



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 **October 17, 2024**, and the resulting official recommendations.

## NEW PRODUCTS TO MARKET

### Tryvio™

#### Non-PDL

#### Approval Duration: 6 months initial, 1 year renewal

- *Aprocitan inhibits the binding of endothelin (ET)-1 to ETA and ETB receptors to lessen vasoconstriction, fibrosis, proliferation, and inflammation.*

#### Initial Approval Criteria:

- Diagnosis of treatment resistant hypertension defined as:
  - Persistent blood pressure above 140/90 mmHg; **AND**
  - Patient has failed optimal dosing of at least three antihypertensive medications concurrently from different classes for a minimum of 4 weeks; **AND**
  - One of the tried and failed medications is a diuretic; **AND**
- Prescribed by, or in consultation with, a cardiologist, or other disease state specialist; **AND**
- Prescriber attests that other reasons for uncontrolled hypertension (e.g., non-compliance, white coat syndrome, etc.) have been ruled out; **AND**
- Prescriber attests that serum aminotransferase levels and total bilirubin were measured prior to initiation and will be repeated periodically during treatment; **AND**
- Will be used in combination with at least three other antihypertensive drugs at maximally tolerated doses; **AND**
- Patient meets the minimum age recommended by the package insert for use in treatment resistant hypertension.

#### Renewal Criteria:

- Prescriber attestation of clinically significant improvement or stabilization in clinical signs and symptoms; **AND**
- Used in combination with at least three other antihypertensive drugs at maximally tolerated doses.

**Quantity Limit:** 1 tablet per day



**Iqirvo®**

**Gastrointestinal, Bile Salts: Non-Preferred**

**Approval Duration: 1 year**

- *Elafibranor is a peroxisome proliferator-activated receptor (PPAR) agonist, which activates PPAR-alpha, PPAR-gamma, and PPAR-delta in vitro. The specific mechanism of action is not known, but elafibranor is thought to work by inhibiting bile acid synthesis by activating PPAR-alpha and delta.*

**Initial Approval Criteria:**

- Diagnosis of primary biliary cholangitis (PBC); **AND**
- Prescribed by, or in consultation with, a gastroenterologist, hepatologist, or other disease state specialist; **AND**
- Patient meets one of the following:
  - Patient has had a 12-month trial and failure of ursodiol, and will take Iqirvo in addition to current therapy; **OR**
  - Patient has a contraindication or intolerance to ursodiol and will take Iqirvo as monotherapy; **AND**
- Patient has an alkaline phosphatase (ALP) level greater than 200 IU/L; **AND**
- Patient does not have decompensated cirrhosis; **AND**
- Patient meets the minimum age recommended by the package insert.

**Renewal Criteria:**

- Documentation (e.g., progress notes, labs) of improvement or stabilization in alkaline phosphatase (ALP); **AND**
- Patient meets one of the following:
  - Patient has had a 12-month trial and failure of ursodiol, and will take Iqirvo in addition to current therapy; **OR**
  - Patient has a contraindication or intolerance to ursodiol and will take Iqirvo as monotherapy.

**Quantity Limit:** 1 tablet per day

Preferred Agents	Non-Preferred Agents
ursodiol capsule	Bylvay capsule <sup>CC, QL</sup>
ursodiol tablet	Bylvay pellet <sup>CC, QL</sup>
	Chenodal tablet
	Cholbam capsule
	<b>Iqirvo tablet <sup>CC, QL</sup></b>
	Livmarli solution <sup>CC, QL</sup>
	Ocaliva tablet <sup>CC, QL, AE</sup>
	Reltone capsule
	Urso Forte tablet
	Urso tablet



**Xolremdi™**

**Non-PDL**

**Approval Duration: 1 year**

- *Mavoxifafor is a chemokine receptor 4 (CXCR4) antagonist that blocks the binding of the CXCR4 ligand, stromal-derived factor-1 (alpha) (SDF-1 alpha)/CXC Chemokine Ligand 12 (CXCL 12). Mavoxifafor inhibits the response to CXCL 12 in both wild-type and mutated CXCR4 variants associated with WHIM syndrome. Treatment with mavoxifafor results in increased mobilization of neutrophils and lymphocytes from the bone marrow into peripheral circulation.*

**Initial Approval Criteria:**

- Diagnosis of WHIM (Warts, Hypogammaglobulinemia, Infections, and Myelokathexis) syndrome; **AND**
- Diagnosis has been confirmed through genetic testing and identification of CXCR4 gene mutation; **AND**
- Prescribed by, or in consultation with, a hematologist, immunologist, infectious disease specialist, or other specialist; **AND**
- Patient meets the minimum age recommended by the package insert.

