COMMISSIONER FOR THE DEPARTMENT FOR MEDICAID SERVIVCES SELECTIONS FOR PREFERRED PRODUCTS

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

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 28, 2026**, and the resulting official recommendations

NEW PRODUCTS TO MARKET

Yuviwel® (navepegritide)

Non-PDL

Approval Duration: 1 year initial, 1 year renewal

- *Yuviwel (navepegritide) is a C-type natriuretic peptide (CNP) analog. It is indicated to increase linear growth in pediatric patients 2 years and older with achondroplasia with open epiphyses. It is a prodrug of CNP and works similarly to the body's natural hormone. After release, CNP binds to natriuretic peptide receptor-B (NPR-B) and increases cyclic guanosine monophosphate (cGMP), which helps reduce the overactivity of fibroblast growth factor receptor 3 (FGFR3). Achondroplasia is caused by an overactive FGFR3, which slows normal bone growth and leads to short stature and skeletal differences. By counteracting this pathway, CNP supports more normal cartilage cell growth and maturation, promoting improved bone growth in patients with achondroplasia.*

Initial Approval Criteria:
- Diagnosis of achondroplasia confirmed by genetic testing demonstrating a mutation in the fibroblast growth factor receptor type 3 (FGFR3) gene; **AND**
- Prescribed by, or in consultation with, a pediatric endocrinologist, or other appropriate specialist in the treatment of this condition; **AND**
- Documentation confirms open epiphyses; **AND**
- Documentation of patient's baseline body weight, growth, and physical development; **AND**
- Patient has not had limb lengthening surgery in the previous 18 months; **AND**
- Patient does not plan to have limb-lengthening surgery while on Yuviwel.

Renewal Criteria:
- Prescribed by, or in consultation with, a pediatric endocrinologist, or other appropriate specialist in the treatment of this condition; **AND**
- Documentation of improvements in annualized growth velocity and height compared to pre-treatment baseline; **AND**
- Documentation confirms open epiphyses; **AND**
- Patient has not had limb lengthening surgery in the previous 18 months; **AND**
- Patient does not plan to have limb-lengthening surgery while on Yuviwel.

Age Limit: 2-18 years of age

Quantity Limit:
- 1.3 mg vial: 4 vials per 28 days
- 2.8 mg vial: 4 vials per 28 days
- 5.5 mg vial: 8 vials per 28 days

Icotyde™ (icotrokinra)

Immunologic and Genetic – Cytokine and CAM Antagonists: Non-Preferred

Approval Duration: 6 months initial, 1 year renewal

- *Icotyde (icotrokinra) is a peptide that selectively binds to the IL-23 receptor (IL-23R) with a dissociation constant of 7 pM and antagonizes the binding of IL-23. IL-23 is a naturally occurring cytokine that is involved in inflammatory and immune responses. Icotrokinra inhibits the IL-23/IL-23R-dependent release of proinflammatory cytokines.*

Initial Approval Criteria:
- Diagnosis of moderate to severe plaque psoriasis; **AND**
- Patient weighs ≥ 40 kg; **AND**
- Patient is a candidate for systemic therapy or phototherapy; **AND**
- Trial and failure (at least 3 months) of ≥ 1 conventional therapy:
  - Disease-modifying anti-rheumatic drug (DMARD) such as methotrexate,
  - Immunosuppressant (e.g., cyclosporine),
  - Oral retinoid (e.g., acitretin); **AND**
- Trial and failure of ≥ 2 preferred biologics indicated for plaque psoriasis; **AND**
- NOT used in combination with any other biologic agent; **AND**
- Screening for and absence of tuberculosis (TB) and other active infections prior to therapy initiation; **AND**
- NOT administered concurrently with live vaccines; **AND**
- Prescribed by, or in consultation with, a dermatologist, rheumatologist or other specialist in the treatment of psoriasis.

Renewal Criteria:
- Documentation (e.g., progress note) of response to therapy compared to baseline, such as redness, thickness, scaliness, amount of surface area involvement, and/or PASI score.

