**LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS**
**Medicaid Pharmaceutical and Therapeutics Committee Meeting**
628 North Fourth Street
Baton Rouge, LA
Bienville Building
Room #118
May 2, 2012

**MINUTES**

**MEMBERS PRESENT:**
Julio Figueroa, MD
John E. Firestone, Jr., MD
Conchetta Fulton, PharmD
Mary Gauthier-Lewis, PharmD
Amy Givler, MD
Larry J. Hebert, MD
James E. Hussey, MD
Edward C. Mader, Jr, MD
Marty R.McKay, RPh
Melvin Murrill, MD
Julie Wilkinson, PharmD
Rodney Wise, MD
Pamela Wiseman, MD
Neil Wolfson, MD
Lolie C. Yu, MD

**MEMBERS ABSENT:**
Paul Miller, MD
Senator Fred Mills
James Patterson, MD
Rep. Rogers Pope
Mohammad Suleman, MD
Leonard Weather, Jr, MD

**DHH PHARMACY PROGRAM STAFF PRESENT:**
Rachel Broussard, RPh
Germaine Becks-Moody, PhD, BHSF Program Manager
Timothy Williams, BHSF Program Manager
Carol Rumfola, Administrative Assistant

**OTHER DHH STAFF PRESENT:**
Rebecca DeLaSalle, Attorney
Stephen Russo, Attorney

**CONTRACTORS PRESENT:**
Chris Andrews, PharmD, Provider Synergies
Melissa Dear, PharmD, Northeast La University School of Pharmacy
Jennifer Pickett, Certified Court Reporter

**OTHERS PRESENT:**
Presenters are listed in the minutes, and sign in sheets of others in attendance are available from DHH, Bureau of Health Services Financing, Pharmacy Benefits Section upon request.

**Call to Order:**
Marty R. McKay, Vice - Chairman, called the meeting to order at 9:21 a.m.

**Parliamentary Business:**

A. **Introduction of Members and DHH Staff and Roll Call.** Committee members and DHH staff introduced themselves. Mr. McKay announced that M. J. Terrebonne, Pharmacy Director, retired from DHH after serving over 30 plus years. She will be sorely missed and at this time has not been replaced. Mr. McKay also announced that Dr. Hebert asked to not be reappointed to the committee. After this a roll call vote was made to account for a quorum.

B. **Election of Chairman and Vice-Chairman.** Dr. Wilkinson nominated Marty McKay for Chairman. Dr. Murrill seconded the motion which passed. The committee voted and unanimously voted "yea" for Mr. McKay. Mr. McKay is the new P & T Committee Chairman. Dr. Murrill nominated Lolie Yu for Vice-Chairman. Dr. Wolfson second the motion. Dr. Wiseman nominated Dr. Givler for Vice-Chairman. She did not accept. The committee voted and unanimously voted "yea" for Dr. Yu. Dr. Yu is the new P & T Committee Vice - Chairman.

C. **Approval of Minutes.** Dr. Figueroa offered a motion to approve the minutes of the November 2, 2011 meeting as submitted. Dr. Wolfson seconded the motion which passed.

D. **Bylaws Subcommittee Report.** Mr. McKay, Chairman of the Bylaws Sub - Committee provided a report of the sub – committee. He indicated that committee has not yet met. The original plan was to conduct the meeting over the telephone but the sub - committee later found out that was not possible. So the sub - committee will meet this summer in Baton Rouge. We will pick a date and it will be an open meeting, posting two weeks prior to the time on the web so everybody will know... There are several other just minor changes and we will go through those and make those changes in the bylaws.

**Reports:**

A. **Prior Authorization (PA) Monthly Report.** Ms. Rachel Broussard called the Committee members' attention to the PA Report included in their packets. She said it's listed July 2010 through December of 2011. *(Attachment 1)*

B. **PDL Reflecting November 2, 2011 P & T Committee Recommendations.** Ms. Broussard reported copies of the latest version of the PDL, which included the Pharmaceutical and Therapeutics (P&T) Committee's November 2, 2011 meeting recommendations were in the members' packets. These recommendations became effective January 1, 2011. *(Attachment 2)*

C. **Provider Synergies Louisiana Medicaid PDL Program Overview & Program Results 2011 Annual Report.** Ms. Broussard reminded the members that included in their previously sent packets were the 2011 Provider Synergies' reports "Louisiana Medicaid PDL Program Overview and Results."

**Old Business:**

A. **Cymbalta.** Dr. Givler offered a motion to add Cymbalta to the old business as a discussion topic. And - and then talk after? The motion was seconded by Dr. Wolfson.

Mr. McKay reminded the committee that at the last meeting, we agreed to bring this up at this meeting and vote. And so that's the reason we're going to accept Cymbalta. Just as a reminder, when the Committee members add an agenda item, we need 100% of those present voting to add. So everybody has to agree to add an agenda item. So we're going to go around and do a roll call on this one. We need everybody voting yes or no. There was a roll call vote to add Cymbalta to the agenda as Old Business. The motion passed unanimously.

Dr. Givler followed with discussion:

We talked last time – this is under Anti-Depressants, Other. And I don't have the numbers in front of me any longer, just the minutes from last meeting. But tCymbalta does have a large utilization. And maybe Chris, you're a little unprepared because you didn't know this was going to be an agenda item. And the problem was that the company didn't provide the bid in a timely manner. That was the discussion topic. But the fact that there was so many prescriptions for it and it is a unique drug with great benefits, especially for fibromyalgia, in addition to anti- depression, but we don't have a fibromyalgia category so that's where it fits. And obviously practitioners are voting with their time by calling in for a PA. And what came up last time from Provider Synergies was that the bid was competitive and it would actually save the state money. And that's money that is offered by Lilly. If it's (rebate) on the PA, it's going unused.

Mr. McKay requested Chris to to give a little background information. Chris provided the following:

Now, regarding the offer, we did receive an offer from Eli Lilly for Cymbalta. Regarding the lateness of the offer, I don't recall exactly what the issues were surrounding that, but there is a offer that's under contract through the end of this year. Of course, the product would be re-reviewed in the fall. Now, the overall TOPS recommendation at the time for Cymbalta was that it be non- preferred across all TOPS states. That said, in Louisiana, as you mentioned, there is a high market share in the state if they took advantage of this offer would benefit a little bit over $100,000 per quarter by listing Cymbalta as preferred. And I would not suspect a large increase in market share. So, I mean, it depends on what product you are comparing Cymbalta to in order to determine if it's competitive or not, but with all the other factors taken into play, then there is a financial advantage to Louisiana should you take advantage of this.

Dr. Wolfson offered a motion to add Cymbalta to the PDL. The motion was seconded by Dr. Murrill. After no further P & T Committee discussion and no pharmaceutical manufacturers' requests to make presentations, the motion to add Cymbalta to the PDL passed unanimously with a roll call vote.

**B.** **Oncology Agents, Oral.** Dr. Chris Andrews reported that in the fall, the oral oncology agents class was reviewed by Louisiana. The P&T Committee's recommendations were considered by the Secretary. The Secretary elected to defer implementation of the class and requested that Provider Synergies report on other states that did review this class. Other top states reviewing this class were - - Connecticut. The P&T Committee considered the recommendations and made the recommendations of their own. The Commissioner at Connecticut also deferred implementation of this class. So, currently, none of the top states have it implemented. As far as other stateses that Magellan works with, one state Kentucky, has implemented this class. Committee discussion followed. The committee decided to wait and review this class in the fall.

**New Business:**

**A.** **Public Testimony.** In accordance with state law and the P&T Committee's Bylaws, the following provided public testimony or answered questions raised by the Committee during the Committee's review of the therapeutic classes.

| PRESENTER | REPRESENTING | DRUG/ISSUE |
|---|---|---|
| Paul Setlak | Abbott | Androgel |
| Julia Compton, Pharm D | Novartis | Aliskiron Agents |
| Jaimie Jolly | Daiichi Sankyo | Benicar |
| Brian Macomson, Pharm D | JNJ | Xarelto |
| Mike Donze | Boehringer Ingelheim | Pradaxa |
| Dr. Fran Kaiser | Merck | Emend |
| Dr.Fran Kaiser | Merck | Maxalt |
| Ann Wicker | Pfizer | Relpax |
| Steve White | TARD | Ovide |
| Kathy Geist | Valeant Dermatology | Zovirax |
| Dr. Garland Green | Self | Bystolic |
| William Rowe | Forest | Bystolic |
| Sri Ganeshad | Astella Pharma | Vesicare |
| Ann Wicker | Pfizer | Toviaz |
| James Osborne | GlaxoSmithKline | Avodant/Jalyn |
| Brad Clay | Amgen | Aranesp |
| Tiffany Gall | Novo Nordisk | Norditropin |
| Erika Szabo | Lilly | Humatrope |
| Brett Pharis | Genentech | Nutropin |
| Ann Wicker | Pfizer | Genotropin |
| Lisa Borland | Vertex Pharmaceuticals | Incivek |
| Dr. Muhumuza | Hep Provider | Incivek |
| Dr. Fran Kaiser | Merck | Victrelis |
| Dr. Fran Kaiser | Merck | Peg Intron |
| Derezk Terry | Genentech | Pegasys |
| Nancy Keller | Bristol-Myers-Squibb | Onglyza/Kombiglyze XR |
| Mike Dunze | Boehringer Ingelheim | Tradjenta/Jentadueto |
| Mike Ketcher | Novo Nordisk | Victoza |
| Dr. Fran Kaiser | Merck | Januvia/Janumet/ Janumet XR |
| Dr. Fran Kaiser | Merck | Juvisync |
| Erika Szabo | Lilly | Lilly's Insouns |
| Mike Ketcher | Novo Nordisk | Insulin |
| Kris Washington | Sanofi | Insulin |
| Dr. Fran Kaiser | Merck | Zetia |
| Paul Setlak | Abbott | Tricor |
| Paul Setlak | Abbott | Trilipax |
| Paul Setlak | Abbott | Niaspan |
| Jamie Jolly | Daiichi Sankyo | Welchol |
| Dr. Fran Kaiser | Merck | Nytorin |
| Paul Setlak | Abbott | Simcor |
| Kristen Dulitz | Astra Zeneca | Crestor |
| Jervica Carter | Biogen Idec | Avonex |
| Brian Hutchison | Acorda | Ampyrax |
| Julia Compton, Pharm D | Novartis | Gilenya |
| Tom Brock | United Therapeutics | Tyvaso |
| Tom Brock | United Therapeutics | Adcira |
| Akshaya Palel | Gilead Sciences | Letairis |
| Susan Raspa | Actelian Pharmaceuicals | Tracler/Ventaris |

| | | |
|---|---|---|
| Paul Setlak | Abbott | Creon |
| Jamie Heise | Shire | Fosrenol |
| Chris Marrone | Lilly | Effient |
| Kristen Dulitz | Astra Zeneca | Brilinta |
| Christy Copeland | Shire | Lialda |
| Matt Fairchild | Pfizer Oncology | Inlyta |

***(Transcripts of testimonies are available from DHH, Bureau of Health Services Financing, Pharmacy Benefits Section, upon request.)***

**D.** **Therapeutic Classes Reviews.** Forty - four (44) therapeutic classes in ***Group One*** of the ***Eleventh Review Cycle*** were reviewed. Mr. McKay explained the Committee's review procedures. Monograph summaries were sent to the Committee prior to the meeting. Public comment was received for each therapeutic class prior to Committee discussion and action in accordance with state law and the P&T Committee's Bylaws. Committee proceedings follow:

**Class Review Number**

**11-1;1. Analgesics, Narcotics Long Acting**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Gauthier-Lewis. After discussion and no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Fentanyl Transdermal (Generic)
Methadone HCL
Morphine Sulfate ER (Generic)
Morphine Sulfate (Kadian)

*Committee Recommendations for the **NPDL** are:*
Buprenorphine Transdermal (Butrans)
Fentanyl Transdermal (Duragesic Matrix)
Hydromorphone ER (Exalgo)
Morphine Sulfate ER (Avinza)
Morphine Sulfate ER (Kadian ER)
Morphine Sulfate ER (MS Contin)
Oxycodone (OxyContin)
Oxymorphone ER
Oxymorphone ER (Opana ER)
Tramadol ER
Tramadol ER (Conzip)
Tramadol ER (Ryzolt)
Tramadol ER (Ultram ER)
Tapentadol Extended Release (Nucynta ER)

**11-1;2. Analgesics, Narcotics Short Acting**

Dr. Figueroa offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Givler. Discussion followed.

Dr. Wolfson introduced a substitute motion to accept the list with the exception of meperidine. The motion was seconded by Dr. Givler. All members responded yea, except for Dr. Wise.

The Committee, in a roll call vote, then passed the original motion as amended to exclude meperidine. The motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Acetaminophen w/Codeine (Generic)
Butalbital Compound with Codeine
Butorphanol Tartrate
Codeine
Dihydrocodeine bitartrate/Acetaminophen/Caffeine (Generic)
Hydrocodone/Acetaminophen (Generic)
Hydrocodone/Ibuprofen (Generic)
Hydromorphone
Morphine IR
Oxycodone
Oxycodone (Roxicodone)
Oxycodone/Acetaminophen
Oxycodone/Acetaminophen (Roxicet)
Oxycodone w/Aspirin
Oxycodone/Ibuprofen
Pentazocine/Acetaminophen
Pentazocine/Naloxone
Tramadol (Generic)
Tramadol/Acetaminophen (Generic)

*Committee Recommendations for the **NPDL** are:*
Carisoprodol Compund-Codeine
Capital w/Codeine
Codeine/Acetaminophen (Cocet, Cocet Plus)
Codeine/Acetaminophen (Tylenol #3, Tylenol #4)
Dihydrocodeine bitartrate/Aspirin/Caffeine (Synalgos DC)
Dihydrocodeine bitartrate/Acetaminophen/Caffeine (Trezix)
Fentanyl Buccal (Generic)
Fentanyl Buccal (Actiq)
Fentanyl Buccal (Fentora)
Fentanyl Buccal (Onsolis)
Fentanyl Sublingual (Abstral)
Hydrocodone/Acetaminophen (Hycet)
Hydrocodone/Acetaminophen (Xodol)
Hydrocodone/Acetaminophen (Lorcet)
Hydrocodone/Acetaminophen (Lortab)
Hydrocodone/Acetaminophen (Norco)
Hydrocodone/Acetaminophen (Vicodin)
Hydrocodone/Acetaminophen (Zamicet)
Hydrocodone/Acetaminophen (Zolvit)
Hydrocodone/ Acetaminophen (Zydone)
Hydrocodone/Ibuprofen (Ibudone)
Hydrocodone/Ibuprofen (Reprexain)
Hydrocodone/Ibuprofen (Vicoprofen)
Hydromorphone (Dilaudid)
Hydromorphone Suppositories

Levorphanol
Meperidine
Meperidine (Demerol)
Morphine Concentrate Solution
Morphine Suppositories
Opium Tincture
Oxycodone/Acetaminophen (Magnacet)
Oxycodone/Acetaminophen (Percocet)
Oxycodone/Acetaminophen (Primalev)
Oxycodone/Acetaminophen (Xolox)
Oxycodone/Aspirin (Percodan)
Oxycodone (Oxecta)
Oxycodone Concentrate
Oxymorphone
Oxymorphone (Numorphan)
Oxymorphone IR (Opana)
Tapentadol (Nucynta)
Tramadol ODT (Rybix ODT)
Tramadol (Ultram) – Brand Only
Tramadol / Acetaminophen (Ultracet) – Brand Only

**11-1;3. Androgenic Agents**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Fulton. A pharmaceutical manufacturer, Mr. Setlak, was on the list to speak from Abbott. He yielded his time back to the committee. There was no discussion from the committee and the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Testosterone Transdermal Patch (Androderm)
Testosterone Gel 1% (Androgel)
Testosterone Gel 1% (Testim)

*Committee Recommendations for the **NPDL** are:*
Testosterone Gel (Fortesta)
Testosterone (Axiron)

**11-1;4. Angiotensin Modulator Combinations**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Gauthier-Lewis. Discussion followed.

Dr. Givler, then offered a motion, seconded by Dr. Wolfson to amend Provider Synergies recommendations and add Lotrel to the PDL. Discussion followed. Dr. Givler then withdrew her motion.

Following a presentation by a pharmaceutical manufacturer, Julia Compton of Novartis, on Valturna, the Committee then voted on the original motion to accept Provider Synergies' recommendations. The motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Amlodipine/Benazepril (Generic only)
Amlodipine/Olmesartan (Azor)
Amlodipine/Olmesartan/HCTZ (Tribenzor)
Amlodipine/Valsartan (Exforge)
Amlodipine/Valsartan/HCTZ (Exforge HCT)
Valsartan/Aliskiren (Valturna)

*Committee Recommendations for the **NPDL** are:*
Amlodipine/Aliskiren (Tekamlo)
Amlodipine/Aliskiren/HCTZ (Amturnide)
Amlodipine/Benazepril (Lotrel)
Amlodipine/Telmisartam (Twnysta)
Trandolapril/ Verapamil (Generic)
Trandolapril/ Verapamil (Tarka)

**11-1;5. Angiotensin Modulators: ACE Inhibitors & Direct Renin Inhibitors**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Gauthier-Lewis. Committee discussion and pharmaceutical manufacturer's presentation followed. Julia Compton provided information on recent label changes within the last two weeks around some of the agents Novartis produces (Tekturna, Valturna, etc.) Jamie Jolly, Daiichi Sankyo, spoke on behalf of Benicar and Benicar HTC. After discussion the motion passed with a roll call vote of twelve yeas and one nay by Dr. Wilkinson.