**Renewal Criteria:**

- Clinically significant improvement or stabilization in signs and symptoms

**Age Limit:** 12 years of age or older

**Quantity Limit:** 4 capsules per day



**Vafseo®**

**Erythropoiesis Stimulating Proteins: Non-Preferred**

**Approval Duration: 6 months**

- *Vadadustat works by increasing transcription of the HIF-responsive genes, including erythropoietin.*

**Initial Approval Criteria:**

- Diagnosis of chronic kidney disease (N18.9); **AND**
- Pretreatment hemoglobin level ≤ 11g/dl; **AND**
- Patient has been receiving dialysis for at least 3 months; **AND**
- Patient does not have uncontrolled hypertension; **AND**
- Patient is not receiving treatment with any other erythropoiesis stimulating agents; **AND**
- Patient meets the minimum age recommended by the package insert.

**Renewal Criteria:**

- Documentation (e.g., progress notes, laboratory report) of a positive response to therapy.

**Quantity Limit:** 150 mg four tablets per day  
300 mg two tablets per day

Preferred Agents	Non-Preferred Agents
Aranesp <sup>CC</sup>	Jesduvroq <sup>CC, QL</sup>
Epogen <sup>CC</sup>	Procrit
Mircera <sup>CC</sup>	Reblozyl <sup>CC, AE</sup>
Retacrit <sup>CC</sup> (Pfizer)	Retacrit <sup>CC</sup> (Vifor)
	<b>Vafseo<sup>CC, QL</sup></b>



**Ohtuvayre™**

**Respiratory, Chronic Obstructive Pulmonary Disease (COPD) Agents: Non-Preferred (NPD)**

**Approval Duration: 6 months initial, 1 year renewal**

- *Ensifentrine is a first-in-class dual phosphodiesterase (PDE) -3 and -4 inhibitor. Inhibition of PDE-4 suppresses the release of inflammatory signals, decreasing cAMP and promoting bronchial relaxation. PDE-3 regulates airway smooth muscle, influencing bronchial tone. By inhibiting both PDE-3 and -4, ensifentrine relaxes airway smooth muscle and reduces inflammation.*

**Initial Approval Criteria:**

- Diagnosis of moderate to severe chronic obstructive pulmonary disorder; **AND**
- Trial and failure of at least a 2-week trial of standard of care therapy:
  - Triple-ingredient therapy (inhaled corticosteroids [ICS], long-acting beta agonist [LABA], and long-acting muscarinic antagonist [LAMA]); **OR**
  - Dual-ingredient therapy (long-acting beta agonist [LABA]/long-acting muscarinic agent [LAMA]); **AND**
- Patient meets the minimum age recommended by the package insert.

**Renewal Criteria:**

- Clinically significant improvement or stabilization in signs and symptoms

**Age Limit:** 18 years of age or older

**Quantity Limit:** 5 mL per day

Preferred Agents	Non-Preferred Agents
albuterol-ipratropium inhalation solution <sup>QL</sup>	Bevespi Aerosphere <sup>QL</sup>
Anoro Ellipta <sup>QL</sup>	Breztri Aerosphere <sup>QL</sup>
Atrovent HFA <sup>QL</sup>	Daliresp tablet <sup>CC, QL</sup>
Combivent Respimat <sup>QL</sup>	Duaklir Pressair
ipratropium inhalation solution <sup>QL</sup>	Incruse Ellipta <sup>QL</sup>
Spiriva Handihaler <sup>QL</sup>	<b>Ohtuvayre<sup>AE, CC, QL</sup></b>
Stiolto Respimat <sup>QL</sup>	roflumilast tablet <sup>CC, QL</sup>
	Spiriva Respimat <sup>QL</sup>
	Tiotropium <sup>QL</sup>
	Trelegy Ellipta <sup>CC, QL</sup>
	Tudorza Pressair <sup>QL</sup>
	Yupelri solution <sup>CC, QL</sup>