Age Limit: ≥ 12 years of age

Quantity Limit: 1 tablet per day

Kygevvi® (doxecitine and doxribtimine)

Non-PDL

Approval Duration: 1 year initial, 1 year renewal

- *Kygevvi (doxecitine and doxribtimine) is intended to incorporate the pyrimidine nucleosides, deoxycytidine and deoxythymidine, into skeletal muscle mitochondrial deoxyribonucleic acid (DNA). This action restores mitochondrial DNA copy number in TK2d mutant mice.*

Initial Approval Criteria:
- Documented clinical diagnosis of thymidine kinase 2 deficiency (TK2d) confirmed with genetic testing; **AND**
- Age of symptom onset ≤ 12 years; **AND**
- Documentation of baseline of transaminase (e.g., alanine aminotransferase [ALT], aspartate aminotransferase [AST]) and total bilirubin; **AND**
- Clinical documentation to verify the member's weight within the past 6 months; **AND**
- Weight based dosing should not exceed 800 mg/kg/day for the maintenance phase (400 mg doxecitine and 400 mg doxribtimine); **AND**

- Prescribed by, or in consultation with, a pulmonologist, neurologist, geneticist, or specialist experienced in the management of metabolic or neuromuscular disorders.

Renewal Criteria:
- Clinical documentation demonstrating improvement and/or stabilization in motor function, respiratory status, or disease progression; **AND**
- Clinical documentation to verify the member's weight within the past 6 months.

Age Limit: N/A

Quantity Limit: 16 packets per day

New Product to Market: Nereus™ (tradipitant)

Gastrointestinal – Antiemetics and Antivertigo Agents: Non-Preferred

Approval Duration: 3 months

- *Nereus (tradipitant) is an oral substance P/neurokinin 1 (NK1) receptor antagonist indicated for the prevention of vomiting induced by motion in adults.*

Initial Approval Criteria:
- Nereus is being used for prevention of vomiting induced by motion; **AND**
- Member has been counseled on non-pharmacological interventions; **AND**
- Member has a planned event expected to cause vomiting induced by motion; **AND**
- Patient has tried and failed, or has an allergy, contraindication, (including potential drug-drug interactions with other medications), or intolerance of ≥ 2 preferred agents, including BOTH of the following:
    - Transdermal scopolamine; **AND**
    - ≥ 1 preferred or over-the-counter (OTC) first-generation antihistamine (e.g., meclizine, dimenhydrinate) verified by pharmacy claims.

Renewal Criteria:
- Not applicable.

Age Limit: ≥ 18 years of age

Quantity Limit: 14 capsules per fill and 36 capsules per year

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New Product to Market: Idvynso™ (doravirine/islatravir)

Antiretrovirals – Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS): Non-Preferred

Approval Duration: 1 year initial, 1 year renewal

- *Idvynso (doravirine/islatravir) is a two-drug combination that includes doravirine, a nonnucleoside reverse transcriptase inhibitor (NNRTI), and islatravir, a nucleoside analog reverse transcriptase inhibitor (NRTI). It is used as a complete regimen for adults with HIV-1 who are already virologically suppressed (HIV-1 RNA <50 copies/mL) on a stable regimen, with no history of treatment failure and no known resistance to doravirine.*

Non-Preferred (NPD) Criteria:
- Approval of non-preferred agents requires trial and failure, allergy, contraindication (including potential drug-drug interactions with other medications), or intolerance of 1 preferred agent.

Age Limit: N/A

Quantity Limit: 1 tablet per day

New Product to Market: Bysanti™ (milsaperidone)

Central Nervous System – Antipsychotics Second-Generation (Atypical): Non-Preferred

Approval Duration: 1 year

- *Bysanti (milsaperidone) is a newly approved atypical antipsychotic and new chemical entity that rapidly interconverts to Fanapt (iloperidone), resulting in comparable pharmacologic activity and clinical effects. It acts primarily as an antagonist at dopamine D2 and serotonin 5-HT2A receptors, with additional α1-adrenergic receptor blockade, consistent with the known profile of iloperidone and requiring dose titration to mitigate orthostatic hypotension. Bysanti is indicated for the treatment of schizophrenia and the acute treatment of manic or mixed episodes associated with bipolar I disorder in adults.*

Non-Preferred (NPD) Criteria:
- Diagnosis of one of the following conditions:
  - Schizophrenia; **OR**
  - Bipolar I disorder with acute mania or mixed episodes; **AND**
- A ≥ 2-week trial and failure, allergy, contraindication (including potential drug-drug interactions with other medications), or intolerance of > 2 preferred antipsychotics.

