMERITY (diroximel) ^{QL} <i>ZEPOSIA (ozanimod)^{AL, NR, 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 <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Ampyra®: Approved for diagnosis of gait disorder associated with MS AND EDSS score ≤ 7 Plegridy: Approved for diagnosis of relapsing MS Kesimpta: Approved for patients who have failed a trial of a preferred injectable agent within this class

NITROFURAN DERIVATIVES

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
nitrofurantoin macrocrystals CAPSULE (generic for Macrochantin) nitrofurantoin monohydrate-macrocrystals CAPSULE (generic for Macrobid)	nitrofurantoin SUSPENSION (generic for Furadantin)	<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

OPIOID DEPENDENCE TREATMENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
buprenorphine SL buprenorphine/naloxone TAB SUBOXONE FILM (buprenorphine/naloxone)	BUNAVAIL (buprenorphine/naloxone) buprenorphine/naloxone FILM, SL LUCEMYRA (lofexidine) ^{QL} ZUBSOLV (buprenorphine/naloxone)	Buprenorphine PA Form Buprenorphine Informed Consent Non-Preferred: Bunavail, buprenorphine/naloxone SL, Zubsolv: <ul style="list-style-type: none"> ▪ Diagnosis of Opioid Use Disorder, NOT approved for pain management ▪ Verification of "X" DEA license number of prescriber ▪ No concomitant opioids ▪ Failed trial of preferred drug or patient-specific documentation of why preferred product not appropriate for patient Drug-specific criteria: <ul style="list-style-type: none"> ▪ Lucemyra: Approved for FDA approved indication and dosing per label. Trial of preferred product not required.

OPIOID-REVERSAL TREATMENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
naloxone SYRINGE, VIAL naltrexone TABLET NARCAN (naloxone) SPRAY		<ul style="list-style-type: none"> ▪ Non-preferred agents will be approved with documentation of why preferred products within this drug class are not appropriate for the patient

PAH (PULMONARY ARTERIAL HYPERTENSION AGENTS), ORAL AND INHALED

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

PANCREATIC ENZYMES

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
CREON ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) PERTZYE (pancrelipase) VIOKACE (pancrelipase)	<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

PEDIATRIC VITAMIN PREPARATIONS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<p>CHILD LITTLE ANIMALS VITAMINS CHEW OTC (pedi multivit 91/iron fum) CHEW</p> <p>child multivitamins chew otc (pedi multivit 19/folic acid) CHEW</p> <p>CHILDREN'S CHEW MULTIVIT-IRON OTC (pedi multivit 91/iron fum) CHEW</p> <p>children's chewables otc (pedi multivit 23/folic acid) CHEW</p> <p>children's vitamins with iron otc (pedi multivit/iron)</p> <p>fluoride/vitamins A,C,AND D (ped multivit A,C,D3, 21/fluoride) DROPS</p> <p>infant-toddler multivit drop OTC (pediatric multivit no. 165 drops)</p> <p>infant-toddler multivit-iron OTC (pedi mv no.164/ferrous sulfate drops)</p> <p>infant-toddler tri-vit drop (vit a palmitate/vit c/vit d3 drops)</p> <p>multivitamins with fluoride (pedi multivit 2/fluoride) DROPS</p> <p>multivits with iron and fluoride (pedi multivit 45/fluoride/iron) DROPS</p> <p>MVC-FLUORIDE (pedi multivit 12/fluoride) CHEW TAB</p> <p>ped mvi A,C,D3,No 21/fluoride DROPS</p> <p>pedi mvi no. 16 with fluoride CHEW</p> <p>pedi mvi 17 with fluoride CHEW</p> <p>POLY-VI-SOL OTC (pedi multivit 81) DROPS</p> <p>POLY-VI-SOL WITH IRON (pedi multivit 80/ferrous sulfate) DROPS</p> <p>TRI-VI-SOL OTC (vit A palmitate/vit C/Vit D3) DROPS</p> <p>tri-vite-fluoride 0.25 mg/ml, and 0.5 mg/ml</p>	<p>AQUADEKS (pedi multivit 40/phytonadione)</p> <p>ESCAVITE (pedi multivit 47/iron/fluoride)</p> <p>ESCAVITE D (pedi multivit 78/iron/fluoride) CHEW</p> <p>ESCAVITE LQ (pedi multivit 86/iron/fluoride)</p> <p>FLORIVA (pedi multivit 85/fluoride) CHEW</p> <p>FLORIVA PLUS OTC and Rx (pedi multivit 130/fluoride) DROPS</p> <p>multivit A, B, D, E, K, ZN (pediatric multivit 153/D3/K)</p> <p>POLY-VI-FLOR (pedi multivit 33/fluoride) CHEW</p> <p>POLY-VI-FLOR (pedi multivit 37/fluoride) DROPS</p> <p>POLY-VI-FLOR w/IRON (pedi multivit 33/fluoride/iron) CHEW</p> <p>POLY-VI-FLOR w/IRON (pedi multivit 37/fluoride/iron) DROPS</p> <p>QUFLORA OTC and Rx (pedi multivit 84/fluoride)</p> <p>QUFLORA FE (pedi multivit 142/iron/fluoride)</p> <p>TRI-VI-FLORO (ped multivit A, C, D3, 38/fluoride)</p>	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agents within this drug class <p>Drug specific criteria:</p> <ul style="list-style-type: none"> Aquadeks: Approved for diagnosis of Cystic Fibrosis

