

DIVISION OF MEDICAID AND LONG-TERM CARE
Nebraska DHHS

PHARMACEUTICAL AND THERAPEUTICS (P&T) COMMITTEE MEETING MINUTES

Wednesday, November 16th, 2022 at 9:00 AM CST

Mahoney State Park, Peter Kiewit Lodge
28500 West Park Hwy, Ashland, NE 68003

Committee Members Present:

Eric Avery, M.D. (Chair)
Claire Baker, M.D.
Andrew Bendlin, Pharm.D.
Cassie Cowles, APRN
Allison Dering-Anderson, Pharm.D. (Vice Chair – AM Session Only)
Stephen Dolter, M.D.
Wade Fornander, M.D.
C. Jose Friesen, M.D.
Jennifer Hill, M.D.
Joyce Juracek, Pharm.D.
Rachelle Kaspar-Cope, M.D.
Jessica Pohl, Pharm.D.
Linda Sobeski, Pharm.D.
Bradley Sundsboe, Pharm.D.

Division of Medicaid and Long-Term Care Staff Present:

Dianne Garside, Pharm.D.
Spencer Moore, Pharm.D.
Ken Saunders, Pharm.D.
Leah Spencer, R.N., M.Ed.

Magellan Medicaid Administration Staff Present:

Nikia Bennette-Carter, Pharm.D., Clinical Account Executive
Elanah Figueroa, B.A., Account Executive

Managed Care Staff Present:

Jamie Benson, Pharm.D., Nebraska Total Care
Shannon Nelson, Pharm. D., Healthy Blue
Bernadette Ueda, Pharm. D., United Healthcare of Nebraska

Committee Members Excused:

Gary Elsasser, Pharm.D.
Lauren Nelson, M.D.

Committee Members Unexcused:

N/A

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

- a. The meeting was called to order by the committee chair at 9:00 AM CST. The agenda was posted on the Nebraska Medicaid Pharmacy website (<https://nebraska.fhsc.com/PDL/PTcommittee.asp>) on October 17th, 2022. A copy of the Open Meetings Act and meeting materials distributed to members were made available at the physical meeting site for public viewing.
- b. Roll Call: See list above.
- c. Conflict of Interest: No new conflicts of interest were reported.

- d. Approval of May 11th, 2022 P&T Committee Meeting Minutes.

Approval of May 11 th , 2022 P&T Committee Meeting Minutes							
(1st) Motion: Baker							
(2nd) Motion: Friesen							
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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.			x
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x						
Dering-Anderson, Allison, Pharm.D.			x	Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.			x	Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.			x
Friesen, C. Jose, M.D.	x						

- e. Department information: Dianne Garside notified the committee and public attendees of P&T committee member updates. Dr. Laurie Humphries has chosen to retire from the P&T committee. Dianne welcomed Dr. Stephen Dolter and Cassie Cowles, APRN, as the newest P&T committee members.

2. Public Testimony

Speaker Order	DRUG CLASS	Drug Name	PDL Status	Speaker Name	Affiliation
1	Cytokine & CAM Antagonists	Cosentyx	P	Sarah Sanders	Novartis
2	Cytokine & CAM Antagonists	Humira	P	Erin Hohman	AbbVie
3	Cytokine & CAM Antagonists	Rinvoq	NP	Erin Hohman	AbbVie
4	Cytokine & CAM Antagonists	Skyrizi	NP	Erin Hohman	AbbVie
5	Ophthalmics, Anti-Inflammatory/ Immuno-modulators	Restasis	P	Erin Hohman	AbbVie
6	Glucocorticoids, Oral	Tarpeyo	NP	Marissa Wilberg	Calliditas Therapeutics
7	Immunomodulators, Atopic Dermatitis	Dupixent	P	Niloofar Stevens	Sanofi
8	Oncology Agents, Oral, Lung	Lumakras	NP	Katie Thompson	Amgen

3. Committee Closed Session

(1 st) Motion: Hill	(2 nd) Motion: Dolter
Committee Closed Session unanimously approved by all in attendance.	

4. Resume Open Session

(1 st) Motion: Fornander	(2 nd) Motion: Pohl
Resume Open Session 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.

a. Consent Agenda

Consent Agenda							
(1st) Motion: Sobeski							
(2nd) Motion: Baker							
Discussion: Motion 1: Committee removed two Consent Agenda categories and added them to Therapeutic Class Reviews: (Progesterone (hydroxyprogesterone caproate) and Sickle Cell Anemia Treatments). Committee also removed two Therapeutic Class Reviews categories and added them to the Consent Agenda: (Histamine II Receptor Blockers and Immunomodulators, Asthma).							
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. (Chair) <i>Votes only in the event of a tie</i>				Friesen, C. Jose, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Cowles, Cassie, APRN	x			Kaspar-Cope, Rachelle, M.D.	x		
Dering-Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		

Consent Agenda							
(1st) Motion: Baker							
(2nd) Motion: Hill							
Discussion: Motion 2: Committee approved the amended Consent Agenda.							
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. (Chair) <i>Votes only in the event of a tie</i>				Friesen, C. Jose, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Cowles, Cassie, APRN	x			Kaspar-Cope, Rachelle, M.D.	x		
Dering-Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		

Consent Agenda: Therapeutic categories (TC) with unchanged recommendations unless otherwise indicated.

Anthelmintics	Leukotriene Modifiers
Anti-Allergens, Oral	Methotrexate
Antihistamines, Minimally Sedating	Movement Disorders
Antihyperuricemics	Oncology, Oral – Skin
Antipsoriatics, Oral	Ophthalmic Antibiotics
Antipsoriatics, Topical	Ophthalmic, Antibiotic – Steroid Combinations
COPD Agents	Otic Anti-Infectives & Anesthetics
Cough and Cold, Narcotic	Progesterone (hydroxyprogesterone caproate) (Removed)
Enzyme Replacement, Gaucher's Disease	Sickle Cell Anemia Treatments (Removed)
Hemophilia Treatment	Steroids, Topical High
Histamine II Receptor Blockers (Added)	Steroids, Topical Medium
Immunomodulators, Asthma (Added)	Thrombopoiesis Stimulating Proteins
Immunomodulators, Topical	

b. Therapeutic Class Reviews

Review Agenda – Alzheimer’s Agents								
(1st) Motion: Sobeski								
(2nd) Motion: Pohl								
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. (Chair) <i>Votes only in the event of a tie</i>				Friesen, C. Jose, M.D.	x			
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x			
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x			
Cowles, Cassie, APRN	x			Kaspar-Cope, Rachelle, M.D.	x			
Dering-Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x			
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x			
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x			

Review Agenda – Antihypertensives, Sympatholytics								
(1st) Motion: Fornander								
(2nd) Motion: Sobeski								
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. (Chair) <i>Votes only in the event of a tie</i>				Friesen, C. Jose, M.D.	x			
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x			
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x			
Cowles, Cassie, APRN	x			Kaspar-Cope, Rachelle, M.D.	x			
Dering-Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x			
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x			
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x			

Review Agenda – Antiparkinson’s Agents

(1st) Motion: Hill

(2nd) Motion: Baker

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. (Chair) <i>Votes only in the event of a tie</i>				Friesen, C. Jose, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Cowles, Cassie, APRN	x			Kaspar-Cope, Rachelle, M.D.	x		
Dering-Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		

Review Agenda – Anxiolytics

(1st) Motion: Pohl

(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. (Chair) <i>Votes only in the event of a tie</i>				Friesen, C. Jose, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Cowles, Cassie, APRN	x			Kaspar-Cope, Rachelle, M.D.	x		
Dering-Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		

Review Agenda – Bile Salts

(1st) Motion: Hill

(2nd) Motion: Cowles

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. (Chair) <i>Votes only in the event of a tie</i>				Friesen, C. Jose, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Cowles, Cassie, APRN	x			Kaspar-Cope, Rachelle, M.D.	x		
Dering-Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		

Review Agenda – Bronchodilators, Beta Agonist

(1st) Motion: Pohl

(2nd) Motion: Dering-Anderson

Discussion: The committee recommended moving albuterol HFA (generic for ProAir HFA) from preferred to non-preferred PDL status.

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. (Chair) <i>Votes only in the event of a tie</i>				Friesen, C. Jose, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Cowles, Cassie, APRN	x			Kaspar-Cope, Rachelle, M.D.	x		
Dering-Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		

Review Agenda – Colony Stimulating Factors

(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. (Chair) <i>Votes only in the event of a tie</i>				Friesen, C. Jose, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Cowles, Cassie, APRN	x			Kaspar-Cope, Rachelle, M.D.	x		
Dering-Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		

Review Agenda – Cytokine and CAM Antagonists

(1st) Motion: Juracek

(2nd) Motion: Baker

Discussion: The committee recommended Drug-Specific Criteria for Cosentyx to require step therapy of a first-line agent with the same indication within this drug class and add to the class criteria that preferred agents will be approved with an FDA approved indication or support by medical literature.