## NEW THERAPEUTIC CLASS

### Muscular Dystrophy Agents

#### Class Selection & Guidelines

- DMS to create a new drug class and 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 will require PA.
- For any new chemical entity in the Muscular Dystrophy Agents class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
<b>Emflaza suspension</b> <sup>AE, CC</sup>	Agamree suspension <sup>AE, CC, QL</sup>
<b>Emflaza tablet</b> <sup>AE, CC, QL</sup>	deflazacort suspension <sup>AE, CC</sup>
	deflazacort tablet <sup>AE, CC, QL</sup>

## FULL CLASS REVIEWS

### 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 <sup>CC, QL</sup>	Adderall capsule <sup>QL</sup>
atomoxetine capsule <sup>CC, QL</sup>	Adzenys XR-ODT tablet <sup>AE, QL</sup>
clonidine ER tablet <sup>CC, QL</sup>	amphetamine sulfate tablet <sup>QL</sup>
Concerta tablet <sup>CC, QL</sup>	Aptensio XR sprinkle capsule <sup>QL</sup>
dexmethylphenidate ER tablet <sup>CC, QL</sup>	Azstarys capsule <sup>QL</sup>
dexmethylphenidate tablet <sup>CC, QL</sup>	Cotempla XR-ODT tablet <sup>AE, QL</sup>
dextroamphetamine sulfate tablet <sup>CC, QL</sup>	Daytrana patch <sup>QL</sup>
dextroamphetamine/amphetamine ER capsule <sup>CC, QL</sup>	Desoxyn tablet <sup>QL</sup>
dextroamphetamine/amphetamine ER capsule <sup>CC, QL</sup>	Desoxyn tablet <sup>QL</sup>
dextroamphetamine/amphetamine tablet <sup>CC, QL</sup>	Dexedrine capsule ER <sup>QL</sup>
dextroamphetamine sulfate 5 mg, 10 mg, 15 mg	dextroamphetamine ER capsule <sup>QL</sup>
guanfacine ER tablet <sup>CC, QL</sup>	dextroamphetamine solution <sup>QL</sup>
Methylin solution <sup>CC, QL</sup>	dextroamphetamine sulfate tablet 2.5 mg, 7.5 mg, 20 mg, 30 mg <sup>QL</sup>
methylphenidate solution <sup>CC, QL</sup>	Dyanavel XR suspension <sup>AE, QL</sup>
methylphenidate ER tablet 10 mg, 20 mg <sup>CC, QL</sup>	Dyanavel XR tablet <sup>AE, QL</sup>



Preferred Agents	Non-Preferred Agents
methylphenidate tablet <sup>CC, QL</sup>	Evekeo ODT <sup>QL</sup>
<b>Qelbree ER capsule <sup>QL</sup></b>	Evekeo tablet <sup>QL</sup>
Vyvanse capsule <sup>CC, QL</sup>	Focalin tablet <sup>QL</sup>
Vyvanse chewable tablet <sup>CC, QL</sup>	Focalin XR capsule <sup>QL</sup>
	Intuniv ER tablet <sup>QL</sup>
	Jornay PM capsule <sup>AE, QL</sup>
	lisdexamfetamine capsule <sup>QL</sup>
	lisdexamfetamine chewable tablet <sup>QL</sup>
	methamphetamine tablet <sup>QL</sup>
	methylphenidate CD capsule <sup>QL</sup>
	methylphenidate ER capsule <sup>QL</sup>
	methylphenidate ER tablet 18 mg, 27 mg, 36 mg, 54 mg, 63 mg, 72 mg tablet <sup>QL</sup>
	methylphenidate ER sprinkle capsule <sup>QL</sup>
	methylphenidate LA capsule <sup>QL</sup>
	methylphenidate ER OROS <sup>QL</sup>
	methylphenidate chewable tablet <sup>QL</sup>
	methylphenidate patch <sup>QL</sup>
	Mydayis ER capsule <sup>AE, QL</sup>
	Onyda XR suspension <sup>AE, QL</sup>
	ProCentra solution <sup>QL</sup>
	QuilliChew ER tablet <sup>AE, QL</sup>
	Quillivant XR <sup>QL</sup>
	Relexxii tablet <sup>QL</sup>
	Ritalin LA capsule <sup>QL</sup>
	Ritalin tablet <sup>QL</sup>
	Strattera capsule <sup>QL</sup>
	Xelstrym patch <sup>QL</sup>
	Zenzedi <sup>QL</sup>

## Antimigraine Agents, CGRP Inhibitors

### 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 Antimigraine Agents, CGRP Inhibitors class, require PA until reviewed by the P&T Committee

