Commissioner for the Department for Medicaid Services Selections for Preferred Products

This is a summary of the final Preferred Drug List (PDL) selections made by the Commissioner of the Department for Medicaid Services (DMS) based on the Drug Review and Options for Consideration document prepared for the Pharmacy and Therapeutics (P&T) Advisory Committee's review on **May 18, 2023,** and the resulting official recommendations.

New Products to Market

Auvelity™

Non-prefer in the PDL class: *Antidepressants: Other*

Length of Authorization: 1 year

- Dextromethorphan/bupropion (Auvelity) is an uncompetitive N-methyl D-aspartate (NDMA) receptor antagonist/sigma-1 receptor agonist and aminoketone/cytochrome P450 2D6 (CYP2D6) inhibitor indicated in the treatment of major depressive disorder (MDD) in adults.

Initial Approval Criteria

- Diagnosis of major depressive disorder; AND
- Patient must not have hypersensitivity to bupropion, dextromethorphan, or any component of the product; AND
- Patient is not pregnant, breastfeeding, or planning to become pregnant; AND
- Patient has tried and failed, unless allergic, contraindicated or intolerant to 2 preferred agents in any sub-class; OR
- Patient has suicidal ideation with severe depression based on an objective measure [e.g. Patient Health Questionnaire-9 (PHQ-9), Hamilton Rating Scale for Depression (HDRS), Montgomery-Asberg Depression Rating Scale (MADRS), Clinically Useful Depression Outcome Scale (CUDOS), or Quick Inventory of Depressive Symptomatology – Self Report 16 Item ($QIDS\text{-}SR_{16}$)]

Renewal Criteria

- Patient must continue to meet the above criteria; AND
- Patient must have disease improvement and/or stabilization of disease; AND
- Patient has not experienced any treatment-restricting adverse effects (e.g., seizure, hypertension, psychosis, serotonin syndrome, angle-closure glaucoma)

Quantity Limit: 60 tablets/30 days

Age Limit: ≥ 18 years old

Drug Class	Preferred Agents	Non-Preferred Agents
Antidepressants: Other	bupropion bupropion SR	*Aplenzin™* *Auvelity™* *CC, AE, QL*

AE – Age Edit; CC – Clinical Criteria; MD – Medications with Maximum Duration; QL – Quantity Limit

Drug Class	Preferred Agents	Non-Preferred Agents
	bupropion XL 150 mg, 300 mg tablets trazodone	*bupropion XL 450 mg tablets* *Forfivo XL™* *nefazodone* *Spravato™ CC, AE, QL* *Viibryd™* *vilazodone* *Trintellix™* *Wellbutrin®* *Wellbutrin® SR* *Wellbutrin®*

New Therapeutic Class with Criteria Review

New PDL Class:

Sickle Cell Anemia Treatments

- DMS to select preferred agent(s) based on economic evaluation.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the *Sickle Cell Anemia Treatments* class, require PA until reviewed by the P&T Committee.

Non-preferred drug criteria

- Approval of non-preferred agents requires ≥ 3-month trial and therapeutic failure, allergy, contraindication (including potential drug-drug interactions with other medications) or intolerance of at least 2 preferred agents.

Endari™

Prefer in the PDL class: *Sickle Cell Anemia Treatments*

Length of Authorization: 1 year

- L-gluatamine (Endari) is an amino acid indicated to reduce the acute complications of sickle cell disease in adult and pediatric patients 5 years of age and older

Initial Approval Criteria

- Diagnosis of sickle cell disease; AND
- Prescribed by or consultation with a hematologist or a provider that specializes in sickle cell disease; AND
- Documentation that the member has had at least two vaso-occlusive crises within the past 12 months; AND
- Patient has tried hydroxyurea for at least 3 months, unless contraindicated or intolerant

Renewal Criteria

- Patient must have disease improvement (decrease in the number of sickle cell crises); AND
- Patient has not experienced any treatment-restricting adverse effects

