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 15, 2025**, and the resulting official recommendations.

NEW PRODUCTS TO MARKET

Zunveyl®

Central Nervous System - Alzheimer's Agents: Non-Preferred

Approval Duration: 12 months

- *Benzgalantamine is a prodrug of galantamine. A reversible, competitive acetylcholinesterase inhibitor, galantamine is suggested to increase cholinergic function by preventing acetylcholine breakdown and making acetylcholine pathways more responsive.*

Approval Criteria:
- Non-preferred (NPD) criteria: ≥ 1 week trial and failure, allergy, contraindication (including potential drug-drug interactions with other medications) or intolerance of 2 preferred agents.

Quantity Limit: 2 tablets per day

Qfitlia™

Non-PDL

Approval Duration: 1 year initial, renewal

- *Qfitlia is an antithrombin-directed small interfering ribonucleic acid indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients aged 12 years and older with hemophilia A or B with or without Factor VIII or Factor IX inhibitors.*

Initial Approval Criteria:
Hemophilia A
- Prescribed for prophylactic treatment to prevent or reduce bleeding episodes in patients with Hemophilia A; **AND**
- Prescriber provides documentation (e.g., lab result within the past year) of either:
  - Presence of Factor VIII inhibitors; **OR**
  - Absence of Factor VIII inhibitors; **AND**
- Prescribed by, or in consultation with, a hematologist; **AND**
- Prescriber attests patient is not on another non-factor prophylactic agent (e.g., Alhemo, Hemlibra, Hympavzi); **AND**
- Trial and failure, allergy, contraindication (including potential drug-drug interactions with other medications) or intolerance to one agent approved for either:

  - Hemophilia A WITH inhibitors (i.e., Alhemo, Hemlibra); **OR**
  - Hemophilia A WITHOUT inhibitors (i.e., Hemlibra, Hympavzi)**; AND**
- Patient meets the minimum age recommended by the package insert for the provided indication.

Renewal Criteria:
- Prescriber attests patient has experienced clinical benefit compared to baseline (e.g., reduced bleeding frequency/severity); **AND**
- Prescriber provides documentation (e.g., lab result within the past year) of Hemophilia A with or without Factor VIII inhibitors.

Initial Approval Criteria:
Hemophilia B
- Prescribed for prophylactic treatment to prevent or reduce bleeding episodes in patients with Hemophilia B; **AND**
- Prescriber provides documentation (e.g., lab result within the past year) of either:
  - Presence of Factor IX inhibitors; **OR**
  - Absence of Factor IX inhibitors; **AND**
- Prescribed by, or in consultation with, a hematologist; **AND**
- Prescriber attests patient is not on another non-factor prophylactic agent (e.g., Alhemo, Hemlibra, Hympavzi); **AND**
- Trial and failure, allergy, contraindication (including potential drug-drug interactions with other medications) or intolerance to one agent approved for either:
  - Hemophilia B WITH inhibitors (i.e., Alhemo); **OR**
  - Hemophilia B WITHOUT inhibitors (i.e., Hympavzi)**; AND**
- Patient meets the minimum age recommended by the package insert for the provided indication.

Renewal Criteria:
- Prescriber attests patient has experienced clinical benefit compared to baseline (e.g., reduced bleeding frequency/severity); **AND**
- Prescriber provides documentation (e.g., lab result within the past year) of Hemophilia B with or without Factor IX inhibitors.

Age Limit: 12 years of age or older

Quantity Limit:
- 0.2 mL per month (vial)
- 0.5 mL per month (pen)

Ryzneuta®

Blood Modifiers - Colony Stimulating Factors: Non-Preferred

Approval Duration: 6 months

- *Efbemalenograstim alfa-vuxw is a colony-stimulating factor that acts on hematopoietic cells by binding to specific cell surface receptors, thereby stimulating proliferation, differentiation, commitment, and end cell functional activation.*

Initial Approval Criteria:
- The medication is being used for prophylaxis of neutropenia related to chemotherapy, to decrease the incidence of febrile neutropenia; **AND**
- Patient has a non-myeloid malignancy and is receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia; **AND**
- Patient has had at least a 7-day trial and therapeutic failure, allergy, contraindication, or intolerance of 2 preferred agents.