Age Limit: ≥ 18 years of age

Quantity Limit:
- 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg tablets: 2 per day
- 1-2-4-6 mg, 1-2-6 mg, 1-2-6-8 mg tablets: 1 titration pack per 365 days

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New Product to Market: Baxfendy™ (baxdrostat)

Non-PDL

Approval Duration: 1 year initial, 1 year renewal

- *Baxfendy (baxdrostat) is an oral aldosterone synthase inhibitor (ASI) indicated for the treatment of hypertension, in combination with other antihypertensive drugs, to lower blood pressure in adults who are not adequately controlled on other agents.*

Initial Approval Criteria:
- Diagnosis of uncontrolled or treatment resistant hypertension defined as:
  - Persistent blood pressure above 140/90 mmHg; **AND**
  - Patient has tried and failed optimal dosing of at least TWO antihypertensive medications concurrently from different classes for a minimum of 4 weeks; **AND**

- Patient has had a trial and failure, allergy, contraindication, (including potential drug-drug interactions with other medications), or intolerance of a mineralocorticoid receptor antagonist (e.g., spironolactone, eplerenone); **AND**
- Prescribed by, or in consultation with, a cardiologist, nephrologist, 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 potassium and serum sodium levels were measured prior to initiation and will be repeated periodically during treatment; **AND**
- Will be used in combination with at least two other antihypertensive drugs at maximally tolerated doses.

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

Age Limit: ≥ 18 years of age

Quantity Limit: 1 tablet per day

EXISTING PRODUCT REVIEW

Vraylar® (cariprazine)

Central Nervous System – Antipsychotics: Second Generation (Atypical) and Injectable: Preferred

Age Limit: ≥ 10 years:
- Acute manic or mixed episodes associated with bipolar I disorder (ICD-10 Disease Group F31)

Age Limit: ≥ 13 years:
- Schizophrenic Disorders (ICD-10 Disease Group F20; ICD-10 = F60.1)

Age Limit: ≥ 18 years:
- Dementias (ICD-10 Disease Groups F01, F02, F03, F06);
- Dissociative and conversion disorders (ICD-10 Disease Group F44);
- Episodic Mood Disorders (ICD-10 Disease Groups F30, F39);
- Huntington's disease (ICD-10 Disease Group G10);
- Major depressive disorder (ICD-10 Disease Groups F32, F33);
    - **Note:** If used as adjunctive therapy for major depressive disorder (AMDD): documentation of current use of, or trial and failure of, contraindication, or intolerance to ≥ 1 antidepressant of adequate dose and duration (e.g., SSRI, SNRI, bupropion, mirtazapine).
- Oppositional defiant disorder (ICD-10 = F91.3);
- Pervasive developmental disorders (ICD-10 Disease Group F84);
- Schizoaffective disorder (F25.9);
- Tic disorder (ICD-10 Disease Group F95);
- Substance use disorders and related conditions (see below for
- list).

Quantity Limit: 1 per day

FULL PDL CLASSES: SCHEDULED REVIEW WITH PROPOSED CHANGES

Angiotensin-Converting Enzyme (ACE) 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 Angiotensin-Converting Enzyme (ACE) Inhibitors class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
benazepril	Accupril
enalapril tablet	Altace
enalapril solution	azilsartan medoxomil QL
lisinopril	captopril
quinapril	Epaned CC
ramipril	fosinopril
trandolapril	Lotensin
	moexipril
	perindopril
	Qbrelis CC, QL
	Zestril

Angiotensin Receptor Blockers (ARBs)

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 Receptor Blockers (ARBs) class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
irbesartan	Arbli QL
losartan	Atacand
olmesartan	Avapro
sacubitril/valsartan QL	Benicar
telmisartan	candesartan