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. (Chair) <i>Votes only in the event of a tie</i>				Friesen, C. Jose, M.D.	x		
Baker, Claire, M.D.	x			Hill, Jennifer, M.D.	x		
Bendlin, Andrew, Pharm.D.	x			Juracek, Joyce, Pharm.D.	x		
Cowles, Cassie, APRN	x			Kaspar-Cope, Rachelle, M.D.	x		
Dering-Anderson, Allison, Pharm.D.	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		

5. Committee Moved to Closed Session (Working Lunch)

(1 st) Motion: Dolter	(2 nd) Motion: Baker
Committee Moved to Closed Session unanimously approved by all in attendance.	

6. Committee Open Session – Consideration of Therapeutic Class Reviews – Resume Open Session:

(1 st) Motion: Sobeski	(2 nd) Motion: Pohl
Resume Open Session unanimously approved by all in attendance.	

a. Therapeutic Class Reviews (continued)

Review Agenda – Epinephrine, Self-Injected								
(1st) Motion: Baker								
(2nd) Motion: Pohl								
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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x			
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x			
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x			
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x			
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x			
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x			
Friesen, C. Jose, M.D.	x							

Review Agenda – Erythropoiesis Stimulating Proteins

(1st) Motion: Friesen

(2nd) Motion: Sobeski

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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Glucocorticoids, Inhaled

(1st) Motion: Pohl

(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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Glucocorticoids, Oral

(1st) Motion: Pohl

(2nd) Motion: Cowles

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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Idiopathic Pulmonary Fibrosis

(1st) Motion: Sobeski

(2nd) Motion: Cowles

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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Immunomodulators, Atopic Dermatitis

(1st) Motion: Fornander

(2nd) Motion: Pohl

Discussion: Approve as written. The committee members suggested step-therapy for FDA approved indications be placed for Dupixent in this class and were informed that a link to an upcoming Prior Authorization form would be added to the PDL.

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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Intranasal Rhinitis Agents

(1st) Motion: Pohl

(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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – NSAIDs

(1st) Motion: Sobeski

(2nd) Motion: Bendlin

Discussion: The committee approved as written with the recommendation to cross out current Duexis/Vimovo from the drug-specific criteria and replace with all combination products in this class to require a clinical reason why individual agents cannot be used separately.

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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Oncology, Oral – Breast

(1st) Motion: Sobeski

(2nd) Motion: Baker

Discussion: The committee recommended moving Ibrance to non-preferred.

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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Oncology, Oral – Hematologic

(1st) Motion: Sobeski

(2nd) Motion: Baker

Discussion: The committee recommended moving the following products from preferred to non-preferred: Imbruvica, Venclexta, Sprycel, and Jakafi.

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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Oncology, Oral – Lung

(1st) Motion: Sobeski

(2nd) Motion: Hill

Discussion: The committee recommended moving the following products from preferred to non-preferred: Alecensa and Tagrisso.

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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Oncology, Oral – Other

(1st) Motion: Sobeski

(2nd) Motion: Baker

Discussion: The committee recommended moving the following products from preferred to non-preferred: Caprelsa, Lynparza, and Zejula.

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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Oncology, Oral – Prostate

(1st) Motion: Sobeski

(2nd) Motion: Dolter

Discussion: The committee recommended moving Xtandi from preferred to non-preferred.

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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Oncology, Oral – Renal Cell

(1st) Motion: Sobeski

(2nd) Motion: Baker

Discussion: The committee recommended moving the following products from preferred to non-preferred: Inlyta, Lenvima, and Votrient.

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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Ophthalmic, Allergic Conjunctivitis

(1st) Motion: Pohl

(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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Ophthalmic, Anti-Inflammatories

(1st) Motion: Pohl

(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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Ophthalmic, Anti-Inflammatory/Immunomodulator

(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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Ophthalmic, Glaucoma Agents

(1st) Motion: Fornander

(2nd) Motion: Dolter

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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Otic Antibiotics

(1st) Motion: Hill

(2nd) Motion: Dolter

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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Progesterone (hydroxyprogesterone caproate)

(1st) Motion: Baker

(2nd) Motion: Hill

Discussion: The committee recommended moving Makena to non-preferred.

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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Sedative Hypnotics

(1st) Motion: Sobeski

(2nd) Motion: Baker

Discussion: Motion 1: The committee discussed separating the PDL criteria into subsections.

1.) Benzodiazepines: Non-preferred agents require trial of one preferred agent and keep the current temazepam 7.5mg/22.5mg criteria under this subsection.

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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Sedative Hypnotics

(1st) Motion: Sobeski

(2nd) Motion: Friesen

Discussion: Motion 2: The committee discussed creating a second subsection.

2.) Others: Non-preferred agents require trial of two preferred agents or clinical reason why the preferred agents cannot be used. Keep the current Silenor and zolpidem/zolpidem ER clinical criteria under this subsection.

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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Sickle Cell Anemia Treatment

(1st) Motion: Baker

(2nd) Motion: Fornander

Discussion: The committee recommended moving Endari to preferred and keeping the same drug-specific PDL criteria.

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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Steroids, Topical Low

(1st) Motion: Pohl

(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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Steroids, Topical Very High

(1st) Motion: Pohl

(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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.	x			Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

Review Agenda – Stimulants and Related Drugs

(1st) Motion: Pohl

(2nd) Motion: Baker

Discussion: The committee recommended to add drug specific criteria to Quillichew ER to state that it may be approved for ages ≤ 12 years old or with documented difficulty swallowing.

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. (Chair) <i>Votes only in the event of a tie</i>				Hill, Jennifer, M.D.	x		
Baker, Claire, M.D.	x			Juracek, Joyce, Pharm.D.	x		
Bendlin, Andrew, Pharm.D.		x		Kaspar-Cope, Rachelle, M.D.	x		
Cowles, Cassie, APRN	x			Pohl, Jessica, Pharm.D.	x		
Dolter, Stephen, M.D.	x			Sobeski, Linda, Pharm.D.	x		
Fornander, Wade, M.D.	x			Sundsboe, Bradley, Pharm.D.	x		
Friesen, C. Jose, M.D.	x						

b. Complete Copy of Proposed PDL

Nebraska Medicaid - Preferred Drug List with Prior Authorization Criteria

November 2022 P&T Proposed Changes **Red Highlights** indicated proposed changes

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

- **PDMP Check Requirements-** Nebraska Medicaid providers are required to check the prescription drug history in the statewide PDMP before prescribing CII controlled substances to certain Medicaid beneficiaries. (Exemption to this requirement are for beneficiaries receiving cancer treatment, hospice/palliative care, or in long-term care facilities). If not able to check the PDMP, then provider is required to document good faith effort, including reasons why unable to conduct the check and may be required to submit documentation to the State upon request.
 - PDMP check requirements are under Section 5042 of the SUPPORT for Patients and Communities Act, consistent with section 1944 of the Social Security Act [42 U.S.C. 1396w-3a], beginning October 1, 2021.
- **Opioids-** The maximum opioid dose covered will decrease from 120 Morphine Milligram Equivalents (MME) per day to 90 Morphine Milligram Equivalents (MME) per day. (Beginning December 1, 2020)

Non-Preferred Drug Coverage

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

Examples of non-preferred exception criteria include:

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

Specific Class Prior Authorization forms can be found within the PDL class listings and at:
<https://nebraska.fhsc.com/priorauth/paforms.asp>

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

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

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

For a complete list of Claims Limitations visit:

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

ALZHEIMER'S AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
CHOLINESTERASE INHIBITORS		<ul style="list-style-type: none"> ▪ Non-preferred agents will be approved for patients who have failed a 120-day trial of ONE preferred agent within this drug class within the last 6 months OR ▪ Current, stabilized therapy of the non-preferred agent within the previous 45 days
donepezil (generic Aricept)	ADLARITY (donepezil)^{NR} PATCH	
donepezil ODT (generic Aricept ODT)	ARICEPT (donepezil)	<ul style="list-style-type: none"> ▪ Current, stabilized therapy of the non-preferred agent within the previous 45 days
rivastigmine PATCH (generic for Exelon Patch)	donepezil 23 (generic Aricept 23)	
	EXELON (rivastigmine) CAPS, PATCH	<ul style="list-style-type: none"> ▪ Current, stabilized therapy of the non-preferred agent within the previous 45 days
	galantamine (generic Razadyne) SOLN, TABLET	
NMDA RECEPTOR ANTAGONIST		<p>Drug-specific criteria:</p> <ul style="list-style-type: none"> ▪ Donepezil 23: Requires donepezil 10mg/day for at least 3 months AND clinical reason as to why 5mg or 10mg tablets can't be used (to deliver 20mg or 25mg)
memantine (generic for Namenda)	memantine ER (generic for Namenda XR)	
	memantine SOLN (generic for Namenda)	<ul style="list-style-type: none"> ▪ Donepezil 23: Requires donepezil 10mg/day for at least 3 months AND clinical reason as to why 5mg or 10mg tablets can't be used (to deliver 20mg or 25mg)
	NAMENDA (memantine)	
	NAMZARIC (memantine/donepezil)	

ANTHELMINTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
albendazole (generic for Albenza) BILTRICIDE (praziquantel) ivermectin (generic for Stromectol)	ALBENZA (albendazole) EMVERM (mebendazole) ^{CL} praziquantel (generic for Biltricide) STROMECTOL (ivermectin)	<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"> Emverm: Approval will be considered for indications not covered by preferred agents

ANTI-ALLERGENS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
	ORALAIR (sweet vernal/orchard/rye/timothy/kentucky blue grass mixed pollen allergen extract) PALFORZIA ^{AL,CL} (peanut allergen powder-dnfp)	<p>Drug-specific criteria:</p> <p>ORALAIR</p> <ul style="list-style-type: none"> Confirmed by positive skin test or in vitro testing for pollen-specific IgE antibodies for Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens. For use in patients 10-5 through 65 years of age. <p>PALFORZIA</p> <ul style="list-style-type: none"> Confirmed diagnosis of peanut allergy by allergist For use in patients ages 4 to 17; it may be continued in patients 18 years and older with documentation of previous use within the past 90 days Initial dose and increase titration doses should be given in a healthcare setting Should not be used in patients with uncontrolled asthma or concurrently on a NSAID

ANTIHISTAMINES, MINIMALLY SEDATING

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
cetirizine TAB, SOLN (Rx only) (generic for Zyrtec)	cetirizine CAPS CHEWABLE (generic Zyrtec)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed TWO preferred agents within this drug class Combination products not covered – individual products may be covered
loratadine TAB, SOLN (generic for Claritin)	cetirizine SOLN (OTC)	
levocetirizine TAB (generic for Xyzal)	desloratadine (generic for Clarinex)	
	desloratadine ODT (generic for Clarinex Reditabs)	
	fexofenadine (generic for Allegra)	
	fexofenadine 180mg (generic for Allegra 180mg) ^{QL}	
	levocetirizine (generic for Xyzal) SOLN	
	loratadine CAPS, CHEWABLE, ODT (generic Claritin Reditabs)	

ANTIHYPERTENSIVES, SYMPATHOLYTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
CATAPRES-TTS (clonidine)	methyldopa/hydrochlorothiazide	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a 30-day trial with ONE preferred agent within this drug class
clonidine TAB (generic for Catapres)		
clonidine TRANSDERMAL		
guanfacine (generic for Tenex)		
methyldopa		

ANTIHYPERTENSIVES, SYMPATHOLYTICS

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

ANTIPARKINSON'S AGENTS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ANTICHOLINERGICS		<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed ONE preferred agents within this drug class
benztropine (generic for Cogentin)		
COMT INHIBITORS		<p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Carbidopa/Levodopa ODT: Approved for documented swallowing disorder COMT Inhibitors: Approved if using as add-on therapy with levodopa-containing drug Gocovri: Required diagnosis of Parkinson's disease and had trial of or is intolerant to amantadine AND must be used as an add-on therapy with levodopa-containing drug Inbrija: Approval upon diagnosis of Parkinson's disease and concurrent treatment with carbidopa/levodopa agent Neupro®: <ul style="list-style-type: none"> For Parkinsons: Clinical reason required why preferred agent cannot be used For Restless Leg (RLS): Requires trial OR Contraindication to ropinirole AND pramipexole Nourianz: Approval upon diagnosis of Parkinson's disease and concurrent treatment with carbidopa/levodopa agent Osmolex ER: Required diagnosis of Parkinson's disease or drug-induced extrapyramidal reactions and had trial of or is intolerant to amantadine IR Pramipexole ER: Required diagnosis
	entacapone (generic for Comtan) ONGENTYS (opicapone) ^{QL} tolcapone (generic for Tasmar)	
DOPAMINE AGONISTS		
pramipexole (generic for Mirapex) ropinirole (generic for Requip)	bromocriptine (generic Parlodel) ropinirole ER (generic Requip ER) ^{CL} NEUPRO (rotigotine) ^{CL} pramipexole ER (generic Mirapex ER) ^{CL} ropinirole ER (generic Requip XL) ^{CL}	
MAO-B INHIBITORS		
selegiline CAPS, TABLET (generic Eldepryl)	rasagiline (generic Azilect) ^{QL} XADAGO (safinamide) ZELAPAR (selegiline) ^{CL}	
OTHER ANTIPARKINSON'S DRUGS		

amantadine CAPS, SYRUP TABLET (generic Symmetrel)	APOKYN (apomorphine) SUB-Q <i>apomorphine (generic Apokyn)^{NR}</i> SUB-Q	of Parkinson's along with preferred agent trial
carbidopa/levodopa (generic Sinemet)		■ Ropinerole ER: Required diagnosis of Parkinson's along with preferred agent trial
carbidopa/levodopa ER (generic Sinemet CR)	carbidopa (generic Lodosyn)	■ Zelapar®: Approved for documented swallowing disorder
levodopa/carbidopa/entacapone (generic Stalevo)	carbidopa/levodopa ODT (generic Parcopa)	
	<i>DHIVY (carbidopa/levodopa)^{NR, QL}</i>	
	DUOPA (carbidopa/levodopa)	
	GOCOVRI (amantadine) ^{QL}	
	INBRIJA (levodopa) INHALER ^{CL, QL}	
	KYNMOBI (apomorphine) ^{QL} , KIT, SUBLINGUAL	
	NOURIANZ (istradefylline) ^{CL, QL}	
	OSMOLEX ER (amantadine) ^{QL}	
	RYTARY (carbidopa/levodopa)	
	STALEVO (ledopa/carbidopa/entacapone)	

ANTIPSORIATICS, ORAL

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

ANTIPSORIATICS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
calcipotriene CREAM, OINT, SOLN	calcitriol (generic for Vectical) calcipotriene/betamethasone OINT (generic for Taclonex) calcipotriene FOAM (generic Sorilux) calcipotriene CREAM, OINT, SOLN calcipotriene/betamethasone OINT, SUSP (generic for Taclonex) DOVONEX CREAM (calcipotriene) DUOBRII (halobetasol prop/tazarotene) ENSTILAR (calcipotriene/betamethasone) SORILUX (calcipotriene)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial with ONE preferred agent within this drug class

ANXIOLYTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
alprazolam TABLET (generic for Xanax) buspirone (generic for Buspar) chlordiazepoxide diazepam TABLET, SOLN (generic for Valium) lorazepam INTENSOL, TABLET (generic for Ativan)	alprazolam ER (generic for Xanax XR) alprazolam ODT alprazolam INTENSOL^{CL} clorazepate (generic for Tranxene-T) diazepam INTENSOL^{CL} LOREEV XR (lorazepam)^{AL,NR} meprobamate oxazepam	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial with TWO preferred agents within this drug class <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Diazepam Intensol[®]: Requires clinical reason why diazepam solution cannot be used Alprazolam Intensol[®]: Requires trial of diazepam solution OR lorazepam Intensol[®]

BILE SALTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ursodiol CAPSULE 300mg (generic Actigall) ursodiol 250mg TABLET (generic URSO) ursodiol 500mg TABLET (generic URSO FORTE)	BYLVAY (odevixibat)^{NR} CAP, PELLET CHENODAL (chenodiol) CHOLBAM (cholic acid) LIVMARLI (maralixibat) SOLN^{AL,NR} OCALIVA (obeticholic acid) RELTONE (ursodiol 200mg,400mg) CAP^{NR}	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial with ONE preferred agent within this drug class

BRONCHODILATORS, BETA AGONIST

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
INHALERS – Short Acting		<ul style="list-style-type: none">Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within this drug class Drug-specific criteria: <ul style="list-style-type: none">Xopenex®: Covered for cardiac diagnoses or side effect of tachycardia with albuterol productVentolin HFA is temporarily authorized due to ProAir HFA discontinuation
albuterol HFA (generic for ProAir HFA) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)	albuterol HFA (Proventil HFA, Ventolin HFA) levalbuterol HFA (generic for Xopenex HFA) PROAIR DIGIHALER (albuterol) PROAIR RESPICLICK (albuterol)	
INHALERS – Long Acting		
SEREVENT (salmeterol)	ARCAPTA NEOHALER (indacaterol) STRIVERDI RESPIMAT (olodaterol)	
INHALATION SOLUTION		
albuterol (2.5mg/3ml premix or 2.5mg/0.5ml) albuterol 100 mg/20 mL albuterol low dose (0.63mg/3ml & 1.25mg/3ml)	arformoterol tartrate (generic Brovana) BROVANA (arformoterol) formoterol fumarate (generic Perforomist) levalbuterol (generic for Xopenex)	
ORAL		
albuterol SYRUP	albuterol TABLET albuterol ER (generic for Vospire ER) metaproterenol (formerly generic for Alupent) terbutaline (generic for Brethine)	