Age Limit: 18 years of age or older

Quantity Limit: 1 syringe every 14 days

Vanrafia®

Non-PDL

Approval Duration: 6 months

- *Atrasentan is an oral, once-daily endothelin A receptor antagonist indicated to reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) who are at risk of rapid disease progression, generally defined as a urine protein-to-creatinine ratio (UPCR) ≥ 1.5 g/g. Its approval was granted under the FDA's accelerated approval pathway based on its ability to reduce proteinuria, however, it has not yet been established whether atrasentan slows the decline of kidney function; confirmatory data from an ongoing Phase III trial (ALIGN study) are expected in 2026 to support traditional approval.*

Initial Approval Criteria:
- Patient has a confirmed diagnosis of primary IgA nephropathy (IgAN); **AND**
- Patient has proteinuria ≥ 1 g/day or urine protein-to-creatinine ratio (UPCR) ≥ 1.5 g/g; **AND**
- Patient is currently on a stable, maximally tolerated dose of a RAAS inhibitor (ACE inhibitor or ARB), unless contraindicated or not tolerated; **AND**
- Prescribed by, or in consultation with a nephrologist; **AND**
- Provider attestation of a negative pregnancy test prior to initiation in females of reproductive potential; **AND**
- Provider attestation of patient counseling on teratogenic risks and contraception.

Renewal Criteria:
- Patient continues to meet all initial criteria; **AND**
- Prescriber submits clinical documentation that the patient has experienced a clinical benefit compared to baseline.

Age Limit: 18 years of age or older

Quantity Limit: 30 tablets per 30 days

NEW THERAPEUTIC CLASS

Antimigraine Agents, CGRP Inhibitors & Other Agents: Acute Treatment

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 Antimigraine Agents, CGRP Inhibitors & Other Agents: Acute Treatment class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
Nurtec ODT CC, AE, QL	Reyvow tablet CC, AE, QL
Ubrelvy tablet CC, AE, QL	Zavzpret CC, AE, QL

Antimigraine Agents, CGRP Inhibitors & Other Agents: Prophylaxis - Injectable

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 Antimigraine Agents, CGRP Inhibitors & Other Agents: Prophylaxis - Injectable class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
Aimovig autoinjector CC, AE, QL	Emgality 100 mg/mL syringe CC, AE, QL
Ajovy autoinjector CC, AE, QL	
Ajovy syringe CC, AE, QL	
Emgality pen CC, AE, QL	

Antimigraine Agents, CGRP Inhibitors & Other Agents: Prophylaxis - Oral

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 Antimigraine Agents, CGRP Inhibitors & Other Agents: Prophylaxis - Oral class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
Nurtec ODT CC, AE, QL	
Qulipta tablet CC, AE, QL	

FULL CLASS REVIEWS

Bladder Relaxants

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 Bladder Relaxants class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
oxybutynin solution QL, syrup QL, 5 mg tablet QL	darifenacin ER QL
oxybutynin ER QL	Detrol QL
solifenacin QL	Detrol LA QL
tolterodine QL	Ditropan XL QL
tolterodine ER QL	fesoterodine ER QL
	flavoxate QL
	Gelnique CC, QL
	Gemtesa CC, AE, QL
	Myrbetriq QL
	mirabegron ER QL
	oxybutynin 2.5mg tablet QL
	Oxytrol QL
	Toviaz ER QL
	trospium QL
	trospium ER QL
	Vesicare QL
	Vesicare LS QL

Narcolepsy Agents

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 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
armodafinil tablet QL	modafinil tablet QL
Provigil tablet CC, QL	***Nuvigil tablet*** CC, QL
	sodium oxybate solution CC, QL
	Sunosi tablet CC, QL
	Wakix tablet CC, QL
	Xyrem solution CC, QL
	Xywav solution CC, QL

Skeletal Muscle Relaxants

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 Skeletal Muscle Relaxants class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
baclofen 5 mg, 10 mg, 20 mg tablet	Amrix ER capsule QL, MD
cyclobenzaprine tablet QL	baclofen suspension QL
Methocarbamol 500 mg, 750 mg tablet	baclofen solution QL
orphenadrine ER tablet	baclofen 15 mg tablet
tizanidine tablet QL	carisoprodol tablet QL, MD
	carisoprodol/ASA tablet QL, MD
	carisoprodol/ASA/codeine tablet QL, MD
	chlorzoxazone tablet QL
	cyclobenzaprine ER capsule QL
	Dantrium capsule QL

Preferred Agents	Non-Preferred Agents
	dantrolene capsule QL, CC
	Fexmid tablet QL, MD
	Fleqsuvy suspension QL
	Lorzone tablet QL
	Lyvispah granules pack QL
	metaxalone tablet QL
	Methocarbamol 1000 mg tablet
	Norgesic Forte tablet
	Norgesic tablet
	orphenadrine/ASA/caffeine tablet
	orphengesic forte tablet
	Soma tablet QL, MD
	Tanlor tablet
	tizanidine capsule QL
	Zanaflex capsule QL
	Zanaflex tablet QL

