Commissioner for the Department for Medicaid Services Selections for Preferred Products

The following tables provide a summary of the final Preferred Drug List (PDL) selections made by the Commissioner for 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 **July 9, 2024**, and the resulting official recommendations.

NEW PRODUCTS TO MARKET

Opsynvi®

Pulmonary Arterial Hypertension (PAH) Agents, Oral And Inhaled: Non-Preferred (NPD)

Approval Duration: 1 year

- *Macitentan and tadalafil work through unique mechanism of actions to reduce vasoconstriction and relax pulmonary smooth muscle cells to treat pulmonary arterial hypertension.*

Initial Approval Criteria:

- Diagnosis of pulmonary arterial hypertension (PAH) World Health Organization (WHO) Group 1; **AND**
- Patient is WHO functional class (FC) 2 or 3; **AND**
- Prescribed by, or in consultation with, a cardiologist, pulmonologist, or other specialist in the treatment of pulmonary arterial hypertension (PAH); **AND**
- Patient has had at least a 30-day trial and failure, allergy, or contraindication (including potential drug-drug interactions with other medications) or intolerance of the following agents:
  - ambrisentan; **AND**
  - sildenafil or tadalafil; **AND**
- Patient meets the minimum age recommended by the package insert for use in PAH; **AND**
- Patient will not be using with other phosphodiesterase-5 inhibitors, e.g., sildenafil, tadalafil.

Renewal Criteria:

- Prescriber attestation of clinically significant improvement or stabilization in clinical signs and symptoms.

Quantity Limit: 1 tablet per day

Preferred Agents	Non-Preferred Agents
Alyq CC, QL	Adcirca QL
ambrisentan CC	Adempas QL
sildenafil suspension CC	bosentan tablet
sildenafil tablet CC	Letairis
tadalafil CC, QL	Liqrev
Tracleer tablet CC	Opsumit QL
	Opsynvi CC, QL
	Orenitram ER
	Revatio suspension CC
	Revatio tablet CC

Preferred Agents	Non-Preferred Agents
	Tadliq
	Tracleer 32 mg tablets for suspension CC, QL
	Tyvaso CC
	Tyvaso DPI CC
	Uptravi QL
	Ventavis

Winrevair™

Non-PDL

Approval Duration: 1 year

- *Sotatercept-csrk is an activin signaling inhibitor used in the treatment of pulmonary arterial hypertension.*

Initial Approval Criteria:

- Diagnosis of pulmonary arterial hypertension (PAH) World Health Organization (WHO) Group 1; **AND**
- Prescribed by, or in consultation with, a cardiologist, pulmonologist, or other specialist in the treatment of PAH; **AND**
- Patient has had at least a 30-day trial and failure, allergy, or contraindication (including potential drug-drug interactions with other medications) or intolerance of the following agents:
    - Adempas; **AND**
    - ambrisentan; **AND**
    - sildenafil or tadalafil; **AND**
- Patient meets the minimum age recommended by the package insert for use in PAH; **AND**
- Prescriber attests that the patient's hemoglobin and platelet will be monitored.

Renewal Criteria:

- Prescriber attestation of clinically significant improvement or stabilization in clinical signs and symptoms.

Voydeya™

Non-PDL

Approval Duration: 3 months initial, 6 months renewal

- *Danicopan treats paroxysmal nocturnal hemoglobinuria with extravascular hemolysis by selectively inhibiting Factor D, a protein that is key to amplifying the complement system response.*

Initial Approval Criteria:

- Diagnosis of paroxysmal nocturnal hemoglobinuria (PNH) with extravascular hemolysis (EVH); **AND**
- Prescribed by, or in consultation with, a hematologist or other specialist in the treatment of PNH with EVH; **AND**
- Patient meets the minimum age recommended by the package insert for use in PNH with EVH; **AND**
- Patient will be using as add-on therapy to ravulizumab (Ultomiris) or eculizumab (Soliris).

