

## ODJFS P&T Committee Meeting Minutes

April 22, 2009

77 S. High St., Room 1960

Committee members present: Suzanne Eastman, RPh; Ioanna Giatis, DO; Robert L. Hunter, DO (chair); Karen Jacobs, DO; Margaret Scott, RPh; Michael Wascovich, RPh; Mary Jo Welker, MD

ODJFS staff present: Jill Griffith, PharmD, Drug Utilization Review Director

ACS staff present: Stephanie Levine, PharmD, Clinical Manager; Randy Charles, RPh, Educational Outreach Pharmacist; Corey Less, RPh, Educational Outreach Pharmacist

Approximately 30 stakeholders were present, most representing pharmaceutical manufacturers.

### **The meeting was called to order at 10:15 AM.**

Ms. Scott announced that the agenda had changed since it was posted to the ODJFS web site on April 6. The content did not change, only the order of the agenda.

Ms. Scott also announced the appointment of Ioanna Giatis, DO, family practice. Dr. Giatis was appointed after ODJFS contacted the Ohio Osteopathic Association for recommendations.

### **Old Business:**

Follow-up on questions raised at the July 2008 Committee meeting:

Ms. Scott reviewed open issues from the July meeting.

Antidepressants: Liquid formulations

- The PDL proposal presented by ACS and the state in July recommended non-preferred status of liquids due to their higher cost vs. tablets/capsules
- July meeting, committee questioned whether there is inappropriate use warranting PA on liquids
- October committee recommendation is to make this low priority.
- April update: The DUR program has addressed this question. In December 2008, the DUR Committee reviewed profiles for 345 patients (age 6 and older) who received a prescription for a liquid antidepressant in September 2008. The DUR Committee looked for patients who also received prescriptions for medications that should be swallowed, in particular larger tablets and capsules that should not be crushed. The DUR Committee found that 66 of the 345 patients were receiving both a liquid antidepressant and medications that should be swallowed. Intervention letters suggesting a change to the tablet/capsule formulation were mailed to prescribers. A copy of the intervention letter including a chart of the cost difference is attached. The patient profiles will be reviewed after one year to see if there have been cost savings.

Discussion: Mr. Wascovich noted that 20% of the patients were able to swallow pills, so asked if a SmartPA could be put into place to save additional money. Ms. Scott will research this.

Antidepressants and Second Generation Antipsychotics: Advance Practice Nurse Prescribing

- Prescriptions written by psychiatrists for non-preferred antidepressants and second generation antipsychotics are exempt from prior authorization for the standard tablet/capsule dosage forms
- Stakeholder groups have asked for this exemption to be extended to clinical nurse specialists whose specialty is mental health
- July meeting, committee suggested monitoring APN prescribing and revisit the question
- Dr. Hunter asked Dr. Jacobs for her opinion on APN exemption from the state's PDL. Dr. Jacobs agrees this is a tough question. Physician extenders are important to the community mental health centers. She does feel that given the choices available on the PDL, APN prescribers should be able to find agents to use without being exempt from the PDL altogether. She requests time investigate this matter on her own and report back to the committee in January.
- October committee recommendation is to discuss this in January 2009.

Discussion: Dr. Jacobs has consulted with colleagues around the state on this issue. She believes that extending the prior authorization exemption to APNs with a psychiatry specialty will be helpful and prevent delays in care. Dr. Welker and Mr. Wascovich asked how these specialists would be identified. Dr. Jacobs said that the Ohio Board of Nursing has a list. Dr. Hunter said that the APNs could transmit the prescription under their collaborating physician's name, and Dr. Welker agreed saying that the physician must be available to the nurse for consultation. Dr. Jacobs said that the physician may be unavailable, causing a delay in the prescription being issued. Dr. Hunter asked how many APNs in Ohio have this specialty. Audience members representing mental health interests believe the number to be about 250. Dr. Welker expressed concern that the patient and/or APN would not later follow up with a psychiatrist. Mr. Wascovich said that the goal is to have mental health specialists treating mental health patients and to prevent access problems. If it can be done effectively and simply, he would support a PA exemption for specialist APNs. Dr. Hunter asked what training an APN must receive in both pharmacology and mental health before being certified in the specialty. Ms. Scott will follow up at the next meeting with information about the number of specialist APNs and the population they serve, the definition of the specialty designation, and training requirements.