*Committee Recommendations for the **PDL** are:*
Benazepril (Generic Only)
Benazepril/HCTZ
Captopril
Captopril/HCTZ
Enalapril (Generic)
Enalapril/HCTZ (Generic)
Fosinopril
Lisinopril (Generic Only)
Lisinopril/HCTZ (Generic Only)
Losartan (Generic)
Losartan/HCTZ (Generic)
Quinapril (Generic)
Quinapril/HCTZ (Generic)
Ramipril (Generic Only)
Trandolapril
Valsartan (Diovan)
Valsartan/HCTZ (Diovan HCT)

*Committee Recommendations for the **NPDL** are:*
Aliskiren (Tekturna)
Aliskiren/HCTZ (Tekturna HCT)
Azilsartan Medoxomil (Edarbi)
Azilsartan/Chlorthalidone (Edarbyclor)
Azilsartan/Chlorthalidone (Prinzide)

Benazepril (Lotensin) – Brand Only
Candesartan (Atacand)
Candesartan/HCTZ (Atacand HCT)
Enalapril (Vasotec) – Brand Only
Enalapril/HCTZ (Vaseretic) – Brand Only
Eprosartan (Teveten)
Eprosartan/HCTZ (Teveten HCT)
Fosinopril/HCTZ
Irbesartan (Avapro)
Irbesartan/HCTZ (Avalide)
Lisinopril (Zestril) – Brand Only
Lisinopril/HCTZ (Zestoretic) – Brand Only
Losartan (Cozaar) – Brand Only
Losartan/HCTZ (Hyzaar) – Brand Only
Moexipril
Moexipril/HCTZ
Olmesartan (Benicar)
Olmesartan/HCTZ (Benicar HCT)
Perindopril
Quinapril (Accupril) – Brand Only
Quinapril (Accuretic) – Band Only
Ramipril (Altace) – Brand Only
Telmisartan (Micardis)
Telmisartan/HCTZ (Micardis HCT)

**11-1;6. Antibiotics, Gastrointestinal**

Dr. Murrill offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Fulton. After discussion and no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Metronidazole Tablet (Generic)
Neomycin (Generic)
Nitazoxanide (Alinia)

*Committee Recommendations for the **NPDL** are:*
Fidaxomicin (Dificid Tablet)
Metronidazole Capsule
Metronidazole Tablet (Flagyl Tablet) – Brand Only
Metronidazole ER (Flagyl ER)
Neomycin (Neo-Fradin)
Rifaximin (Xifaxan)
Tinidazole (Tindamax)
Vancomycin (Vancocin)

**11-1;7. Antibiotics, Inhaled**

Dr. Gauthier-Lewis offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wilkinson. After

discussion and no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Tobramycin (Tobi)

*Committee Recommendations for the **NPDL** are:*
Azteonam (Cayston)

**11-1;8. Antibiotics, Topical**

Dr. Givler offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wolfson. After discussion and no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Gentamicin Sulfate
Mupirocin Ointment (Generic)

*Committee Recommendations for the **NPDL** are:*
Mupirocin (Bactroban Ointment, Cream) – Brand Only
Mupirocin Ointment (Centany)
Mupirocin Ointment (Centany Kit)
Neomycin/Polymyxin/Pramoxine
Retapamulin Ointment (Altabax)

**11-1;9. Antibiotics, Vaginal**

Dr. Firestone offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wolfson. After discussion and no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Clindamycin Vaginal Cream
Clindamycin Vaginal Ovules (Cleocin)
Metronidazole Vaginal Gel
Metronidazole Vaginal Gel (Metrogel-Vaginal)
Metronidazole Vaginal Gel (Vandazole)

*Committee Recommendations for the **NPDL** are:*
Clindamycin Vaginal Cream (Cleocin)
Clindamycin Vaginal Cream (Clindesse)

**11-1;10.Anticoagulants**

Dr. Givler offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Fulton. Committee discussion and pharmaceutical manufacturer's presentation followed. Brian Macomson did not have a presentation but was there for questions. Mike Donze, Pharmacist with Boehringer Ingelheim provided information on Pradaxa.

After the presentation Dr. Mader offered a motion to add Pradaxa to the PDL. Dr Wiseman seconded the motion. After discussion the motion passed with a roll call vote of twelve yeas and one nay by Dr. Yu.

The Committee then voted on the class as recommended by Provider Synergies, with the addition of Pradaxa. Dr. Wolfson called for the question. There was no additional discussion and the motion passed with a roll call vote of twelve yeas and one nay by Dr. Yu.

*Committee Recommendations for the **PDL** are:*
Dabigatran(Pradaxa)
Dalteparin (Fragmin)
Enoxaparin (Lovenox) – Brand Only
Rivaroxaban (Xarelto)
Warfarin (Generic)

*Committee Recommendations for the **NPDL** are:*
Enoxaparin (Generic)
Fondaparinux
Fondaparinux (Arixtra)
Warfarin (Coumadin) – Brand Only

**11-1;11.Antiemetic/Antivertigo Agents**

Dr. Yu offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Gauthier-Lewis. Committee discussion followed. One pharmaceutical manufacturer was signed up to speak. Dr. Fran Kaiser, Merck yielded her time back to the Committee. After discussion the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Aprepitant Oral (Emend)
Meclizine
Metoclopramide Inj
Metoclopramide Oral (Generics)
Ondansetron IV Inj (Generics)
Ondansetron Oral ODT (Generics)
Ondansetron Oral Tab (Generics)
Prochlorperazine Inj
Prochlorperazine Oral
Prochlorperazine Rectal
Promethazine Inj
Promethazine Oral
Promethazine Rectal
Scopolamine Transdermal (Transderm-Scop)
Trimethobenzamide IM Inj
Trimethobenzamide Oral

*Committee Recommendations for the **NPDL** are:*
Dimenhydrinate Inj

Dolasetron IV Inj (Anzemet)
Dolasetron Oral (Anzemet)
Dronabinol Oral (Generic)
Dronabinol Oral (Marinol)
Fosaprepitant IV Inj (Emend)
Granisetron IV Inj
Granisteron Oral
Granisetron (Granisol Solution)
Granisetron Transdermal (Sancuso)
Metoclopramide (Reglan) – Brand Only
Metoclopramide Ampule
Metoclopramide Oral ODT (Metozolv)
Nabilone Oral (Cesamet)
Ondansetron (Zofran) – Brand Only
Ondansetron (Zofran IV) – Brand Only
Ondansetron (Zofran ODT) – Brand Only
Ondansetron Ampule
Ondansetron Oral Solution
Ondansetron Oral (Zuplenz)
Palonosetron IV Inj(Aloxi)
Prochlorperazine Rectal (Compro)
Promethazine Rectal (50 mg)
Trimethobenzamide (Tigan)

**11-1;12.Antifungals, Oral**

Dr. Firestone offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Fulton. After no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Clotrimazole Troches
Fluconazole
Griseofulvin Suspension
Griseofulvin (Gris-PEG)
Ketoconazole
Nystatin
Terbinafine (no granules)

*Committee Recommendations for the **NPDL** are:*
Fluconazole (Diflucan Tablet)
Flucytosine (Ancobon)
Griseofulvin (Grifulvin V Tablets)
Itraconazole
Itraconazole Solution (Sporanox)
Nystatin Powder (Oral)
Posaconazole (Noxafil)
Terbinafine (Terbinex)
Terbinafine Granules (Lamisil Granules)
Voriconazole (Generic)

Voriconazole (Vfend)

**11-1;13.Antifungals, Topical**

Dr. Wilkinson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Gauthier-Lewis. After no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Clotrimazole Rx
Clotrimazole/Betamethasone Cream
Econazole
Ketoconazole Cream
Ketoconazole Shampoo (Rx only)
Nystatin Cream
Nystatin Ointment
Nystatin Powder
Nystatin/Triamcinolone
Nystatin/Triamcinolone Cream
Nystatin/Triamcinolone Ointment

*Committee Recommendations for the **NPDL** are:*
Butenafine (Mentax)
Ciclopirox (CNL-8)
Ciclopirox (Pedipirox-4)
Ciclopirox Cream
Ciclopirox Gel
Ciclopirox Shampoo
Ciclopirox Solution
Ciclopirox Solution (Pedipirox-4)
Ciclopirox Solution (Penlac)
Ciclopirox Suspension
Clotrimazole/Betamethasone Lotion
Clotrimazole / Betamethasone (Lotrisone)
Ketoconazole (Ketocon Plus)
Ketoconazole Foam
Ketoconazole Foam (Extina)
Ketoconazole (Extina; Xolegel)
Ketoconazole (Nizoral Shampoo)
Miconazole (Nuzole)
Miconazole/zinc oxide/white petrolatum (Vusion)
Naftifine (Naftin)
Nystatin (Pediaderm AF)
Oxiconazole (Oxistat)
Sertaconazole (Ertaczo)
Sulconazole (Exelderm)
Terbinafine (Lamisil)

**11-1;14.Antimigraine Agents**

Dr. Mader offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Figueroa. Committee discussion and pharmaceutical manufacturer's presentation followed. Dr. Fran Kaiser, Executive Medical Director, Merck provided information on Maxalt. Ann Wicker, Pfizer thank the Committee for recommendation to Relpax and yielded her time back to the Committee.

After discussion Dr. Murrill offered the motion to add Maxalt to the PDL. The motion was seconded by Dr. Givler. The motion passed unanimously with a roll call vote.

The Committee then voted to vote on antimigraine agents as a whole with Maxalt on the PDL. After no additional discussion the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Eletriptan (Relpax)
Rizatriptan (Maxalt)
Rizatriptan (Maxalt MLT)
Sumatriptan (Imitrex Injection) – Brand Only
Sumatriptan (Imitrex Nasal) – Brand Only
Sumatriptan Oral – Generic only

*Committee Recommendations for the **NPDL** are:*
Almotriptan (Axert)
Diclofenac (Cambia)
Frovatriptan (Frova)
Naratriptan
Sumatriptan (Sumavel DosePro)
Sumatriptan Injection – Generic only
Sumatriptan Nasal – Generic only
Sumatriptan (Imitrex Oral) – Brand Only
Sumatriptan/Naproxen (Treximet)
Zolmitriptan (Zomig)
Zolmitriptan (Zomig ZMT)
Zolmitriptan (Zomig Nasal)

**11-1;15.Antiparasitic Agents, Topical**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Murrill. Committee discussion followed. One pharmaceutical manufacturer was signed up to speak. Steve White, TARD yielded his time back to the Committee. After no discussion the motion passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*
Crotamiton Cream (Eurax)
Malathion (Ovide – Brand Only)
Permethrin

*Committee Recommendations for the NPDL are:*
Benzyl Alcohol (Ulesfia)
Crotamiton Lotion (Eurax)
Lindane
Malathion (Generic only)
Spinosad (Natroba)

**11-1;16.Antiviral Agents, Topical**

Dr. Murrill offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Gauthier-Lewis. One pharmaceutical manufacturer was signed up to speak. Kelly Guist, Valeant Dermatology, yielded his time back to the Committee. After no discussion the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Acyclovir Ointment (Zovirax)
Penciclovir Cream (Denavir)

*Committee Recommendations for the **NPDL** are:*
Acyclovir Cream (Zovirax)
Acyclovir/Hydrocortisone (Xerese)

**11-1;17.Beta Blockers**

Dr. Givler offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Fulton. Committee discussion and pharmaceutical manufacturer's presentation followed.

Dr. Garland Green, Cardiologist, Baton Rouge, LA, provided information on Bystolic and it's relationship to his practice of fairly robust Medicaid population. William Rowe, Nurse Practioner and Medical Affairs for Forest Laboratories, also spoke about Bystolic.

Dr. Murrill then offered the motion to amend Provider Synergies recommendations and add Bystolic to the PDL. Dr. Wilkinson second the motion. The motion passed unanimously with a roll call vote.

The Committee then voted on the original motion to accept Provider Synergies' recommendations, with the addition of Bystolic. The motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Acebutolol
Atenolol (Generic)
Atenolol/Chlorthalidone
Bisoprolol
Bisoprolol/HCTZ
Carvedilol
Labetalol

Metoprolol
Metoprolol/HCTZ (Generic Only)
Metoprolol Succinate ER (Generic Only)
Nadolol
Nebivolol (Bystolic)
Propranolol
Propranolol LA (Generic Only)
Propranolol/HCTZ
Sotalol
Sotalol AF
Timolol Maleate

*Committee Recommendations for the **NPDL** are:*
Atenolol (Tenormin) - Brand Only
Atenolol / Chlorthalidone (Tenoretic)
Betaxolol
Bisoprolol (Zebeta)
Carvedilol (Coreg)
Carvedilol CR (Coreg CR)
Metoprolol Succinate ER (Toprol XL)
Metoprolol Succinate / Hydrochlorothiazide (Dutoprol)
Metoprolol Tartrate (Lopressor) – Brand Only
Metoprolol Tartrate/ Hydrochlorothiazide (Lopressor HCT)
Nadolol (Corgard)
Nadolol/Bendroflumethiazide
Nadolol / Bendroflumethiazide (Corzide)
Penbutolol (Levatol)
Pindolol
Propranolol ER (Innopran XL)
Propranolol LA (Inderal LA)

**11-1;18.Bladder Relaxant Preparations**

Dr. Figueroa offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Gauthier-Lewis. Two pharmaceutical manufacturers were signed up to speak. Ann Wicker, Pfizer and Sri Gamebhad both yielded their time back to the Committee. After no further discussion the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Fesiterodine ER (Toviaz)
Oxybutynin
Solifenacin (VESIcare)

*Committee Recommendations for the **NPDL** are:*
Darifenacin (Enablex)
Flavoxate
Oxybutynin ER
Oxybutynin Gel (Gelnique Transdermal)
Oxybutynin Transdermal (Oxytrol)
Tolterodine (Detrol)

Tolterodine ER (Detrol LA)
Trospium
Trospium XR (Sanctura XR)

**11-1;19.Bone Resorption Suppression and Related Agents**

Dr. Gauthier-Lewis offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wilkinson. After no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Alendronate Tablets (Generic)
Calcitonin-salmon Nasal (Miacalcin) – Brand Only

*Committee Recommendations for the **NPDL** are:*
Alendronate (Fosamax) – Brand Only
Alendronate Solution (Fosamax Solution)
Alendronate/Vit D (Fosamax plus D)
Calcitonin-salmon Nasal (Fortical)
Calcitonin-salmon Nasal (Generics)
Denosumab (Prolia)

Etidronate Disodium (Generics)
Etidronate (Didronel)
Ibandronate Sodium (Boniva)
Raloxifene (Evista)
Risendronate (Actonel)
Risendronate DR (Atelvia)
Teriparatide Subcutaneous (Forteo)

**11-1;20.Benign Prostatic Hyperplasia (BPH) Treatments**

Dr. Wilkinson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Fulton. Committee discussion and pharmaceutical manufacturer's presentation followed. James Osbourne, GlaxoSmithKline, Medical Affairs Merck provided information on Avodart and Jalyn. After no further discussion the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Alfuzosin (Uroxatral) – Brand Only
Doxazosin
Finasteride
Tamsulosin (Generic)
Terazosin
*Committee Recommendations for the **NPDL** are:*
Alfuzosin (Generic)
Doxazosin XL (Cardura XL)
Dutasteride (Avodart)
Dutasteride/Tamsulosin (Jalyn)

Silodosin (Rapaflo)
Tamsulosin (Flomax) – Brand Only

**11-1;21.Calcium Channel Blockers**

Dr. Murrill offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wolfson. After no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Amlodipine
Diltiazem IR
Diltiazem ER
Diltiazem SR
Nicardipine
Nifedipine ER
Verapamil
Verapamil ER (generics only)
Verapamil IR

*Committee Recommendations for the **NPDL** are:*
Amlodipine (Norvasc)
Diltiazem CD (Cardizem CD 360 mg)
Diltiazem LA (Cardizem LA)
Diltiazem LA (Matzim LA)
Diltiazem (Tiazac)
Felodipine ER
Isradipine
Isradipine SR (Dynacirc CR)
Nicardipine SR (Cardene SR)
Nifedipine ER (Adalat CC)
Nifedipine ER (Procardia XL)
Nifedipine IR
Nimodipine
Nisoldipine
Verapamil (360 mg)
Verapamil ER (Covera HS)
Verapamil ER PM
Verapamil SR (Calan SR)
Verapamil SR (Verelan)

**11-1;22.Cephalosporins and Related Antibiotics**

Dr. Murrill offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wilkinson. Committee discussion followed. After no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Amoxicillin/Clavulanate Suspension

Amoxicillin/Clavulanate Tablets
Cefadroxil Capsule
Cefdinir Suspension
Cefixime (Suprax)
Cefprozil
Cefuroxime
Cephalexin

*Committee Recommendations for the **NPDL** are:*
Amoxicillin/Clavulanate (Augmentin Tablet)
Amoxicillin/Clavulanate (Augmentin XR)
Amoxicillin/Clavulanate ER
Amoxicillin/Clavulanate Susp (Augmentin 125 & 250)
Cefaclor
Cefaclor ER 500mg
Cefadroxil Suspension
Cefadroxil Tablet
Cefdinir
Cefditoren Pivoxil (Spectracef)
Ceftibuten (Cedax)
Cephalexin (Keflex 250, 500 & 750)
Cefpodoxime
Cefuroxime Axetil Susp (Ceftin)

**11-1;23.Erythropoiesis Stimulating Proteins**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Yu. Committee discussion followed. One pharmaceutical manufacturer was signed up to speak. Brad Clay, Medical Liaison with Amgen yielded his time back to the Committee. After discussion the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Darbepoetin (Aranesp)
Epoetin alfa (Procrit)

*Committee Recommendations for the **NPDL** are:*
Epoetin alfa (Epogen)

**11-1;24.Fluoroquinolones, Oral**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Figueroa. After no discussion and no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Ciprofloxacin Tablet
Levofloxacin Tablet

*Committee Recommendations for the **NPDL** are:*
Ciprofloxacin Suspension (Cipro Suspension)
Cipro Tablet
Ciprofloxacin ER
Ciprofloxacin ER (Proquin XR)
Gemifloxacin (Factive)
Levofloxacin Solution
Levofloxacin (Levaquin)
Moxifloxacin (Avelox)
Norfloxacin (Noroxin)
Ofloxacin

**11-1;25.Growth Hormones**

Dr. Gauthier-Lewis offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Yu. Committee discussion followed. Four pharmaceutical manufacturers were signed up to speak. Tiffany Gall, Medical Liaison with Novo Nordisk thanked the Committee for the recommendation and yielded her time back to the Committee. Erika Szabo, Lilly also yielded her time back to the Committee. Ann Wicker, Medical Outcomes Specialist, Pfizer and registered pharmacist in the state of Louisiana spoke on behalf of Pfizer's growth hormone, Genotropin. The last speaker, Brett Pharis Pharmacist and Clinical Specialist with Genentek thanked the Committee for the recommendation and yielded his time back to the Committee. After discussion the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Somatropin (Norditropin)
Somatropin (Nutropin)
Somatropin (Nutropin AQ)
Somatropin (Saizen)

*Committee Recommendations for the **NPDL** are:*
Somatropin (Genotropin)
Somatropin (Humatrope)
Somatropin (Omnitrope)
Somatropin (Serostim)
Somatropin (Tev-Tropin)
Somatropin (Zorbtive)

**11-1;26.Hepatitis C Agents**

Dr. Figueroa offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Givler. Committee discussion followed. Three pharmaceutical manufacturers were signed up to speak. Lisa Burland, Vertex Pharmaceuticals, thanked the Committee for the recommendation and yielded her time back to the Committee. Dr. Fran Kaiser, thank the Committee for the recommendation for Victrelis and spoke about Pegintron. The last speaker, Dereck Terry, spoke briefly about Pegasys and thanked the Committee and yielded his time back to the Committee. After discussion the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL:***
Boceprevir (Victrelis)
Ribavirin Tab
Peginterferon alfa-2a (PEGASYS)
Telaprevir (Incivek)

*Committee Recommendations for the **NPDL:***
Consensus Interferon (Infergen)
Peginterferon alfa-2b (PEG-Intron)
Peginterferon alfa-2b (PEG-Intron Redipen)
Ribavirin Capsule
Ribavirin (Ribasphere, Ribasphere Ribapak)
Ribavirin (Rebetol)

**11-1;27.Hypoglycemics, Incretin Mimetics/Enhancers**

Dr. Firestone offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wilkinson. Committee discussion followed. Four pharmaceutical manufacturers were signed up to speak.