Preferred Agents	Non-Preferred Agents
Aimovig autoinjector <sup>CC, AE, QL</sup>	Emgality 100 mg/mL syringe <sup>CC, AE, QL</sup>
Ajovy autoinjector <sup>CC, AE, QL</sup>	Reyvow tablet <sup>CC, AE, QL</sup>
Ajovy syringe <sup>CC, AE, QL</sup>	Zavzpret <sup>CC, AE, QL</sup>
Emgality pen <sup>CC, AE, QL</sup>	
Nurtec ODT <sup>CC, AE, QL</sup>	



**Qulipta tablet** <sup>CC, AE, QL</sup>  
Ubrelvy tablet <sup>CC, AE, QL</sup>

## Colony Stimulating Factors

### 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 Colony Stimulating Factors class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
<b>Fulphila</b> <sup>CC, QL</sup>	Granix <sup>QL</sup>
Fynetra <sup>CC, QL</sup>	Leukine <sup>QL</sup>
Neupogen <sup>CC, QL</sup>	Neulasta <sup>CC, QL</sup>
	Neulasta Onpro <sup>CC, QL</sup>
	Nivestym <sup>QL</sup>
	Nyvepria <sup>CC, QL</sup>
	Releuko <sup>QL</sup>
	Rolvedon <sup>AE, CC, QL</sup>
	Stimufend <sup>QL</sup>
	Udenyca <sup>CC, QL</sup>
	Zarxio <sup>QL</sup>
	Ziextenzo <sup>CC, QL</sup>

## Growth Hormones

### 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 Growth Hormones class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
Genotropin cartridge, syringe <sup>CC</sup>	Humatrope cartridge <sup>CC</sup>
Norditropin Flexpro <sup>CC</sup>	Ngenla <sup>CC, AE</sup>
Nutropin AQ NuSpin <sup>CC</sup>	Omnitrope cartridge, vial <sup>CC</sup>
<b>Skytrofa cartridge</b> <sup>CC</sup>	Serostim vial <sup>CC</sup>
	Sogroya <sup>CC, QL</sup>
	Zomacton vial <sup>CC</sup>





## Acne Agents, 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 Acne Agents, Oral class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
Amnesteem	Absorica
Claravis	Absorica LD
Zenatane	<b>isotretinoin capsule</b>

## Acne Agents, Topical

### 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 Acne Agents, Topical class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
adapalene/benzoyl peroxide 0.3-2.5% (Teva and Mayne Pharma)	Acanya
clindamycin gel, medicated swab (pledget), solution	adapalene cream, gel, gel pump
clindamycin/benzoyl peroxide (generic BenzaClin or Duac; excluding pumps)	adapalene/benzoyl peroxide gel
erythromycin solution	Altreno
erythromycin/benzoyl peroxide	Arazlo
Retin-A cream, gel	Atralin
	Avar, Avar E, Avar E LS, Avar LS
	Avita
	benzamycin
	BP 10-1 cleanser
	BP Cleansing Wash
	Cabtreo
	Cleocin-T
	Clindacin ETZ kit, medicated swab
	Clindacin foam
	<b>Clindacin P</b>
	Clindacin PAC kit
	Clindagel
	clindamycin foam, lotion
	clindamycin phosphate EQ 1% gel



Preferred Agents	Non-Preferred Agents
	(Generic Clindagel)
	clindamycin/benzoyl peroxide gel pump (Generic Acanya)
	clindamycin/benzoyl peroxide gel pump
	clindamycin/tretinoin gel
	dapsone gel, gel pump
	Ery medicated swab
	Erygel
	erythromycin gel
	Evoclin
	Fabior
	Klaron
	<b>Neuac gel</b>
	Neuac Kit
	Onexton
	Ovace wash
	Ovace Plus cream, lotion, shampoo, wash, wash clean gel
	Retin-A Micro gel, gel pump
	Rosula
	sodium sulfacetamide cleanser, cleanser gel, shampoo, suspension
	sodium sulfacetamide/sulfur cleanser, cream, lotion, medicated pad, suspension
	sodium sulfacetamide/sulfur/urea cleanser
	SSS 10-5 cream, foam
	Sumadan cleanser, kit
	Sumadan XLT cleanser cream
	Sumaxin, Sumaxin CP, Sumaxin TS
	tazarotene cream, foam, gel
	tretinoin cream, gel, microsphere gel, microsphere gel pump
	Winlevi <sup>AE</sup>
	Ziana
	Zma Clear suspension

