



The Drug Utilization Review Board Reviewed the Following New Drugs and Non-Supplemental Rebate Classes on December 15, 2015

The Georgia Medicaid Fee-for-Service Drug Utilization Review (DUR) Board has conducted its clinical and financial evaluations and provided its recommendations for the Department of Community Health's (DCH) final decisions on the following new drug and non-supplemental rebate class reviews for the Georgia Medicaid Fee-for-Service Preferred Drug List (PDL). New drugs and drugs with a recommendation for change in PDL status are highlighted below. The recommendations on all other drugs remained the same as the current PDL status, which is located at <http://dch.georgia.gov/preferred-drug-lists>.

Antiinfectives, Beta-Lactams, Cephalosporins and Beta-Lactamase Inhibitors

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Avycaz (Intravenous) Vial* and *Zerbaxa (Intravenous) Vial*.

Gastrointestinal, Bile Acid Agents

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Cholbam (Oral) Capsule* and *Non-Preferred* status with *Prior Authorization* for *Chenodal (Oral) Tablet*.

Antiinfectives, Antifungals, Invasive Aspergillosis and Mucormycosis

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Cresemba (Oral) Capsule*, *Ambisome (Intravenous) Vial*, and *Candidas (Intravenous) Vial*.

Antineoplastics, Multiple Myeloma

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Farydak (Oral) Capsule*.

Antihemophilic Products, Factor IX Recombinant

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Ixinity (Intravenous) Vial*.

Antihemophilic Products, Factor VIII Recombinant

The DUR Board recommended *Preferred* status for *Novoeight (Intravenous) Vial*.

Gastrointestinal, Opioid-Induced Constipation Agents

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Movantik (Oral) Tablet* and *Relistor (Subcutaneous) Injection*.

Hormone Modifiers, Parathyroid Agents

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Natpara*



(Subcutaneous) Cartridge.

Thrombopoietin Receptor Agonists

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Nplate (Subcutaneous) Vial*.

Hormone Modifiers, Acromegaly Agents

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Signifor LAR (Intramuscular) Vial* and *Somavert (Subcutaneous) Vial*.

Antiinfectives, Toxoplasmosis

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Daraprim (Oral) Tablet*.

Hematopoietics, Iron Injectables

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Sodium Ferric Gluconate Complex (Intravenous) Vial*.