Mike Donze, Boehringer Ingelheim, Healthcare Quality and Outcomes Division, thanked the Committee for the recommendation and yielded his time back to the Committee. Nancy Keller, Medical Science Liason, Bristol-Myers Squibb, also thanked the Committee for the recommendation and yielded her time back to the Committee. Dr. Fran Kaiser, Executive Medical Director, Merck, thanked the Committee for the recommendations for Januvia and Janumet and spoke about Janumet extended release. Dr. Kaiser requested the Committee consider adding Juvisync to the list. The last speaker, Mike Ketcher, Medical Liaison, PharmD, Health Economic and Outcomes Research, spoke about recent updated to the Victoza package insert.

After discussion Dr. Murrilll offered the motion to add Victoza to the list. Dr. Givler seconded the motion. After discussion the motion passed with a roll call vote of eleven yeas and two nays by Dr. Firestone and Dr. Wiseman.

The Committee then voted on the class as recommended by Provider Synergies, with the addition of Victoza. There was no additional discussion and the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Linagliptin/Metformin (Jentadueto)
Linagliptin (Tradjenta)
Liraglutide (Victoza)
Pramlintide (Symlin)
Saxagliptin (Onglyza)
Saxagliptin/Metformin ER (Kombiglyze XR)
Sitagliptin Oral (Januvia)
Sitagliptin/Metformin Oral (Janumet)

*Committee Recommendations for the **NPDL** are:*
Exenatide Pens (Byetta Pens)
Exenatide Extended-Release (Bydureon)
Pramlintide Pens (Symlin Pens)
Sitagliptin/Simvastatin (Juvisync)

**11-1;28.Hypoglycemics, Insulins**

Dr. Firestone offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Gauthier-Lewis. Committee discussion followed.

Three pharmaceutical manufacturers were signed up to speak. Chris Washington, Medical Science Liaison, Synergy, thanked the Committee for the recommendation for Lantus and yielded his time back to the Committee. Erica Szabo, Lilly, also thanked the Committee for the recommendation and yielded her time back to the Committee. The last speaker, Mike Ketcher, Medical Liaison, Novo Nordisk, thank the Committee for the previous vote on Hypoglycemics, Incretin Mimetics/Enhancers and Victoza. Mr. Ketcher also spoke about two label updates to the Levemir package insert. After discussion the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Human Insulin & Pens (Humulin)
Insulin Glargine & Pens (Lantus)
Insulin Lispro & Pens (Humalog)
Insulin Lispro/Protamine Lispro & Pens (Humalog Mix)

*Committee Recommendations for the **NPDL** are:*
Human Insulin & Pens (Novolin)
Insulin Aspart & Pens (Novolog)
Insulin Aspart/Protamine Lispro & Pens(Novolog Mix 70/30)
Insulin Detemir & Pens(Levemir)
Insulin Glulisine & Pens (Apidra)

**11-1;29.Hypoglycemics, Meglitinides**

Dr. Givler offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Murrill. After no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Repaglinide (Prandin)

*Committee Recommendations for the **NPDL** are:*
Nateglinide (Generic)
Nateglinide (Starlix)
Repaglinide/Metformin (Prandimet)

**11-1;30.Hypoglycemics, Thiazolidinediones (TZDs)**

Dr. Gauthier-Lewis offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Fulton. Committee discussion followed. There were no pharmaceutical manufacturers signed up to speak.

After discussion Dr. Givler offered the motion to remove Avandia from the list. Dr. Wolfson seconded the motion. The motion passed unanimously with a roll call vote.

The Committee then voted on the class as recommended by Provider Synergies, with the removal of Avandia. There was no additional discussion and the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Pioglitazone (Actos)
Pioglitazone/Glimeperide (Duetact)
Pioglitazone/Metformin (Actoplus Met)

*Committee Recommendations for the **NPDL** are:*
Pioglitazone/Metformin ER (Actoplus Met XR)
Rosiglitazone/Glimeperide (Avandaryl)
Rosiglitazone (Avandia)
Rosiglitazone/Metformin (Avandamet)

**11-1;31.Lipotropics, Other**

Dr. Givler offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Gauthier-Lewis. Committee discussion followed.

Three pharmaceutical manufacturers were signed up to speak. Fran Kaiser, Executive Medical Director, Merck, spoke on behalf of Zetia, Ezetimibe, which has a new indication in its label this year. Jamie Jolly, PharmD, Medical Liaison, Daiichi Sankyo, spoke on behalf of Welchol. The last speaker, Paul Setlak, Abbott Labs, thanked the Committee for the recommendation and yielded his time back to the Committee. After discussion the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Cholestyramine
Cholestyramine/Aspartame
Colestipol Tablet
Fenofibrate (Tricor)
Fenofibric Acid (Trilipix)
Gemfibrozil
Niacin ER (Niaspan)
Niacin IR (Niacor)

*Committee Recommendations for the **NPDL** are:*
Colesevelam (WelChol)

Colestipol Granules
Colestipol Tablet (Colestid)
Colestipol Granule (Colestid)
Ezetimibe (Zetia)
Fenofibrate (Antara)
Fenofibrate (Fenoglide)
Fenofibrate (Generic)
Fenofibrate (Lipofen)
Fenofibrate (Triglide)
Fenofibric Acid (Generic)
Fenofibric Acid (Fibricor)
Omega-3-acid ethyl esters (Lovaza)

**11-1;32.Lipotropics, Statins**

Dr. Wilkinson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wiseman. Committee discussion followed.

Three pharmaceutical manufacturers were signed up to speak. Dr. Fran Kaiser, Merck, spoke on behalf of Vytorin. Paul Setlak, Abbott Labs, yielded his time back to the Committee. The last speaker, Kristen Dulitz, AstraZeneca, presented information on Crestor. After discussion the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Atorvastatin (Generic)
Fluvastatin (Lescol)
Fluvastatin XL (Lescol XL)
Lovastatin
Niacin ER/Simvastatin (Simcor)
Pravastatin
Simvastatin (Generic Only)

*Committee Recommendations for the **NPDL** are:*
Amlodipine/Atorvastatin
Amlodipine/Atorvastatin (Caduet)
Atorvastatin (Lipitor) – Brand Only
Ezetimibe/Simvastatin (Vytorin)
Lovastatin ER (Altoprev)
Niacin ER/Lovastatin (Advicor)
Pitavastatin (Livalo)
Pravastatin (Pravachol)
Rosuvastatin (Crestor)
Simvastatin (Zocor) – Brand Only

**11-1;33.Macrolides – Ketolides**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Figueroa. After no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously

with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Azithromycin (Generic Only)
Clarithromycin Tablet
Erythromycin Tablet (Ery-Tab)
Erythromycin Base Tablet

*Committee Recommendations for the **NPDL** are:*
Azithromycin (Zithromax)
Azithromycin ER (Zmax)
Clarithromycin (Biaxin Tablet)
Clarithromycin ER
Clarithromycin Suspension
Erythromycin
Erythromycin Base (PCE)
Erythromycin DR Capsule
Erythromycin Ethylsuccinate (E.E.S. 400)
Erythromycin Ethylsuccinate (E.E.S. 200 Suspension)
Erythromycin Ethylsuccinate (EryPed 200, 400)
Telithromycin (Ketek)

**11-1;34.Multiple Sclerosis Agents**

Dr. Mader offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Murrill. Committee discussion followed.

Three pharmaceutical manufacturers were signed up to speak. Jervica Carter, Medical Affairs, thanked the Committee for the recommendation for Avonex and yielded her time back to the Committee. Bryan Hutchinson, Regional Scientific Manager, Acarda, spoke on behalf of Ampyra. The last speaker, Julia Compton, Novartis Medical Affairs spoke on behalf of Gilenya. After the speaker's presentations the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Glatiramer (Copaxone)
Interferon ß-1a (Avonex)
Interferon ß-1a (Rebif)
Interferon ß-1b (Betaseron)

*Committee Recommendations for the **NPDL** are:*
Dalfampridine (Ampyra)
Fingolimod (Gilenya)
Interferon ß-1b (Extavia)

**11-1;35.Opiate Dependence**

Dr. Gauthier-Lewis offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Fulton. After no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Buprenorphine/Naloxone Filmtab (Suboxone)
Buprenorphine/Naloxone SublingTab (Suboxone)

*Committee Recommendations for the **NPDL** are:*
Buprenorphine Subling Tab (Generic)
Buprenorphine Subling Tab (Subutex)
Naltrexone Extended-Release Injectable Suspension (Vivitrol)

**11-1;36.Pulmonary Arterial Hypertension (PAH) Agents, Oral and Inhaled**

Dr. Murrill offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wolfson. Committee discussion followed.

Four pharmaceutical manufacturers were signed up to speak. Tommy Brock, Medical Affairs, United Therapeutics thanked the Committee for the recommendation for Adcirca to remain on the Preferred Drug List. Mr Brock also spoke about Tyvaso and ask the Committee to consider adding it to the drug list. Akshaya DaLel, Gilead Sciences, thanked the Committee for adding Letairis to the PDL and yielded his time back to the Committee. The last speaker, Susan Raspa, Medical Science Liaison with Actelion Pharmaceuticals also yielded her time back to the Committee. Committee discussion followed. The motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Ambrisentan (Letairis)
Bosentan (Tracleer)
Iloprost (Ventavis)
Tadalafil (Adcirca)

*Committee Recommendations for the **NPDL** are:*
Sildenafil (Revatio)
Treprostinil (Tyvaso)

**11-1;37.Pancreatic Enzymes**

Dr. Firestone offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Murrill. Committee discussion followed. One pharmaceutical manufacturers was signed up to speak. Mr. Setlak yielded his time back to the Committee. No discussion followed. The motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Creon
Pancrelipase
Zenpep

*Committee Recommendations for the **NPDL** are:*
Pancreaze

**11-1;38.Phosphate Binders**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Gauthier-Lewis. One pharmaceutical manufacturer was signed up to speak. Jamie Heise, PharmD, Medical Science Liaison, Shire Pharmaceuticals, spoke on behalf of Fosrenol, which is lanthanum Carbonate. No discussion followed. The motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Calcium Acetate (Eliphos)
Sevelamer HCl (RenaGel)

*Committee Recommendations for the **NPDL** are*
Calcium Acetate (Generic)
Calcium Acetate (PhosLo)
Calcium Acetate (Phoslyra)
Calcium Carbonate/Magnesium Carbonate/FA (Magenebind 400 Rx)
Lanthanum Carbonate (Fosrenol)
Sevelamer HCl (Renvela)

**11-1;39.Pituitary Suppressive Agents *(New Class)***

Dr. Murrill offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Fulton. Committee discussion followed. After no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Leuprolide Acetate (Lupron Depot) – Brand Only
Leuprolide Acetate (Lupron Depot-Ped)

*Committee Recommendations for the **NPDL** are:*
Goserelin Acetate (Zoladex)
Histrelin (Supprelin LA®)
Histrelin (Vantas)
Leuprolide Acetate (Generic)
Leuprolide Acetate Kit (Eligard)
Nafarelin Acetate Nasal Solution (Synarel)
Triptorelin Pamoate (Trelstar)

**11-1;40.Platelet Aggregation Inhibitors**

Dr. Gauthier-lewis offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Mader. Two pharmaceutical manufacturers were signed up to speak. Chris Marrone, Liaison, Eli Lilly spoke about Effient and ask the Committee to consider adding it to the preferred drug list. Kristen Dulitz, Liaison, Astra Zeneca Pharmaceuticals spoke on behalf of Brilinta. Committee discussion followed. The motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Aspirin/Dipyridamole ER (Aggrenox)
Dipyridamole
Clopidogrel (Plavix)

*Committee Recommendations for the **NPDL** are:*
Prasugrel (Effient)
Ticlopidine
Ticagrelor (Brilinta)

**11-1;41.Proton Pump Inhibitors**

Dr. Givler offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wolfson. Committee discussion followed. After no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Omeprazole (Generic legend only)
Pantoprazole (Generic Only)
Pantoprazole Suspension (Protonix)

*Committee Recommendations for the **NPDL** are:*
Dexlansoprazole (Dexilant)
Esomeprazole (Nexium)
Esomeprazole Suspension (Nexium)
Lansoprazole Capsule
Lansoprazole Capsule (Prevacid)
Lansoprazole Solutab
Lansoprazole Solutab (Prevacid)
Omeprazole (Prilosec - Brand)
Omeprazole Suspension (Prilosec)
Omeprazole/Sodium Bicarbonate (Generic legend only)
Pantoprazole (Protonix-Brand Only)
Rabeprazole (Aciphex)

**11-1;42.Skeletal Muscle Relaxants**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wilkinson. Committee discussion followed. After no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Baclofen
Chlorzoxazone
Cyclobenzaprine
Methocarbamol
Tizanidine – (Generics only)

*Committee Recommendations for the **NPDL** are:*
Carisoprodol
Carisoprodol Compound
Carisoprodol (Soma 250 mg)
Chlorzoxazone (Lorzone)
Chlorzoxazone (Parafon Forte DSC)
Cyclobenzaprine (Fexmid)
Cyclobenzaprine ER (Generic)
Cyclobenzaprine ER (Amrix)
Dantrolene Sodium
Metaxalone
Methocarbamol (Robaxin)
Orphenadrine
Orphenadrine Compound
Tizanidine (Zanaflex)

**11-1;43.Tetracyclines**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Fulton. After no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Doxycycline Hyclate (generic)
Minocycline Cap
Tetracycline

*Committee Recommendations for the **NPDL** are:*
Demeclocycline
Doxycycline Calcium Suspension (Vibramycin)
Doxycycline Hyclate (Doryx)
Doxycycline Hyclate DR (generic)
Doxycycline Hyclate DR (Morgidox)
Doxycycline Monohydrate
Doxycycline DR (Oracea)
Minocycline ER – (generic)
Minocycline Tab

**11-1;44.Ulcerative Colitis Agents**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Gauthier-Lewis. One pharmaceutical manufacturer was signed up to speak. Kristy Copeland, PharmD, Medical Liaison, Shire Pharmacutical spoke about Lialda and ask the Committee to place it on the preferred drug list. The motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Mesalamine ER (Apriso)
Balsalazide

Mesalamine (Asacol)
Mesalamine Suppositories (Canasa)
Sulfasalazine
Sulfasalazine DR

*Committee Recommendations for the **NPDL** are:*
Mesalamine DR (Asacol HD)
Mesalamine Enemas
Mesalamine Sulfite-Free Enemas (sfRowasa)
Mesalamine MMX (Lialda)
Mesalamine Oral (Pentasa)
Olsalazine Oral (Dipentum)

## II. NEW SINGLE DRUG REVIEW

The new drug reviews or single drug reviews are on products that have come to the market since the last review of the class. The reviews at this meeting were on new products in classes reviewed at the November 2, 2011 meeting. One (1) new drug in one (1) therapeutic class was reviewed and a recommendation was made. P&T Committee recommendation follow:

**Class Review Number**

**10-2;17 NSAIDS**

Dr. Murrill offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wolfson. After no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

The new drug Ibuprofen/Famotidine **(Duexis)** was reviewed and recommended by the Committee for the **NPDL**.

**10-2;18. Oncology Agents, Oral**

The class was not implemented at the November 2, 2011 meeting. Dr Figueroa offered the motion to wait to review oncology agents at the fall meeting. Dr. Gauthier-Lewis seconded the motion. The motion passed unanimously with a roll call vote.

A pharmaceutical manufacturer, Matt Fairchild, Pfizer Oncology, was signed up to speak in regards to Inlyta. He agreed to come back in the fall and speak on the drug when the committee reviews oncology agents.