Renewal Criteria:

- Prescriber attestation of clinically significant improvement or stabilization in clinical signs and symptoms, such as increase in hemoglobin levels.

Quantity Limit: 50 mg tablet: 9 tablets per day

100 mg tablet: 6 tablets per day

Rivfloza™

Non-PDL

Approval Duration: 6 months initial, 1 year renewal

- *Nedosiran is an LDHA-directed small interfering RNA indicated to lower urinary oxalate levels in children 9 years of age and older and adults with primary hyperoxaluria type 1 (PH1) and relatively preserved kidney function.*

Initial Approval Criteria:

- Patient has a diagnosis of primary hyperoxaluria type 1 (PH1); **AND**
- Prescribed by, or in consultation with, a nephrologist, urologist, or other applicable specialist in the diagnosis and treatment of primary hyperoxaluria type 1 (PH1); **AND**
- Patient does not have severe renal impairment (eGFR < 30 mL/min/1.73 m^2); **AND**
- Patient does not have moderate or severe hepatic impairment; **AND**
- Patient will not use nedosiran concomitantly with lumasiran (Oxlumo).

Renewal Criteria:

- Documentation (e.g., progress notes, labs) of reduction or stabilization in serum oxalate levels; **AND**
- Patient does not have severe renal impairment (eGFR < 30 mL/min/1.73 m^2); **AND**
- Patient does not have moderate or severe hepatic impairment; **AND**
- Patient will not use nedosiran concomitantly with lumasiran (Oxlumo).

Age Limit: ≥ 9 years of age

Quantity Limit: 1 syringe per month

Zymfentra™

Cytokine and CAM Antagonists: Non-Preferred (NPD)

Approval Duration: 6 months initial, 1 year renewal

- *Infliximab-dyyb is a monoclonal antibody TNF-alpha inhibitor used in the treatment of Crohn's disease and ulcerative colitis.*

Initial Approval Criteria:

- Diagnosis of moderate to severe Crohn's disease (CD) or ulcerative colitis (UC); **AND**
- Patient has undergone induction therapy with intravenous infliximab; **AND**
- Prescribed by, or in consultation with, a gastroenterologist or other specialist in the treatment of CD or UC; **AND**
- Patient has had a trial and failure of ≥ 1 of the following conventional therapies:
  - Oral/rectal 5-aminosalicylic acid agents (e.g., Apriso, balsalazide, Lialda, mesalamine, sulfasalazine)
  - Oral/rectal steroids (e.g., budesonide, hydrocortisone, prednisone)
  - Immunosuppressant (e.g., azathioprine, mercaptopurine); **OR**
- Patient is deemed high-risk for intestinal complications or post-operative recurrence; **AND**
- NOT used in combination with any other biologic agent; **AND**
- Patient has had a 3-month trial and failure of, or contraindication or intolerance to, ≥ 1 preferred cytokine or CAM antagonist indicated for the treatment of CD or UC; **AND**
- Patient meets the minimum age recommended by the package insert for use in CD or UC.

Renewal Criteria:

- Documentation (e.g., progress notes) of response to therapy compared to baseline.

Quantity Limit: 2 syringes per month

Preferred Agents	Non-Preferred Agents
Cosentyx CC, QL	Abrilada CC, QL
Enbrel CC, QL	Actemra CC, QL
Humira CC, QL	adalimumab-aacf CC, QL
Otezla CC, QL	adalimumab-aaty CC, QL
Xeljanz CC, QL	adalimumab-adaz CC, QL
	adalimumab-adbm CC, QL
	adalimumab-fjkp CC, QL
	adalimumab-ryvk CC, QL
	Amjevita CC, QL
	Bimzelx AE, CC, QL
	Cibinqo CC, QL
	Cimzia CC, QL
	Cyltezo CC, QL
	Enspryng AE, CC, QL
	Entyvio pen CC, QL