COLONY STIMULATING FACTORS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
NEUPOGEN (filgrastim) VIAL NYVEPRIA SUB-Q (pegfilgrastim-apgf)	FULPHILA SUB-Q (pegfilgrastim-jmdb) ■ GRANIX (tbo-filgrastim) LEUKINE (sargramostim) NEULASTA SYR (pegfilgrastim) NEUPOGEN DISP SYR (filgrastim) NIVESTYM SYR,VIAL (filgrastim-aafi) RELEUKO (filgrastim-ayow) ^{NR} SYR,VIAL UDENYCA SUB-Q (pegfilgrastim-cbqv) ZARXIO (filgrastim-sndz) ZIEXTENZO SYR (pegfilgrastim- bmez)	Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within this drug class

COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE) AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
INHALERS		<ul style="list-style-type: none">Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within this drug class OR Patient specific documentation of inability to use traditional inhaler device. <p>Drug-specific criteria:</p> <ul style="list-style-type: none">Daliresp®: Covered for diagnosis of severe COPD associated with chronic bronchitisRequires trial of a bronchodilatorRequires documentation of one exacerbation in last year upon initial review
ANORO ELLIPTA (umeclidinium/vilanterol)	BEVESPI AEROSPHERE (glycopyrolate/formoterol)	
ATROVENT HFA (ipratropium)	DUAKLIR PRESSAIR (aclidinium br and formoterol fum)	
COMBIVENT RESPIMAT (albuterol/ ipratropium)	INCRUSE ELIPTA (umeclidnium)	
SPIRIVA (tiotropium)	SEEBRI NEOHALER (glycopyrolate)	
STIOLTO RESPIMAT (tiotropium/olodaterol)	SPIRIVA RESPIMAT (tiotropium)	
	TUDORZA PRESSAIR (aclidinium br)	
	UTIBRON NEOHALER (indacaterol/glycopyrolate)	
INHALATION SOLUTION		
albuterol/ipratropium (generic for Duoneb)	LONHALA (glycopyrrolate inhalation soln)	
ipratropium SOLN (generic for Atrovent)	YUPELRI (revefenacin)	
ORAL AGENT		
	DALIRESP (roflumilast) ^{CL, QL}	

COUGH AND COLD, OPIATE COMBINATION

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

CYTOKINE & CAM ANTAGONISTS

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

ENZYME REPLACEMENT, GAUCHERS DISEASE

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

EPINEPHRINE, SELF-INJECTED^{QL}

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

ERYTHROPOIESIS STIMULATING PROTEINS

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

GLUCOCORTICIDS, INHALED

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
GLUCOCORTICIDS		<ul style="list-style-type: none"> Non-preferred agents within the Glucocorticoids and Glucocorticoid/Bronchodilator Combo groups will be approved for patients who have failed a trial of TWO preferred agents within this drug class within the last 6 months
ASMANEX (mometasone) ^{QL,AL} FLOVENT HFA (fluticasone) PULMICORT FLEXHALER (budesonide)	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ^{AL,QL} ARMONAIR DIGIHALER (fluticasone) ^{AL,QL} ARMONAIR RESPICLICK (fluticasone) ^{AL} ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) ^{AL,QL} FLOVENT DISKUS (fluticasone) <i>fluticasone HFA (generic Flovent HFA)^{NR}</i> QVAR (beclomethasone) QVAR Redihaler (beclomethasone)	
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS		Drug-specific criteria: <ul style="list-style-type: none"> budesonide respules: Covered without PA for age ≤ 8 years OR for diagnosis of eosinophilic esophagitis in patients ≥ 9 years, by GI biopsy or upper endoscopy. For other indications, must have failed a trial of two preferred agents within this drug class, within the last 6 months.
ADVAIR DISKUS (fluticasone/salmeterol) ^{QL} ADVAIR HFA (fluticasone/salmeterol) ^{QL} DULERA (mometasone/formoterol) SYMBICORT (budesonide/ formoterol)	AIRDUO DIGIHALER (fluticasone/salmeterol) ^{AL,QL} BREO ELLIPTA (fluticasone/vilanterol) BREZTRI (budesonide/formoterol/ glycopyrrolate) ^{QL} Budesonide/formoterol (generic for Symbicort) fluticasone/salmeterol (generic for Advair Diskus) ^{QL} fluticasone/salmeterol (generic for Airduo Respiclick) <i>fluticasone/vilanterol^{NR} (Breo Ellipta)</i> TRELEGY ELLIPTA (fluticasone/ umeclidinium/vilanterol) WIXELA INHUB (generic for Advair Diskus) ^{QL}	
INHALATION SOLUTION		
	budesonide RESPULES (generic for Pulmicort)	

GLUCOCORTICOIDS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
budesonide EC CAPS (generic for Entocort EC)	ALKINDI (hydrocortisone) GRANULES ^{AL}	<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
dexamethasone ELIXIR, SOLN	CORTEF (hydrocortisone)	
dexamethasone TAB	cortisone TAB	<p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Emflaza: Indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients 2 years of age and older Intensol Products: Patient specific documentation of why the less concentrated solution is not appropriate for the patient
hydrocortisone TAB	dexamethasone INTENSOL	
methylprednisolone tablet (generic for Medrol)	DEXPAK (dexamethasone)	
prednisolone SOLN	DXEVO (dexamethasone)	
prednisolone sodium phosphate	EMFLAZA (deflazacort) SUSP, TAB ^{CL}	
prednisone DOSE PAK	ENTOCORT EC (budesonide)	
prednisone TAB	methylprednisolone 8mg, 16mg, 32mg	
	ORTIKOS ER (budesonide) ^{AL,QL}	
	PEDIAPRED (prednisolone sodium phosphate)	
	prednisolone sodium phosphate (generic for Millipred/Veripred)	
	prednisolone sodium phosphate ODT	
	prednisone SOLN	
	prednisone INTENSOL	
	RAYOS DR (prednisone) TAB	
	TARPEYO (budesonide) ^{NR,QL} CAPS	

HEMOPHILIA TREATMENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
FACTOR VIII		Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within this drug class
ALPHANATE HELIXATE FS HUMATE-P NOVOEIGHT NUWIQ XYNTHA KIT, SOLOFUSE	ADVATE ADYNOVATE AFSTYLA ELOCTATE ESPEROCT HEMOFIL-M JIVI ^{AL} KOATE-DVI KIT KOATE-DVI VIAL KOGENATE FS KOVALTRY OBIZUR RECOMBINATE	
FACTOR IX		
ALPROLIX BENEFIX	ALPHANINE SD IDELVION IXINITY MONONINE PROFILNINE SD REBINYN RIXUBIS	
FACTOR VIIa AND PROTHROMBIN COMPLEX-PLASMA DERIVED		
NOVOSEVEN RT	FEIBA NF SEVENFACT ^{AL}	
FACTOR X AND XIII PRODUCTS		
COAGADEX CORIFACT	TRETEN	
VON WILLEBRAND PRODUCTS		
WILATE	VONVENDI	
BISPECIFIC FACTORS		
HEMLIBRA		

HISTAMINE II RECEPTOR BLOCKERS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
famotidine Rx, OTC TAB (generic for Pepcid) famotidine SUSP	cimetidine TABLET, SOLN^{CL} (generic for Tagamet) nizatidine CAPS (generic for Axid)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within this drug class <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Cimetidine: Approved for viral M. contagiosum or common wart V. Vulgaris treatment cimetidine solution/ famotidine suspension/ranitidine syrup: Requires clinical reason why nizatidine syrup cannot be used ***famotidine suspension is authorized during shortage of nizatidine syrup.***