**Next Steps:**

A. **Therapeutic Classes proposed to be reviewed at Next Meeting.** Therapeutic classes proposed for review at the next meeting are:

***Note: Therapeutic Classes scheduled for review are posted on the following websites: DHH Medicaid - (www.lamedicaid.com) and Provider Synergies - (http://www.providersynergies.com/services/medicaid/default.asp?content=Louisiana)***

**Next Meeting Date:**
The next Committee meeting is scheduled for Wednesday, October 31, 2012.

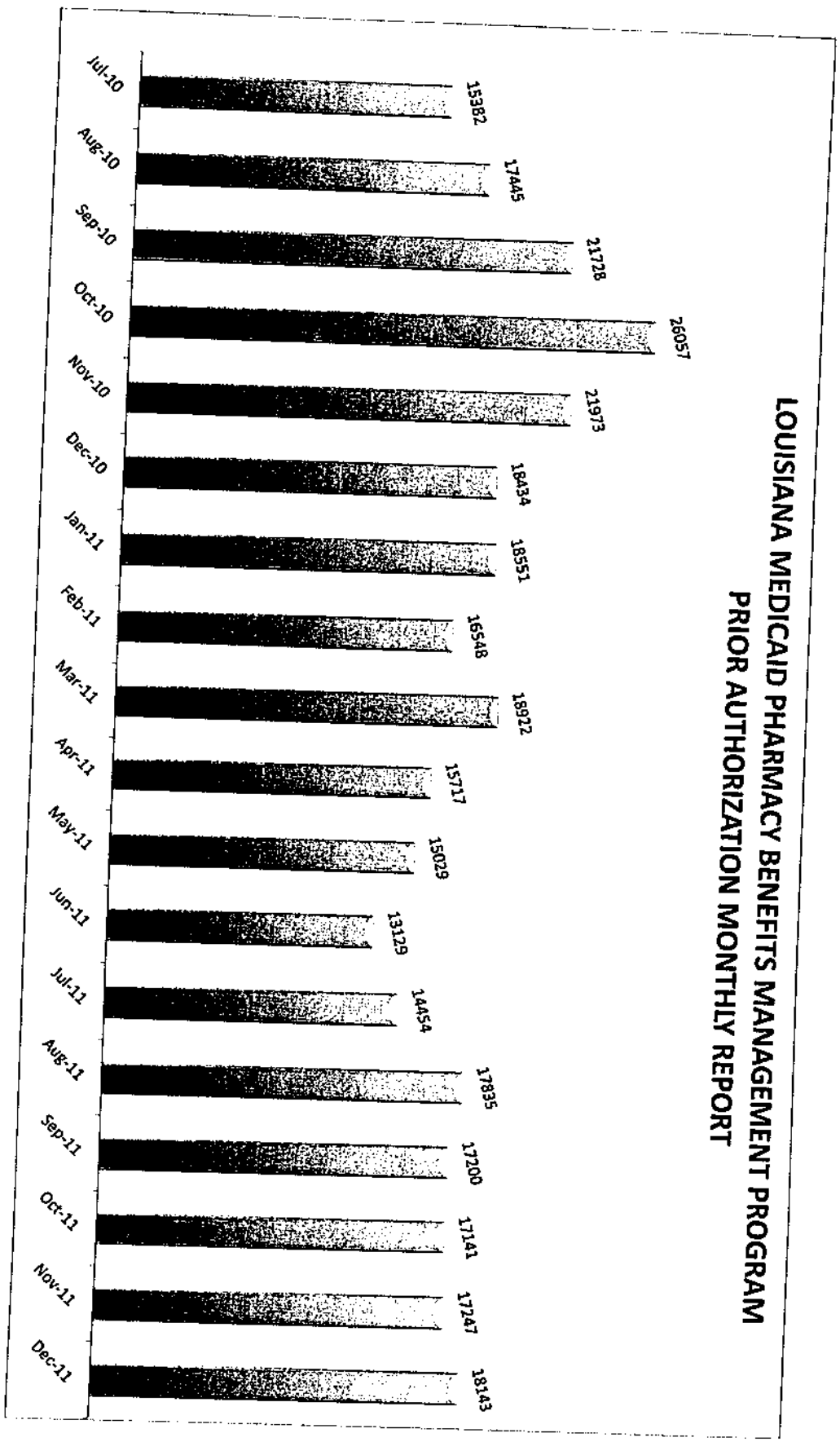
**Public Comment:**
There were no additional public comments.

**Adjournment:**
Dr Wolfson offered the motion to adjourn the meeting. Dr. Fulton second the motion. The meeting adjourned at 1:37 p.m.

*Attachments (3)*

*The meeting transcript is available for review at DHH, Bureau of Health Services Financing, Pharmacy Benefits Section, upon request.*

Marty R. McKay, Chairman, P & T Committee
October 31, 2012


LOUISIANA MEDICAID PHARMACY BENEFITS MANAGEMENT PROGRAM
PRIOR AUTHORIZATION MONTHLY REPORT
Jul-10
15382
Aug-10
17445
Sep-10
21728
Oct-10
26057
Nov-10
21973
Dec-10
18434
Jan-11
18551
Feb-11
16548
Mar-11
18922
Apr-11
15717
May-11
15029
Jun-11
13129
Jul-11
14454
Aug-11
17835
Sep-11
17200
Oct-11
17141
Nov-11
17247
Dec-11
18143

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| 1 | ADD/ADHD | | | |
| | Stimulants and Related Agents | Amphetamine Salt Combo (Generic; Adderall®) | Amphetamine Salt Combo ER (Generic Only) | |
| | | Amphetamine Salt Combo ER (Adderall XR® - Brand Only) | Armodafinil (Nuvigil®) | |
| | | Atomoxetine (Strattera®) | Clonidine Extended-Release (Kapvay®) | |
| | | Dexmethylphenidate (Focalin ® - Brand Only) | Dexmethylphenidate (Generic Only) | |
| | | Dexmethylphenidate ER (Focalin XR ®) | Dextroamphetamine ER (Generic; Dexadrine) | |
| | | Dextroamphetamine (Generic) | Dextroamphetamine Solution (Procentra) | |
| | | Guanfacine ER (Intuniv®) | Methylphenidate Solution (Generic) | |
| | | Lisdexamfetamine (Vyvanse®) | Methamphetamine (Generic; Desoxyn®) | |
| | | Methylphenidate (Generic; Metadate CD®) | Methylphenidate ER (Generic Concerta; Ritalin LA®) | |
| | | Methylphenidate ER (Generic excluding generic Concerta)(Metadate CD & Concerta Brand only) | Modafinil (Provigil®) | |
| | | Methylphenidate IR (Methylin Chewable & Solution®) | | |
| | | Methylphenidate SR (Ritalin SR®) | | |
| | | Methylphenidate Transdermal Patches (Daytrana®) | | |
| | | | | |
| 2 | ALLERGY | | | |
| | Antihistamines - Minimally Sedating | Cetirizine Syrup OTC | Acrivastin/Pseudoephedrine (Semprex-D®) | |
| | | Cetirizine Syrup Rx | Cetirizine Chewable Tablet OTC | |
| | | Cetirizine Tablet OTC | Cetirizine Solution 5mg/5cc OTC | |
| | | Cetirizine-D OTC | Desloratadine Tablet (Clarinex®) | |
| | | Fexofenadine Tablet 30mg, 60mg, 180mg (Generic Only) | Desloratadine ODT (Clarinex ODT®) | |
| | | Fexofenadine-D 12-hour (Generic Only) | Desloratadine Syrup (Clarinex®) | |
| | | Fexofenadine-D 24-hour (Generic Only) | Desloratadine/Pseudoephedrine (Clarinex-D 12 -hour®) | |
| | | Loratadine Tab OTC (Generic Only) | Desloratadine/Pseudoephedrine (Clarinex-D 24 -hour®) | |
| | | Loratadine ODT Tablet OTC (Generic Only) | Fexofenadine Tablet 30mg, 60mg, 180mg (Allegra - Brand Only) | |
| | | Loratadine-D Tablet (Generic Only) | Fexofenadine ODT Tablet (Allegra ODT®) | |
| | | Loratadine Syrup OTC (Generic Only) | Fexofenadine/Pseudoephedrine (Allegra-D 12-hour®- Brand Only) | |
| | | | Fexofenadine/Pseudoephedrine (Allegra-D 24-hour® - Brand Only) | |
| | | | Fexofenadine Syrup (Allegra Syrup®) | |
| | | | Levocetirizine Tablet (Generic; Xyzal®) | |
| | | | Levocetirizine Syrup (Generic; Xyzal®) | |
| | | | Loratadine Capsule OTC (Claritin® - Brand Only) | |