Stimulants & Related Agents

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 will require PA.
- For any new chemical entity in the Stimulants & 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 CC, QL	amphetamine sulfate tablet QL
Concerta tablet CC, QL	
dexmethylphenidate ER tablet CC, QL	Aptensio XR sprinkle capsule QL
dexmethylphenidate tablet CC, QL	Azstarys capsule QL
dextroamphetamine sulfate tablet CC, QL	Cotempla XR-ODT tablet AE, QL
dextroamphetamine/amphetamine ER capsule CC, QL	Daytrana patch QL
dextroamphetamine/amphetamine ER capsule CC, QL	Desoxyn tablet QL
dextroamphetamine/amphetamine tablet CC, QL	Dexedrine capsule ER QL
dextroamphetamine sulfate 5 mg, 10 mg, 15 mg	dextroamphetamine ER capsule QL
guanfacine ER tablet CC, QL	dextroamphetamine solution QL
Methylin solution CC, QL	dextroamphetamine sulfate tablet 2.5 mg, 7.5 mg, 20 mg, 30 mg QL

Preferred Agents	Non-Preferred Agents
methylphenidate solution CC, QL	Dyanavel XR suspension AE, QL
methylphenidate ER tablet 10 mg, 20 mg (generic Metadate) CC, QL	Dyanavel XR tablet AE, QL
methylphenidate ER tablet 18 mg, 27 mg, 36 mg, 54 mg tablet QL (generic Concerta)	Evekeo ODT QL
methylphenidate tablet CC, QL	Evekeo tablet QL
Qelbree ER capsule CC, QL	Focalin tablet QL
Vyvanse capsule CC, QL	Focalin XR capsule QL
Vyvanse chewable tablet CC, 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 tablet 63 mg, 72 mg tablet (generic Relexxii) QL
	methylphenidate ER sprinkle capsule QL
	methylphenidate LA capsule QL
	methylphenidate ER OROS QL
	methylphenidate chewable tablet QL
	methylphenidate patch QL
	Mydayis ER capsule AE, QL
	Onyda XR suspension AE, QL
	ProCentra solution QL
	QuilliChew ER tablet AE, QL
	Quillivant XR QL
	Relexxii tablet QL
	Ritalin LA capsule QL
	Ritalin tablet QL
	Strattera capsule QL
	Xelstrym patch QL
	Zenzedi QL

***The P&T Committee voted unanimously to reject the initial proposal of moving two branded products to non-preferred and methylphenidate ER (generic Concerta) to preferred. Two subsequent votes were proposed, which resulted in a unanimous vote to 1) move methylphenidate ER (generic Concerta) and 2) not move the branded products to non-preferred and keep these as preferred agents.*

Glucagon Agents

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 will require PA.
- For any new chemical entity in the Glucagon Agents class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
Baqsimi spray [CC]	diazoxide suspension
Glucagen	***glucagon emergency kit***
Gvoke autoinjector, syringe	Gvoke vial
Proglycem suspension	
Zegalogue autoinjector [AE]	
Zegalogue syringe [AE]	

CONSENT AGENDA REVIEWS

For the following therapeutic classes, the P&T Committee had no recommended changes to the currently posted Preferred Drug List (PDL) status.

Therapeutic Classes
• **Angiotensin-Converting Enzyme (ACE) Inhibitors**
• **ACEI + Diuretic Combinations**
• **Angiotensin Modulator + Calcium Channel Blocker (CCB) Combinations**
• **Angiotensin Receptor Blockers (ARBs)**
• **Antianginal & Anti-Ischemic**
• **Antiarrhythmics, Oral**
• **Anticoagulants**
• **ARB + Diuretic Combinations**
• **Beta-Blockers**
• **Calcium Channel Blockers (CCBs)**
• **Direct Renin Inhibitors**
• **Lipotropics, Other**
• **Lipotropics, Statins**
• **PAH Agents – Oral and Inhaled**
• **Platelet Aggregation Inhibitors**
• **Alzheimer's Agents**
• **Anticonvulsants**
• **Antidepressants, Monoamine Oxidase Inhibitors**
• **Antidepressants, Other**
• **Antidepressants, SNRIs**
• **Antidepressants, SSRIs**
• **Antidepressants, Tricyclics**
• **Antimigraine Agents – CGRP Inhibitors & Other Agents: Acute Treatment**
• **Antimigraine Agents – CGRP Inhibitors & Other Agents: Prophylaxis – Injectable**
• **Antimigraine Agents – CGRP Inhibitors & Other Agents: Prophylaxis - Oral**
• **Antimigraine Agents -Triptans**
• **Antiparkinson's Agents**
• **Antipsychotics, First Generation**
• **Antipsychotics, Second Generation: Oral and Injectable**
• **Anxiolytics**
• **Dopamine Receptor Agonists**
• **Movement Disorders**

Therapeutic Classes
• Neuropathic Pain • Sedative Hypnotics • Tobacco Cessation Products • 5-Alpha Reductase Inhibitors • Alpha Blockers For Benign Prostatic Hyperplasia (BPH)