Second Generation Antipsychotics: Invega

- Invega required prior authorization beginning January 2007, and was recommended non-preferred when the drug class was added to the PDL
- Committee suggested revisiting the PDL status if Invega to see if new clinical studies show benefit vs. Risperdal
- July meeting, committee suggested the review be done after the pricing of generic Risperdal has stabilized
- October meeting, a representative of Johnson & Johnson pharmaceuticals confirmed that there are new studies being performed, the committee would like more information when the studies are published
- Medicaid staff met with Johnson & Johnson on January 7. There have not been any additional studies published.
- Beginning January 28, generic risperidone no longer requires prior authorization.
- Risperisone reimbursement:

Strength	Brand Risperdal Reimbursement	Generic Risperidone Reimbursement
0.25mg tablet	\$4.077	\$1.082
0.5mg tablet	\$4.475	\$1.187

1mg tablet	\$4.757	\$1.676
2mg tablet	\$7.951	\$2.110
3mg tablet	\$9.338	\$2.478
4mg tablet	\$12.543	\$3.421
1mg/ml solution (per ml)	\$5.315	\$4.343

Committee members did not comment.

#### Proton Pump Inhibitors

- All PPIs have a limit of 1 dose per day
- July meeting, committee suggested a review of the length of therapy and dosing of PPIs
- October committee recommendation is to refer this to the DUR program
- This topic was raised at the November 2008 DUR Board meeting. The DUR Board agreed this is a good topic to review, and will consider specific review criteria in 2009

Committee members did not comment.

#### Ophthalmic Antibiotics: Quinolones

- The PDL includes several ophthalmic quinolones available without PA
- July meeting, committee suggested that ophthalmic quinolones may be inappropriately overused and asked for utilization review information
- October committee recommendation is to refer this to the DUR program.
- This topic was raised at the November 2008 DUR Board meeting. The DUR Board agreed this is a good topic to review, and will consider specific review criteria in 2009. They also suggested looking at otic quinolones.
- The DUR program has a contract with the University of Cincinnati College of Pharmacy for data analysis and clinical research. UC has prepared reviews of ophthalmic quinolones used for conjunctivitis as well as pre- and post-surgery, and of otic quinolones. These reviews will be provided to Committee members prior to the next meeting.

Committee members did not comment.

#### Inhaled Corticosteroids: Pulmicort Respules

- Pulmicort Respules have been included on the PDL as a preferred drug because it is the only corticosteroid available in a nebulizer formulation
- Pulmicort Respules have 38% of the market share
- July meeting, committee suggested that an age limit (suggestion age 8) may be appropriate
- ODJFS is researching and will have information at the January 2009 meeting
- Pulmicort utilization by age, July 2007 through June 2008

Age Range	Number of Patients	Percent of Total Patients
0-8	3636	77.35%
9-12	268	5.70%
13-20	255	5.42%
21-50	255	5.42%
51-64	206	4.38%
65-94	81	1.72%

- Analysis of Pulmicort Respules utilizers age 9-20 showed that 44.97% used both an inhaler and a nebulizer.

- Pulmicort Respules will require prior authorization for patients over age 8 beginning July 1<sup>st</sup>.

Discussion: The Committee reiterated that PA should be required for patients over age 8.

#### Leukotriene Modifiers

- Leukotriene modifiers do not require a specific diagnosis
- July meeting, committee would like to consider limiting to asthma or requiring prior therapy if the diagnosis is allergic rhinitis
- October committee recommendation is for ODJFS to research this topic and present information in January or April 2009
- The University of Cincinnati College of Pharmacy reviewed the use of leukotriene modifiers in patients identified as having allergic rhinitis, asthma, or both. Results attached.

Discussion: The Committee expressed surprise at the low percentage of patients (2.3%) using leukotriene modifiers exclusively for allergic rhinitis, and the high number of patients (53.9%) with no drug claims for allergic rhinitis. Committee members said the therapy appeared to be appropriate and did not recommend any changes.

#### Topical Agents, Post-Herpetic Neuralgia: Lidoderm

- The PDL proposal presented by ACS and the state in July recommended limiting to the labeled indication post-herpetic neuralgia
- July meeting, committee suggested that Lidoderm may be appropriate for other types of pain
- July meeting, committee suggested that Lidoderm may not be a first-line agent and other therapy should be tried
- July meeting, committee suggested that state staff work with pain management specialists to determine appropriate use
- October recommendation is to make this a low priority to be revisited in July 2009
- The department has not made progress on this point

Committee members did not comment.