Preferred Agents	Non-Preferred Agents
valsartan tablet	Cozaar
	Diovan
	Edarbi
	Entresto Sprinkle
	Entresto tablet QL
	eprosartan
	Micardis
	valsartan solution

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	Betapace
disopyramide	Betapace AF
dofetilide	Multaq
flecainide	Norpace
mexiletine	Norpace CR
propafenone	Pacerone
Sorine	propafenone SR/ER
sotalol	quinidine sulfate
sotalol AF	quinidine gluconate ER
	Rythmol SR
	Sotylize CC
	Tikosyn

Anticoagulants

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

Preferred Agents	Non-Preferred Agents
dabigatran capsule	Arixtra syringe
Eliquis dose pack, tablet	Eliquis tablet for suspension QL
Enoxaparin syringe, vial	Eliquis Sprinkle capsule QL
Jantoven tablet	fondaparinux sodium syringe
warfarin tablet	Fragmin syringe, vial
Xarelto dose pack, tablet	Lovenox syringe, vial
	Pradaxa capsule, pellet pack
	rivaroxaban suspension, tablet
	Savaysa tablet
	Xarelto granules for suspension

Anticonvulsants

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

Preferred Agents	Non-Preferred Agents
Banzel suspension CC, QL	Aptiom tablet QL
Banzel tablet CC, QL	Briviact oral solution AE, CC, QL
brivaracetam tablet AE, CC, QL	Briviact tablet AE, CC, QL
carbamazepine ER capsule	carbamazepine oral suspension
carbamazepine ER tablet	Carbatrol ER capsule
carbamazepine chewable tablet	clobazam syringe 10 mg/4mL AE, CC, QL
carbamazepine tablet	clonazepam ODT QL
Celontin capsule	Depakote ER tablet
clobazam oral suspension 2.5 mg/mL QL	Depakote Sprinkle capsule
clobazam tablet QL	Depakote tablet
clonazepam tablet QL	Diacomit capsule CC, QL

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Preferred Agents	Non-Preferred Agents
diazepam rectal gel QL	Diacomit powder packet CC, QL
divalproex DR sprinkle capsule	Dilantin capsule
divalproex DR tablet	Dilantin chewable tablet
divalproex ER tablet	Dilantin oral suspension
Epidiolex oral solution AE, CC	Elepsia XR tablet QL
Equetro capsule	Epitol tablet
ethosuximide capsule	Eprontia oral solution
ethosuximide oral solution	eslicarbazepine tablet QL
felbamate oral suspension	Felbatol oral suspension
felbamate tablet	Felbatol tablet
lacosamide oral solution QL	Fintepla oral solution QL
lacosamide tablet QL	Fycompa oral suspension
lamotrigine dispersing chewable tablet	Fycompa tablet QL
lamotrigine tablet (except dose packs)	Keppra oral solution
levetiracetam ER tablet QL	Keppra tablet QL
levetiracetam oral solution QL	Keppra XR tablet QL
levetiracetam tablet QL	Klonopin tablet QL
Nayzilam spray AE, QL	Lamictal dispersing chewable tablet
oxcarbazepine oral suspension	Lamictal ODT
oxcarbazepine tablet QL	Lamictal ODT start kit/dose pack
phenobarbital elixir CC	Lamictal tablet
phenobarbital tablet CC	Lamictal tablet start kit/dose pack
phenytoin chewable tablet	Lamictal XR tablet QL
phenytoin ER capsule	Lamictal XR start kit/dose pack
phenytoin oral suspension	lamotrigine ER tablet QL
primidone tablet CC	lamotrigine ODT
Roweepra tablet QL	lamotrigine ODT start kit/dose pack
Sabril powder packet CC, QL	lamotrigine tablet start kit/dose pack
Sabril tablet CC, QL	levetiracetam tablet for oral suspension CC, QL
Tegretol oral suspension	Libervant film AE, QL
tiagabine tablet QL	methsuximide capsule