Attachment 2

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| | Antihistamines - Minimally Sedating cont' | | Loratadine Syrup OTC (Claritin® - Brand Only) | |
| | | | Loratadine Tablet OTC (Claritin®) | |
| | | | Loratadine ODT OTC (Claritin® - Brand Only) | |
| | | | Loratadine Chewable Tablet OTC (Claritin®) | |
| | | | Loratadine-D 12 hours OTC (Claritin - D®) | |
| | | | Loratadine-D 24 hours OTC (Claritin - D®) | |
| | | | | |
| | | | | |
| | Rhinitis Agents, Nasal | Azelastine (Astelin; Astepro®) | Azelastine (Generic) | |
| | | Fluticasone Propionate (Flonase® - Brand Only) | Beclomethasone (Beconase AQ®) | |
| | | Ipratropium Nasal | Budesonide Aqua (Rhinocort Aqua®) | |
| | | Mometasone (Nasonex®) | Ciclesonide (Omnaris®) | |
| | | Olopatadine (Patanase®) | Flunisolide | |
| | | | Fluticasone Furoate (Veramyst®) | |
| | | | Fluticasone Propionate (Generic Only) | |
| | | | Triamcinolone (Generic; Nasacort AQ®) | |
| | | | | |
| 3 | ALZHEIMER'S | | | |
| | Alzheimer's Agents | Donepezil (Aricept® - Brand Only) | Donepezil (Generics only) | |
| | Cholinesterase Inhibitors | Donepezil (Aricept ODT® - Brand Only) | Donepezil ODT (Generics only) | |
| | | Memantine Solution (Namenda Sol®) | Donepezil 23 mg (Aricept 23mg®) | |
| | | Memantine Tablet (Namenda Tab®) | Galantamine Tablet | |
| | | Memantine Tablet Dose Pack (Namenda Tab Dose Pack®) | Galantamine ER | |
| | | Rivastigmine Capsule (Exelon Capsule® - Brand Only) | Galantamine Oral Solution (Generics; Razadyne®) | |
| | | Rivastigmine Transdermal (Exelon Transdermal®) | Rivastigmine Capsule (Generics Only) | |
| | | | Rivastigmine Oral Solution (Generics; Exelon Solution®) | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| 4 | ANTIPSYCHOTIC AGENTS | | | |
| | Antipsychotic Agents | | ORAL | |
| | | Amitriptyline/Perphenazine | Aripiprazole Oral Solution (Abilify Oral Solution®) | |
| | | Aripiprazole Discmelt (Abilify®) | Clozapine (Clozaril; Fazaclo®) | |
| | | Aripiprazole Tablet (Abilify®) | Lurasidone (Latuda®) | |
| | | Asenapine (Saphris®) | Olanzapine (Zyprexa; Zyprexa Zydis®) | |
| | | Chlorpromazine | Olanzapine/Fluoxetine (Symbyax®) | |
| | | Clozapine (Generics Only) | Paliperidone ER (Invega®) | |
| | | Fluphenazine Elixir | Risperidone ODT (Risperdal® - Brand Only) | |
| | | Fluphenazine Tablet | Risperidone Solution (Risperdal® - Brand Only) | |
| | | Haloperidol Oral | Risperidone Tablet (Risperdal® - Brand Only) | |
| | | Haloperidol Lactate Concentrate | | |
| | | Iloperidone Dose pack (Fanapt®) | | |
| | | Iloperidone Tablet (Fanapt®) | | |
| | | Molindone (Moban®) | | |
| | | Perphenazine | | |
| | | Pimozide (Orap®) | | |
| | | Quetiapine (Seroquel®) | | |
| | | Quetiapine (Seroquel XR®) | | |
| | | Risperidone ODT (Generic Only) | | |
| | | Risperidone Solution (Generic Only ) | | |
| | | Risperidone Tablet (Generic Only ) | | |
| | | Thioridazine | | |
| | | Thiothixene (Generic; Navane®) | | |
| | | Trifluoperazine (Generic) | | |
| | | Ziprasidone (Geodon®) | | |
| | | | | |
| | | | INJECTIONS | |
| | | Aripiprazole (Abilify®) | Haloperidol Decanoate (Haldol® - Brand Only) | |
| | | Fluphenazine Decanoate | Olanzapine (Zyprexa®) | |
| | | Haloperidol Decanoate (Generic Only) | Olanzapine (Zyprexa Relprevv®) | |
| | | Haloperidol Lactate (Generic) | Paliperidone (Invega Sustenna®) | |
| | | Risperidone (Risperdal Consta®) | | |
| | | Ziprasidone (Geodon®) | | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| 5 | ASTHMA/COPD | | | |
| | Bronchodilator, Beta-Adrenergic | | | |
| | Agents | | | |
| | | | INHALATION | |
| | | Albuterol Sulfate Nebulizer Solution 100mg/20ml | Albuterol Sulfate HFA MDI (Ventolin HFA®) | |
| | | Albuterol Sulfate Nebulizer Solution 2.5mg/3ml | Albuterol Sulfate Nebulizer Low-Dose 0.63mg/3ml, 1.25mg/3ml | |
| | | Albuterol Sulfate Nebulizer Solution 2.5mg/0.5ml | Arformoterol Inhalation Solution (Brovana Inhalation Solution®) | |
| | | Albuterol Sulfate Nebulizer Low-Dose (Accuneb®) | Formoterol DPI (Foradil®) | |
| | | Albuterol Sulfate HFA (ProAir HFA®) | Formoterol Inhalation Solution (Perforomist Inhalation Solution®) | |
| | | Albuterol Sulfate HFA MDI (Proventil HFA®) | Indacaterol for Inhalation (Arcapta®) | |
| | | | Levalbuterol HCL Nebulizer Solution (Generic; Xopenex®) | |
| | | | Levalbuterol HFA (Xopenex HFA®) | |
| | | | Pirbuterol (Maxair Autohaler®) | |
| | | | Salmeterol Xinafoate (Serevent Diskus®) | |
| | | | | |
| | | | | |
| | | | ORAL | |
| | | Albuterol Sulfate Syrup | Albuterol Sulfate ER (Generic; Vospire ER Tablet®) | |
| | | Albuterol Sulfate Tablet | Metaproterenol Sulfate Tablet | |
| | | Metaproterenol Sulfate Syrup | | |
| | | Terbutaline Sulfate | | |
| | | | | |
| | | | | |
| | | | | |
| | Bronchodilator, Anticholinergics | | | |
| | (COPD) | | INHALATION | |
| | | Albuterol Sulfate/Ipratropium MDI (Combivent®) | Albuterol Sulfate/Ipratropium Nebulizer (Generic Only) | |
| | | Albuterol Sulfate/Ipratropium Nebulizer Solution (Duoneb® - Brand Only) | | |
| | | Ipratropium Nebulizer | | |
| | | Ipratropium Inhalation Aerosol MDI (Atrovent HFA®) | | |
| | | Tiotropium Inhalation Powder (Spiriva®) | | |
| | | | | |
| | | | ORAL | |
| | | NONE | Roflumilast (Daliresp®) | |
| | | | | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| | | | | |
| | Glucocorticoids, Inhalation | Beclomethasone MDI (QVAR®) | Budesonide DPI (Pulmicort Flexhaler®) | |
| | | Budesonide Respules 0.25mg; 0.5mg - 8 years old and under | Budesonide Respules 0.25mg; 0.5mg - 9 years old and over | |
| | | Budesonide Respules 0.25mg; 0.5mg (Pulmicort Respules®) - 8 years old and under | Budesonide Respules 0.25mg; 0.5mg (Pulmicort Respules®) - 9 years old and over | |
| | | Budesonide Respules 1mg (Pulmicort Respules®) - 8 years old and under | Budesonide Respules 1mg (Pulmicort Respules®) - 9 years old and over | |
| | | Fluticasone MDI (Flovent®) | Budesonide/Formoterol MDI (Symbicort®) | |
| | | Fluticasone MDI (Flovent HFA Inhaler®) | Ciclesonide (Alvesco®) | |
| | | Fluticasone/Salmeterol DPI (Advair Diskus®) | | |
| | | Fluticasone/Salmeterol MDI (Advair HFA®) | | |
| | | Mometasone DPI (Asmanex®) | | |
| | | Mometasone/Formoterol MDI (Dulera®) | | |
| | | | | |
| | Leukotriene Modifiers | Montelukast Chewable Tablet (Singulair®) | Montelukast Gran Pack (Singulair Gran Pack®) | |
| | | Montelukast Tablet (Singulair®) | Zafirlukast (Generic Only) | |
| | | Zafirlukast (Accolate® - Brand Only) | Zileuton CR (Zyflo CR®) | |
| | | | | |
| 6 | DEPRESSION | | | |
| | Antidepressants, Other | Bupropion IR | Bupropion HBr ER (Aplenzin®) | |
| | | Bupropion SR | Bupropion HCl IR (Wellbutrin®) | |
| | | Bupropion XL | Bupropion HCl SR (Wellbutrin SR®) | |
| | | Mirtazapine (Generics only) | Bupropion HCl XL (Wellbutrin XL®) | |
| | | Mirtazapine ODT (Generics only) | Desvenlafaxine (Pristiq®) | |
| | | Trazodone | Duloxetine (Cymbalta®) | |
| | | Venlafaxine ER Capsule (Effexor XR® - Brand Only) | Mirtazapine (Remeron®) | |
| | | Venlafaxine IR Tablet | Mirtazapine ODT (Remeron ODT®) | |
| | | | Nefazodone | |
| | | | Selegiline Patch (Emsam®) | |
| | | | Trazodone ER (Oleptro®) | |
| | | | Venlafaxine ER Capsule (Generic) | |
| | | | Venlafaxine ER Tablet (Generic; Schwarz; Upstate) | |
| | | | Vilazodone (Viibryd®) | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | Selective Serotonin | Citalopram Tablet (Generic) | Citalopram Solution | |
| | Reuptake Inhibitors (SSRIs) | Fluoxetine Capsule (Generic) | Citalopram Tablet (Celexa®) | |
| | | Fluoxetine Tablet 10mg | Escitalopram Solution (Lexapro®) | |
| | | Fluoxetine Solution | Escitalopram Tablet (Lexapro®) | |
| | | Fluvoxamine Oral | Fluoxetine Tablet 20mg | |
| | | Paroxetine Suspension (Paxil®) | Fluoxetine Capsule (Prozac; Sarafem®) | |
| | | Paroxetine CR Tablet (Paxil CR®) | Fluoxetine DR Capsule (Generic; Prozac Weekly®) | |
| | | Paroxetine Tablet (Paxil®) | Fluvoxamine CR (Luvox CR®) | |
| | | Paroxetine Tablet (Generic) | Paroxetine Suspension (Generic) | |
| | | Sertraline Tablet (Generic) | Paroxetine CR Tablet (Generic) | |
| | | | Paroxetine Mesylate (Pexeva) | |
| | | | Sertraline Concentrate (Zoloft; Generic) | |
| | | | Sertraline Tablet (Zoloft®) | |
| 7 | DERMATOLOGY | | | |
| | Antifungals - Topical | Clotrimazole Rx | Butenafine (Mentax®) | |
| | | Clotrimazole/Betamethasone | Ciclopirox (CNL8®) | |
| | | Econazole | Ciclopirox Cream | |
| | | Ketoconazole Cream | Ciclopirox Gel | |
| | | Ketoconazole Shampoo (Rx only) | Ciclopirox Shampoo | |
| | | Nystatin | Ciclopirox Solution | |
| | | Nystatin w/ Triamcinolone | Ciclopirox Suspension | |
| | | | Ketoconazole (Ketocon Plus®) | |
| | | | Ketoconazole Foam (Extina ®) | |
| | | | Ketoconazole (Xolegel®) | |
| | | | Miconazole (Nuzole®) | |
| | | | Miconazole/zinc oxide/white petrolatum (Vusion®) | |
| | | | Naftifine (Naftin®) | |
| | | | Nystatin (Pediaderm AF®) | |
| | | | Oxiconazole (Oxistat®) | |
| | | | Sertaconazole (Ertaczo®) | |
| | | | Sulconazole (Exelderm®) | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| | | | | |
| | Antiparasitic Agents, Topical | Crotamiton (Eurax®) | Benzyl Alcohol (Ulesfia®) | |
| | | Malathion (Ovide® - Brand only) | Lindane | |
| | | Permethrin | Malathion (generic only) | |
| | | | Spinosad (Natroba®) | |
| | | | | |
| | Antiviral Agents, Topical | Acyclovir Ointment (Zovirax®) | Acyclovir Cream (Zovirax®) | |
| | | Penciclovir Cream (Denavir®) | Acyclovir/Hydrocortisone (Xerese®) | |
| | | | | |
| | | | | |
| | Atopic Dermatitis | Pimecrolimus (Elidel®) | NONE | |
| | Immunomodulators | Tacrolimus (Protopic®) | | |
| | | | | |
| | | | | |
| | Antibiotics, Topical | Gentamicin Sulfate | Mupirocin Cream (Bactroban®) | |
| | | Mupirocin Ointment | Retapamulin (Altabax®) | |
| | | | | |
| | | | | |
| | STEROIDS, TOPICAL | | | |
| | Low Potency | Alclometasone Dipropionate (Aclovate® - Brand Only) | Alclometasone Dipropionate Cream, Ointment (Generic Only) | |
| | | Desonide Cream, Ointment (Generic) | Desonate Gel (Generic) | |
| | | Hydrocortisone Cream, Lotion, Ointment (Generic) | Desonide/Emollient Combo No. 3 (Desonil Plus®) | |
| | | | Desonide Lotion (Generic; Desowen; Verdeso®) | |
| | | | Desonide Cream Kit (Desowen Cream Kit®) | |
| | | | Desonide Lotion Kit (Desowen Lotion Kit®) | |
| | | | Desonide Ointment Kit (Desowen Ointment Kit®) | |
| | | | Fluocinolone Acetonide Shampoo (Capex®) | |
| | | | Fluocinolone Acetonide (Derma-Smoothe-FS®) | |
| | | | Hydrocortisone (Texacort®) | |
| | | | Hydrocortisone Acetate/Urea | |
| | | | Hydrocortisone/Aloe Gel (Generic; Nuzon®) | |
| | | | Hydrocortisone/Mineral Oil/Pet Ointment | |
| | | | Hydrocortisone/Emollient (Pediaderm HC®) | |
| | | | Triamcinolone (Pediaderm TA®) | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| | Medium Potency | Clocortolone Pivalate (Cloderm®) | Betamethasone Valerate (Luxiq®) | |
| | | Fluocinolone Acetonide Cream, Ointment, Solution | Flurandrenolide Tape (Cordran Tape®) | |
| | | Fluticasone Propionate Cream, Ointment (Generic) | Fluticasone Propionate Cream, Lotion (Cutivate®) | |
| | | Hydrocortisone Butyrate Ointment, Solution | Hydrocortisone Butyrate Cream (Generic; Locoid Lipocream®) | |
| | | Hydrocortisone Valerate Cream (Generic) | Hydrocortisone Probutate (Pandel®) | |
| | | Prednicarbate Cream (Dermatop®) | Hydrocortisone Valerate Cream (Westcort®) | |
| | | | Hydrocortisone Valerate Ointment (Generic) | |
| | | | Mometasone Furoate Cream, Ointment, Solution (Generic; Elocon®) | |
| | | | Mometasone Furoate (Momexin®) | |
| | | | Prednicarbate Cream, Ointment (Generic) | |
| | | | Prednicarbate Ointment (Dermatop®) | |
| | | | | |
| | High Potency | Amcinonide Lotion (Generic) | Amcinonide Cream, Ointment (Generic) | |
| | | Betamethasone Dipropionate Cream, Lotion, Ointment (Generic) | Betamethasone Dipropionate/Prop Glycol Cream, Lotion, Ointment (Generic; Diprolene; Diprolene/AF®) | |
| | | Betamethasone Valerate Cream, Lotion, Ointment (Generic) | Betamethasone Dipropionate Gel (Generic; Diprolene®) | |
| | | Betamethasone Valerate Cream, Lotion (Beta Val®) | Desoximetasone Cream, Gel, Ointment (Generic; Topicort; Topicort LP®) | |
| | | Fluocinonide Cream; Emollient; Gel; Ointment, Solution (Generic) | Diflorasone Diacetate Cream, Ointment (Generic) | |
| | | Triamcinolone Acetonide Cream, Ointment (Generic) | Fluocinonide Cream (Vanos®) | |
| | | | Halcinonide Cream, Ointment (Halog®) | |
| | | | Triamcinolone Acetonide Aerosol (Kenlag Aerosol®) | |
| | | | Triamcinolone Acetonide Lotion (Generic) | |
| | | | | |
| | Very High Potency | Clobetasol Propionate Cream, Gel, Ointment, Solution (Generic) | Clobetasol Propionate Cream (Temovate®) | |
| | | Clobetasol Proplonate Foam (Olux®) | Clobetasol Propionate Foam (Generic Only) | |
| | | Clobetasol Propionate/Emollient (Generic Only) | Clobetasol Propionate (Clobex Lotion, Shampoo, Spray®) | |
| | | Halobetasol Propionate Cream, Ointment (Generic) | Clobetasol Propionate - Emollient (Olux-E® - Brand Only) | |
| | | | Diflorasone Diacetate (Apexicon E®) | |
| | | | Halobetasol Propionate/Ammonium Lactate (Halac, Halonate, Halonate PAC, Ultravate PAC®) | |
| | | | | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| 8 | DIABETES | | | |
| | Hypoglycemics, Meglitinides | Nateglinide (Starlix®) | Nateglinide (Generic) | |
| | | Repaglinide (Prandin®) | Repaglinide/Metformin (Prandimet®) | |
| | Hypoglycemics, Thiazolidinediones (TZDs) | Pioglitazone (Actos®) | Pioglitazone/Glimeperide (Duetact®) | |
| | | | Pioglitazone/Metformin (Actoplus Met®) | |
| | | | Pioglitazone/Metformin ER (Actoplus Met XR®) | |
| | | | Rosiglitazone/Glimeperide (Avandaryl®) | |
| | | | Rosiglitazone (Avandia®) | |
| | | | Rosiglitazone/Metformin (Avandamet®) | |
| | Hypoglycemics Insulins & Related Agents | Human Insulin & Pens (Humulin®) | Human Insulin & Pens (Novolin®) | |
| | | Insulin Glargine & Pens (Lantus®) | Insulin Aspart & Pens (Novolog®) | |
| | | Insulin Lispro & Pens (Humalog®) | Insulin Aspart/Insulin Aspart Protamine & Pens (Novolog Mix 70/30®) | |
| | | Insulin Lispro/Protamine Lispro & Pens (Humalog Mix®) | Insulin Detemir & Pens (Levemir®) | |
| | | | Insulin Glulisine & Pens (Apidra®) | |
| | Hypoglycemics Incretin Mimetics/Enhancers | Exenatide (Byetta Pens®) | Liraglutide (Victoza®) | |
| | | Linagliptin (Tradjenta®) | | |
| | | Pramlintide (Symlin®) | | |
| | | Pramlintide Pens (Symlin Pens®) | | |
| | | Saxagliptin (Onglyza®) | | |
| | | Saxagliptin/Metformin ER (Kombiglyze XR®) | | |
| | | Sitagliptin (Januvia®) | | |
| | | Sitagliptin/Metformin (Janumet®) | | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| 9 | DIGESTIVE DISORDERS | | | |
| | Antiemetic/Antivertigo Agents | Aprepitant Oral (Emend®) | Dolasetron IV Inj (Anzemet®) | |
| | | Dimenhydrinate Inj | Dolasetron Oral (Anzemet®) | |
| | | Dronabinol Oral (Marinol®) | Dronabinol Oral (Generic) | |
| | | Meclizine | Fosaprepitant IV Inj (Emend®) | |
| | | Metoclopramide Inj | Granisetron IV inj | |
| | | Metoclopramide Oral | Granisetron Oral | |
| | | Ondansetron IV Inj | Granisetron Transdermal (Sancuso®) | |
| | | Ondansetron Oral ODT | Metoclopramide Oral ODT (Metozolv®) | |
| | | Ondansetron Oral Tab | Nabilone (Cesamet®) | |
| | | Ondansetron Oral Solution | Ondansetron Oral (Zuplenz®) | |
| | | Prochlorperazine Inj | Palonosetron IV Inj (Aloxi®) | |
| | | Prochlorperazine Oral | | |
| | | Prochlorperazine Rectal | | |
| | | Promethazine Inj | | |
| | | Promethazine Oral | | |
| | | Promethazine Rectal | | |
| | | Scopolamine Oral (Scopace®) | | |
| | | Scopolamine Transdermal (Transderm-Scop®) | | |
| | | Trimethobenzamide IM Inj | | |
| | | Trimethobenzamide Oral | | |
| | | | | |
| | | | | |
| | Bile Acid Salts | Ursodiol Capsule (Generic Only) | Chenodiol (Chenodal®) | |
| | | | Ursodiol Tablet | |
| | | | Ursodiol USP (Actigall® - Brand Only) | |
| | | | Ursodiol (URSO 250®) | |
| | | | Ursodiol (URSO Forte®) | |
| | | | | |
| | | | | |
| | Pancreatic Enzymes | Creon | Pancreaze | |
| | | Pancrelipase | | |
| | | Zenpep | | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| | | | | |
| | Proton Pump Inhibitors | Esomeprazole (Nexium®) | Dexlansoprazole (Dexilant®) | |
| | | Omeprazole (Generic legend only) | Esomeprazole Suspension (Nexium®) | |
| | | | Lansoprazole Capsule | |
| | | | Lansoprazole Capsule (Prevacid®) | |
| | | | Lansoprazole Solutab | |
| | | | Lansoprazole Solutab (Prevacid®) | |
| | | | Omeprazole Suspension (Prilosec®) | |
| | | | Omeprazole/Sodium Bicarbonate (Generic legend only) | |
| | | | Pantoprazole | |
| | | | Pantoprazole Suspension (Protonix®) | |
| | | | Rabeprazole (Aciphex®) | |
| | | | | |
| | Ulcerative Colitis Agents | Balsalazide | Mesalamine DR (Asacol HD®) | |
| | | Mesalamine ER (Apriso®) | Mesalamine Sulfite-free Enema (sfRowasa®) | |
| | | Mesalamine Enemas | Mesalamine MMX (Lialda®) | |
| | | Mesalamine (Asacol®) | Mesalamine Oral (Pentasa®) | |
| | | Mesalamine Suppositories (Canasa®) | Olsalazine Oral (Dipentum®) | |
| | | Sulfasalazine | | |
| | | | | |
| 10 | GROWTH DEFICIENCY | | | |
| | Growth Hormones | Somatropin (Genotropin®) | Somatropin (Humatrope®) | |
| | | Somatropin (Norditropin®) | Somatropin (Omnitrope®) | |
| | | Somatropin (Nutropin®) | Somatropin (Saizen®) | |
| | | Somatropin (Nutropin AQ®) | Somatropin (Serostim®) | |
| | | | Somatropin (Tev-Tropin®) | |
| | | | Somatropin (Zorbtive®) | |
| | | | | |
| 11 | GOUT AGENTS | | | |
| | Antihyperuricemics | Allopurinol | Colchicine (Colcrys®) | |
| | | Probenecid | Febuxostat (Uloric®) | |
| | | Probenecid/Colchicine | | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| | | | | |
| 12 | HEART DISEASE, HYPERLIPIDEMIA | | | |
| | Lipotropics, Other | Cholestyramine | Colesevelam (Welchol®) | |
| | | Colestipol | Ezetimibe (Zetia®) | |
| | | Fenofibrate (Tricor®) | Fenofibrate (Antara®) | |
| | | Fenofibric Acid (Trilipix®) | Fenofibrate (Fenoglide®) | |
| | | Gemfibrozil | Fenofibrate (Generic) | |
| | | Niacin ER (Niaspan®) | Fenofibrate (Lipofen®) | |
| | | Niacin IR (Niacor®) | Fenofibrate (Triglide®) | |
| | | | Fenofibric Acid (Generic) | |
| | | | Fenofibric Acid (Fibricor®) | |
| | | | Omega-3-acid ethyl esters (Lovaza®) | |
| | | | | |
| | Statins & Statin Combination Agents | Atorvastatin (Lipitor®) | Amlodipine/Atorvastatin (Caduet®) | |
| | | Fluvastatin (Lescol®) | Ezetimibe/Simvastatin (Vytorin®) | |
| | | Fluvastatin XL (Lescol XL®) | Lovastatin ER (Altoprev®) | |
| | | Lovastatin | Niacin ER/Lovastatin (Advicor®) | |
| | | Niacin ER/Simvastatin (Simcor®) | Pitavastatin (Livalo®) | |
| | | Pravastatin | | |
| | | Rosuvastatin (Crestor®) | | |
| | | Simvastatin | | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| | | | | |
| | HYPERTENSION | | | |
| | ACE Inhibitors & Direct Renin Inhibitors | Benazepril | Aliskiren (Tekturna®) | |
| | | Benazepril/HCTZ | Aliskiren/HCTZ (Tekturna HCT®) | |
| | | Captopril | Azilsartan Meoxomil (Edarbi®) | |
| | | Captopril/HCTZ | Candesartan (Atacand®) | |
| | | Enalapril | Candesartan/HCTZ (Atacand HCT®) | |
| | | Enalapril/HCTZ | Eprosartan (Teveten®) | |
| | | Fosinopril | Eprosartan/HCTZ (Teveten HCT®) | |
| | | Fosinopril/HCTZ | Moexipril | |
| | | Irbesartan (Avapro®) | Moexipril/HCTZ | |
| | | Irbesartan/HCTZ (Avalide®) | Olmesartan (Benicar®) | |
| | | Lisinopril | Olmesartan/HCTZ (Benicar HCT®) | |
| | | Lisinopril/HCTZ | Perindopril | |
| | | Losartan | Telmisartan (Micardis®) | |
| | | Losartan/HCTZ | Telmisartan/HCTZ (Micardis HCT®) | |
| | | Quinapril | | |
| | | Quinapril/HCTZ | | |
| | | Ramipril | | |
| | | Trandolapril | | |
| | | Valsartan (Diovan®) | | |