Age Limit: ≥ 5 years old

Quantity Limit: 6 packets (30 gm) per day

Oxbryta®

Non-prefer in the PDL class: *Sickle Cell Anemia Treatments*

Length of Authorization: 1 year

- Voxelotor (Oxbryta) is a hemoglobin S polymerization inhibitor indicated for the treatment of sickle cell disease in adults and pediatric patients 4 years of age and older

Initial Approval Criteria

- Diagnosis of sickle cell disease; AND
- Patient does not have a history of serious drug hypersensitivity reaction to voxelotor or excipients; AND
- Prescribed by or consultation with a hematologist or a provider that specializes in sickle cell disease; AND
- Documentation that the member has had at least one vaso-occlusive crisis within the past 6 months; AND
- Patient has tried at least 2 preferred agents for ≥ 3-months, unless allergic, contraindicated or intolerant

Renewal Criteria

- Patient must have disease improvement (decrease in the number of sickle cell crises); AND
- Patient has not experienced any treatment-restricting adverse effects

Age Limit: ≥ 4 years old

Quantity Limit: 300 mg and 500mg tablet: 3 tablets per day

Drug Class	Preferred Agents	Non-Preferred Agents
Sickle Cell Anemia Treatments	Droxia® Endari™ CC, AE, QL Siklos®	*Oxbryta® CC, AE, QL*

Full Class Reviews

Narcotics: Short-Acting

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least six unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Narcotics: Short-Acting* class, require PA until reviewed by the P&T

Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Narcotics: Short-Acting	codeine/APAP CC, AE, MD, QL hydrocodone/APAP CC, MD, QL hydrocodone/ibuprofen CC, MD, QL hydromorphone tablets CC, MD, QL morphine concentrate, solution, tablets CC, MD, QL oxycodone solution, tablets CC, MD, QL oxycodone/APAP tablets CC, MD, QL tramadol 50 mg CC, MD, AE, QL tramadol/APAP MD, AE, QL	*Apadaz™ MD, QL* *Ascomp® with codeine CC, AE, QL* *benzhydrocodone/APAP MD, QL* *butalbital/APAP/caffeine/codeine CC, AE, QL* *butalbital/ASA/caffeine/codeine CC, AE, QL* *butalbital compound/codeine CC, AE, QL* *carisoprodol/ASA/codeine MD, AE, QL* *codeine MD, AE, QL* *dihydrocodeine bitartrate/APAP/caffeine MD, QL* *Dilaudid® MD, QL* *Fioricet-codeine CC, AE, QL* *hydromorphone liquid, suppositories MD, QL* *levorphanol MD, QL* *Lortab® MD, QL* *meperidine solution, tablets MD, QL* *morphine suppository MD, QL* *Nucynta™ MD, QL* *oxycodone capsules, concentrate, oral syringe MD, QL* *oxycodone/APAP (generic for Primlev and Prolate)MD, QL* *oxycodone/APAP solution MD, QL* *oxymorphone MD, QL* *Percocet® MD, QL* *Qdolo™ MD, AE, QL* *Roxicodone® MD, QL* *Roxybond MD, QL* *Seglentis MD, AE, QL* *tramadol 100 mg MD, AE, QL* *tramadol solution MD, AE, QL* *Ultracet® MD, AE, QL* *Ultram® MD, AE, QL*

Erythropoiesis Stimulating Proteins

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least one unique chemical entity should be preferred.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Erythropoiesis Stimulating Proteins* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Erythropoiesis Stimulating Proteins	Aranesp® CC Epogen® CC Retacrit™ CC (Pfizer)	*Mircera®* *Procrit®* *Reblozyl® CC, AE* *Retacrit™ CC (Vifor)*

Glucagon Agents

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least one intramuscular (IM) glucagon should be preferred.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Glucagon Agents* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Glucagon Agents	Baqsimi™ CC glucagon emergency kit (Eli Lilly, Amphastar) Proglycem® Zegalogue® autoinjector AE	*diazoxide* *glucagon emergency kit* (Fresenius) *glucagon HCl* *Gvoke™* *Zegalogue® syringe AE*