Dr. Welker asked if there was a possibility that all Medicaid (including managed care) would ever have one formulary. Ms. Scott said that the Governor's executive budget as proposed to the General Assembly assumes that pharmacy will be carved out of managed care. During managed care listening sessions around the state, the State Medicaid Director heard from providers that one formulary would be helpful. Carving pharmacy out of managed care will accomplish this goal. It would also save the state money because rebates would be collected on all drugs dispensed to Medicaid consumers, not just for fee-for-service Medicaid consumers. This will increase the population that the P&T Committee serves to approximately 1.7 million consumers, vs. roughly 500,000 today. The pediatric population would increase to approximately 75% of consumers, vs. about 50% today. Any changes will be effective in early 2010.

#### **New Business:**

Proposed conflict of interest policy.

Ms. Scott reviewed the proposed conflict of interest policy that had been shared with Committee members prior to the canceled January meeting. Committee members expressed support for the policy, and all members present signed the statement.

New drug classes for preferred drug list (to be effective October 1, 2009):

Ms. Scott reviewed the proposed drug classes and prior authorization criteria, see attached.

Acne preparations: The Committee asked if there are practice guidelines indicating whether other therapies should be tried prior to a retinoid. Ms. Scott will research and provide any guidelines to the Committee prior to the next meeting.

Otic agents: Dr. Hunter said that refills for chronic otitis media should only be authorized for three months instead of six months. Other Committee members agreed that follow-up should occur within three months.

Topical agents: anti-parasitics: Ms. Eastman said that the American Academy of Pediatrics has guidelines for treatment. Ms. Scott will provide the guidelines to the committee prior to the next meeting.

Topical agents: pleuromutilin derivatives: Ms. Scott reminded the Committee that Altabax® was approved as a preferred agent at the October meeting. If Altabax® remains preferred, the prior authorization criteria are moot because it is the only drug in the class. The criteria will only be in effect if Altabax® becomes non-preferred.

#### **Drugs under consideration:**

Dr. Hunter recognized Cristine Sproles, PharmD, from Sepracor, to speak about Alvesco® (ciclesonide) inhalation aerosol.

Dr. Levine, on behalf of ACS and the department, recommended that Alvesco® be non-preferred because there are no benefits over the preferred agents. Ms. Scott added that the indication for Alvesco® is for ages 12 and over.

Discussion: Mr. Wascovich asked Dr. Sproles if pediatric studies are being done, and she said that Sepracor will pursue a pediatric indication. Mr. Wascovich recommended prior authorization status, with no additional discussion from the Committee.

Dr. Hunter recognized local cardiologist John Larry, MD, to speak about Trilipix® (fenofibric acid) delayed-release capsules from Abbott.

Dr. Levine, on behalf of ACS and the department, did not have a recommendation. She asked the Committee to discuss whether the FDA-approved indication for use with statins is important.

Discussion: Mr. Wascovich noted the improved safety profile. Dr. Welker said that there needs to be an agent available to use in combination with statins, since so many providers are moving away from using Zetia®. Ms. Eastman recommended preferred status. Dr. Hunter agreed, indicating that aggressive therapy in cardiovascular disease is important. Dr. Giatis also noted that Trilipix® has been shown to increase HDL and decrease triglycerides.

#### **Announcements:**

Ms. Scott introduced the CyberAccess system, the department's first step toward electronic health records. The system will allow Medicaid providers to access pharmacy claims history for their patients, and will soon have an e-prescribing component. The e-prescribing program will first check for prior authorization requirements, and if the drug requires prior authorization will allow

the prescriber to submit information to the clinical help desk for a PA determination. Ms. Scott introduced Mr. Charles and Mr. Less with ACS, who are enrolling providers to use the system.

Dr. Hunter announced that the minutes from this meeting will be posted to the ODJFS website by mid-May.

The next P&T Meeting is scheduled for July 8, 2009, with clinical presentations scheduled for July 6 and 7.

Meeting was adjourned at 11:17 AM by Dr. Hunter.

Following the meeting, the department followed the Committee's recommendations to make Alvesco® non-preferred and Trilipix® preferred. Trilipix® was available without prior authorization beginning April 25.

(Date)

(Header)

Dear \_\_\_\_\_ :

The Ohio Medicaid Drug Utilization Review (DUR) program is an educational program designed to improve the quality of patient care by identifying and resolving potential problems to drug therapy. Therapeutic criteria are applied to all medical billing claims and high risk patients are identified and subsequently reviewed by pharmacists on the DUR Committee. **The DUR Committee reviewed medication profiles of patients receiving the liquid antidepressant formulations: citalopram (Celexa®) 10 mg/5 mL, fluoxetine (Prozac®) 20 mg /5 mL, Lexapro® 5 mg/5 mL, paroxetine (Paxil®) 10 mg/5 mL and sertraline (Zoloft®) 20 mg/ mL**

The DUR Committee appreciates that liquid formulations may be beneficial for patients who have difficulty swallowing tablets. While unnecessarily using the liquid drug does not endanger the safety of the patient, this formulation costs significantly more than the oral tablets. The cost differences are shown in the table below.