| | | Valsartan/HCTZ (Diovan HCT®) | | |
| | | | | |
| | | | | |
| | Angiotensin Modulators/Calcium Channel Blockers Combination Products | Amlodipine/Benazepril - Generic only | Amlodipine/Aliskiren (Tekamlo®) | |
| | | Amlodipine/Olmesartan (Azor®) | Amlodipine/Aliskiren/HCTZ (Amturnide®) | |
| | | Amlodipine/Olmesartan/HCTZ (Tribenzor®) | Amlodipine/Benazepril (Lotrel®) | |
| | | Amlodipine/Valsartan (Exforge®) | Amlodipine/Telmisartan (Twnysta®) | |
| | | Amlodipine/Valsartan/HCTZ (Exforge HCT®) | | |
| | | Valsartan/Aliskiren (Valturna®) | | |
| | | Trandolapril/Verapamil | | |
| | | | | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| | Beta Blockers Agents | Acebutolol | Carvedilol CR (Coreg CR®) | |
| | | Atenolol | Metoprolol Succinate ER (Toprol XL®) | |
| | | Atenolol/Chlorthalidone | | |
| | | Betaxolol | | |
| | | Bisoprolol | | |
| | | Bisoprolol/HCTZ | | |
| | | Carvedilol | | |
| | | Labetalol | | |
| | | Metoprolol | | |
| | | Metoprolol/HCTZ | | |
| | | Metoprolol Succinate ER | | |
| | | Nadolol | | |
| | | Nadolol/Bendroflumethiazide | | |
| | | Nebivolol (Bystolic®) | | |
| | | Penbutolol (Levatol®) | | |
| | | Pindolol | | |
| | | Propranolol | | |
| | | Propranolol ER (Innopran XL®) | | |
| | | Propranolol LA | | |
| | | Propanolol/HCTZ | | |
| | | Sotalol | | |
| | | Sotalol AF | | |
| | | Timolol Maleate | | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| | Calcium Channel Blockers | Amlodipine | Isradipine SR (Dynacirc CR®) | |
| | | Diltiazem CD (Cardizem CD 360 mg) | Nisoldipine | |
| | | Diltiazem IR | Verapamil ER (Covera HS®) | |
| | | Diltiazem ER | Verapamil ER PM | |
| | | Diltiazem SR | | |
| | | Felodipine ER | | |
| | | Isradipine | | |
| | | Nicardipine | | |
| | | Nifedipine ER | | |
| | | Nifedipine IR | | |
| | | Nimodipine | | |
| | | Verapamil | | |
| | | Verapamil ER (Generics only) | | |
| | | Verapamil IR | | |
| | | Verapamil SR | | |
| | | | | |
| | ANTICOAGULANTS | | | |
| | Platelet Aggregation Inhibitors | Aspirin/Dipyridamole ER (Aggrenox®) | Prasugrel (Effient®) | |
| | | Clopidogrel (Plavix®) | Ticlopidine | |
| | | Dipyridamole | | |
| | | | | |
| | Anticoagulants | Dabigatran (Pradaxa®) | Enoxaparin (Generic) | |
| | | Dalteparin (Fragmin®) | Tinzaparin (Innohep®) | |
| | | Enoxaparin (Lovenox®) | | |
| | | Fondaparinux (Arixtra®) | | |
| | | Rivaroxaban (Xarelto®) | | |
| | | Warfarin | | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | PULMONARY ARTERIAL HYPERTENSION (PAH) | Bosentan (Tracleer®) | Ambrisentan (Letairis®) | |
| | | Iloprost (Ventavis®) | Treprostinil (Tyvaso®) | |
| | | Sildenafil (Revatio®) | | |
| | | Tadalafil (Adcirca®) | | |
| | | | | |
| | | | | |
| 13 | HEMATOLOGIC AGENTS | | | |
| | HEMATOPOIETIC AGENTS | | | |
| | Erythropoietins | Darbepoetin (Aranesp®) | Epoetin alfa (Epogen®) | |
| | | Epoetin alfa (Procrit®) | | |
| | | | | |
| | | | | |
| | Anticoagulants - refer to | | | |
| | HEART DISEASE | | | |
| | | | | |
| 14 | HEMODIALYSIS | | | |
| | Phosphate Binders | Calcium Acetate (PhosLo®) | Calcium Acetate (Generics) | |
| | | Sevelamer HCL (RenaGel®) | Calcium Acetate (Eliphos®) | |
| | | Sevelamer Carbonate (Renvela®) | Lanthanum (Fosrenol®) | |
| | | | | |
| | | | | |
| 15 | HORMONE THERAPY | | | |
| | Androgenic Agents | Testosterone Transdermal Patch (Androderm®) | Testosterone (Axiron®) | |
| | | Testosterone Gel 1% (Androgel®) | Testosterone Gel 1% (Testim®) | |
| | | | Testosterone Gel (Fortesta®) | |
| | HYPERLIPIDEMIA - REFER TO HEART DISEASE | | | |
| | | | | |
| | IMMUNE DISORDERS - REFER TO MULTIPLE SCLEROSIS | | | |
| | | | | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| 16 | INFECTIOUS DISORDERS | | | |
| | ANTIBIOTICS | Amoxicillin/Clavulanate Suspension | Amoxicillin/Clavulanate ER | |
| | Cephalosporin and Related | Amoxicillin/Clavulanate Tablets | Cefaclor | |
| | Antibiotics | Amoxicillin/Clavulanate Susp (Augmentin 125 & 250) | Cefaclor ER 500 mg | |
| | | Cefadroxil | Cefdinir | |
| | | Cefixime (Suprax®) | Cefditoren Pivoxil | |
| | | Cefprozil | Cefpodoxime | |
| | | Ceftibuten (Cedax®) | Cefuroxime Axetil Susp (Ceftin®) | |
| | | Cefuroxime tablets | | |
| | | Cephalexin | | |
| | | | | |
| | | | ORAL | |
| | Fluoroquinolones | Ciprofloxacin Tablets | Ciprofloxacin Suspension (Cipro Suspension®) | |
| | | Levofloxacin (Levaquin®) | Ciprofloxacin ER | |
| | | | Ciprofloxacin ER (Proquin XR®) | |
| | | | Gemifloxacin (Factive®) | |
| | | | Moxifloxacin (Avelox®) | |
| | | | Norfloxacin (Noroxin®) | |
| | | | Ofloxacin | |
| | | | | |
| | Antibiotics, Gastrointestinal | Metronidazole | Fidaxomicin (Dificid®) | |
| | | Neomycin | Metronidazole ER (Flagyl ER®) | |
| | | Nitazoxanide (Alinia®) | Rifaximin (Xifaxan®) | |
| | | Tinidazole (Tindamax®) | Vancomycin (Vancocin®) | |
| | | | | |
| | Antibiotics, Inhaled | Tobramycin (Tobi®) | Azteonam (Cayston®) | |
| | | | | |
| | Macrolides - Ketolides | Azithromycin | Azithromycin ER (Zmax®) | |
| | | Erythromycin | Clarithromycin | |
| | | | Clarithromycin ER | |
| | | | Telithromycin (Ketek®) | |
| | | | | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| | Tetracyclines | Doxycycline Hyclate (generic) | Demeclocycline | |
| | | Doxycycline Hyclate DR (generic) | Doxycycline Calcium Suspension (Vibramycin®) | |
| | | Doxycycline Monohyrate | Doxycycline Hyclate (Doryx®) | |
| | | Minocycline Cap | Doxycycline DR (Oracea®) | |
| | | Minocycline Tab | Minocycline ER - generic | |
| | | Tetracycline | | |
| | | | | |
| | | | | |
| | Vaginal | Clindamycin Vaginal Cream | Clindamycin Vaginal Cream (Clindesse®) | |
| | | Clindamycin Vaginal Ovules (Cleocin®) | | |
| | | Metronidazole Vaginal Gel | | |
| | | Metronidazole Vaginal Gel (Vandazole®) | | |
| | | | | |
| | | | | |
| | OPHTHALMIC ANTIBIOTICS - refer to Ophthalmic Disorders | | | |
| | OTIC ANTIBIOTICS - refer to OTIC Agents | | | |
| | | | | |
| | ANTIFUNGALS | | | |
| | Antifungals, Oral | Clotrimazole Troches | Flucytosine (Ancobon®) | |
| | | Fluconazole | Griseofulvin Tablets (Grifulvin V®) | |
| | | Griseofulvin Suspension | Itraconazole | |
| | | Griseofulvin (Gris-Peg®) | Itraconazole Solution (Sporanox®) | |
| | | Ketoconazole | Miconazole (Oravig®) | |
| | | Nystatin | Posaconazole (Noxafil®) | |
| | | Terbinafine (no granules) | Terbinafine (Terbinex®) | |
| | | | Terbinafine Granules (Lamisil Granules®) | |
| | | | Voriconazole (Generic) | |
| | | | Voriconazole (VFEND®) | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| | HEPATITIS AGENTS | | | |
| | Hepatitis C Agents | Boceprevir (Victrelis®) | Consensus Interferon (Infergen®) | |
| | | Ribavirin | Peginterferon alfa 2B (Peg-Intron®) | |
| | | Peginterferon alfa 2A (Pegasys®) | Peginterferon alfa 2B (Peg-Intron Redipen®) | |
| | | | Telaprevir (Incivek®) | |
| 17 | MULTIPLE SCLEROSIS | Glatiramer (Copaxone®) | Dalfampridine (Ampyra®) | |
| | Multiple Sclerosis Agents | Interferon beta - 1a (Avonex®) | Fingolimod (Gilenya®) | |
| | (Immunomodulatory Agents) | Interferon beta - 1a (Rebif®) | Interferon beta-1b (Extavia®) | |
| | | Interferon beta - 1b (Betaseron®) | | |
| 18 | OPHTHALMIC DISORDERS | | | |
| | Allergic Conjunctivitis | Cromolyn Sodium | Alcaftadine (Lastacaft®) | |
| | | Loteprednol (Alrex®) | Azelastine HC (Generic; Optivar®) | |
| | | Olopatadine HCl (Pataday®) | Bepotastine (Bepreve®) | |
| | | | Emedastine Difumarate (Emadine®) | |
| | | | Epinastine (Generic; Elestat®) | |
| | | | Lodoxamide Tromethamine (Alomide®) | |
| | | | Nedocromil Sodium (Alocril®) | |
| | | | Olopatadine HCl (Patanol®) | |
| | | | Pemirolast Potassium (Alamast®) | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| | Glaucoma Agents | | | |
| | Intraocular Pressure (IOP) | Betaxolol | Apraclonidine (Generic; Iopidine®) | |
| | Reducers | Betaxolol (Betoptic S®) | Bimatroprost (Lumigan 2.5ml; 5ml; 7.5ml®) | |
| | | Brimonidine 0.15% (Alphagan P 0.15% - Brand Only) | Brimonidine 0.1% (Alphagan P 0.1%®) | |
| | | Brimonidine 0.2% (Generic) | Brimonidine 0.15% (Generic only) | |
| | | Brimonidine/Timolol (Combigan®) | Dorzolamide (Trusopt® - Brand Only) | |
| | | Brinzolamide (Azopt®) | Dorzolamide/Timolol (Cosopt® - Brand Only) | |
| | | Carteolol | Latanoprost (Xalatan® - Brand Only) | |
| | | Dorzolamide (Generic only) | Levobunolol (Betagan® - Brand Only) | |
| | | Dorzolamide/Timolol (Generic only) | Timolol (Timoptic®) | |
| | | Latanoprost (Generic only) | | |
| | | Levobunolol (Generic only) | | |
| | | Metipranolol (Generic; Optipranolol®) | | |
| | | Pilocarpine | | |
| | | Timolol (Generic; Betimol®) | | |
| | | Timolol LA (Istalol®) | | |
| | | Travoprost (Travatan Z®) | | |
| | | | | |
| | | | | |
| | Ophthalmics, Antibiotic | Besifloxacin (Besivance®) | Azithromycin (AzaSite®) | |
| | | Ciprofloxacin Ointment (Ciloxan®) | Bacitracin | |
| | | Ciprofloxacin Solution (Generic) | Bacitracin/Polymyxin B Ointment | |
| | | Erythromycin | Gatifloxacin 0.5% (Zymaxid®) | |
| | | Garamycin Drops | Levofloxacin (Generic; Iquix; Quixin®) | |
| | | Garamycin Ointment | Natamycin (Natacyn®) | |
| | | Gatifloxacin 0.3% (Zymar®) | Neomycin-Polymyxin-Gramacidin | |
| | | Gentamicin Drops | Ofloxacin Solution (Ocuflox® - Brand Only) | |
| | | Gentamicin Ointment | | |
| | | Moxifloxacin (Moxeza; Vigamox®) | | |
| | | Neomycin-Polymyxin-Bacitracin Ointment | | |
| | | Ofloxacin Solution (Generic Only) | | |
| | | Polymyxin B/Trimethoprim (Generic; Polytrim®) | | |
| | | Sulfacetamide (Generic; Bleph-10®) | | |
| | | Tobramycin (Generic; Tobrex®) | | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| | Ophthalmics, Antibiotic- Steroid Combos | Gentamicin/Prednisolone (Pred-G;Pred-G S.O.P. ®) | Neomycin/Polymyxin B/Hydrocortisone | |
| | | Neomycin/Polymyxin B/Dexamethasone | Neomycin/Bacitracin/Polymyxin B/Hydrocortisone | |
| | | Sulfacetamide/Prednisolone Ointment (Blephamide S.O.P. ®) | Tobramycin/Dexamethasone Suspension (Generic) | |
| | | Sulfacetamide/Prednisolone Solution (Generic; Blephamide®) | Tobramycin/Dexamethasone ST (Tobradex ST®) | |
| | | Tobramycin/Dexamethasone Ointment (Tobradex®) | | |
| | | Tobramycin/Dexamethasone Suspension (Tobradex®) | | |
| | | Tobramycin/Loteprednol (Zylet®) | | |
| | | | | |
| | | | | |
| | Ophthalmics, Anti-Inflammatories | Dexamethasone (Generic; Maxidex®) | Bromfenac (Generic; Bromday; Xibrom®) | |
| | | Diclofenac | Difluprednate (Durezol®) | |
| | | Fluorometholone 0.1% Ointment (FML S.O.P. ®) | Fluorometholone 0.1% Suspension (FML® - Brand Only) | |
| | | Fluorometholone 0.1% Suspension (Generic) | Fluorometholone Acetate 0.1% Solution (Flarex®) | |
| | | Fluorometholone 0.25% Suspension (FML Forte®) | Ketorolac (Generic; Acular®) | |
| | | Flurbiprofen | Ketorolac LS (Generic; Acular LS®) | |
| | | Loteprednol Drops (Lotemax®) | Ketorolac (Acuvail®) | |
| | | Loteprednol Ointment (Lotemax®) | Nepafenac (Nevanac®) | |
| | | Prednisolone Acetate 0.12% Solution (Generic; Pred Mild®) | Prednisolone Acetate 1% (Pred Forte®) | |
| | | Prednisolone Acetate 1% (Generic) | Prednisolone Sodium Phosphate | |
| | | | Rimexolone (Vexol®) | |
| | | | | |
| | | | | |
| | | | | |
| 19 | OPIATE DEPENDENCE AGENTS | Buprenorphine/Naloxone Filmtab (Suboxone®) | Buprenorphine Subling Tab (Generic) | |
| | | Buprenorphine/Naloxone Subling Tab (Suboxone®) | Buprenorphine Subling Tab (Subutex®) | |
| | | | | |
| | | | | |
| 20 | OTIC AGENTS | | | |
| | Otic Antibiotics | Ciprofloxacin/Dexamethasone (Ciprodex®) | Ciprofloxacin (Cetraxal OTIC®) | |
| | | Neomycin/Polymixin/HC (Generic; Cortisporin®) | Ciprofloxacin/Hydrocortisone (Cipro HC OTIC®) | |
| | | Ofloxacin (Generic; Floxin®) | Neomycin/Colistin/Thonzonium/HC (Coly-Mycin S®) | |
| | | | Neomycin/Colistin/Thonzonium/HC (Cortisporin TC®) | |
| | | | | |
| | | | | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| | Otic Anti-Infectives and Anesthetics | Acetic Acid | Acetic Acid/HC | |
| | | Acetic Acid/Aluminum | Antipyrine/Benzocaine/Policosanol (Otic Care®) | |
| | | Antipyrine/Benzocaine | Antipyrine/Benzocaine/Zinc (Neotic; Otozin®) | |
| | | Benzocaine (Pinnacaine®) | Chloroxylenol/Benzocaine/Hydrocortisone (Myoxin; Trioxin®) | |
| | | Chloroxylenol/Pramoxine | Chloroxylenol/Pramoxine/Zinc/Glycerine (Zinotic; Zinotic ES®) | |
| | | Chloroxylenol/Pramoxine (Pramotic®) | | |
| | | Pramoxine HC | | |
| | | | | |
| | | | | |
| 21 | OSTEOPOROSIS | | | |
| | Bone Resorption Suppression | Alendronate | Alendronate Solution (Fosamax Solution®) | |
| | Agents | Calcitonin-Salmon Nasal (Miacalcin®) | Alendronate/Vit D (Fosamax Plus D®) | |
| | | | Calcitonin-Salmon Nasal (Fortical®) | |
| | | | Calcitonin - Salmon Nasal (Generics) | |
| | | | Etidronate Disodium (Generics) | |
| | | | Etidronate (Didronel®) | |
| | | | Ibandronate Sodium (Boniva®) | |
| | | | Raloxifene (Evista®) | |
| | | | Risendronate (Actonel®) | |
| | | | Risendronate DR (Atelvia®) | |
| | | | Teriparatide Subcutaneous (Forteo®) | |
| | | | | |
| 22 | PAIN MANAGEMENT | | | |
| | Analgesics/Anesthetic, Topical | Diclofenac Sodium Gel (Voltaren®) | Diclofenac Epolamine Patch (Flector®) | |
| | | Lidocaine Patch (Lidoderm®) | Diclofenac Sodium (Pennsaid®) | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| | Analgesics, Narcotics Short Acting | Acetaminophen w/Codeine | Fentanyl Buccal (Generics) | |
| | | Butalbital Compound with Codeine | Fentanyl Buccal (Fentora®) | |
| | | Codeine | Fentanyl Buccal (Onsolis®) | |
| | | Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generics) | Fentanyl Sublingual (Abstral®) | |
| | | Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Trezix®) | Hydrocodone/Acetaminophen (Hycet®) | |
| | | Hydrocodone/Acetaminophen | Hydrocodone/Acetaminophen (Zamicet®) | |
| | | Hydrocodone/Ibuprofen | Hydrocodone/Acetaminophen (Zolvit®) | |
| | | Hydromorphone | Hydrocodone/Ibuprofen (Ibudone®) | |
| | | Meperidine | Hydrocodone/Ibuprofen (Reprexain®) | |
| | | Morphine IR | Hydromorphone Liquid (Dilaudid®) | |
| | | Oxycodone | Opium Tincture | |
| | | Oxycodone/Acetaminophen | Oxymorphone | |
| | | Oxycodone w/Aspirin | Oxymorphone IR (Opana®) | |
| | | Oxycodone/Ibuprofen | Tapentadol (Nucynta®) | |
| | | Pentazocine/Acetaminophen | Tramadol ODT (Rybix ODT®) | |
| | | Pentazocine/Naloxone | | |
| | | Tramadol | | |
| | | Tramadol/Acetaminophen | | |
| | | | | |
| | | | | |
| | Analgesics, Narcotics Long Acting | Fentanyl Transdermal | Buprenorphine Transdermal (Butrans®) | |
| | | Fentanyl Transdermal (Duragesic Matrix) | Hydromorphone ER (Exalgo®) | |
| | | Methadone HCL | Morphine Sulfate ER (Avinza®) | |
| | | Morphine Sulfate ER (Kadian®) | Morphine Sulfate ER/Naltrexone (Embeda®) | |
| | | Morphine Sulfate ER (Generic) | Oxycodone ER | |
| | | | Oxycodone ER (OxyContin®) | |
| | | | Oxycodone Reformulated (OxyContin Reformulated®) | |
| | | | Oxymorphone ER (Opana ER®) | |
| | | | Tramadol ER | |
| | | | Tramadol ER (Ryzolt®) | |
| | | | Tramadol ER (Ultram ER®) | |
| | | | | |
| | | | | |
| | | | | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| | Nonsteroidal Anti - Inflammatories | Diclofenac Potassium Oral (Generic) | Celecoxib (Celebrex®) | |
| | (NSAIDs) | Diclofenac Sodium Oral (Generic) | Diclofenac/Misoprostol (Arthrotec®) | |
| | | Esomeprazole/Naproxen (Vimovo®) | Diclofenac Potassium (Zipsor®) | |
| | | Etodolac | Diclofenac SR | |
| | | Flurbiprofen | Diflunisal (Generic; Dolobid®) | |
| | | Ibuprofen Rx Suspension (Generic) | Etodolac SR | |
| | | Ibuprofen Rx Tablet (Generic) | Fenoprofen (Generic; Nalfon®) | |
| | | Indomethacin Capsule (Generic only) | Indomethacin Rectal (Indocin®) | |
| | | Indomethacin Suspension (Indocin®) | Indomethacin ER Capsule (Generic) | |
| | | Ketoprofen | Ketoprofen ER | |
| | | Ketorolac | Ketorolac Nasal Spray (Sprix®) | |
| | | Meloxicam Suspension (Mobic® Brand Only) | Meclofenamate | |
| | | Meloxicam Tablet (Generic only) | Mefenamic Acid (Generic; Ponstel®) | |
| | | Naproxen EC (Generic only) | Meloxicam Suspension (Generic only) | |
| | | Naproxen Sodium | Meloxicam Tablet (Mobic® Brand Only) | |
| | | Naproxen Suspension (Generic only) | Nabumetone | |
| | | Naproxen Tablet (Generic only) | Naproxen EC (Naprosyn® - Brand Only) | |
| | | Oxaprozin | Naproxen Suspension (Naprosyn® - Brand Only) | |
| | | Piroxicam (Generic; Feldene®) | Naproxen Tablet (Naprosyn® - Brand Only) | |
| | | Sulindac | Naproxen 500mg (Naprelan®) | |
| | | | Tolmetin Capsule | |
| | | | Tolmetin Tablet | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| | Antimigraine Agents, | Eletriptan (Relpax®) | Almotriptan (Axert®) | |
| | Triptans | Sumatriptan (Imitrex® Injection) – Brand only | Diclofenac (Cambia®) | |
| | | Sumatriptan (Imitrex ® Nasal) – Brand only | Frovatriptan (Frova®) | |
| | | Sumatriptan (Oral – Generic only) | Naratriptan | |
| | | | Rizatriptan (Maxalt®) | |
| | | | Rizatriptan (Maxalt MLT®) | |
| | | | Sumatriptan Injection – Generic only | |
| | | | Sumatriptan Nasal – Generic only | |
| | | | Sumatriptan (Imitrex Oral) – Brand only | |
| | | | Sumatriptan/Naproxen (Treximet®) | |
| | | | Zolmitriptan (Zomig®) | |
| | | | Zolmitriptan (Zomig ZMT®) | |
| | | | Zolmitriptan (Zomig® Nasal) | |
| | | | | |
| | Skeletal Muscle Relaxants | Baclofen | Carisoprodol | |
| | | Chlorzoxazone | Carisoprodol Compound | |
| | | Cyclobenzaprine | Carisoprodol (Soma 250 mg®) | |
| | | Methocarbamol | Cyclobenzaprine (Fexmid®) | |
| | | Tizanidine (generics) | Cyclobenzaprine ER (Amrix®) | |
| | | | Dantrolene Sodium | |
| | | | Metaxalone | |
| | | | Orphenadrine | |
| | | | Orphenadrine Compound | |
| | | | Tizanidine (Zanaflex®) | |
| | | | | |
| | Cytokine and CAM Antagonists | Adalimumab Injection (Humira II Kit; Humira Kit®) | Abatacept (Orencia Injection; Orencia Sub-Q®) | |
| | | Certolizumab Pegol (Cimzia Kit; Syringe Kit®) | Alefacept Injection (Amevive®) | |
| | | Etanercept Injection (Enbrel Kit; Pen; Disp Syringe®) | Anakinra Injection (Kineret®) | |
| | | | Golimumab (Simponi Pen; Disp Syringe®) | |
| | | | Infliximab Injection (Remicade®) | |
| | | | Tocilizumab (Actemra®) | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| 23 | PARKINSON'S | | | |
| | Antiparkinson Agents - | Benztropine | Bromocriptine | |
| | Anticholinergic and Other | Carbidopa/ Levodopa | Carbidopa/ Levodopa ER (Sinemet CR® - Brand Only) | |
| | | Carbidopa/ Levodopa ER (Generic Only) | Carbidopa/ Levodopa ODT | |
| | | Levodopa/Carbidopa/Entacapone (Stalevo®) | Entacapone (Comtan®) | |
| | | Pramipexole (Generic) | Pramipexole (Mirapex®) | |
| | | Ropinirole (Generic Only) | Pramipexole ER (Mirapex ER®) | |
| | | Selegiline Tablet (Generic) | Rasagiline (Azilect®) | |
| | | Trihexyphenidyl Elixir | Ropinirole (Requip® - Brand Only) | |
| | | Trihexyphenidyl Tablet | Ropinirole ER (Requip XL®) | |
| | | | Selegiline Capsule | |
| | | | Selegiline (Zelapar®) | |
| | | | Tolcapone (Tasmar®) | |
| | | | | |
| 24 | SEDATIVE/HYPNOTICS | Chloral Hydrate Syrup | Chloral Hydrate (Somnote®) | |
| | | Temazepam (Generic) | Doxepin (Silenor®) | |
| | | Triazolam (Generic Only) | Estazolam | |
| | | Zaleplon (Generic Only) | Eszopiclone (Lunesta®) | |
| | | Zolpidem (Generic Only) | Flurazepam | |
| | | | Quazepam (Doral®) | |
| | | | Ramelteon (Rozerem®) | |
| | | | Temazepam (Restoril®) | |
| | | | Temazepam 7.5mg (Generic; Restoril®) | |
| | | | Temazepam 22.5mg (Generic; Restoril®) | |
| | | | Triazolam (Halcion® - Brand Only) | |
| | | | Zalepon (Sonata – Brand Only) | |
| | | | Zolpidem (Ambien® - Brand Only) | |
| | | | Zolpidem Sublingual (Edluar; Zolpimist®) | |
| | | | Zolpidem ER (Generic; Ambien CR®) | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