Preferred Agents	Non-Preferred Agents
topiramate sprinkle capsule QL	Motpoly XR capsule
topiramate tablet QL	Onfi oral suspension QL
valproic acid capsule	Onfi tablet QL
valproic acid oral solution	oxcarbazepine ER tablet QL
Valtoco spray QL	Oxtellar XR tablet QL
zonisamide capsule QL	perampanel tablet QL
	Phenytek capsule
	Qudexy XR sprinkle capsule QL
	rufinamide oral suspension QL
	rufinamide tablet QL
	Spritam tablet for oral suspension QL
	subvenite tablet
	subvenite tablet dose pack
	subvenite oral suspension AE, QL
	Sympazan film AE, CC, QL
	Tegretol tablet
	Tegretol XR tablet
	Topamax sprinkle capsule QL
	Topamax tablet QL
	topiramate oral solution
	topiramate ER capsule QL
	topiramate ER sprinkle capsule QL
	Trileptal oral suspension
	Trileptal tablet QL
	Trokendi XR capsule QL
	vigabatrin powder packet QL
	vigabatrin tablet QL
	vigadrone powder packet QL
	vigadrone tablet QL
	Vigafyde oral solution CC, QL
	Vimpat oral solution QL

Antidepressants, Tricyclics

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

Preferred Agents	Non-Preferred Agents
amitriptyline tablet	amoxapine tablet
clomipramine capsule	Anafranil capsule
desipramine tablet	imipramine pamoate capsule
doxepin capsule	Norpramin tablet
doxepin oral concentrate	nortriptyline solution
imipramine tablet	Pamelor capsule
nortriptyline capsule	protriptyline tablet
	trimipramine capsule

Calcium Channel Blockers (CCBs)

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 (CCBs) class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
amlodipine	diltiazem ER 12HR capsule
Cartia XT	diltiazem ER (LA) tablet
diltiazem	isradipine
diltiazem CD capsule	Katerzia AE, CC, QL
diltiazem ER 24HR capsule	levamlodipine
diltiazem XR	Matzim LA
Dilt-XR	nicardipine
felodipine ER	nifedipine IR CC
nifedipine ER	nimodipine capsule CC

Preferred Agents	Non-Preferred Agents
Tiadylt ER	nimodipine solution CC
verapamil tablet	nisoldipine ER
verapamil ER tablet	Norliqva
	Norvasc
	Nymalize solution CC
	Nymalize syringe CC
	Procardia XL
	Sdamlo AE, CC, QL
	Sular ER
	verapamil ER capsule
	verapamil ER PM capsule
	verapamil SR capsule

Movement Disorders

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 Movement Disorders class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
Austedo tablet AE, CC, QL	Austedo XR tablet titration kit CC
Austedo XR tablet CC, QL	Xenazine
Ingrezza capsule AE, CC, QL	
Ingrezza sprinkle capsule AE, CC, QL	
tetrabenazine tablet	

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

Platelet Aggregation 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 Platelet Aggregation Inhibitors class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
cilostazol	aspirin/dipyridamole
clopidogrel	**Brilinta**
dipyridamole	Effient
prasugrel	Plavix
ticagrelor	

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

Preferred Agents	Non-Preferred Agents
Alyq CC, QL	Adcirca QL
ambrisentan CC	Adempas QL
bosentan tablet QL	bosentan tablet for suspension CC, QL

Preferred Agents	Non-Preferred Agents
sildenafil suspension CC	Letairis
sildenafil tablet CC	macitentan QL
tadalafil (generic for Adcirca) CC, QL	Opsumit QL
	Opsynvi CC, QL
	Orenitram ER
	Revatio tablet CC
	Tadliq
	Tracleer tablet CC, QL
	Tracleer tablet for suspension CC, QL
	Tyvaso, Tyvaso DPI CC
	Uptravi QL
	Ventavis
	Yutrepia CC