## Antifungals, Topical

### 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 Antifungals, Topical class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
ciclopirox cream, solution	Ciclodan cream, kit, solution



Preferred Agents	Non-Preferred Agents
clotrimazole cream, solution	ciclopirox gel, kit, shampoo, suspension
clotrimazole/betamethasone cream	clotrimazole/betamethasone lotion
<b>econazole</b>	Ertazczo
ketoconazole cream <sup>QL</sup> , shampoo	Extina
Nyamyc	Jublia <sup>CC</sup>
nystatin cream, ointment, powder <sup>QL</sup>	Kerydin <sup>CC</sup>
nystatin/triamcinolone cream, ointment	ketoconazole foam
Nystop	Ketodan
<b>tavaborole</b>	Loprox cream, kit, suspension, suspension kit
	luliconazole
	Luzu
	miconazole/zinc oxide/petrolatum
	naftifine cream, gel
	Naftin
	oxiconazole <sup>QL</sup>
	Oxistat <sup>QL</sup>
	Vusion

## Antipsoriatics, Topical

### 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 Antipsoriatics, Topical class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
calcipotriene cream, ointment, solution	Bensal HP
<b>calcipotriene/betamethasone suspension</b>	calcipotriene foam
salicylic acid cream, gel, liquid film, lotion	calcipotriene/betamethasone ointment
Salynta gel	calcitriol ointment
urea cream <sup>QL</sup>	Duobrii
	Enstilar <sup>MD, AE</sup>
	<b>salicylic acid foam</b> , ointment
	Sorilux
	Taclonex ointment, suspension
	Uramaxin
	Uramaxin GT
	<b>urea foam</b>
	Vtama <sup>AE, QL</sup>
	Zoryve <sup>AE, QL</sup>



## Cytokine and CAM Antagonists

### 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 Cytokine and CAM Antagonists class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
Cosentyx <sup>CC, QL</sup>	Abrilada <sup>CC, QL</sup>
Enbrel <sup>CC, QL</sup>	Actemra <sup>CC, QL</sup>
<b>Hadlima<sup>CC, QL</sup></b>	adalimumab-aacf <sup>CC, QL</sup>
Humira <sup>CC, QL</sup>	adalimumab-aaty <sup>CC, QL</sup>
Otezla <sup>CC, QL</sup>	adalimumab-adaz <sup>CC, QL</sup>
<b>Rinvoq<sup>AE, CC, QL</sup></b>	adalimumab-adbm <sup>CC, QL</sup>
<b>Rinvoq LQ<sup>AE, CC, QL</sup></b>	adalimumab-fjkg <sup>CC, QL</sup>
<b>Tyenne<sup>CC, QL</sup></b>	adalimumab-ryvk <sup>CC, QL</sup>
Xeljanz <sup>CC, QL</sup>	Amjevita <sup>CC, QL</sup>
	Bimzelx <sup>AE, CC, QL</sup>
	Cibinqo <sup>CC, QL</sup>
	Cimzia <sup>CC, QL</sup>
	Cyltezo <sup>CC, QL</sup>
	Enspryng <sup>AE, CC, QL</sup>
	Entyvio pen <sup>CC, QL</sup>
	Hulio <sup>CC, QL</sup>
	Hyrimoz <sup>CC, QL</sup>
	Idacio <sup>CC, QL</sup>
	Ilaris <sup>CC, QL</sup>
	Ilumya <sup>AE, CC, QL</sup>
	Kevzara <sup>AE, CC, QL</sup>
	Kineret <sup>CC, QL</sup>
	Olumiant <sup>AE, CC, QL</sup>
	Omvoh <sup>AE, CC, QL</sup>
	Orencia <sup>CC, QL</sup>
	Siliq <sup>AE, CC, QL</sup>
	Simponi <sup>CC, QL</sup>
	Simlandi <sup>AE, CC, QL</sup>
	Skyrizi <sup>AE, CC, QL</sup>
	Sotyktu <sup>AE, CC, QL</sup>
	Stelara <sup>CC, QL</sup>
	Taltz <sup>CC, QL</sup>
	Tremfya <sup>AE, CC, QL</sup>
	Velsipity <sup>AE, CC, QL</sup>
	Xeljanz XR <sup>CC, QL</sup>
	Yuflyma <sup>CC, QL</sup>
	Yusimry <sup>CC, QL</sup>
	Zymfentra <sup>CC, QL</sup>