# Prior Authorization PDL Implementation Schedule

11/28/2011

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: January 1, 2012 |
|---|---|---|---|---|
| 25 | UROLOGY | | | |
| | INCONTINENCE | | | |
| | Bladder Relaxant Preparations | Fesoterodine Fumarate (Toviaz®) | Darifenacin (Enablex®) | |
| | | Oxybutynin | Oxybutynin ER | |
| | | Solifenacin (VESIcare®) | Oxybutynin Gel (Gelnique Transdermal®) | |
| | | | Oxybutynin Transdermal (Oxytrol®) | |
| | | | Tolterodine (Detrol®) | |
| | | | Tolterodine ER (Detrol LA®) | |
| | | | Trospium | |
| | | | Trospium XR (Sanctura XR®) | |
| 26 | SMOKING CESSATION PRODUCTS | | | |
| | Smoking Cessation | Bupropion SR | Nicotine Inhaler (Nicotrol Inhaler®) | |
| | | Nicotine Gum Buccal (Generic; Nicorette®) | Nicotine Lozenges OTC Buccal | |
| | | Nicotine Lozenges (Nicorette Lozenges®) | Nicotine Lozenges OTC Mucous Membrane | |
| | | Nicotine Transdermal (Generic Only) | Nicotine Nasal Spray (Nicotrol Nasal Spray®) | |
| | | | Nicotine Transdermal (Nicoderm CQ® - Brand Only) | |
| | | | Varenicline Dose Pack (Chantix Dose Pack®) | |
| | | | Varenicline Tablet (Chantix Tablet-®) | |
| 27 | PROSTATE | | | |
| | Benign Prostatic Hyperplasia Treatment (BPH) | Alfuzosin (Uroxatral®) | Doxazosin XL (Cardura XL®) | |
| | | Doxazosin | Dutasteride (Avodart®) | |
| | | Finasteride | Dutasteride/Tamsulosin (Jalyn®) | |
| | | Tamsulosin | Silodosin (Rapaflo®) | |
| | | Terazosin | | |

Attachment 3

MAGELLAN
MEDICAID
ADMINISTRATION

# Louisiana Medicaid Preferred Drug List Program Overview and Program Results

**December 29, 2011**

**Prepared By:**

Provider Synergies, L.L.C
Magellan Medicaid Administration, Inc.

# TABLE OF CONTENTS

## OVERVIEW

The Louisiana Department of Health and Hospitals (LDHH) preferred drug list (PDL) program has been in operation since 2002 by Provider Synergies, L.L.C. Provider Synergies is an affiliate of Magellan Medicaid Administration, Inc.

Louisiana is entering the sixth year as one of eight states participating in the multi-state purchasing program, The Optimal PDL Solution (TOP$). Louisiana was one of three states that initially participated in the multi-state purchasing pool, TOP$, in 2005. The eight states now participating in the multistate purchasing program (TOP$) are Louisiana, Maryland, Delaware, Idaho, Pennsylvania, Wisconsin, Nebraska, and Connecticut.

This review summarizes the results of the PDL program for fiscal year 2010-2011 and the first two quarters of fiscal year 2011-2012.

## I. MAJOR DEVELOPMENTS IN FY 2010-2011

In March 2010, President Obama signed the Patient Protection and Affordable Care Act and the Health Care and Education Affordability Reconciliation Act of 2010, together known as the Affordable Care Act (ACA), into law. The ACA included stipulations that had a significant impact on both Federal and Supplemental Medicaid drug rebates.

*Background*

- Provider Synergies' and Magellan Medicaid Administration clients use a wholesale average cost (WAC)-based Guaranteed Net Unit Price (GNUP) formula for the calculation of supplemental rebates

  WAC - Federal Rebate - GNUP = Supplemental Rebate

- In this formula, there is an inverse relationship between the Federal and supplemental rebates.
  - As the Federal rebate rates increase, the Supplemental rebate rates decrease by an equal but opposite amount.
- Our model focuses on the net/net cost of drugs (net of both Federal and Supplemental rebates) in order to provide the most cost-effective Preferred Drug List (PDL) to our clients.
  - Our supplemental rebate contracts afford price protection to States against manufacturer's price increases over time via the guaranteed net unit price (GNUP) contract.
  - Fluctuations in drug prices then only affect how the total rebate is divided between the Federal and State governments.

The following changes mandated by the ACA are effective retroactive to January 1, 2010:[1]

- The minimum Federal Rebate for single source and innovator multiple source drugs increases from 15.1 to 23.1 percent.
- The Federal Rebate for generic drugs increases from 11 to 13 percent.
- The minimum Federal Rebate for clotting factors and outpatient drugs approved exclusively for pediatric indications increases to 17.1%.[2,3]

- The Federal Rebate for line extensions of oral solid dosage forms (such as extended release versions) will now be set at the highest Federal Rebate of any strength of the original dosage form.
- The Federal Rebate is now capped at 100% of AMP (average manufacturer's price).
- ACA states that the additional Federal rebates for branded drugs and generic drugs are returned to the Federal government without sharing with the states.

*Analysis*

Due to the increase in the CMS base rebate, Supplemental Rebates have declined. This decline in Supplemental Rebates is due to the inverse relationship between Federal and Supplemental Rebates in our Guaranteed Net Unit Price (GNUP) contracts.

Despite increases in CMS rebates, due to the reduction in supplemental rebates and the offset of Federal rebates, states have experienced an estimated total reduction in rebates of approximately 4.8%.

ACA initially had a significant and immediate impact on states' shares of rebates. Magellan Medicaid Administration and Provider Synergies have observed that the negative impact on supplemental rebates has been somewhat negated by competition in the pharmaceutical marketplace and expanded Medicaid enrollment encourages manufacturers to offer Supplemental Rebates to ensure the positioning of their drug products on Medicaid PDLs.

CMS initially released Federal Rebates values under ACA in May 2011. Prior to that time, manufacturers performed their own estimated calculations and submitted estimated payments for Federal and Supplemental rebate amounts.

## II. SAVINGS METHODOLOGY

There are two ways that Louisiana derives savings from the Preferred Drug List: (1) Supplemental Rebates and (2) Market Shift savings. Both types of savings are listed in the quarterly savings reports that are sent to LDHH.

a. **Supplemental Rebates = (Supplemental Rebate Per Unit x Number of units dispensed)**

Supplemental Rebate per Unit is calculated in accordance with the supplemental rebates offered for products (identified by 11 digit NDC) that are included on the PDL.

The predominant calculation type that manufacturers may use is called a "Guaranteed Net Unit Price" or "GNUP." GNUP calculations are different from total percent offers because they protect the state from price increases through manufacturer price guarantees. If the manufacturer increases its price, it makes up the price increase penny for penny in additional rebates. For example, if the manufacturer offered a GNUP of $0.60 per unit, its federal rebate was $0.25 and the AWP of the product was $1.00, the manufacturer would pay a $0.15 supplemental rebate. Should the manufacturer then increase its price to $1.10, the rebate

liability would also increase, from $0.40 to $0.50 (i.e. $1.10 - $0.60). The supplemental rebate would increase from $0.15 to $0.25.

b. **Market Shift Savings = Total Savings – Supplemental Rebates**

"Market Shift Savings" occur when a patient on a product not included on the PDL changes therapy to a preferred medication that is less expensive. Essentially, this is a measure of cost avoidance for the Medicaid program.

For example, suppose that a non-preferred medication costs the Louisiana Medicaid program $40 per prescription (after all rebates are applied), and the physician changes a recipient's drug regimen to replace that medication with one on the PDL that costs $30 per prescription (again, after application of all rebates). As a result of the change, the Medicaid program saves $10 each time the recipient receives the new prescription versus incurring the additional cost had the patient not changed drugs.

In some cases, products are placed on the PDL and generate savings even without offering a supplemental rebate. This situation occurs either because the product is less expensive or because it has a large federal rebate that renders the net price paid by LDHH lower than the cost of competing therapies.

Market Shift Savings for each class are calculated for each drug name in the class, and then summed for the class total. Total Savings is the sum of Market Shift Savings and Supplemental Rebate Savings.

c. **PDL Performance report (cost avoidance) for the LDHH PDL Program**

Starting with FY 2009, Provider Synergies began a new methodology of reporting cost avoidance or PDL performance for the Preferred Drug List (PDL) Program. This change enabled us to provide reporting capability in reconciling cost avoidance projections made in our bi-annual Pharmaceutical and Therapeutics committee PDL review process.

The cost sheets are developed for the scheduled therapeutic categories prior to each Pharmaceutical and Therapeutics (P&T) meeting. Each therapeutic category is reviewed annually at one of two meetings. Cost sheets incorporate actual utilization of prescriptions, total cost paid by state, federal rebate amounts, maximum allowable cost (MAC) pricing, Federal Upper Limit (FUL) pricing, and offers for supplemental rebates. Estimation of market share shifts and the impact of drugs being ON the PDL or requiring prior authorization are included in the analysis.

The PDL Performance report derives cost avoidance from calculating the projected spend without the PDL for each therapeutic category (from the cost sheet) minus the sum of cost avoidance from market shifts and savings from supplemental rebates. The difference between the projected spend without the PDL and the projected spend with the PDL results in Total Savings with Recommendations; this is calculated for each therapeutic category. The Total Savings with Recommendations represents the projected cost avoidance from both the market share shifts and the supplemental rebates.

Variances between the projected savings on the cost sheets and the actual savings may include changes in volume, differences in market share shifts than expected, changes in manufacturer pricing not guaranteed by contract and adjustments to maximum allowable cost (MAC) program, clinical issues that develop with one or more products within a class, and launch of new branded or generic products, or removal of drugs from the market. New drugs, both branded and generic products, are incorporated into the report as utilization occurs, because they can have considerable impact on market share.

In summary, savings from the PDL program are generated through supplemental rebates and the movement of market share from higher cost products to lower cost, preferred products.

## III. REVIEW OF MAJOR THERAPEUTIC CLASSES

The following is a summary of the major therapeutic classes that generate a significant amount of savings for the PDL program. Hepatitis C Agents are included also.

### Antipsychotics

The year 2005 marked the first time that LDHH selected preferred drugs within the atypical antipsychotic medications. This class represents the largest single class of expenditures within the Medicaid drug budget. The majority of the cost avoidance for this class is generated by the market share shift to the lower cost preferred agents.

At the P&T meeting in August 2009, the first generation antipsychotics and the injectable antipsychotics were reviewed within the PDL program for the first time. The preferred agents for the PDL published October 1, 2009 were the generic first generation antipsychotics, Fazaclo®, Seroquel®, Seroquel® XR, risperidone, oral Geodon ®and injectable Geodon®. Overall utilization increased for this category due to the expanding FDA-approved indications and populations eligible for treatment with the Antipsychotics. In 2010, Saphris® and Risperdal® Consta were added to the PDL. At the April 2011 P&T meeting, Latuda® was reviewed as a new drug and was listed as non-preferred.

SAVINGS: In FY 2010-2011, the net price of risperidone generic fell significantly and was the lowest cost atypical antipsychotic in the class. The estimated average cost per prescription has been trending downward steadily to $150 per prescription in the last quarter of FY 2010 and trending downward to $130 per prescription in early 2011. Total cost avoidance for this class in FY2010-2011 was approximately $90,000 due to the negative impact of the high cost of risperidone generic in the first two quarters of the fiscal year. The first two quarters of FY 2011-2012 have estimated savings for the Antipsychotics class of about $8,000.

### Stimulants and Related Agents

Stimulants and Related Agents are used for the treatment of Attention Deficit/Hyperactivity Disorders and Narcolepsy. New entries to the market over the past two years included Nuvigil® (armodafinil), Kapvay™ (clonidine extended release), and Intuniv® (guanfacine ER). At the February 2010 P&T meeting, Intuniv® (guanfacine ER) was recommended as preferred; market share has quickly grown to over 8 percent of the class. High cost generics for Adderall XR® (amphetamine salt combo extended release) continue to increase the cost of treatment for

ADHD. Drug shortages with the generic amphetamine salt combo extended release occurred during 2010 while brand Adderall XR® remained available.

SAVINGS: Total cost avoidance for the Stimulants and related agents for FY 2010-2011 was over $12.5 million. The first two quarters of FY 2011-2012 have estimated savings for the Stimulants and Related Agents class of about $9.56 million.

Glucocorticoids, Inhaled

Glucocorticoids, Inhaled, also called Inhaled Corticosteroids, are generally used in the management of asthma and chronic obstructive pulmonary disease. The class included only branded agents until the sporadic release of the generic for Pulmicort® Respules over the last couple of years.

Over the last two years, Pulmicort® Respules, a product exclusively for children ages 1 to 8 years, had a generic product enter and leave the US market. Pulmicort® Respules are available to children 8 years and younger without prior authorization in Louisiana. Pulmicort® Respules or the generic equivalent require prior authorization for patients ages 9 years and older. The shifting of market share from brand to generic resulted in increased costs due to the high cost of the generic; most recently, the utilization is mostly the brand Pulmicort® Respules rather than the generic product. For the PDL published in October 2009, the preferred agents were Qvar®, Symbicort®, Aerobid® and Aerobid® M, Flovent® and Flovent® HFA, Advair® Diskus and HFA, and Azmacort®. Non-preferred agents were Asmanex™ and Alvesco®, a new market entry. In FY 2010-2011, the preferred medications included Qvar®, Symbicort®, Aerobid® and Aerobid® M, Flovent® and Flovent® HFA, Advair® Diskus and HFA, and Asmanex™. Azmacort left the market. Aerobid® and Aerobid® M also left the market in June 2011. Dulera, a new combination product similar to Advair® Diskus / Advair® HFA and Symbicort®, was reviewed at the April 2011 meeting and was recommended as non-preferred.