IDIOPATHIC PULMONARY FIBROSIS

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

IMMUNOMODULATORS, ASTHMA^{CL}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
FASENRA (benralizumab) ^{AL} PEN XOLAIR (omalizumab) SYR ^{AL,QL}	NUCALA (mepolizumab) ^{AL} AUTO-INJ, SYR	<p>Asthma Immunomodulator PA Form</p> <ul style="list-style-type: none"> Non-preferred agents require a trial of a preferred agent within this drug class with the same indication <p>Drug Specific Criteria:</p> <p>Dupixent: (listed under the Immunomodulator, Atopic Dermatitis therapeutic class) indicated for</p> <ul style="list-style-type: none"> Patients 6 years and older as an add-on maintenance treatment in patients with moderate-to-severe asthma with an eosinophilic phenotype or with oral corticosteroid dependent asthma <p>For other indications, see Immunomodulators, Atopic Dermatitis</p> <ul style="list-style-type: none"> Agents listed may have other FDA approved indications, and may be included on the Immunomodulator PA Form <p>Fasenra: is indicated for</p> <ul style="list-style-type: none"> Patient 12 years and older for add on maintenance treatment of severe asthma, and with an eosinophilic phenotype <p>Nucala: is indicated for</p> <ul style="list-style-type: none"> Patients 6 years and older for add-on maintenance treatment of severe asthma, and with an eosinophilic phenotype Patients 12 years and older with hypereosinophilic syndrome (HES) for ≥6 months without identifiable non-hematologic secondary cause Patients 18 years and older for add-on maintenance treatment of chronic rhinosinusitis with nasal polyps (CRWSwNP) with inadequate response to nasal corticosteroids Adult patients with eosinophilic granulomatosis with polyangiitis <p>Xolair Syringe is indicated for</p> <ul style="list-style-type: none"> Patients 6 years and older for moderate to severe persistent asthma with a positive skin test or in vitro reactivity to a perennial aeroallergen and symptoms that are inadequately controlled with inhaled corticosteroids Patients 12 years and older with Chronic spontaneous urticaria (CSU) who remain symptomatic despite H1 antihistamine treatment Patients 18 years and older with Nasal Polyps with inadequate response to nasal corticosteroids. As add-on maintenance treatment

IMMUNOMODULATORS, ATOPIC DERMATITIS^{AL}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
DUPIXENT (dupilumab) PEN,SYR ^{AL,CL} ELIDEL (pimecrolimus) EUCRISA (crisaborole) ^{CL,QL} PROTOPIC (tacrolimus)	ADBRY (tralokinumab-ldrm) SUB-Q ^{AL,NR,QL} OPZELURA (ruxolitinib phosphate) CREAM ^{AL,CL,NR,QL} pimecrolimus (generic for Elidel) tacrolimus (generic for Protopic) ^{CL}	<ul style="list-style-type: none"> Non-preferred agents require: Trial of a topical steroid AND Trial of one preferred product within this drug class <p>Drug-specific criteria:</p> <p>Dupixent: Indicated for the treatment of patients aged 6 months and older with moderate-to-severe atopic dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. DUXIXENT can be used with or without topical corticosteroids.</p> <p>— as an add-on maintenance treatment of patients aged 6 years and older with moderate-to-severe asthma characterized by an eosinophilic phenotype or with oral corticosteroid dependent asthma.</p> <p>— as an add-on maintenance treatment in adult patients with inadequately controlled chronic rhinosinusitis with nasal polyposis (CRSwNP)</p> <p>— for treatment of eosinophilic esophagitis in adult and pediatric patients aged 12 years and older, weighing at least 40 kg</p> <ul style="list-style-type: none"> Eucrisa: Requires use and failure of 1 topical steroid or Elidel. Opzelura may be approved for a diagnosis of Atopic Dermatitis and after a trial/failure of a topical steroid and trial of a preferred agent

IMMUNOMODULATORS, TOPICAL

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

INTRANASAL RHINITIS DRUGS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ANTICHOLINERGICS		Non-preferred agents will be approved for patients who have failed a 30-day trial of ONE preferred agent within this drug class
ipratropium (generic for Atrovent)		
ANTI-HISTAMINES		Drug-specific criteria: <ul style="list-style-type: none"> ▪ mometasone: Prior authorization NOT required for children ≤ 12 years ▪ budesonide: Approved for use in Pregnancy (Pregnancy Category B) ▪ Xhance: Indicated for treatment of nasal polyps in ≥ 18 years only
azelastine 0.1% (generic for Astelin)	azelastine 0.15% (generic for Astepro)	
	azelastine/fluticasone (generic for Dymista)	
	olopatadine (generic for Patanase)	
CORTICOSTEROIDS		
fluticasone Rx (generic for Flonase Rx)	BECONASE AQ (beclomethasone)	
	budesonide Rx (generic Rhinocort)	
	flunisolide (generic Nasalide)	
	fluticasone OTC (generic Flonase OTC)	
	mometasone (generic Nasonex)	
	OMNARIS (ciclesonide)	
	QNASL 40 & 80 (beclomethasone)	
	TICANASE (fluticasone)	
	XHANCE (fluticasone)	
	ZETONNA (ciclesonide)	

LEUKOTRIENE MODIFIERS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
montelukast TABLET/CHEWABLE (generic for Singulair) ^{AL}	montelukast GRANULES (generic for Singulair) ^{CL, AL} zafirlukast (generic for Accolate) zileuton ER (generic for Zyflo CR) ZYFLO (zileuton)	<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a 30-day trial of the preferred agent within this drug class <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> montelukast granules: PA not required for age < 2 years

METHOTREXATE

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
methotrexate PF VIAL, TABLET, VIAL	OTREXUP (methotrexate) SUB-Q RASUVO (methotrexate) SUB-Q REDITREX (methotrexate) SUB-Q TREXALL (methotrexate) TABLET XATMEP (methotrexate) SOLN	<p>Non-preferred agents require a trial of the preferred agent AND will be approved for an FDA-approved indication</p> <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Xatmep™: Indicated for pediatric patients only

MOVEMENT DISORDERS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
AUSTEDO (deutetrabenazine) ^{CL} INGREZZA (valbenazine) ^{AL,CLQL} CAPS tetrabenazine (generic for Xenazine) ^{CL}	INGREZZA (valbenazine) ^{CL} INITIATION PACK XENAZINE (tetrabenazine) ^{CL}	<p>All drugs require an FDA approved indication – ICD-10 diagnosis code required.</p> <p>Non-preferred agents require a trial and failure of a preferred agent with the same indication or a clinical reason why a preferred agent in this class cannot be used.</p> <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> ▪ Austedo: Diagnosis of Tardive Dyskinesia or chorea associated with Huntington's Disease; Requires a Step through tetrabenazine with the diagnosis of chorea associated with Huntington's Disease ▪ Ingrezza: Diagnosis of Tardive Dyskinesia in adults ▪ tetrabenazine: Diagnosis of chorea with Huntington's Disease

NSAIDs, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
COX-1 SELECTIVE		<ul style="list-style-type: none"> Non-preferred agents within COX-1 SELECTIVE group will be approved for patients who have failed no less than 30-day trial of TWO preferred agents within this drug class <p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Arthrotec®: Requires clinical reason why individual ingredients cannot be used Duexis®/Vimovo®: Requires clinical reason why individual agents cannot be used meclofenamate: Approvable without trial of preferred agents for menorrhagia
diclofenac sodium (generic for Voltaren) ibuprofen OTC, Rx (generic for Advil, Motrin) CHEW, DROPS, SUSP, TAB ibuprofen OTC (generic for Advil, Motrin) CAPS indomethacin CAPS (generic for Indocin) ketorolac (generic for Toradol) meloxicam TAB (generic for Mobic) nabumetone (generic for Relafen) naproxen Rx, OTC (generic for Naprosyn) naproxen enteric coated sulindac (generic for Clinoril)	diclofenac potassium (generic for Cataflam, Zipsor) diclofenac SR (generic for Voltaren-XR) diflunisal (generic for Dolobid) etodolac & SR (generic for Lodine/XL) fenoprofen (generic for Nalfon) flurbiprofen (generic for Ansaid) indomethacin ER (generic for Indocin) INDOCIN RECTAL, SUSP ketoprofen & ER (generic for Orudis) meclofenamate (generic for Meclomen) mefenamic acid (generic for Ponstel) meloxicam CAP (generic Vivlodex) ^{CL, QL} naproxen CR (generic for Naprelan) naproxen SUSP (generic for Naprosyn) naproxen sodium (generic for Anaprox) <i>naproxen-esomeprazole (generic for Vimovo)</i> oxaprozin (generic for Daypro) piroxicam (generic for Feldene) RELAFEN DS (nabumetone) tolmetin (generic for Tolectin) Ketorolac Nasal ^{QL} (generic for Sprix)	
NASAL		
	Ketorolac ^{QL} (generic for Sprix)	

NSAIDs, ORAL (Continued)

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
COX-I SELECTIVE (continued)		Drug-specific criteria: <ul style="list-style-type: none">▪ Sprix®: Approved for patients unable to tolerate, swallow OR absorb oral NSAIDs OR contraindication OR trial of TWO preferred oral NSAIDs▪
	ALL BRAND NAME NSAIDs including: DUEXIS (ibuprofen/famotidine) ^{CL} ibuprofen/famotidine (generic Duexis) ^{CL}	
NSAID/GI PROTECTANT COMBINATIONS		
	diclofenac/misoprostol (generic for Arthrotec)	
COX-II SELECTIVE		
celecoxib (generic for Celebrex)		