<b>Cost of Liquid Versus Oral Tablets Over 30 Days</b>			
<b>Product</b>	<b>Liquid</b>	<b>Tablet</b>	<b>Difference</b>
citalopram 40 mg daily	\$ 234.60	\$ 2.94	\$ 231.66
fluoxetine 20 mg daily	\$ 21.60	\$ 2.07	\$ 19.53
Lexapro 20 mg daily	\$ 324.60	\$ 86.97	\$ 237.63
paroxetine 20 mg daily	\$154.50	\$ 10.71	\$ 143.79
sertraline 50 mg daily	\$ 60.83	\$ 3.84	\$ 56.99

**A review of this patient's drug history indicates that he/she may have received/is receiving therapy with a liquid antidepressant while also receiving other oral tablet formulations that could be swallowed.**

Please review the enclosed summary of prescribed medications and determine if liquid antidepressant use is still indicated. The DUR Committee will reevaluate your patient's medication history within one year.

The success of the DUR program is predicated on effective two-way communication. Please share your comments with us by completing the **DUR RESPONSE FORM** and returning it in the enclosed postage paid envelope. Your response within the next thirty (30) days is appreciated. Thank you in advance for your cooperation and response to this matter.

Sincerely,

Jill RK Griffith BS, PharmD, RPH  
DUR Program Director

Margaret Scott MS, MPH, RPH  
DUR Administrator



**The Use of Leukotriene Modifiers in Patients  
With Allergic Rhinitis**

**By  
University of Cincinnati**

**April 15, 2009**

**Research Question:** Are leukotriene modifiers used as first line therapy in the treatment of allergic rhinitis (AR)?

**Methods:**

*Date Range:* April 2007 to October 2008

*Patient Selection:* Select all patients with a diagnosis of AR, Asthma or Both

Categorize a patient as having **AR**, **Asthma** or **Both**:

**AR** = diagnosis code of 477.xx OR have received any oral antihistamine, nasal antihistamine or nasal steroids and their medication persistence ratio is greater than 0.5 .

The medication persistence ratio is calculated as "the sum of the days' supply of all medications dispensed (excluding the days' supply of the final prescription dispensing) divided by the length of therapy." A ratio greater than 0.5 would select a patient as having AR.

OR

If a patient had only one prescription AND the days supply on that prescription was **greater** than or equal to 60, then classify that patient as having allergic rhinitis.

**Asthma** = Asthma (Diagnosis Code of 493.1x or 493.9x) OR the following algorithm. Include patients as asthmatic if they have any two prescriptions from any of the following drug classes: mast cell stabilizers, theophylline, short- acting beta- agonists, long- acting betaagonists, inhaled corticosteroids, combinations (see below) BUT exclude patients who have a diagnosis of COPD. **COPD** is defined as a diagnosis code of 493.2x or any one prescription from the following drugs: ipratopim (GDC = 13456, 24621, 42230, 42235, 72951, 90107) or Spiriva (GDC = 17853)

**Both** = Patient fits BOTH of the above definitions, OR has a diagnosis code = 493.0x (asthma with allergic rhinitis)

These are the drugs for **Allergic Rhinitis**:

**Oral antihistamines**

Search for DTCC = Z2A, Z2B, Z2I, Z2O, Z2Q OR

Search for the following Generic Drug Codes (GDC) as outlined in the chart:

Brompheniramine	Chlorpheniramine	Diphenhydramine
18119	13177	15009
20335	23484	15011
23679	24996	22846
23681	46461	22848
27079	46464	27481

46351	46512	45971
96988	96999	45972
91947	98092	46011
61362	85916	46032
	44020	46071
	12862	46980
	96411	48831
	96412	
	14148	

**Nasal antihistamines**

Search for DTCC = Q7E

**Nasal steroids**

Search for DTCC = Q7P

These are the drugs for **Asthma**:

Mast cell stabilizers (nasal and inhalation)

Search for DTCC = Z2F or Q7H (cromolyn)

Theophylline

Search for the following GDCs as outlined in the chart:

Theophylline
00310
00312
00313
00410
50161
50162
50290
50291
50291

**Short- acting beta- agonists**

Search for GDC = 48021 (pirbuterol) OR

Search for GDC = 20060, 20071, 20072 (terbutaline) OR

Search for the following GDCs as outlined in the chart:

Albuterol	Levalbuterol	Metaproterenol
14633	15665	19701
14634	23146	19720

20100	24422	19730
20101	24540	19731
20110	24541	
20970		
22697		
22780		
22913		
41680		
41681		

**Long- acting beta- agonists**

Search for GDC = 36801 or 98776 (formoterol) OR

Search for GDC = 64012 (salmeterol)

**Inhaled corticosteroids**

Search for GDC = 80128 or 80131 (beclamethasone) OR

Search for GDC = 840 or 52861 (flunisolide) OR

Search for GDC = 1210 or 98680 (triamcinolone) OR

Search for the following GDCs as outlined in the chart:

<b>Budesonide (inh)</b>	<b>Fluticasone (inh)</b>	<b>Mometasone (inh)</b>
17957	53633	18987
19758	53634	24927
27740	53635	24928
62980	53636	24929
98024	53638	99721
98025	53639	

**Combination inhaled steroid with long- acting beta- agonist**

Search for GDC = 98499 or 98500 (budesonide + formoterol) OR

Search for the following GDCs as outlined in the chart

<b>Fluticasone + Salmeterol</b>
50584
50594

50604
97135
97136
97137

### **Drug Utilization:**

Identify if the patient is receiving leukotriene modifiers, oral antihistamines, nasal antihistamines or nasal steroids. Create the following categories:

1. Only LMs
2. Only oral antihistamines,
3. Only nasal antihistamines
4. Only nasal steroids
5. LM plus any prescription from one of the other categories (other means oral antihistamine, nasal antihistamine or nasal steroid)
6. Any combination of Oral Antihistamine, Nasal Antihistamine, and/or Nasal Steroid
7. None

Definition of each drug category:

**LM** - Search for Drug Therapeutic Class Codes (DTCC) = Z4B or Z4E for leukotriene antagonists

1. For the report, collapse into one category, LM.
2. Also produce a frequency report of how many prescriptions there were for each type of leukotriene modifier:  
Montelukast = GDC 94444, 94440, 42373, 18803  
Zafirlukast = 52271, 18690  
Zileuton = 40321, 98822

### **Results**

We identified 125,699 patients with allergic rhinitis, asthma or both. Of the 55,492 patients with a diagnosis for allergic rhinitis, 1,265 (2.3%) used only a leukotriene modifier with no other medication such as an oral antihistamine, nasal antihistamine or nasal steroid. 3,112 (5.6%) of patients with allergic rhinitis used a leukotriene modifier along with a medication in one of these categories. Approximately 20% of allergic rhinitis patients used only an oral antihistamine. Over half of the (53.6%) patients used no medication. In patients with both asthma and allergic rhinitis, only leukotriene modifiers were used in 11.2% of patients.

Table 1: Drug Utilization by Disease Cohort

	Leukotriene Modifier ONLY	Oral Antihistamine ONLY	Nasal Antihistamine ONLY	Nasal Steroid ONLY	OA / NA / NS Combo	LM Plus Any Other Allergy Med***	None****	Total
<b>Allergic Rhinitis Only N*,%**</b>	1,265 (2.3)	11,489 (20.7)	941 (1.7)	7,044 (12.7)	1,754 (3.2)	3,112 (5.6)	29,887 (53.9)	55,492
<b>Asthma Only</b>	4,584 (11.1)	0	0	0	0	0	36,882 (88.9)	41,466
<b>Both</b>	3,231 (11.2)	2,064 (7.2)	216 (0.8)	1,505 (5.2)	539 (1.9)	3,416 (11.9)	17,770 (61.8)	28,741
<b>Total</b>	9,080 (7.2)	13,553 (10.8)	1,157 (0.9)	8,549 (6.8)	2,293 (1.8)	6,528 (5.2)	84,539 (67.3)	125,699

\*N represents unique patients

\*\*Percents are row percents – i.e. % of patients with AR receiving LM

\*\*\* Any other allergy med refers to oral antihistamines, nasal antihistamines or nasal steroids

\*\*\*\* None refers to no LM, oral antihistamines, nasal antihistamines or nasal steroids. Patients could be receiving other types of medications.