Diabetes: DPP-4 Inhibitors

Class Selection & Guidelines

- DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Diabetes: DPP-4 Inhibitors* class, require a PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Diabetes: DPP-4 Inhibitors	Janumet™ CC, QL Janumet XR™ CC, QL Januvia™ CC, QL Jentadueto® CC, QL Jentadueto® XR CC, QL Nesina® QL	*alogliptin QL* *alogliptin/metformin QL* *alogliptin/pioglitazone QL* *Glyxambi QL* *Kazano® QL* *Kombiglyze™ XR QL*

Drug Class	Preferred Agents	Non-Preferred Agents
	Tradjenta™ CC, QL	*Onglyza™ QL* *Oseni® QL* *Qtern® QL* *Steglujan™ AE, QL* *Trijardy® XR QL*

Diabetes: Insulin and Related Agents

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least one insulin of each type (short, intermediate, long) should be preferred.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Diabetes: Insulins and Related Agents* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Diabetes: Insulin and Related Agents	Humalog® cartridge, vial and KwikPen® Humalog® Junior (Jr) KwikPen® Humalog® Mix vial and KwikPen® Humulin® R vial Humulin® R U-500 vial and KwikPen® Humulin® 70/30 vial and KwikPen® insulin aspart cartridge vial and pen insulin aspart/insulin aspart protamine pen and vial insulin glargine vial insulin glargine solostar U100 insulin lispro pen, vial, and Jr. KwikPen® Lantus® and Lantus® Solostar Levemir® and Levemir® FlexTouch, Flexpen® Novolog® vial, cartridge, and FlexPen® Novolog® Mix FlexPen®	*Admelog® and Admelog Solostar® CC* *Afrezza®* *Apidra™ vial and Solostar®* *Basaglar® KwikPen® CC* *Fiasp® vial, pen and FlexTouch® CC* *Humalog® 200 unit/mL KwikPen®* *Humalog® Tempo Pen* *Humulin® N and Humulin® N KwikPen®* *insulin degludec pen and vial* *insulin glargine-yfgn pen and vial CC* insulin lispro protamine mix KwikPen® *Lyumjev™ pen and vial CC* *Novolin® R, N vial, pen* *Novolin® 70/30 vial, pen* *Novolog® Mix vial* *Semglee™ pen and vial CC* *Semglee (yfgn) ™ pen and vial CC* *Symlin® CC, AE* *Toujeo® Solostar® and Max Solostar®* *Tresiba® vial and FlexTouch®*

Uterine Disorder Treatments

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 1 unique chemical entity

should be preferred.

- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Uterine Disorder Treatments* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Uterine Disorder Treatments	Myfembree® Oriahnn® Orilissa®	*N/A*

Classes Reviewed by Consent Agenda

No change in PDL status:

- Analgesics, Narcotics Long-Acting Opioids
- Analgesics, Narcotics Short-Acting (Narcotics: Agonist/Antagonists)
- Analgesics, Narcotics (Narcotics: Fentanyl Buccal Products)
- Androgenic Agents
- Antihyperuricemics
- Antimigraine Agents – Triptans (Antimigraine Agents - 5-HT1Receptor Agonists)
- Bone Resorption Suppression & Related
- Colony Stimulating Factors
- Glucocorticoids, Oral
- Growth Hormone
- Hypoglycemics, Alphaglucosidase Inhibitors (Diabetes: AlphaGlucosidase Inhibitors)
- Hypoglycemics, Incretin Mimetics/Enhancers (Diabetes: GLP-1 Receptor Agonists)
- Hypoglycemics, Meglitinides (Diabetes: Meglitinides)
- Hypoglycemics, Metformins (Diabetes: Metformins)
- Hypoglycemics, SGLT2 Inhibitors (Diabetes: SGLT2 Inhibitors)
- Hypoglycemics, Sulfonylureas (Diabetes: Sulfonylureas)
- Hypoglycemics, Thiazolidinediones (TZD) (Diabetes: Thiazolidinediones)
- Neuropathic Pain
- Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
- Opiate Dependence Treatments
- Pancreatic Enzymes
- Phosphate Binders
- Progestins for Cachexia
- Skeletal Muscle Relaxants

- Thrombopoiesis Stimulating Proteins (Thrombopoiesis Stimulating Agents)