



The Drug Utilization Review Board Reviewed the Following New Drugs and Supplemental Rebate Classes on June 5, 2014

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 drugs and supplemental rebate classes for the Georgia Medicaid Fee-for-Service Preferred Drug List (PDL). Supplemental rebate drugs with a recommendation for change in PDL status are highlighted below. The recommendations on all other supplemental rebate drugs remained the same as the current PDL status, which is located at <http://dch.georgia.gov/preferred-drug-lists>.

New Drug Reviews

Pulmonary Antihypertensives

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Adempas*[®] (Oral) Tablet and *Opsumit*[®] (Oral) Tablet.

Respiratory, Adrenergic Combinations

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Breo*[®] *Ellipta*[™] (Inhalation) Aerosol Powder.

Antidepressants

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Brintellix*[™] (Oral) Tablet and *Non-Preferred* status with *Prior Authorization* for *Fetzima*[™] (Oral) Capsule.

Colony Stimulating Factors

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Granix*[™] (Subcutaneous) Syringe.

Antineoplastics

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Imbruvica*[™] (Oral) Capsule.

Anticonvulsants

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Fycompa*[™] (Oral) Tablet.

Supplemental Rebate Class Reviews

Antidementia Agents

The DUR Board recommended *Preferred* status for *Namenda*[®] XR (Oral) Capsule.



Antidepressants

The DUR Board recommended *Preferred* status for *Clomipramine Hydrochloride (Oral) Capsule* and *Non-Preferred* status with *Prior Authorization* for *Anafranil[®] (Oral) Capsule*, *Imipramine Pamoate (Oral) Capsule*, *Tranylcypromine Sulfate (Oral) Tablet* and *Protriptyline Hydrochloride (Oral) Tablet*.

Attention Deficit Hyperactivity Disorder Agents

The DUR Board recommended *Preferred* status with *Prior Authorization* for members 21 years of age and older for *Intuniv[®] (Oral) Tablet*.

Hematopoietic, Growth Factors

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Epogen[®] (Injection) Vial*.

Laxatives, Bowel Evacuants

The DUR Board recommended *Preferred* status for *Prepopik[®] (Oral) Powder Pack*.

Pulmonary Antihypertensives

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Revatio[®] (Oral) Tablet* and *Preferred* status with *Prior Authorization* for *Sildenafil (Oral) Tablet*.

Respiratory, Phosphodiesterase-4 Inhibitors

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Daliresp[®] (Oral) Tablet*.