SAVINGS: In FY 2010, the cost avoidance total for the Glucocorticoids, Inhaled was $1.3 million. The first two quarters of FY 2011-2012 have estimated savings for the Glucocorticoids, Inhaled class of about $460,000.

Cephalosporins and Related Agents

The Cephalosporins and Related Agents treat a number of common infections, and selection of a particular agent to treat a specific infection is often empirical and without the availability of microbiology culture and sensitivity data of the pathogen. The cephalosporins class consists of mostly generic products with a few branded exceptions including Ceftin® suspension, Suprax®, and Cedax®. At the August 2010 P&T meeting, preferred agents included cephalexin, cefuroxime tablets, cefadroxil, amoxicillin/clavulanate tablets and suspension, cefprozil, and Suprax®. Non-preferred agents included high cost generics such as cefdinir, cefpodoxime, cefaclor, cefditoren (new generic for Spectracef®), and amoxicillin/clavulanate XR (the new generic for Augmentin® XR).

SAVINGS: Savings for the Cephalosporins and Related Agents class consist of both market share movement to lower cost generic preferred agents and from the accrual of supplemental

rebates. For FY 2010-2011, cost avoidance due to market shift savings and supplemental rebates totaled $9.6 million for the Cephalosporins and Related Agents. The first two quarters of FY 2011-2012 have estimated savings for the Cephalosporins and Related Agents class of $3.68 million.

Proton Pump Inhibitors (PPI)

The proton pump inhibitor class has generated the most savings to date of any of the classes reviewed. At the start of FY 2009, Nexium® and Prevacid® were the two preferred PPIs. The generic for Prevacid® (lansoprazole) entered the market in November 2009. The cost of the new Prevacid® generic, lansoprazole, was much higher than the other products in the class and was recommended as non-preferred at the February 2010 P&T meeting. Omeprazole, the generic for Prilosec®, was added to the preferred drug list at the February 2010 meeting. Omeprazole generic historically had a high cost, but pricing has significantly decreased. Nexium® remained a preferred agent in FY 2010-2011. At the April 2011 P&T meeting, the preferred agents for this class remained omeprazole and Nexium®.

SAVINGS: For FY 2009, the savings for the PPI category were $8 million. In FY 2010, the savings for the PPI category totaled $4.7 million. Prevacid® became available as a generic in November 2009; savings were negatively impacted in the third and fourth quarter of FY 2010 because of the arrival of the higher cost generic, lansoprazole, for Prevacid®. Additionally, the market share shifted to higher cost generic lansoprazole which negatively impacted savings. Total cost avoidance for the Proton Pump Inhibitors in FY 2010-2011 was $1.5 million. The first two quarters of FY 2011-2012 have estimated savings for the Proton Pump Inhibitors class of $678,000.

Analgesics, Narcotics

Narcotic Analgesics category consists of agents which are long-acting for chronic pain management and short-acting analgesics which are typically used for acute pain. At the February 2010 meeting, fentanyl transdermal (generic) was recommended as preferred; Duragesic® branded product was recommended as non-preferred in the Long-Acting Narcotic Analgesics class. Embeda®, a morphine ER product with features to reduce abuse, was first reviewed at the February 2010 meeting; however, it was not been proven to reduce abuse. The P&T committee reviewed Embeda and recommended Embeda to be non-preferred. In March 2011, Embeda® was removed from the market. Ryzolt™, a new long acting form of tramadol, was also recommended as non-preferred. At the April 2011 P&T meeting, both fentanyl transdermal generic and Duragesic® branded were preferred with morphine ER, methadone, and Kadian®. Despite the large number of preferred products, PDL compliance rates for the long-acting narcotics analgesics remain relatively low compared to many other PDL classes. Oxycontin® continues to maintain significant market share despite the non-preferred status.

For the February 2010 review of the short-acting Narcotic Analgesics, all generic agents are recommended as preferred with the exception of fentanyl buccal (for Actiq®). Branded short-acting narcotic analgesics were recommended as non-preferred with the exception of Reprexain™. At the April 2011 P&T meeting, additional non-preferred agents included several

branded products (Zolvit™, Reprexain™, Hycet®, Abstral®) and oxymorphone (a new generic for Opana®).

SAVINGS: The cost avoidance savings generated for FY 2010-2011 were over $211,000.

While switching among brand and generic forms of a drug moves market share, the goal and desired result is to maintain costs as low as feasible for similar products. Very little has changed in the PDL recommendations for the Short Acting Narcotics since most products are generic. The PDL has effectively limited the growth in market share of the expensive brand products for the last three years. For the Short-Acting Narcotic Analgesics, the average net cost per prescription was $22 for FY 2009 and dropped to under $16 for FY 2010-2011.

The first two quarters of FY 2011-2012 have estimated savings for the Narcotic Analgesics class of $550,000.

Leukotriene Modifiers

The National Asthma Education and Prevention Program (NAEPP)_ and Global Initiative for Asthma (GINA) guidelines recommend inhaled corticosteroids as the cornerstone for the treatment of asthma while leukotriene modifiers are included as potential alternatives or add-on therapy in patients with mild persistent asthma and in some patients with aspirin-sensitive asthma.[4] Leukotriene Modifiers are also used as add-on therapy in patients receiving inhaled corticosteroids to reduce the dose of the inhaled corticosteroids in patients with moderate to severe asthma and to potentially improve asthma control in patients whose asthma is not controlled with low or high doses of inhaled corticosteroids. In the NAEPP and GINA guidelines, leukotriene modifiers may be used as controller treatment in asthma, particularly in children ages zero to four years.[5,6] However, in adults and adolescents over 12 years of age and children ages five to 11 years, leukotriene modifiers are not the preferred adjunctive therapy to inhaled corticosteroids compared to the addition of long-acting inhaled $beta_2$-agonists according to NAEPP. Leukotriene Modifiers consist of Singulair®, Accolate®, and Zyflo CR. Preferred agents for the past several years are Singulair® and Accolate®. Zyflo® CR is non-preferred. Despite the Leukotriene Modifiers being second or third line in the management of asthma, utilization has risen over the last two years.

SAVINGS: In FY 2010, total cost avoidance savings for the Leukotriene Modifiers was $57,000. The first two quarters of FY 2011-2012 have resulted in an increased net spend for the Leukotriene Modifiers class of about $7,000.

Beta Agonist Bronchodilators

The Beta Agonist Bronchodilators are important in the management of acute symptoms of asthma and asthma control. At the August 2010 P&T meeting, the recommended preferred agents included albuterol (oral and nebulizer inhalation solution), Maxair®, ProAir® HFA, Proventil® HFA, Ventolin® HFA, terbutaline (oral), and Xopenex® nebulizer solution.

SAVINGS: For FY 2010-2010, the cost avoidance savings totaled $3.8 million. The first two quarters of FY 2011-2012 have estimated savings for the Beta Agonist Bronchodilators class of nearly $814,000.

Antidepressants, Others and Selective Serotonin Reuptake Inhibitors (SSRIs)

Antidepressants includes two major subclasses – the Selective Serotonin Reuptake Inhibitors (SSRIs) and the Other Antidepressants.

The majority of the SSRIs Antidepressants are now available as generics. In August 2010, the preferred agents for the SSRIs included citalopram, fluoxetine, sertraline, paroxetine, fluvoxamine, and Lexapro®. Non-preferred SSRIs effective October 1, 2010 included paroxetine CR (for Paxil® CR), fluoxetine weekly (for Prozac® Weekly), Luvox® CR, and Pexeva™.

For the Other Antidepressants in FY 2010-2011, the preferred agents included bupropion immediate-release (IR) and sustained-release (SR), mirtazapine, trazodone, and venlafaxine ER tablets. Non-preferred antidepressants included Aplenzin®, bupropion XL (generic for Wellbutrin® XL), Pristiq®, Cymbalta®, nefazodone, Emsam®, Effexor® XR, and venlafaxine IR. PDL Compliance averages approximately 55-58 percent for the Other Antidepressants category.

SAVINGS: The total cost avoidance savings for FY 2009 was $2 million for the Antidepressants. For FY 2010, the cost avoidance savings for Antidepressants classes was $1.7 million. In the past year, Effexor XR became available as an expensive generic and negatively impacted savings for this class. The first two quarters of FY 2011-2012 have estimated savings for the Antidepressant classes of $80,000.

Hepatitis C Agents

In August 2005, the P&T committee first reviewed this class. In general, hepatitis C treatment requires combination therapy of a peginterferon and ribavirin for 24 to 48 weeks. Preferred agents since February 2007 have included PEG-Intron®, PEG-Intron® Redipen, Pegasys®, and ribavirin (generic). In February 2010, the preferred agents recommended were Pegasys®, which had the largest market share of the peginterferons, and ribavirin (generic). PEG-Intron® and PEG-Intron® Redipen required prior authorization effective April 1, 2010.

In the Spring of 2011, two new oral protease inhibitors, Incivek® and Victrelis®, were approved by the FDA. These two agents are used in combination with peginterferon and ribavirin for triple combination therapy.

SAVINGS: For FY 2009, the cost avoidance totaled $387,000 for the Hepatitis C agents. For FY 2010, the cost avoidance was $455,000. The first two quarters of FY 2011-2012 have estimated savings for the Hepatitis C Agents class of about $210,000. Costs for this drug class will increase significantly as the cost of the new oral protease inhibitors can range from $30,000 to $40,000 per patient per treatment course.

Number of Therapeutic Classes Reviewed

The Pharmaceutical and Therapeutics (P&T) Committee reviewed a total of 57 classes in FY 2008. In FY 2009 and FY 2010, the number of classes reviewed by the P&T committee was 68 classes each year. While the number remained constant, two new classes were the Antihyperuricemics and the Tetracyclines, Oral in 2009. For FY 2010-2011, the P&T Committee reviewed 73 classes at the August 2010 and April 2011 meetings.

PDL Compliance

PDL Compliance is the percentage of the number of dispensed prescriptions that are preferred divided by the total number of dispensed prescriptions that are subject to the PDL. In FY 2009, the PDL compliance rate was 92.3 percent. For FY 2010-2011, the PDL compliance rate was 89.4 percent. For the first two quarters of FY 2011-2012, the PDL Compliance average rate was 90.3 percent.

## IV. Reported Savings FY 2009-2010 and FY 2010-2011

a. Factors affecting the PDL program in FY 2009 – FY 2012: United States Health Care Reform

As noted in Section I (Major Developments in FY 2010-2011) on the first page, the 8% increase in the Federal rebate on the majority of single source brand drugs and 2% on generics, an increase that is exempted from State FMAP (Federal Medical Assistance Percentage) regulations, reduced State Medicaid supplemental rebate dollars initially for those drugs under contract starting in January 1, 2010.

b. Savings Results

In FY 2009-2010, cost avoidance generated by the PDL program totaled $46.4 million. For FY 2010 - 2011, the cost avoidance savings with the PDL program totaled $40.5 million.

The ACA changes to the Federal Rebate program have negatively affected the accrual of supplemental rebates during years FY 2009-2010 and FY2010-2011.

### *Table 1: Reported Savings by Quarter FY 2009 – 2010*

| Savings Results FY 2009-2010 | | | |
|---|---|---|---|
| Calendar Qtr | LA Fiscal Qtr | Quarterly Reported Savings | Comment |
| 2Q09 | Q110 | $ 12,408,970 | Actual 2Q2009 |
| 3Q09 | Q210 | $ 12,345,714 | Actual 3Q2009 |
| 4Q09 | Q310 | $ 13,893,704 | Actual 4Q2009 |
| 1Q10 | Q410 | $ 7,747,518 | **Reported** 1Q2010 following use of mfg submitted estimated federal rebate amounts. Supplemental rebates were decreased due to changes in Federal Rebate amounts. |
| Totals | | **$ 46,395,906** | |

### *Table 2: Reported Savings by Quarter FY 2010 - 2011*

| Savings Results FY 2010-2011 | | | |
|---|---|---|---|
| Calendar Qtr | LA Fiscal Qtr | Quarterly Reported Savings | Comment |
| 2Q10 | Q111 | $ 11,014,745 | **Estimated** 2Q2010 following use of mfg submitted estimated federal rebate amounts |
| 3Q10 | Q211 | $ 12,197,274 | **Estimated** 3Q2010 following use of mfg submitted estimated federal rebate amounts |
| 4Q10 | Q311 | $ 8,979,028 | Actual 4Q2010 (reflecting CMS federal rebates amounts under rebate rules established by ACA.) |
| 1Q11 | Q411 | $ 8,305,973 | Actual 1Q2011 (reflecting CMS federal rebates amounts under rebate rules established by ACA.) |
| Totals | | **$ 40,497,020** | |

## V. ESTIMATED SAVINGS FOR FY 2011-2012

a. Factors affecting the PDL program in FY 2011-2012

i. New generic medications

In the next year, several medications are expected to become available as generics. Typically, generics are thought to be lower cost than branded medications. More often, the newly released generics are priced at a premium to the net-net cost of the branded medications in Medicaid.

The new higher cost generics will likely negatively impact the savings of the PDL program in the short term. Price erosion typically occurs over one year. Generics that are expected to be launched in the next year include: Lipitor® (atorvastatin), Seroquel® (quetiapine), Zyprexa® (olanzapine), and Lexapro® (escitalopram).

ii. Sun setting of Average Wholesale Price (AWP)

On March 30, 2009, the US District court of Massachusetts entered a final order and judgment approving the class action settlement that involved two major publishers of drug pricing information, First Data Bank (FDB) and Medi-Span. FDB ceased publication of AWP in September 2011. It will be necessary for the State to evaluate an alternative pricing methodology. A decision would likely impact drug pricing and may offer the State an opportunity for additional savings.

b. Savings estimates for FY 2011 – 2012 are a total of $37.7 million.

***Table 3: Estimated Savings by Quarter FY 2011 - 2012***

| Savings Projections FY 2012 | | | |
|---|---|---|---|
| Calendar Qtr | LA Fiscal Qtr | Estimated Savings | Comment |
| 2Q11 | Q112 | $ 10,251,080 | Actual 2Q2011 |
| 3Q11 | Q212 | $ 9,304,850 | **Estimated** 3Q2011. Projections may be impacted by list of factors below. |
| 4Q11 | Q312 | $ 8,979,028 | **Estimated** 4Q2011. Projections may be impacted by list of factors below. |
| 1Q12 | Q412 | $ 9,149,293 | **Estimated** 1Q2012. Projections may be impacted by list of factors below. |
| Total | | **$ 37,684,251** | |

Actual savings may be different from projections due to following various factors: Medicaid expansion with eligibility. The percent of Federal share of the newly eligible population changes over several years. Drug utilization may change depending on the health of the newly eligible population. Large population changes as a result of economy, hurricanes or other disasters would have a potentially large effect on the population. If Pharmacy benefits program is placed into CCN programs, the smaller population in FFS would accrue less supplemental rebates. New drugs will enter the market – unforeseen impact on drug utilization and unknown participation in supplemental rebate program. Drugs may enter the market for diseases that are currently not treated. Recalculation of AMP and the changes in FUL calculation may have significant impact on pricing of drugs. The level of aggressiveness of a state MAC list can impact the number of branded drugs listed on the PDL. Fewer branded drugs or lower utilization of branded products will result in lower supplemental rebates. Limiting the number of branded products in a class would likely lower supplemental rebates for some drug classes or potentially for the whole PDL program. Change in savings reporting methodology. FMAP changes will impact the state's share of all rebates. New changes in Federal Medicaid rules and regulations regarding drug coverage, drug pricing or rebate programs may impact the savings estimates.

## VI. FEATURES OF THE LOUISIANA MEDICAID PDL THAT IMPACT SAVINGS

Strengths: Louisiana participates in the multi-state purchasing pool and benefits from volume purchasing but maintains autonomy in PDL decisions. States receive in some cases better

offers for supplemental rebates as a part of the TOP$ program compared to other single states soliciting for supplemental rebates.

Weakness: The feature of Louisiana's program that possibly affects savings to the greatest extent is the statutorily mandated continuity of care process. Under the continuity of care program, a patient whose prescription medication is non-preferred may continue to take the non-preferred medication for up to six months or five refills. While this approach has minimized the initial impact of the PDL on patients, usage has not shifted as quickly to preferred medications, and savings have not been realized as quickly as would otherwise have been possible.

The current PDL program allows new drugs to process without prior authorization until reviewed by the Pharmaceutical and Therapeutics Committee. New drugs gain market share quickly before the P&T Committee has an opportunity to review the data on the new drug. An evaluation of this process should be considered to determine if new drugs should require prior authorization prior to the P&T Committee's review of the safety and efficacy data.

## VII. SUMMARY

The Preferred Drug List generates cost savings in two ways. First, supplemental rebates are collected from pharmaceutical manufacturers for their inclusion as a preferred product. Secondly, by requiring a prior authorization (PA) on non-preferred products, claims are shifted from more expensive medications to less costly alternatives.

The LDHH PDL program continues to be extremely successful. Savings for FY 2009-2010 were $46.4 million. Savings for FY 2010-2011 were $40.5 million. For the first two quarters of FY 2011-2012, the savings are $21 million with the estimated year end savings of $37.7 million.

Similar to other states with competitive selection based PDL models, prices have continued to drop or at worst stabilize in each subsequent review of each class. Louisiana's leadership in establishing the TOP$[SM] multi-state program accelerated this trend.

## VIII. REFERENCES

[1] Available at: http://www.cms.gov/smdl/downloads/SMD10006.pdf. Accessed November 17, 2011.
[2] Available at: http://www.cms.gov/Reimbursement/Downloads/listofbloodclottingfactors.pdf. Accessed November 17, 2011.
[3] Available at: http://www.cms.gov/Reimbursement/Downloads/listofpediatricdrugs.pdf. Accessed November 17, 2011.
4 National Asthma Education and Prevention Program (NAEPP). Available at: http://.nhlbi.nih.gov/guidelines/asthma/08_sewwwc4_lt_0-11.pdf. Accessed November 17, 2011.
5 Global Initiative for Asthma (GINA) 2010. Available at: http://www.ginasthma.com/. Accessed November 17, 2011.
6 National Asthma Education and Prevention Program (NAEPP). Available at: http://www.nhlbi.nih.gov/guidelines/asthma/08_sec4_lt_0-11.pdf. Accessed November 17, 2011.