## Gastrointestinal Motility, Chronic

### 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 Gastrointestinal Motility, Chronic class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
Linzess capsule <small>CC, AE, QL</small>	Alosetron tablet <small>CC, AE, QL</small>
<b>lubiprostone capsule</b> <small>AE, QL</small>	<b>Amitiza capsule</b> <small>CC, AE, QL</small>
Movantik tablet <small>CC, AE, QL</small>	Ibsrela tablet <small>CC, AE, QL</small>
Trulance tablet <small>CC, AE, QL</small>	Lotronex tablet <small>CC, AE, QL</small>
	Motegrity tablet <small>AE, QL</small>
	Relistor syringe <small>CC, AE</small>
	Relistor tablet <small>CC, AE, QL</small>
	Relistor vial <small>CC, AE</small>
	Symproic <small>CC, AE, QL</small>
	Viberzi <small>CC, AE, QL</small>

## Immunological and Genetic Immunomodulators, Atopic Dermatitis

### 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 Immunological and Genetic Immunomodulators, Atopic Dermatitis class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
Adbry autoinjector <small>AE, CC, QL</small>	<b>Elidel</b>
Adbry syringe <small>AE, CC, QL</small>	
Dupixent pen <small>CC, QL</small>	
Dupixent syringe <small>CC, QL</small>	
Eucrisa <small>CC, QL</small>	
<b>Opzelura cream</b> <small>CC, AE</small>	
<b>pimecrolimus cream</b>	
<b>tacrolimus ointment</b>	



## Multiple Sclerosis 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 Multiple Sclerosis Agents class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
Avonex <sup>CC, QL</sup>	Ampyra tablet <sup>QL</sup>
Avonex pen <sup>QL</sup> , syringe <sup>QL</sup> , syringe kit <sup>QL</sup>	Aubagio tablet <sup>QL</sup>
Betaseron <sup>CC, QL</sup>	Bafiertam capsule <sup>AE, QL</sup>
Betaseron kit <sup>QL</sup> , vial <sup>QL</sup>	Copaxone 40 mg syringe <sup>QL</sup>
Copaxone 20 mg syringe <sup>CC, QL</sup>	Extavia kit <sup>QL</sup> , vial <sup>QL</sup>
dalfampridine ER tablet <sup>QL</sup>	<b>Gilenya capsule<sup>CC, QL</sup></b>
dimethyl fumarate DR capsule <sup>CC, QL</sup>	glatiramer acetate syringe <sup>QL</sup>
<b> fingolimod capsule<sup>QL</sup></b>	Glatopa syringe <sup>QL</sup>
<b> Kesimpta pen<sup>AE, CC, QL</sup></b>	Kesimpta pen <sup>AE, CC, QL</sup>
teriflunomide tablet <sup>QL</sup>	Mavenclad tablet <sup>AE, CC, QL</sup>
	Mayzent tablet <sup>AE, CC, QL</sup> , tablet dose pack <sup>AE, CC, QL</sup>
	Plegridy pen <sup>QL</sup> , syringe <sup>QL</sup>
	Ponvory tablet <sup>AE, CC, QL</sup> , tablet dose pack <sup>AE, CC, QL</sup>
	Rebif Rebidose autoinjector <sup>CC, QL</sup>
	Rebif syringe <sup>CC, QL</sup>
	Tascenso ODT <sup>QL</sup>
	Tecfidera capsule <sup>QL</sup>
	Vumerity capsule <sup>AE, QL</sup>
	Zeposia capsule <sup>AE, CC, QL</sup>

## Ophthalmics, Antihistamines

### 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 Ophthalmics, Antihistamines class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
<b>azelastine</b>	bepotastine besilate
olopatadine 0.1% (generic Patanol)	Bepreve
olopatadine 0.2% (generic Pataday)	epinastine
	Zerviate



## Ophthalmics, Anti-Inflammatory Steroids

### 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 Ophthalmics, Anti-Inflammatory Steroids class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
dexamethasone sodium phosphate drops	Alrex
Durezol	difluprednate
fluorometholone suspension	Eysuvis
<b>Lotemax gel, ointment, suspension</b>	Flarex
prednisolone acetate suspension	FML suspension, FML Forte suspension
prednisolone sodium phosphate drops	Inveltys
	Lotemax SM gel
	loteprednol etabonate gel, suspension
	Maxidex
	Pred Forte
	Pred Mild

