



**The Drug Utilization Review Board Reviewed the Following
New Drugs and Supplemental Rebate Classes on
March 18, 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>.

Biologic Immunomodulators

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Actemra*[®] (*Subcutaneous*) *Syringe* and *Orencia*[®] (*Subcutaneous*) *Syringe*.

Antineoplastics, Epidermal Growth Factor Receptor (EGFR) Inhibitors

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

Hematopoietic Agents, Iron Injectable

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Injectafer*[™] (*Intravenous*) *Vial*.

Antineoplastics, Braf Inhibitors

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Mekinist*[™] (*Oral*) *Tablet* and *Tafinlar*[®] (*Oral*) *Capsule*.

Antiretrovirals, Integrase Inhibitors (INSTIs)

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

Antiretrovirals, Nucleoside Reverse Transcriptase Inhibitors (NRTIs)

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

Antiretrovirals, Protease Inhibitors (PIs)

The DUR Board recommended *Preferred* status for *Norvir*[®] (*Oral*) *Tablet*.

Antivirals, Hepatitis C Agents

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Olysio*[™] (*Oral*) *Capsule*, *Sovaldi*[™] (*Oral*) *Tablet* and *Moderiba* (*Oral*) *Tablet and Tablet Dose Pack*.



Opiate Agonists, Long-Acting

The DUR Board recommended **Preferred** status for *Butrans[®] (Transdermal) Patch*.

Antibiotics, Inhaled

The DUR Board recommended **Preferred** status for *Bethkis[®] (Inhalation) Ampule-Neb* and **Non-Preferred** status with **Prior Authorization** for *Tobi[®] (Inhalation) Ampule-Neb*.

Antidiabetics, Insulin

The DUR Board recommended **Non-Preferred** status with **Prior Authorization** for *Novolog[®] (Subcutaneous) Vial, Novolog[®] Mix 70-30 (Subcutaneous) Vial, Novolin[®] R (Injection) Vial, Novolin[®] 70-30 (Subcutaneous) Vial and Novolin[®] N (Subcutaneous) Vial*.

Antihyperlipidemics

The DUR Board recommended **Non-Preferred** status with **Prior Authorization** for *Antara[®] (Oral) Capsule, Cholestyramine (Oral) Powder Pack and Cholestyramine Light (Oral) Powder Pack*.

Corticosteroids, Oral

The DUR Board recommended **Preferred** status for *Prednisolone Sodium Phosphate (Oral) Solution 25 MG/5 ML* and **Non-Preferred** status with **Prior Authorization** for *Millipred[®] (Oral) Solution, Tablet and Tablet Dose Pack*.

Dermatologics, Corticosteroids Low-Potency

The DUR Board recommended **Preferred** status for *Hydrocortisone Acetate (Topical) Gel* and **Non-Preferred** status with **Prior Authorization** for *Derma-Smoothe-FS[®] (Topical) Oil* and *Desonide (Topical) Cream and Ointment*.

Dermatologics, Scabicides-Pediculocides

The DUR Board recommended **Non-Preferred** status with **Prior Authorization** for *Natroba[®] (Topical) Suspension*.

Multiple Sclerosis (MS) Agents

The DUR Board recommended **Preferred** status for *Extavia[®] (Subcutaneous) Kit* and **Non-Preferred** status with **Prior Authorization** for *Betaseron[®] (Subcutaneous) Kit*.

Multivitamins, Prenatal with Docosahexaenoic Acid (DHA)

The DUR Board recommended considering a Maximum Allowable Cost (MAC) for the agents.



Nasal Steroids

The DUR Board recommended **Preferred** status for *Qnasl*[®] (*Nasal Aerosol*) and **Non-Preferred** status with **Prior Authorization** for *Nasacort AQ*[®] (*Nasal Spray*).

Ophthalmics, Adrenergic/Carbonic Anhydrous Inhibitors

The DUR Board recommended **Preferred** status for *Iopidine*[®] (*Ophthalmic Drops*) and *Simbrinza*[®] (*Ophthalmic Drops Suspension*).

Ophthalmics, Antiinfectives

The DUR Board recommended **Preferred** status for *Trifluridine (Ophthalmic Drops)* and **Non-Preferred** status with **Prior Authorization** for *Bleph-10*[®] (*Ophthalmic Drops*), *Ilotycin*[®] (*Ophthalmic Ointment*) and *Viroptic*[®] (*Ophthalmic Drops*).

Ophthalmics, Nonsteroidal Antiinflammatory Drugs (NSAIDs)

The DUR Board recommended **Preferred** status for *Ilevro*[®] (*Ophthalmic Drops Suspension*).

Ophthalmics, Steroids

The DUR Board recommended **Preferred** status for *Durezol*[®] (*Ophthalmic Drops*).

Phosphate Binders

The DUR Board recommended **Preferred** status for *Calcium Acetate (Oral Capsule and Tablet)* and *Phoslyra*[®] (*Oral Solution*).

Urinary Antiinfectives

The DUR Board recommended **Non-Preferred** status with **Prior Authorization** for *Hiprex*[®] (*Oral Tablet*), *Methenamine Hippurate (Oral Tablet)*, *UR N-C*[®] (*Oral Tablet*), *Urimar-T*[®] (*Oral Tablet*) and *Urogesic Blue*[®] (*Oral Tablet*).