Preferred Agents	Non-Preferred Agents
	Hadlima CC, QL
	Hulio CC, QL
	Hyrimoz CC, QL
	Idacio CC, QL
	Ilaris CC, QL
	Ilumya AE, CC, QL
	Kevzara AE, CC, QL
	Kineret CC, QL
	Olumiant AE, CC, QL
	Omvoh AE, CC, QL
	Orencia CC, QL
	Rinvoq AE, CC, QL
	Rinvoq LQ AE, CC, QL
	Siliq AE, CC, QL
	Simponi CC, QL
	Simlandi AE, CC, QL
	Skyrizi AE, CC, QL
	Sotyktu AE, CC, QL
	Stelara CC, QL
	Taltz CC, QL
	Tremfya AE, CC, QL
	Tyenne CC, QL
	Velsipity AE, CC, QL
	Xeljanz XR CC, QL
	Yuflyma CC, QL
	Yusimry CC, QL
	Zymfentra ***CC, QL***

Filsuvez®

Non-PDL

Approval Duration: 90 days initial, 1 year renewal

- *Birch triterpenes topical gel is indicated for the treatment of wounds associated with dystrophic and junctional epidermolysis bullosa.*

Initial Approval Criteria:

- Patient has a diagnosis of dystrophic or junctional epidermolysis bullosa; **AND**
- Prescribed by, or in consultation with, a dermatologist or other specialist in the treatment of epidermolysis bullosa; **AND**
- Patient has partial thickness wounds (does not extend beyond the dermis layer) which are clean with adequate granulation tissue, excellent vascularization, and do not appear infected; **AND**
- Patient's wound has persisted for at least 3 weeks; **AND**
- Patient wound size is at least 10 cm; **AND**
- Patient is receiving standard-of-care wound therapy; **AND**
- Patient has not received or is being considered for other gene therapy, stem cell transplant, or investigational cellular therapy; **AND**
- Patient has not received immunosuppressive therapy or cytotoxic chemotherapy within the past 60 days; **AND**
- Patient meets the minimum age recommended by the package insert for use in dystrophic or junctional epidermolysis bullosa.

Renewal Criteria:

- Clinical documentation showing improvement and no treatment-limiting adverse effects; **AND**
- Patient must have disease response as defined by improvement (healing) of treated wound(s), reduction in skin infections, etc.; **AND**
- Patient requires continued treatment for new and/or existing open wounds.

Age Limit: ≥ 6 months of age

Eohilia™

Non-PDL

Approval Duration: 12 weeks

- *Eohilia is a corticosteroid indicated for 12 weeks of treatment in adult and pediatric patients 11 years of age and older with eosinophilic esophagitis (EoE).*

Initial Approval Criteria:

- Diagnosis of eosinophilic esophagitis; **AND**
- Prescribed by, or in consultation with, an allergist, immunologist, gastroenterologist, or other specialist in the treatment of eosinophilic esophagitis.

Renewal Criteria:

- Patient previously had a positive response to Eohilia; **AND**
- Patient has a histologic relapse after the prior remission.

Age Limit: 11 years or older

Quantity Limit: 20 mL per day for 12 weeks

Alvaiz™

Thrombopoiesis Stimulating Proteins: Non-Preferred (NPD)

Approval Duration: 6 months

- *Eltrombopag is a TPO-receptor agonist that interacts with the transmembrane domain of the human TPO-receptor (a.k.a cMpl) and initiates signaling cascades that induce proliferation and differentiation of megakaryocytes leading to increased platelet production.*

Initial Approval Criteria:

- Prescribed by, or in consultation with, a hematologist or liver disease specialist; **AND**
- Patient has one of the following indications:
  - Diagnosis of persistent or chronic immune thrombocytopenia (ITP) with an insufficient response to corticosteroids, immunoglobulins, or splenectomy; **OR**
  - Used for the treatment of thrombocytopenia in patients with chronic hepatitis C (to allow the initiation and maintenance of interferon-based therapy); **OR**
  - Diagnosis of severe aplastic anemia with an insufficient response to immunosuppressive therapy; **AND**
- Patient meets the minimum age recommended by the package insert for respective indications.