PENICILLINS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
amoxicillin CAPSULE, CHEWABLE TABLET, SUSP, TABLET ampicillin CAPSULE dicloxacillin penicillin VK		<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a 3-day trial of ONE preferred agent within this drug class

PHOSPHATE BINDERS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
calcium acetate TABLET, CAPSULE CALPHRON OTC (calcium acetate) REVELA (sevelamer carbonate)	AURYXIA (ferric citrate) ELIPHOS (calcium acetate) lanthanum (generic FOSRENOL) PHOSLO (calcium acetate) PHOSLYRA (calcium acetate) RENAGEL (sevelamer HCl) sevelamer HCl (generic Renagel) sevelamer carbonate (generic Revela) VELPHORO (sucroferric oxyhydroxide)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within this drug class within the last 6 months

PLATELET AGGREGATION INHIBITORS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
AGGRENOX (dipyridamole/aspirin) aspirin BRILINTA (ticagrelor) clopidogrel (generic Plavix) dipyridamole (generic Persantine) prasugrel (generic Effient)	aspirin/dipyridamole (generic Aggrenox) ticlopidine (generic Ticlid) YOSPRALA (aspirin/omeprazole) ZONTIVITY (vorapaxar) ^{CL}	<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 documented clopidogrel resistance <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Zontivity®: Approved for reduction of thrombotic cardiovascular events in history of MI or with peripheral artery disease (PAD) Use with aspirin and/or clopidogrel

PRENATAL VITAMINS

Additional covered agents can be looked up using the Drug Look-up Tool at:

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

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
c-nate dha SOFTGEL complete natal dha (pnv2/iron b-g suc-p/fa/omega-3) calcium-pnv 28-1-250mg SOFTGEL classic prenatal TABLET (prenatal vit/fe fum/fa) COMPLETENATE CHEWABLE CONCEPT DHA CAPSULE CONCEPT OB CAPSULE elite-ob CAPLET (fe c/fa) MARNATAL-F CAPSULE PRENATA TAB CHEW pnv with ca, #72/iron/fa pnv-ob+dha combo pack (pnv22/iron cbn&gluc/fa/dss/dha) pnv-vp-u CAPSULE prenaissance CAPSULE (pnv80/iron fum/fa/dss/dha) prenaissance plus SOFTGEL (pnv69/iron/fa/dss/dha) prenatal vitamin TABLET (pnv#124/iron/fa) prenatal no.137/iron/fa OTC pretab 29mg-1 TABLET (pnv#78/iron/fa) PUREFE PLUS PUREFE OB PLUS TARON-PREX PRENATAL TRINATAL RX 1 triveen-duo dha combo pack (pnv53/iron b-g hcl-p/fa/omega3) trust natal dha (pnv2/iron b-g suc-p/fa/omega-3) virtprex CAPSULE (pnv66/iron fum/fa/dss/dha)	DERMACINRX CAPLET <p><i>(prenatal vit no. 170/fe/fa)^{NR}</i></p> folivane-ob CAPSULE (pnv#15/iron fum & ps cmp/fa) niva-plus TABLET (pnv with ca,no.74/iron/fa) pnv-dha SOFTGEL (pnv combo#47/iron/fa #1/dha) taron-c dha CAPSULE (pnv#16/iron fum &ps/fa/om-3) virt-c dha SOFTGEL (pnv#16/iron fum &ps/fa/om-3) virt-pm dha SOFTGEL (pnv combo#47/iron/fa #1/dha) WESTGEL DHA (PRENATAL 93/IRON/FOLATE 9/DHA)^{NR} zatean-pn dha CAPSULE (pnv #47/iron/fa #1/dha)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of or are intolerant to TWO preferred agents within this drug class

PROTON PUMP INHIBITORS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
omeprazole (generic Prilosec) RX pantoprazole (generic Protonix) ^{QL} PROTONIX SUSP (pantoprazole)	DEXILANT (dexlansoprazole) esomeprazole magnesium (generic Nexium) esomeprazole strontium lansoprazole (generic Prevacid) ^{QL} NEXIUM SUSPENSION (esomeprazole) omeprazole/sodium bicarbonate (generic Zegerid RX) pantoprazole GRANULES ^{NR,QL} rabeprazole (generic Aciphex)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed an 8-week trial of BOTH preferred agents within this drug class <p>Pediatric Patients:</p> <p>Patients ≤ 4 years of age – No PA required for Prevacid 30mg or omeprazole 20mg capsules (used to compound suspensions).</p> <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Prilosec®OTC/Omeprazole OTC: EXCLUDED from coverage Acceptable as trial instead of Omeprazole 20mg Prevacid Solutab: may be approved after trial of compounded suspension. Patients ≥ 5 years if age- Only approve non-preferred for GI diagnosis if: <ul style="list-style-type: none"> Child can not swallow whole generic omeprazole capsules OR, Documentation that contents of capsule may not be sprinkled in applesauce

SINUS NODE INHIBITORS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
	CORLANOR SOLUTION, TABLET (ivabradine)	<ul style="list-style-type: none"> ▪ Diagnosis of Chronic Heart Failure with left ventricular ejection fraction less than or equal to 35%, AND ▪ Sinus rhythm with resting heart rate greater than or equal to 70 beats per minute, AND ▪ On maximally tolerated doses of beta-blockers OR have a contraindication to beta-blocker use

DRAFT

SKELETAL MUSCLE RELAXANTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
baclofen (generic Lioresal) chlorzoxazone (generic Parafon Forte) cyclobenzaprine (generic Flexeril) ^{QL} methocarbamol (generic Robaxin) tizanidine TABLET (generic Zanaflex)	carisoprodol (generic Soma) ^{CL,QL} carisoprodol compound cyclobenzaprine ER (generic Amrix) ^{CL} dantrolene (generic Dantrium) FEXMID (cyclobenzaprine ER) LORZONE (chlorzoxazone) ^{CL} metaxalone (generic Skelaxin) NORGESIC FORTE (orphenadrine/ASA/caffeine) orphenadrine ER PARAFON FORTE (chlorzoxazone) tizanidine CAPSULE ZANAFLEX (tizanidine) CAPSULE, TABLET	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a 1-week trial of TWO preferred agents within this drug class <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> cyclobenzaprine ER: <ul style="list-style-type: none"> Requires clinical reason why IR cannot be used Approved only for acute muscle spasms NOT approved for chronic use carisoprodol: <ul style="list-style-type: none"> Approved for Acute, musculoskeletal pain - NOT for chronic pain Use is limited to no more than 30 days Additional authorizations will not be granted for at least 6 months following the last day of previous course of therapy Dantrolene: Trial NOT required for treatment of spasticity from spinal cord injury Lorzone®: Requires clinical reason why chlorzoxazone cannot be used Soma® 250mg: Requires clinical reason why 350mg generic strength cannot be used Zanaflex® Capsules: Requires clinical reason generic cannot be used