**Table 2 : Frequency of Leukotriene Modifier Prescriptions by Drug**

Drug Name	Frequency*	Percent	Cumulative Frequency	Cumulative Percent
Zileuton	56	0.08	56	0.08
Zafirlukast	1099	1.56	1155	1.64
Montelukast	69,117	98.36	70,272	100

\*Number of prescriptions

# DRAFT

For P&T Committee Discussion Only

## Acne Preparations

**LENGTH OF AUTHORIZATIONS:** 1 year for topical products  
5 months for oral isotretinoin, with one re-approval possible after 2 months off drug

**CLINICAL CRITERIA:**

Oral isotretinoin products require clinical prior authorization:  
Patient diagnosis severe recalcitrant nodular acne, after a history of at least 30 days of topical therapy.

Topical retinoids require prior authorization for patients over age 23:  
Patient diagnosis psoriasis – may approve tazarotene (Tazorac<sup>®</sup>)  
Patient diagnosis acne vulgaris – may approve retinoid if the patient has a history of at least 30 days of therapy with alternative therapy (benzoyl peroxide, sodium sulfacetamide or antibiotic) in the previous 90 days

**PDL CRITERIA:**

Is there any reason the patient cannot be changed to a medication not requiring prior approval?  
Acceptable reasons include:

- Allergy to medications not requiring prior approval
- Contraindication to or drug-to-drug interaction with medications not requiring prior approval
- History of unacceptable/toxic side effects to medications not requiring prior approval

**Document clinically compelling information**

**ADDITIONAL INFORMATION**

The requested medication may be approved if the following is true:

- If there has been a therapeutic failure to no less than a [length of trial to be discussed] trial of at least [number of medications to be discussed] medication not requiring prior approval

**OTHER DISCUSSION POINTS FOR P&T COMMITTEE TO CONSIDER**

Should a patient be required to try a benzoyl peroxide, antibiotic, and/or sodium sulfacetamide product prior to a retinoid?

**ANTIBIOTIC PRODUCTS**

**DRUGS UNDER CONSIDERATION**

AKNE-MYCIN<sup>®</sup> ointment  
CLINDAGEL<sup>®</sup>  
CLINDAMYCIN gel (generic of Cleocin T<sup>®</sup>, Clindamax<sup>®</sup>)  
CLINDAMYCIN lotion (generic of Cleocin T<sup>®</sup>, Clindamax<sup>®</sup>)  
CLINDAMYCIN pledgets (generic of Cleocin T<sup>®</sup>)  
CLINDAMYCIN solution (generic of Cleocin T<sup>®</sup>)  
ERYTHROMYCIN gel (generic of Erygel<sup>®</sup>)  
ERYTHROMYCIN solution (generic of A/T/S<sup>®</sup>, Akne-Mycin<sup>®</sup>)  
EVOCLIN<sup>®</sup> foam

# DRAFT

For P&T Committee Discussion Only

## **BENZOYL PEROXIDE AND COMBINATION PRODUCTS**

### **DRUGS UNDER CONSIDERATION**

BENZACLIN<sup>®</sup> gel (benzoyl peroxide and clindamycin)  
BENZAMYCINPAK<sup>®</sup> gel (benzoyl peroxide and erythromycin)  
BENZOYL PEROXIDE cleanser (generic of Oscion<sup>®</sup>, Triaz<sup>®</sup>)  
BENZOYL PEROXIDE gel (generic of Benzac AC<sup>®</sup>, Benzagel<sup>®</sup>, Desquam-X<sup>®</sup>)  
BENZOYL PEROXIDE lotion (generic of Zaclir<sup>®</sup>)  
BENZOYL PEROXIDE pads (generic of Oscion<sup>®</sup>, Triaz<sup>®</sup>)  
BENZOYL PEROXIDE wash (generic of Benzac AC<sup>®</sup>, Benzac W<sup>®</sup>, Brevoxyl<sup>®</sup>, Desquam-X<sup>®</sup>)  
BENZOYL PEROXIDE MICROSPHERES cream (generic of Neobenz Micro<sup>®</sup>)  
BENZOYL PEROXIDE-UREA cleanser (generic of Zoderm<sup>®</sup>)  
BENZOYL PEROXIDE-UREA cream (generic of Zoderm<sup>®</sup>)  
BENZOYL PEROXIDE-UREA gel (generic of Zoderm<sup>®</sup>)  
BENZOYL PEROXIDE-UREA pads (generic of Zoderm<sup>®</sup> redi-pads)  
BENZOYL PEROXIDE-UREA wash (generic of Zoderm<sup>®</sup> hydrating wash)  
DUAC CS<sup>®</sup> kit (benzoyl peroxide and clindamycin)  
DUAC<sup>®</sup> gel (benzoyl peroxide and clindamycin)  
ERYTHROMYCIN-BENZOYL PEROXIDE gel (generic of Benzamycin<sup>®</sup>)  
NEOBENZ MICRO<sup>®</sup> wash  
NEOBENZ MICRO SD<sup>®</sup> cream  
ZODERM<sup>®</sup> cream