Renewal Criteria:

- Documentation (e.g., progress note, laboratory report) of response to therapy.

Age Limit: 6 years or older

Quantity Limit: 9 mg: 1 per day
18 mg: 1 per day
36 mg: 3 per day
54 mg: 2 per day

Preferred Agents	Non-Preferred Agents
Promacta tablet CC	***Alvaiz*** ***CC, AE, QL***
	Doptelet CC, AE, QL
	Mulpleta CC, AE, QL
	Nplate
	Promacta powder packet QL
	Tavalisse CC, AE, QL

Rezdiffra™

Non-PDL

Approval Duration: 1 year

- *Resmetirom is a partial agonist of the thyroid hormone receptor-beta (THR-β) used in the treatment of nonalcoholic steatohepatitis.*

Initial Approval Criteria:

- Diagnosis of noncirrhotic nonalcoholic steatohepatitis (NASH) with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis); **AND**
- Prescribed by, or in consultation with, a gastroenterologist or hepatologist; **AND**
- Prescriber attests that member does not have excessive alcohol consumption.

Renewal Criteria:

- Documentation (e.g., progress note, laboratory report) of response to therapy and no treatment-limiting adverse effects.

Quantity Limit: 1 per day

FULL CLASS REVIEWS

Angiotensin-Converting Enzyme (ACE) Inhibitors + Diuretic Combinations

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the Angiotensin-Converting Enzyme (ACE) Inhibitors + Diuretic Combinations class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
benazepril/HCTZ	Accuretic
enalapril/HCTZ	captopril/HCTZ
fosinopril/HCTZ	Lotensin HCT
lisinopril/HCTZ	quinapril/HCTZ
	Vaseretic
	Zestoretic

Angiotensin Modulator + Calcium Channel Blocker Combinations

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the Angiotensin Modulator + Calcium Channel Blocker Combinations class, require PA until reviewed by the P&T Committee

Preferred Agents	Non-Preferred Agents
amlodipine/benazepril	***amlodipine/valsartan/HCTZ***
amlodipine/olmesartan	Azor
amlodipine/valsartan	Exforge HCT
	Exforge
	Lotrel
	Olmesartan/Amlodipine/HCTZ
	telmisartan/amlodipine
	trandolapril/verapamil
	Tribenzor

Antiarrhythmics, Oral

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the Antiarrhythmics, Oral class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
amiodarone 100, 200 mg	amiodarone 400 mg
disopyramide	Betapace
dofetilide	Betapace AF
flecainide	Multaq
mexiletine	Norpace
propafenone	Norpace CR
Sorine	Pacerone
sotalol	propafenone SR/ER
sotalol AF	***quinidine sulfate***
	qunidine gluconate ER
	Rythmol SR
	Sotylize[CC]
	Tikosyn

Antidepressants, SNRIs

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the Antidepressants, SNRIs class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
desvenlafaxine succinate ER tablet	desvenlafaxine ER base tablet
venlafaxine tablet	Effexor XR capsule
venlafaxine ER capsule	Fetzima ER capsule
venlafaxine ER tablet	Fetzima ER capsule dose pack
	Pristiq ER tablet
	venlafaxine besylate ER tablet

Antidepressants, SSRIs

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the Antidepressants, SSRIs class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
citalopram solution	Celexa tablet
citalopram tablet	citalopram capsule
escitalopram tablet	escitalopram solution
fluoxetine capsule	fluoxetine 90 mg DR capsule QL
fluoxetine solution	fluoxetine tablet
paroxetine tablet	fluvoxamine ER capsule
sertraline oral concentrate	fluvoxamine tablet
sertraline tablet	Lexapro tablet
	paroxetine CR tablet
	paroxetine ER tablet
	paroxetine mesylate capsule
	paroxetine suspension
	Paxil CR tablet
	Paxil suspension
	Paxil tablet
	Pexeva tablet
	Prozac capsule
	sertraline capsule
	Zoloft oral concentrate
	Zoloft tablet