NSAIDs, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<p>diclofenac sodium GEL (OTC only)</p> <p>diclofenac (generic for Pennsaid Solution)^{CL}</p>	<p>FLECTOR PATCH (diclofenac)^{CL}</p> <p>LICART PATCH (diclofenac)^{CL}</p> <p>PENNSAID PACKET, PUMP (diclofenac)^{CL}</p> <p>VOLTAREN GEL (diclofenac)^{CL}</p>	<p>Non-preferred agents will be approved for patients who have failed ONE preferred agent within this drug class AND a clinical reason why patient cannot use oral dosage form.</p> <p>Drug Specific Criteria</p> <ul style="list-style-type: none"> ■ Flector®/Licart: Approved for diagnosis of acute pain due to sprain/strain/contusion AND trial of oral diclofenac OR clinical reason patient cannot use oral dosage form ■ Pennsaid®: Approved for osteoarthritis of the knees AND trial of oral diclofenac OR clinical reason patient cannot use oral dosage form ■ Pennsaid® Pump: Requires clinical reason why 1.5% solution cannot be used ■ Voltaren®: Approved for diagnosis of osteoarthritis AND trial of oral diclofenac OR clinical reason patient cannot use oral dosage form

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

ONCOLOGY AGENTS, ORAL, BREAST

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
CDK 4/6 INHIBITOR		<ul style="list-style-type: none"> Non-preferred agents DO NOT require a trial of a preferred agent, but DO require an FDA-approved indication OR documentation submitted supporting off-label use from current treatment guidelines
IBRANCE (palbociclib)	KISQALI (ribociclib) KISQALI FEMARA CO-PACK VERZENIO (abemaciclib)	
CHEMOTHERAPY		Drug-specific criteria
capecitabine (generic for Xeloda) ^{CL} cyclophosphamide	XELODA (capecitabine)	<ul style="list-style-type: none"> anastrozole: May be approved for malignant neoplasm of male breast (male breast cancer) capecitabine: Requires trial of Xeloda or clinical reason Xeloda cannot be used
HORMONE BLOCKADE		<ul style="list-style-type: none"> Fareston®: Require clinical reason why tamoxifen cannot be used letrozole: Approved for diagnosis of breast cancer with day supply greater than 12 – NOT approved for short term use Soltamox: May be approved with documented swallowing difficulty Xeloda: Patients receiving Xeloda prior to 1/20/23 (which changed from preferred to non-preferred) will be allowed to continue current treatment
anastrozole (generic for Arimidex) exemestane (generic for Aromasin) letrozole (generic for Femara) tamoxifen citrate (generic for Nolvadex)	SOLTAMOX SOLN (tamoxifen) ^{CL} toremifene (generic for Fareston) ^{CL}	
OTHER		
	NERLYNX (neratinib) PIQRAY (alpelisib) lapatinib (generic Tykerb) ^{CL} TALZENNA (talazoparib tosylate) ^{QL} TUKYSA(tucatinib) ^{QL}	

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

ONCOLOGY AGENTS, ORAL, HEMATOLOGIC

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ALL		<ul style="list-style-type: none">Non-preferred agents DO NOT require a trial of a preferred agent, but DO require an FDA-approved indication OR documentation submitted supporting off-label use from current treatment guidelines
mercaptopurine	PURIXAN (mercaptopurine) ^{AL}	
AML		
	DAURISMO (glasdegib maleate) ^{QL}	Drug-specific criteria <ul style="list-style-type: none">Hydrea®: Requires clinical reason why generic cannot be usedMelphalan: Requires trial of Alkeran or clinical reason Alkeran cannot be usedPurixan: Prior authorization not required for age ≤12 or for documented swallowing disorderTabloid: Prior authorization not required for age <19
	IDHIFA (enasidenib)	
	RYDAPT (midostaurin)	
CLL		<ul style="list-style-type: none">Tasigna: Patients receiving Tasigna, which changed from preferred to non-preferred on 1-17-19 will be allowed to continue therapyXpovio: Indicated for relapsed or refractory multiple myeloma. Requires concomitant therapy with dexamethasone
IMBRUVICA (ibrutinib)	COPIKTRA (duvelisib) ^{QL}	
LEUKERAN (chlorambucil)	ZYDELIG (idelalisib)	
VENCLEXTA (venetoclax)		
CML		<ul style="list-style-type: none">Tasigna: Patients receiving Tasigna, which changed from preferred to non-preferred on 1-17-19 will be allowed to continue therapyXpovio: Indicated for relapsed or refractory multiple myeloma. Requires concomitant therapy with dexamethasone
hydroxyurea (generic for Hydrea)	BOSULIF (bosutinib)	
imatinib (generic for Gleevec)	GLEEVEC (imatinib)	
MYLERAN (busulfan)	HYDREA (hydroxyurea)	
SPRYCEL (dasatinib)	ICLUSIG (ponatinib)	
	SCEMBLIX (asciminib) ^{NR}	
	TASIGNA (nilotinib) ^{CL}	
MPN		
JAKAFI (ruxolitinib)		
MYELOMA		
ALKERAN (melphalan)	FARYDAK (panobinostat)	
REVLIMID ^{QL} (lenalidomide)	lenalidomide ^{NR,QL} (generic for Revlimid)	
	melphalan (generic for Alkeran)	
	NINLARO (ixazomib)	
OTHER		

MATULANE (procarbazine)	BRUKINSA (zanubrutinib) ^{QL}
TABLOID (thioguanine)	CALQUENCE (acalabrutinib) ^{QL}
tretinoin (generic for Vesanoide) ^{AL}	INREBIC (fedratinib dihydrochloride) ^{QL}
	INQOVI (decitabine/cedazuridine)
	VONJO (pacritinib)^{NR, QL}
	ZOLINZA (vorinostat)

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

ONCOLOGY AGENTS, ORAL, LUNG

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ALK		<ul style="list-style-type: none">Non-preferred agents DO NOT require a trial of a preferred agent, but DO require an FDA-approved indication OR documentation submitted supporting off-label use from current treatment guidelinesDrug-Specific CriteriaIressa/ Xalkori: Patients receiving Iressa or Xalkori prior to 1/21/21 (which changed from preferred to non-preferred) will be allowed to continue current treatment
ALECENSA (alectinib)	ALUNBRIG (brigatinib) ^{QL} LORBRENA (lorlatinib) ^{QL} ZYKADIA (ceritinib) CAPS, TAB	
ALK / ROS1 / NTRK		
	ROZLYTREK (entrectinib) ^{AL, QL} XALKORI (crizotinib)	
EGFR		
TAGRISSO (osimertinib)	erlotinib (generic for Tarceva) EXKIVITY (mobocertinib)^{NR, QL} GILOTRIF (afatinib) IRESSA (gefitinib) TARCEVA (erlotinib) VIZIMPRO (dacomitinib) ^{QL}	
OTHER		

GAVRETO (pralsetinib) ^{QL}
HYCAMTIN (topotecan)
LUMAKRAS (sotrasib) ^{QL}
RETEVMO (selpercatinib) ^{AL}
TABRECTA (capmatinib) ^{QL}
TEPMETKO (tepotinib) ^{QL}

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

ONCOLOGY AGENTS, ORAL, OTHER

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
CAPRELSA (vandetanib)	AYVAKIT (avapritinib)^{AL,NR,QL}	<ul style="list-style-type: none"> Non-preferred agents DO NOT require a trial of a preferred agent, but DO require an FDA-approved indication OR documentation submitted supporting off-label use from current treatment guidelines
GLEOSTINE (lomustine)	BALVERSA (erdafitinib)	
LYNPARZA (olaparib)	COMETRIQ (cabozantinib)	
temozolomide (generic for Temodar)	HEXALEN (altretamine)	
ZEJULA (niraparib)	KOSELUGO (selumetinib) ^{AL}	
	LONSURF (trifluridine/tipiracil)	
	PEMAZYRE (pemigatinib) ^{QL}	
	RUBRACA (rucaparib)	
	STIVARGA (regorafenib)	
	TAZVERIK (tazemetostat) ^{AL}	
	TURALIO (pexidartinib) ^{QL}	
	TRUSELTIQ (infigratinib) CAPS	
	VITRAKVI (larotrectinib) CAPS, SOLN	

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

ONCOLOGY AGENTS, ORAL, PROSTATE

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
abiraterone (generic Zytiga) ^{AL,QL} bicalutamide (generic Casodex) flutamide XTANDI (enzalutamide) ^{AL,QL}	EMCYT (estramustine) ERLEADA (apalutamide) ^{QL} nilutamide (generic Nilandron) NUBEQA (darolutamide) ^{QL} ORGOVYX (relugolix) ZYTIGA (abiraterone) ^{AL,QL} YONSA (abiraterone acetone, submicronized)	<ul style="list-style-type: none"> Non-preferred agents DO NOT require a trial of a preferred agent, but DO require an FDA-approved indication OR documentation submitted supporting off-label use from current treatment guidelines