## **ORAL ISOTRETINOIN**

### **DRUGS UNDER CONSIDERATION**

ACCUTANE<sup>®</sup>  
AMNESTEEM<sup>®</sup>  
CLARAVIS<sup>®</sup>  
SOTRET<sup>®</sup>

## **OTHER PRODUCTS**

### **DRUGS UNDER CONSIDERATION**

ACZONE<sup>®</sup> gel (dapsone)  
AZELEX<sup>®</sup> cream  
FINACEA<sup>®</sup> gel

## **RETINOID AND COMBINATION PRODUCTS**

### **DRUGS UNDER CONSIDERATION**

ATRALIN<sup>®</sup> gel  
DIFFERIN<sup>®</sup> cream  
DIFFERIN<sup>®</sup> gel  
EPIDUO<sup>®</sup> gel (adapalene and benzoyl peroxide)  
TAZORAC<sup>®</sup> cream  
TAZORAC<sup>®</sup> gel  
RETIN-A MICRO<sup>®</sup> gel  
TRETINOIN cream (generic of Avita<sup>®</sup>, Retin-A<sup>®</sup>)  
TRETINOIN gel (generic of Avita<sup>®</sup>, Retin-A<sup>®</sup>)  
ZIANA<sup>®</sup> gel (clindamycin and tretinoin)

# DRAFT

For P&T Committee Discussion Only

## **SODIUM SULFACETAMIDE AND COMBINATION PRODUCTS**

### **DRUGS UNDER CONSIDERATION**

AVAR<sup>®</sup> gel  
SODIUM SULFACETAMIDE cream (generic of Ovace<sup>®</sup>)  
SODIUM SULFACETAMIDE gel (generic of Ovace<sup>®</sup>)  
SODIUM SULFACETAMIDE lotion (generic of Klaron<sup>®</sup>)  
SODIUM SULFACETAMIDE wash (generic of Ovace<sup>®</sup>)  
SODIUM SULFACETAMIDE cream (generic of Avar-E<sup>®</sup>)  
SODIUM SULFACETAMIDE-SULFUR cleanser kit  
SODIUM SULFACETAMIDE-SULFUR lotion (generic of Sulfacet-R<sup>®</sup>)  
SODIUM SULFACETAMIDE-SULFUR pads (generic of Plexion<sup>®</sup> cleansing cloths)  
SODIUM SULFACETAMIDE-SULFUR suspension (generic of Plexion<sup>®</sup> TS)  
SODIUM SULFACETAMIDE-SULFUR wash (generic of Avar<sup>®</sup> cleanser, Plexion<sup>®</sup> cleanser, Rosac<sup>®</sup> wash)  
SODIUM SULFACETAMIDE-SULFUR-AVOBENZONE cream (generic of Rosac<sup>®</sup> cream)  
SODIUM SULFACETAMIDE-SULFUR-UREA cleanser (generic of Rosula<sup>®</sup> cleanser)  
SODIUM SULFACETAMIDE-SULFUR-UREA gel (generic of Rosula<sup>®</sup> aqueous gel)  
SODIUM SULFACETAMIDE-SULFUR-UREA wash (generic of Rosula<sup>®</sup> clarifying wash)  
SODIUM SULFACETAMIDE-SULFUR-UREA WITH SUNSCREEN kit (generic of Rosula<sup>®</sup> CLK)  
SODIUM SULFACETAMIDE-SULFUR-WITCH HAZEL cream (generic of Plexion<sup>®</sup> SCT cream)  
SODIUM SULFACETAMIDE-UREA pads (generic of Rosula<sup>®</sup> NS medicated pads)

# DRAFT

For P&T Committee Discussion Only

## Otic Agents: Antibacterial and Antibacterial/Steroid Combination Drops

**LENGTH OF AUTHORIZATIONS:** for the date of service only; no refills for acute infection. Refills for up to 6 months may be authorized for ofloxacin only for patients with chronic suppurative otitis media and perforated tympanic membrane.