TETRACYCLINES

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

THYROID HORMONES

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
levothyroxine TABLET (generic Synthroid)	EUTHYROX (levothyroxine)	<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
liothyronine TABLET (generic Cytomel)	LEVO-T (levothyroxine)	
thyroid, pork TABLET	<i>levothyroxine CAPSULE (generic for Tirosint)^{NR}</i>	<p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Tirosint-Sol: May be approved with documented swallowing difficulty
UNITHROID (levothyroxine)	THYROLAR TABLET (liotrix)	
	<i>THYQUIDITY (levothyroxine) SOLN^{NR}</i>	
	TIROSINT CAPSULE (levothyroxine)	
	TIROSINT-SOL LIQUID (levothyroxine) ^{CL}	

ULCERATIVE COLITIS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ORAL		<ul style="list-style-type: none">Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within this drug class <p>Drug-specific criteria:</p> <ul style="list-style-type: none">Asacol HD®/Delzicol DR®/Lialda®/Pentasa®: Requires clinical reason why preferred mesalamine products cannot be usedGiazo®: Requires clinical reason why generic balsalazide cannot be used. NOT covered in females
APRISO (mesalamine)	balsalazide (generic Colazal)	
Sulfasalazine IR, DR (generic Azulfidine)	budesonide DR (generic Uceris)	
LIALDA (mesalamine) ^{CL}	DIPENTUM (olsalazine)	
	GIAZO (balsalazide)	
	mesalamine ER (generic Apriso)	
	mesalamine (generic Asacol HD/Delzicol/Lialda) ^{CL}	
RECTAL		
CANASA (mesalamine)	mesalamine ENEMA (generic Rowasa)	
ROWASA (mesalamine)	mesalamine SUPPOSITORY (generic Canasa)	
	UCERIS (budesonide)	

UTERINE DISORDER TREATMENT

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ORIAHNN (elagolix/ estradiol/ norethindrone)^{AL,CL, NR} ORILISSA (elagolix sodium) ^{QL,CL}		<p>Drug-specific criteria:</p> <p>Orilissa/Oriahnn: Requires an FDA approved indication, must follow FDA dosing guidelines, and have had a trial and failure of an NSAID and oral contraceptive</p>

VASODILATORS, CORONARY

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
isosorbide dinitrate TABLET isosorbide dinitrate ER, SA TABLET (generic Dilatrate-SR/Isordil) isosorbide mono IR/SR TABLET nitroglycerin SUBLINGUAL, TRANSDERMAL nitroglycerin ER TABLET	BIDIL (isosorbide dinitrate/ hydralazine) ^{CL} GONITRO (nitroglycerin) isosorbide dinitrate TABLET (Oceanside Pharm MFR only) NITRO-BID OINTMENT (nitroglycerin) NITRO-DUR (nitroglycerin) nitroglycerin TRANSLINGUAL (generic Nitrolingual) NITROMIST (nitroglycerin) VERQUVO (vericiguat)^{AL,CL,NR,QL}	<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"> BiDil: Approved for the treatment of heart failure as an adjunct therapy to standard therapy in self-identified black patients Verquvo: Approved for use in patients following a recent hospitalization for HF within the past 6 months OR need for outpatient IV diuretics, in adults with symptomatic chronic HF and EF less than 45%

VI. Adjournment / Other Business

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

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

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

Date: Wednesday, November 3, 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.