ONCOLOGY AGENTS, ORAL, RENAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
INLYTA (axitinib) LENVIMA (lenvatinib) SUTENT (sunitinib) VOTRIENT (pazopanib)	AFINITOR DISPERZ (everolimus) ^{CL} CABOMETYX (cabozantinib) everolimus (generic Afinitor) everolimus SUSP (generic Afinitor Disperz) ^{NR} FOTIVDA (tivozanib) ^{NR} NEXAVAR (sorafenib) sorafenib (generic Nexavar) ^{NR} sunitinib malate (generic Sutent) WELIREG (belzutifan) ^{NR,QL}	<ul style="list-style-type: none"> Non-preferred agents DO NOT require a trial of a preferred agent, but DO require an FDA-approved indication OR documentation submitted supporting off-label use from current treatment guidelines <p>Drug-specific criteria</p> <ul style="list-style-type: none"> Afinitor: Patients receiving Afinitor, which changed from preferred to non-preferred on 1-17-19 will be allowed to continue therapy

ONCOLOGY AGENTS, ORAL, SKIN

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
BASAL CELL		<ul style="list-style-type: none"> Non-preferred agents DO NOT require a trial of a preferred agent, but DO require an FDA-approved indication OR documentation submitted supporting off-label use from current treatment guidelines
ERIVEDGE (vismodegib)	ODOMZO (sonidegib) ^{CL}	
BRAF MUTATION		<p>Drug-specific criteria</p> <ul style="list-style-type: none"> ▪ Odomzo: Patients receiving Odomzo, which changed from preferred to non-preferred on 1-17-19 will be allowed to continue therapy
MEKINIST (trametinib)	BRAFTOVI (encorafenib)	
TAFINLAR (dabrafenib)	COTELLIC (cobimetinib)	
	MEKTOVI (binimetinib)	
	ZELBORAF (vemurafenib)	

OPHTHALMICS, ANTIBIOTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
FLUOROQUINOLONES		<ul style="list-style-type: none">Non-preferred agents will be approved for patients who have failed a one-month trial of TWO preferred agent within this drug classAzasite®: Approval only requires trial of erythromycin Drug-specific criteria: <ul style="list-style-type: none">Natacyn®: Approved for documented fungal infection
ciprofloxacin SOLN (generic for Ciloxan) ofloxacin (generic for Ocuflox)	BESIVANCE (besifloxacin)	
	CILOXAN (ciprofloxacin)	
	gatifloxacin 0.5% (generic for Zymaxid)	
	levofloxacin	
	MOXEZA (moxifloxacin)	
	moxifloxacin (generic for Vigamox)	
	moxifloxacin (generic for Moxeza)	
	VIGAMOX (moxifloxacin)	
MACROLIDES		
erythromycin	AZASITE (azithromycin) ^{CL}	
AMINOGLYCOSIDES		
gentamicin OINT	TOBREX OINT (tobramycin)	
gentamicin SOLN		
tobramycin (generic for Tobrex drops)		
OTHER OPHTHALMIC AGENTS		
bacitracin/polymyxin B (generic Polysporin) polymyxin B/trimethoprim (generic for Polytrim)	bacitracin	
	NATACYN (natamycin) ^{CL}	
	neomycin/bacitracin/polymyxin B OINT	
	neomycin/polymyxin B/gramicidin	
	NEOSPORIN (neomycin/polymyxin B/gramicidin)	
	sulfacetamide SOLN (generic for Bleph-10)	
	sulfacetamide OINT	

OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
neomycin/polymyxin/dexamethasone (generic for Maxitrol)	BLEPHAMIDE (prednisolone and sulfacetamide)	<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
sulfacetamide/prednisolone	BLEPHAMIDE S.O.P.	
TOBRADEX SUSP, OINT (tobramycin and dexamethasone)	neomycin/polymyxin/HC	
	neomycin/bacitracin/poly/HC	
	PRED-G SUSP, OINT (prednisolone/gentamicin)	
	tobramycin/dexamethasone SUSP (generic for Tobradex)	
	TOBRADEX S.T. (tobramycin and dexamethasone)	
	ZYLET (loteprednol, tobramycin)	

OPHTHALMICS, ALLERGIC CONJUNCTIVITIS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
ALREX (loteprednol 0.2%)	ALOCRIIL (nedocromil)	<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
cromolyn (generic for Opticrom)	ALOMIDE (Iodoxamide)	
ketotifen OTC (generic for Zaditor)	azelastine (generic for Optivar)	
olopatadine 0.1% (generic for Patanol)	BEPREVE (bepotastine besilate)	
olopatadine OTC (Pataday once daily)	bepotastine besilate (generic Bepreve)	
	EMADINE (emedastine)	
	epinastine (generic for Elestat)	
	LASTACRAFT (alcaftadine)^{NR} OTC	
	olopatadine 0.2% (generic Pataday once daily, Pataday OTC twice daily)	
	PATADAY XS (olopatadine 0.7%)	
	PATADAY OTC (olopatadine 0.2%)	
	ZERVIAE (certirizine) ^{AL}	

OPHTHALMICS, ANTI-INFLAMMATORIES

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

OPHTHALMICS, ANTI-INFLAMMATORY / IMMUNOMODULATORS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
RESTASIS (cyclosporine)	CEQUA (cyclosporine) ^{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
RESTASIS MULTIDOSE (cyclosporine)	EYSUVIS (loteprednol etabonate) ^{QL}	
XIIDRA (lifitegrast)	TYRVAYA (varenicline tartrate)^{NR, QL}	

DRAFT

OPHTHALMICS, GLAUCOMA

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
MIOTICS		▪ Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within this drug class
pilocarpine	PHOSPHOLINE IODIDE (echothiophate iodide) VUITY (pilocarpine) ^{NR}	
SYMPATHOMIMETICS		
Alphagan P (brimonidine 0.15%)	Alphagan P (brimonidine 0.1%)	
brimonidine 0.2% (generic for Alphagan)	apraclonidine (generic for Iopidine) brimonidine P 0.15%	
BETA BLOCKERS		
levobunolol (generic for Betagan)	betaxolol (generic for Betoptic)	
timolol (generic for Timoptic)	BETIMOL (timolol) BETOPTIC S (betaxolol) carteolol (generic for Ocupress) timolol (generic for Istalol) timolol (generic for Timoptic Ocudose) TIMOPTIC OCUDOSE TIMOPTIC XE (timolol gel forming solution)	
CARBONIC ANHYDRASE INHIBITORS		
dorzolamide (generic for Trusopt)	AZOPT (brinzolamide) brinzolamide (generic for Azopt)	
PROSTAGLANDIN ANALOGS		
latanoprost (generic for Xalatan)	bimatoprost (generic for Lumigan)	
TRAVATAN Z (travoprost)	travoprost (generic for Travatan Z) VYZULTA (latanoprostene) XALATAN (latanoprost) ZIOPTAN (tafluprost)	
COMBINATION DRUGS		
COMBIGAN (brimonidine/timolol)	<i>brimonidine/timolol (generic Combigan)^{NR}</i>	
dorzolamide/timolol (generic for Cosopt)	dorzolamide/timolol PF (generic for Cosopt PF) SIMBRINZA (brinzolamide/brimonidine)	

OTHER	
RHOPRESSA (netarsudil) ^{CL}	<p>Drug-specific criteria:</p> <ul style="list-style-type: none"> ▪ Rhopressa and Rocklatan: Electronically approved for patients who have a trial of ONE generic agent, within ophthalmics - glaucoma within 60 days
ROCKLATAN (netarsudil and latanoprost) ^{CL}	

OTIC ANTIBIOTICS

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

OTIC ANTI-INFECTIVES & ANESTHETICS

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

PROGESTERONE (hydroxyprogesterone caproate)