## Ophthalmics, 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 Ophthalmics, Beta Blockers class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
levobunolol	betaxolol
timolol maleate drops (except preservative free)	Betimol
	Betoptic S
	Carteolol
	Istalol
	<b>timolol maleate gel</b>
	timolol maleate once daily (generic Istalol)
	timolol PF (preservative-free)
	Timoptic Ocudose drops
	Timoptic/XE sol/gel



## Otics, Anesthetics and Anti-Inflammatories

### 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 Otics, Anesthetics and Anti-Inflammatories class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
acetic acid	DermOtic
<b>fluocinolone acetonide 0.01% oil</b>	Flac Otic Oil
	hydrocortisone/acetic acid drops

## Steroids, Topical

### 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 Steroids, Topical class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
alclometasone dipropionate	amcinonide cream <sup>QL</sup>
betamethasone dipropionate cream, lotion	Ana-Lex <sup>QL</sup>
betamethasone dipropionate (augmented) cream	<b>Anusol HC</b>
betamethasone valerate cream, ointment	Apexicon E
clobetasol propionate cream, ointment, shampoo, solution	Beser
Clodan shampoo	betamethasone dipropionate augmented ointment, lotion, gel
Derma-Smoothe/FS	betamethasone dipropionate ointment
desonide cream, ointment	betamethasone valerate foam, lotion
fluocinonide ointment, solution	Bryhali
fluticasone propionate cream, ointment	clobetasol emollient, emulsion
halobetasol propionate cream, ointment	clobetasol propionate foam, gel, lotion, spray
hydrocortisone cream, lotion, ointment	clocortolone cream
mometasone furoate cream, ointment, solution	Clodan shampoo kit
Procto-Med HC	Cloderm
Proctosol-HC	desonide lotion
Proctozone-HC	desoximetasone cream, gel, ointment, spray
triamcinolone acetonide cream, lotion, ointment	diflorasone diacetate cream, ointment
	Diprolene
	fluocinolone acetonide cream, oil, ointment, solution
	fluocinonide emollient cream





Preferred Agents	Non-Preferred Agents
	fluocinonide cream, gel
	fluocinonide-E cream
	flurandrenolide
	fluticasone propionate lotion
	halcinonide cream, solution
	halobetasol propionate foam
	Halog cream, ointment, solution
	hydrocortisone butyrate cream, lotion, ointment, solution
	hydrocortisone butyrate/emollient cream
	hydrocortisone valerate cream, ointment
	Impeklo
	Kenalog
	Lexette
	Locoid Lipocream
	Locoid lotion
	Luxiq
	Olux
	Pandel
	prednicarbate cream, ointment
	Proctocort
	Sanaderm Rx
	Synalar cream, ointment, solution, kit
	Synalar TS
	Temovate
	Texacort
	Topicort cream, gel, ointment, spray
	Tovet emollient foam, kit
	triamcinolone acetone spray
	Ultravate
	Vanos



## CONSENT AGENDA REVIEWS

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

### Therapeutic Classes

- **Antiemetics & Antivertigo Agents**
- **Anti-Ulcer Protectants**
- **Antibiotics, Topical**
- **Anticholinergics and Antispasmodics**
- **Antidiarrheals**
- **Antiparasitics, Topical**
- **Antipsoriatics, Oral**
- **Antivirals, Topical**
- **Bile Salts**
- **H. Pylori Treatment**
- **Histamine II Receptor Blockers**
- **Immunomodulators, Asthma**
- **Immunosuppressives, Oral**
- **Laxatives and Cathartics**
- **Ophthalmics, Mast Cell Stabilizers**
- **Ophthalmics, Antibiotic-Steroid Combinations**
- **Ophthalmics, Antibiotics**
- **Ophthalmics, Antivirals**
- **Ophthalmics, Carbonic Anhydrase Inhibitors**
- **Ophthalmics, Combinations for Glaucoma**
- **Ophthalmics, Glaucoma Agents (Other)**
- **Ophthalmics, Immunomodulators**
- **Ophthalmics, Mydriatic**
- **Ophthalmics, NSAIDs**
- **Ophthalmics, Prostaglandin Agonists**
- **Ophthalmics, Sympathomimetics**
- **Otics, Antibiotics**
- **Proton Pump Inhibitors**
- **Rosacea Agents, Topical**
- **Spinal Muscular Atrophy**
- **Ulcerative Colitis Agents**