Stimulants and 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 and Related Agents class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
atomoxetine capsule CC, QL	Adderall tablet QL
clonidine ER tablet CC, QL	**Adderall XR capsule CC, QL**
dexmethylphenidate ER capsule CC, QL	Adzenys XR-ODT tablet AE, CC, QL
dexmethylphenidate tablet CC, QL	amphetamine ER ODT tablet AE, CC, QL
dextroamphetamine sulfate tablet 5 mg, 10 mg, 15 mg CC, QL	amphetamine sulfate tablet QL
dextroamphetamine/amphetamine ER capsule CC, QL	Aptensio XR sprinkle capsule QL
dextroamphetamine/amphetamine tablet CC, QL	Arynta AE, CC, QL
guanfacine ER tablet CC, QL	Atoncy solution QL
Jornay PM capsule AE, QL	Azstarys capsule QL
lisdexamfetamine capsule CC, QL	**Concerta tablet CC, QL**

Preferred Agents	Non-Preferred Agents
lisdexamfetamine chewable tablet CC, QL	Cotempla XR-ODT tablet AE, QL
Methylin solution CC, QL	Daytrana patch CC, QL
methylphenidate solution CC, QL	Desoxyn tablet QL
methylphenidate ER tablet 10 mg, 20 mg (generic Metadate ER) CC, QL	Dexedrine ER capsule QL
methylphenidate ER tablet 18 mg, 27 mg, 36 mg, 54 mg (generic Concerta) CC, QL	dextroamphetamine ER capsule QL
methylphenidate tablet CC, QL	dextroamphetamine solution CC, QL
Qelbree ER capsule CC, QL	dextroamphetamine sulfate tablet 2.5 mg, 7.5 mg, 20 mg, 30 mg QL
Vyvanse capsule CC, QL	Dyanavel XR suspension AE, QL
Vyvanse chewable tablet CC, QL	Dyanavel XR tablet AE, QL
	Evekeo ODT tablet QL
	Evekeo tablet QL
	Focalin tablet QL
	Focalin XR capsule QL
	Intuniv ER tablet CC, QL
	methamphetamine tablet QL
	methylphenidate CD capsule QL
	methylphenidate ER capsule QL
	methylphenidate ER tablet 63 mg, 72 mg (generic Relexxii) QL
	methylphenidate ER sprinkle capsule QL
	methylphenidate LA capsule QL
	methylphenidate ER OROS QL
	methylphenidate chewable tablet CC, QL
	methylphenidate patch CC, QL
	Mydayis ER capsule AE, QL
	Onyda XR suspension AE, QL
	ProCentra solution CC, QL
	QuilliChew ER tablet AE, QL
	Quillivant XR suspension QL
	Relexxii tablet QL

Preferred Agents	Non-Preferred Agents
	Ritalin LA capsule [QL]
	Ritalin tablet [QL]
	Xelstrym patch [CC, QL]
	Zenzedi tablet [QL]

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
• **5-Alpha Reductase (5AR) Inhibitors** • **ACEI + Diuretic Combinations** • **Alpha Blockers for Benign Prostatic Hyperplasia (BPH)** • **Alzheimer's Agents** • **Angiotensin Modulator + Calcium Channel Blocker (CCB) Combinations** • **Anti-anginal and Anti-Ischemic** • **Antidepressants, Monoamine Oxidase Inhibitors (MAOIs)** • **Antidepressants, Other** • **Antidepressants, Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)** • **Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)** • **Antimigraine Agents, Calcitonin Gene-Related Peptide (CGRP) Inhibitors and Other Agents: Acute Treatment** • **Antimigraine Agents, Calcitonin Gene-Related Peptide (CGRP) Inhibitors and Other Agents: Prophylaxis, Injectable** • **Antimigraine Agents, Calcitonin Gene-Related Peptide (CGRP) Inhibitors and Other Agents: Prophylaxis, Oral** • **Antimigraine Agents, Triptans** • **Antiparkinson's Agents** • **Antipsychotics** • **Anxiolytics** • **ARB + Diuretic Combinations** • **Beta-Blockers** • **Bladder Relaxants** • **Direct Renin Inhibitors** • **Dopamine Receptor Agonists** • **Lipotropics, Other** • **Lipotropics, Statins** • **Neuropathic Pain** • **Sedative Hypnotics** • **Skeletal Muscle Relaxants** • **Spinal Muscular Atrophy** • **Tobacco Cessation Products**