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

SEDATIVE HYPNOTICS

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
BENZODIAZEPINES		<ul style="list-style-type: none"> ▪ Lunesta®/ Rozerem®/zolpidem ER: Requires a trial with generic zolpidem within the last 12 months AND Trial OR Clinical reason why zaleplon and preferred benzodiazepine cannot be used ▪ Edluar®: Requires a trial with generic zolpidem within the last 12 months AND Trial OR Clinical reason why zaleplon and preferred benzodiazepine cannot be used and Requires documentation of swallowing disorder ▪ flurazepam/triazolam: Requires trial of preferred benzodiazepine ▪ Hetlioz®: Requires trial with generic zolpidem within last 12 months AND clinical reason why zaleplon AND preferred benzodiazepine cannot be used ▪ Silenor®: Must meet ONE of the following: <ul style="list-style-type: none"> ○ Contraindication to preferred oral sedative hypnotics ○ Medical necessity for doxepin dose < 10mg ○ Age greater than 65 years old or hepatic impairment (3mg dose will be approved if this criteria is met) ▪ temazepam 7.5mg/22.5mg: Requires clinical reason why 15mg/30mg cannot be used ▪ zolpidem/zolpidem ER: Maximum daily dose for females: Zolpidem 5mg; Zolpidem ER® 6.25mg ▪ zolpidem SL: Requires clinical reason why half of zolpidem tablet cannot be used
temazepam 15mg, 30mg (generic for Restoril)	estazolam (generic for ProSom) flurazepam (generic for Dalmane) temazepam (generic for Restoril) 7.5mg, 22.5mg triazolam (generic for Halcion)	
OTHERS		
zaleplon (generic for Sonata)	BELSOMRA (suvorexant) ^{AL,QL}	
zolpidem (generic for Ambien)	DAYVIGO (lemborexant) ^{AL,QL}	
	doxepin (generic for Silenor)	
	EDLUAR (zolpidem sublingual)	
	eszopiclone (generic for Lunesta)	
	HETLIOZ (tasimelteon) ^{CL}	
	HETLIOZ LQ (tasimelteon)	
	SUSP ^{AL,QL}	
	QUVIVIQ (daridorexant) ^{NR,QL}	
	ramelteon (generic for Rozerem)	
	zolpidem ER (generic for Ambien CR)	
	zolpidem SL (generic for Intermezzo)	

SICKLE CELL ANEMIA TREATMENT^{AL}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
DROXIA (hydroxyurea)	ENDARI (L-glutamine) ^{CL} OXBRYTA (voxelotor) ^{CL} SIKLOS (hydroxyurea)	Drug-Specific Criteria <ul style="list-style-type: none"> ▪ Endari: Patient must have documented two or more hospital admissions per year due to sickle cell crisis despite maximum hydroxyurea dosage. ▪ Oxbryta: Not indicated for sickle cell crisis. Patient must have had at least one sickle cell-related vaso-occlusive event within the past 12 months; AND baseline hemoglobin is 5.5 g/dL ≤ 10.5 g/dL; AND patient is not receiving concomitant, prophylactic blood transfusion therapy ▪ Siklos: Approved for use in patients ages 2 to 17 years old

STEROIDS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
LOW POTENCY		<ul style="list-style-type: none"> Low Potency Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within this drug class
DERMA-SMOOTH FS (fluocinolone) hydrocortisone OTC & RX CREAM, LOTION, OINT (Rx only) hydrocortisone/aloe OINT SCALPICIN OTC (hydrocortisone)	ALA-CORT (hydrocortisone) CREAM ALA-SCALP HP (hydrocortisone) alclometasone dipropionate (generic for Aclovate) CAPEX SHAMPOO (fluocinolone) DESONATE (desonide) GEL desonide LOTION (generic for Desowen) desonide CREAM, OINT (generic Desowen, Tridesilon) fluocinolone 0.01% OIL (generic DERMA-SMOOTH-FS) hydrocortisone/aloe CREAM hydrocortisone OTC OINT MICORT-HC (hydrocortisone) TEXACORT (hydrocortisone)	
MEDIUM POTENCY		<ul style="list-style-type: none"> Medium Potency Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agents within this drug class
fluticasone propionate CREAM, OINTMENT (generic for Cutivate) mometasone furoate CREAM, OINTMENT, SOLN (generic for Elocon)	betamethasone valerate (generic for Luxiq) clocortolone (generic for Cloderm) fluocinolone acetonide (generic for Synalar) flurandrenolide (generic for Cordran) fluticasone propionate LOTION (generic for Cutivate) hydrocortisone butyrate (generic for Locoid) hydrocortisone butyrate/emoll (generic for Locoid Lipocream) hydrocortisone valerate (generic for Westcort) PANDEL (hydrocortisone probutate 0.1%) prednicarbate (generic for Dermatop)	

STEROIDS, TOPICAL (Continued)

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

STIMULANTS AND RELATED AGENTS^{AL}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
CNS STIMULANTS		<ul style="list-style-type: none">Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within this drug class
Amphetamine type		
ADDERALL XR (amphetamine salt combo)	ADZENYS XR (amphetamine)	<p>Drug-specific criteria:</p> <ul style="list-style-type: none">Procentra®: May be approved with documentation of swallowing disorderZenzedi®: Requires clinical reason generic dextroamphetamine IR cannot be used
amphetamine salt combination IR	amphetamine ER (generic Adzenys ER) SUSP	
VYVANSE (lisdexamfetamine) ^{QL} CAPS, CHEWABLE	amphetamine salt combination ER (generic for Adderall XR)	
	amphetamine sulfate (generic for Evekeo)	
	dextroamphetamine (generic for Dexedrine)	
	dextroamphetamine SOLN (generic Procentra)	
	dextroamphetamine ER (generic for Dexedrine ER)	
	DYANAVEL XR (amphetamine) ^{QL}	
	EVEKEO ODT (amphetamine sulfate)	
	MYDAYIS (amphetamine salt combo) ^{QL}	
	methamphetamine (generic for Desoxyn)	
	ZENZEDI (dextroamphetamine)	

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

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
Methylphenidate type		<ul style="list-style-type: none"> Non-preferred agents will be approved for patients who have failed a trial of TWO preferred agents within this drug class Maximum accumulated dose of 108mg per day for ages < 18 Maximum accumulated dose of 72mg per day for ages > 19
<p>CONCERTA (methylphenidate ER)^{QL}</p> <p>18mg, 27mg, 36mg, 54mg</p> <p>dexmethylphenidate (generic Focalin IR)</p> <p>dexmethylphenidate XR (generic Focalin XR)</p> <p>METHYLIN SOLN (methylphenidate)</p> <p>methylphenidate (generic Ritalin)</p> <p>methylphenidate SOLN (generic Methylin)</p> <p>QUILLICHEW ER CHEWTAB (methylphenidate)</p>	<p>ADHANSIA XR (methylphenidate)^{QL}</p> <p>APTENSIO XR (methylphenidate)</p> <p>AZSTARYS (serdexmethylphenidate and dexmethylphenidate)^{QL}</p> <p>COTEMPLA XR-ODT (methylphenidate)^{QL}</p> <p>DAYTRANA PATCH (methylphenidate)^{QL}</p> <p>FOCALIN XR (dexmethylphenidate)</p> <p>FOCALIN IR (dexmethylphenidate)</p> <p>JORNAY PM (methylphenidate)^{QL}</p> <p>methylphenidate 50/50 (generic Ritalin LA)</p> <p>methylphenidate 30/70 (generic for Metadate CD)</p> <p>methylphenidate ER 18mg, 27mg, 36mg, 54mg (generic Concerta)^{QL}</p> <p>methylphenidate ER CAP (generic for Aptensio XR)^{QL}</p> <p>Methylphenidate ER (generic for Metadate ER)</p> <p>methylphenidate ER 72mg (generic for RELEXII)^{QL}</p> <p>methylphenidate ER (generic for Ritalin SR)</p> <p>methylphenidate TD24^{AL, NR} PATCH (generic Daytrana)</p> <p>QUILLIVANT XR (methylphenidate)SUSP</p> <p>RITALIN (methylphenidate)</p>	
		<p>Drug-specific criteria:</p> <ul style="list-style-type: none"> Daytrana®: May be approved in history of substance use disorder by parent, caregiver, or patient. May be approved with documentation of difficulty swallowing

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

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

THROMBOPOIESIS STIMULATING PROTEINS^{CL}

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
PROMACTA (eltrombopag) TABLET^{CL}	DOPTELET (avatrombopag) MULPLETA (lusutrombopag) PROMACTA (eltrombopag) SUSP TAVALISSE (fostamatinib)	<ul style="list-style-type: none"> All agents will be approved with FDA-approved indication, ICD-10 code is required. Non-preferred agents require a trial of a preferred agent with the same indication or a contraindication. <p>Drug-Specific Criteria</p> <ul style="list-style-type: none"> Doptelet/Mulpleta: Approved for one course of therapy for a scheduled procedure with a risk of bleeding for treatment of thrombocytopenia in adult patients with chronic liver disease

7. Adjournment / Old Business

- a. No old business topics were discussed by the committee.
- b. A vote to conclude the meeting was made at 2:45 PM CST.

(1 st) Motion: Hill	(2 nd) Motion: Kaspar-Cope
Vote to conclude meeting unanimously approved by all in attendance.	

**The next Nebraska Medicaid
Pharmaceutical and Therapeutics (P&T) Committee meeting is scheduled for:**

Date: Wednesday, May 10th, 2023

Time: 9:00a.m – 5:00 PM CST

Location:

**Mahoney State Park, Peter Kiewit Lodge
28500 West Park Hwy
Ashland, NE 68003**

Recorded by: Elanah Figueroa, B.A. – Account Operations Executive, Magellan Rx Management, Magellan Health.