

**The Drug Utilization Review Board Reviewed the Following  
New Drugs and Clinical Reviews on  
March 17, 2011**

The Georgia Medicaid Drug Utilization Review (DUR) Board has provided its clinical and financial evaluations for the Department of Community Health's (DCH) final decisions on the following new drug reviews and supplemental rebate class reviews for the Georgia Medicaid Preferred Drug List (PDL).

**New Drug Reviews**

**Gastrointestinal Digestive Enzyme**

The DUR Board recommended *Preferred* status with *Prior Authorization* for new users and grandfathering for current users of *Pancreaze*.

**Oral Contraceptive**

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

**Sedative Hypnotic**

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

**Supplemental Rebate Class Reviews**

All supplemental rebate classes were reviewed, but only the 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/00/channel\\_title/0,2094,31446711\\_32050640,00.html](http://dch.georgia.gov/00/channel_title/0,2094,31446711_32050640,00.html).

**Adrenergic Combinations**

The DUR Board recommended Goold Health Systems request a best and final offer from the manufacturers.

**Angiotensin II Receptor Blockers and Combinations**

The DUR Board recommended *Step Therapy* with the preferred agent losartan/losartan with hydrochlorothiazide prior to therapy with the preferred agents Diovan/Diovan HCT or Exforge/Exforge HCT with a follow-up evaluation in 6 months.

**Anticonvulsants**

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

**Antidepressants**

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Lexapro* with a notification alert sent to prescribers.

**Antihistamines - Nasal**

The DUR Board recommended Goold Health Systems request a best and final offer from the manufacturers.

**Antispasmodics**

The DUR Board recommended *Preferred* status for *Toviaz* and *Non-Preferred* status with *Prior Authorization* for *Enablex*.

**Beta Adrenergics – Short-Acting Inhalers**

The DUR Board recommended *Preferred* status for *Proventil HFA*.

**Diabetic – Dipeptidyl Peptidase IV Inhibitors**

The DUR Board recommended *Preferred* status with *Prior Authorization* for *Kombiglyze*.

**Diabetic – Meglitinides**

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

**Direct Renin Inhibitors and Combinations**

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Amturnide, Tekamlo, Tekturna, Tekturna HCT and Valturna*.

**Gastrointestinal - Digestive Enzymes**

The DUR Board recommended *Preferred* status with *Prior Authorization* for new users and grandfathering for current users of *Pancreaze*.

**Gastrointestinal – Proton Pump Inhibitors**

The DUR Board recommended *Preferred* status with *Prior Authorization* for *pantoprazole generic* and *Non-Preferred* status with *Prior Authorization* for *Dexilant*.

**Gastrointestinal – Ulcer Antiinfectives**

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

#### **Insulins/Insulin Pens**

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

#### **Migraine – Selective Serotonin Agents**

The DUR Board recommended *Preferred* status for *naratriptan generic* and *Non-Preferred* status with *Prior Authorization* for *Maxalt-MLT*.

#### **Multiple Sclerosis Agents**

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for new users and grandfathering for current users of *Rebif*.

#### **Narcotics – Long-Acting**

The DUR Board recommended *Preferred* status for *Duragesic*.

#### **Ophthalmic Antihistamines**

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

#### **Ophthalmic Miscellaneous**

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

#### **Ophthalmic Prostaglandins**

The DUR Board recommended *Non-Preferred* status with *Prior Authorization* for *Travatan (does not include Travatan Z)*.

#### **Topical Antipsoriatics**

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

#### **Topical Corticosteroids**

The DUR Board recommended *Preferred* status for *Derma-Smoothe* and *Non-Preferred* status with *Prior Authorization* for *alclometasone generic*.

#### **Topical Immunomodulators**

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