Beta Blockers

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the Beta Blockers class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
atenolol	acebutolol
atenolol/chlorthalidone	betaxolol
bisoprolol	Bystolic
bisoprolol/HCTZ	carvedilol ER
carvedilol	Coreg CR
Hemangeol [CC]	Coreg
labetalol	Corgard
metoprolol succinate ER	Inderal LA
metoprolol tartrate	Inderal XL
nadolol	Innopran XL
nebivolol	Kapspargo
propranolol ER	Lopressor
propranolol solution	Metoprolol/HCTZ
propranolol tablet	Pindolol
	Propranolol/HCTZ
	Tenoretic
	Tenormin
	Timolol
	Toprol XL
	Ziac

Calcium Channel Blockers

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the Calcium Channel Blockers class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
amlodipine	Calan SR
Cartia XT	Cardizem
diltiazem	Cardizem CD
diltiazem CD capsule	Cardizem LA
diltiazem ER 24HR capsule	***diltiazem ER 12HR capsule***
diltiazem XR	Diltiazem ER (LA) tablet felodipine ER
Dilt-XR	felodipine ER
nifedipine ER	isradipine
Taztia XT	Katerzia
Tiadylt ER	levamlodipine
verapamil tablet	Matzim
verapamil ER tablet	nicardipine
	nifedipine IR
	nimodipine
	nisoldipine ER
	Norliqva
	Norvasc
	Nymalize solution
	Nymalize syringe
	Procardia XL
	Sular ER
	Tiazac ER
	verapamil ER capsule
	verapamil ER PM capsule
	verapamil SR capsule
	Verelan PM

Narcolepsy Agents

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the Narcolepsy Agents class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
Nuvigil tablet CC, QL	armodafinil tablet QL
Provigil tablet CC, QL	modafinil tablet QL
	sodium oxybate solution CC, QL
	Sunosi tablet CC, QL
	Wakix tablet CC, QL
	Xyrem solution CC, QL
	Xywav solution CC, QL

Pulmonary Arterial Hypertension (PAH) Agents, Oral and Inhaled

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the Pulmonary Arterial Hypertension (PAH) Agents, Oral and Inhaled class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
Alyq CC, QL	Adcirca QL
ambrisentan CC	Adempas QL
sildenafil suspension CC	bosentan tablet
sildenafil tablet CC	Letairis
tadalafil CC, QL	Liqrev
Tracleer tablet CC	Opsumit QL
	Orenitram ER
	Revatio suspension CC
	Revatio tablet CC
	Tadliq
	Tracleer 32 mg tablets for suspension CC, QL
	Tyvaso CC
	Tyvaso DPI CC
	Uptravi QL
	Ventavis

Sedative Hypnotics

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the Sedative Hypnotics class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
eszopiclone tablet MD, QL	Ambien CR tablet MD, QL
ramelteon tablet CC, MD, QL	Ambien tablet MD, QL
temazepam 15 mg, 30 mg capsule MD, QL	Belsomra tablet MD, QL
zolpidem tartrate MD, QL	Dayvigo tablet MD, QL
zolpidem ER tablet MD, QL	Doral tablet MD, QL
	doxepin tablet QL
	Edluar SL tablet CC, MD, QL
	estazolam tablet MD, QL
	flurazepam capsule MD, QL
	Halcion tablet MD, QL
	Hetlioz capsule CC, QL
	Hetlioz LQ suspension CC, QL
	Igalmi film AE, CC, QL
	Lunesta tablet MD, QL
	quazepam tablet MD, QL
	Quviviq tablet AE, CC, MD, QL
	Restoril capsule MD, QL
	Rozerem tablet CC, MD, QL
	tasimelteon capsule CC, QL
	temazepam 7.5 mg, 22.5 mg capsule MD, QL
	triazolam tablet MD, QL
	zaleplon capsule MD, QL
	zolpidem capsule MD, QL
	zolpidem SL tablet MD, QL