1. Is there any reason the patient cannot be changed to a medication not requiring prior approval? Acceptable reasons include:
  - Allergy to medications not requiring prior approval
  - Contraindication to or drug-to-drug interaction with medications not requiring prior approval
  - History of unacceptable/toxic side effects to medications not requiring prior approval
2. If the infection is caused by an organism resistant to medications not requiring prior approval, then may approve the requested medication.
  - Note diagnosis and any culture and sensitivity reports

The requested medication may be approved if both of the following are true:

- If there has been a therapeutic failure to no less than a [length of trial to be discussed] trial of at least [number of medications to be discussed] medications not requiring prior approval
- The requested medication's corresponding generic (if covered by the state) has been attempted and failed or is contraindicated.

### Document clinically compelling information

#### OTIC AGENTS: ANTIBACTERIAL – STERIOD COMBINATION

##### DRUGS UNDER CONSIDERATION

CIPRO HC<sup>®</sup> suspension (ciprofloxacin with hydrocortisone)  
CIPRODEX<sup>®</sup> suspension (ciprofloxacin with dexamethasone)  
COLY-MYCIN-S<sup>®</sup> suspension (neomycin and colistin with hydrocortisone)  
CORTISPORIN-TC<sup>®</sup> suspension (neomycin and colistin with hydrocortisone)  
NEOMYCIN-POLYMYXIN B WITH HYDROCORTISONE solution (generic of Cortisporin<sup>®</sup> solution)  
NEOMYCIN-POLYMYXIN B WITH HYDROCORTISONE suspension (generic of Cortisporin<sup>®</sup> suspension)  
PEDIOTIC<sup>®</sup> suspension (neomycin and polymyxin B with hydrocortisone)

#### OTIC AGENTS: ANTIBACTERIAL

##### DRUGS UNDER CONSIDERATION

OFLOXACIN drops (generic of Floxin Otic<sup>®</sup>)

# DRAFT

For P&T Committee Discussion Only

## Topical Agents: Anti-Parasitics

**LENGTH OF AUTHORIZATIONS:** 2 weeks

Is there any reason the patient cannot be changed to a medication not requiring prior approval?

Acceptable reasons include:

- Allergy to medications not requiring prior approval
- Contraindication to or drug-to-drug interaction with medications not requiring prior approval
- History of unacceptable/toxic side effects to medications not requiring prior approval

### Document clinically compelling information

#### **ADDITIONAL INFORMATION**

The requested medication may be approved if the following is true:

- If there has been a therapeutic failure to no less than a [length of trial to be discussed] trial of at least [number of medications to be discussed] medications not requiring prior approval
- The requested medication's corresponding generic (if covered by the state) has been attempted and failed or is contraindicated.

#### **ANTI-PARASITICS, TREATMENT OF SCABIES**

##### **DRUGS UNDER CONSIDERATION**

EURAX<sup>®</sup> lotion  
EURAX<sup>®</sup> cream  
LINDANE lotion  
PERMETHRIN cream (generic of Elimate<sup>®</sup>)

#### **ANTI-PARASITICS, TREATMENT OF LICE**

##### **DRUGS UNDER CONSIDERATION**

LICE kit [piperonyl butoxide-pyrethrins shampoo, comb, permethrin home spray] (generic of Rid<sup>®</sup> complete kit)  
LINDANE<sup>®</sup> shampoo  
OVIDE<sup>®</sup> lotion  
PERMETHRIN lotion (generic of Nix<sup>®</sup> cream rinse)  
PIPERONYL BUTOXIDE-PYRETHRINS lotion  
PIPERONYL BUTOXIDE-PYRETHRINS shampoo (generic of Rid<sup>®</sup> shampoo)

# DRAFT

For P&T Committee Discussion Only

## Topical Agents: Pleuromutilin Derivatives

**LENGTH OF AUTHORIZATIONS:** for the date of service only. Approval should be for 5g or 10g tube size; 15g tube may only be approved for large areas of infection (100cm<sup>2</sup>).

Is there any reason the patient cannot be changed to a medication not requiring prior approval?  
Acceptable reasons include:

- Allergy to medications not requiring prior approval
- Contraindication to or drug-to-drug interaction with medications not requiring prior approval
- History of unacceptable/toxic side effects to medications not requiring prior approval

Note: alternative therapy may be oral or topical antibiotic therapy

### Document clinically compelling information

#### **ADDITIONAL INFORMATION**

The requested medication may be approved if the following is true:

- If there has been a therapeutic failure to no less than a [length of trial to be discussed] trial of at least [number of medications to be discussed] medications not requiring prior approval

#### **PLEUROMUTILIN DERIVATIVES**

##### **DRUGS UNDER CONSIDERATION**

ALTABAX®