Stimulants and Related Agents

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the Stimulants and Related Agents class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
Adderall XR capsule CC, QL	Adderall capsule QL
atomoxetine capsule CC, QL	Adzenys XR-ODT tablet AE, QL
clonidine ER tablet QL	amphetamine sulfate tablet QL
Concerta tablet CC, QL	Aptensio XR sprinkle capsule QL
dexmethylphenidate ER tablet CC, QL	Azstarys capsule QL
dexmethylphenidate tablet CC, QL	Cotempla XR-ODT tablet AE, QL
dextroamphetamine sulfate tablet CC, QL	Daytrana patch QL
dextroamphetamine/amphetamine ER capsule CC, QL	Desoxyn tablet QL
dextroamphetamine/amphetamine tablet CC, QL	Dexedrine capsule ER QL
guanfacine ER tablet CC, QL	dextroamphetamine ER capsule QL
Methylin solution CC, QL	dextroamphetamine solution QL
methylphenidate solution CC, QL	dextroamphetamine tablet QL
methylphenidate ER 10 mg, 20 mg tablet QL	Dyanavel XR suspension AE, QL
methylphenidate tablet CC, QL	Dyanavel XR tablet AE, QL
Vyvanse capsule CC, QL	Evekeo ODT QL
Vyvanse chewable tablet CC, QL	Evekeo tablet QL
	Focalin tablet QL
	Focalin XR capsule QL
	Intuniv ER tablet QL
	Jornay PM capsule AE, QL
	lisdexamfetamine capsule QL
	lisdexamfetamine chewable tablet QL
	methamphetamine tablet QL
	methylphenidate CD capsule QL
	methylphenidate ER capsule QL
	methylphenidate ER 18 mg, 27 mg, 36 mg, 54 mg, 63 mg, 72 mg tablet QL
	methylphenidate ER sprinkle capsule QL
	methylphenidate LA capsule QL
	methylphenidate ER OROS QL
	methylphenidate capsule QL
	methylphenidate chewable tablet QL
	methylphenidate patch QL
	Mydayis ER capsule AE, QL
	ProCentra solution QL
	Qelbree ER capsule QL
	QuilliChew ER tablet AE, QL
	Relexxii tablet QL

Preferred Agents	Non-Preferred Agents
	Ritalin LA capsule QL
	Ritalin tablet QL
	Strattera capsule QL
	Xelstrym patch QL
	Zenzedi QL

CONSENT AGENDA REVIEWS

For the following therapeutic classes, there were no changes in PDL status:

Therapeutic Classes
• **Angiotensin-Converting Enzyme (ACE) Inhibitors**
• **Angiotensin Receptor Blockers (ARBs)**
• **Antianginal & Anti-Ischemic**
• **Anticoagulants**
• **ARB + Diuretic Combinations**
• **Direct Renin Inhibitors**
• **Lipotropics, Other**
• **Lipotropics, Statins**
• **Platelet Aggregation Inhibitors**
• **Alzheimer's Agents**
• **Anticonvulsants**
• **Antidepressants, Monoamine Oxidase Inhibitors (MAOIs)**
• **Antidepressants, Other**
• **Antidepressants, Tricyclics**
• **Antiparkinson's Agents**
• **Dopamine Receptor Agonists**
• **Antipsychotics**
• **Anxiolytics**
• **Movement Disorders**
• **Tobacco Cessation Products**
• **5-Alpha Reductase Inhibitors**
• **Alpha Blockers for Benign Prostatic Hyperplasia (BPH)**
• **Bladder Relaxants**