

**Commissioner for the Department for Medicaid Services  
Selections for Preferred Products**

This is a summary of the final Preferred Drug List (PDL) selections made by the Commissioner for the Department for Medicaid Services based on the May 21, 2015 Pharmacy and Therapeutics (P&T) Advisory Committee Meeting.

<b>Description of Recommendation</b>	<b>Final Decision (s)</b>
<b><u>New Products to Market: Trulicity™</u></b> Place this product non preferred in the PDL class titled GLP-1 Receptor Agonists.	Trulicity™ will be placed non preferred in the PDL class titled GLP-1 Receptor Agonists.
<b><u>New Products to Market: Toujeo®</u></b> Place this product non preferred in the PDL class titled Insulins.	Toujeo® will be placed non preferred in the PDL class titled Insulins.
<b><u>New Products to Market: Afrezza®</u></b> Place this product non preferred in the PDL class titled Insulins.	Afrezza® will be placed non preferred in the PDL class titled Insulins.
<b><u>New Products to Market: Glyxambi®</u></b> Place this product non preferred with appropriate quantity limits in the PDL class titled DPP-4 Inhibitors.	Glyxambi® will be placed non preferred with appropriate quantity limits in the PDL class titled DPP-4 Inhibitors.
<b><u>New Products to Market: Cosentyx®</u></b> Place this product non preferred with similar quantity limits and approval criteria in the PDL class titled Immunomodulators.	Cosentyx® will be placed non preferred with similar quantity limits and approval criteria in the PDL class titled Immunomodulators.
<b><u>New Products to Market: Mircera®</u></b> Place this product non preferred in the PDL class titled Erythropoiesis Stimulating Proteins.	Mircera® will be placed non preferred in the PDL class titled Erythropoiesis Stimulating Proteins.
<b><u>New Products to Market: Belsomra®</u></b> Place this product non preferred with appropriate quantity limits in the PDL class titled Sedative Hypnotics.	Belsomra® will be placed non preferred with appropriate quantity limits in the PDL class titled Sedative Hypnotics.
<b><u>New Products to Market: Evekeo™</u></b> Place this product non preferred with appropriate quantity limits in the PDL class titled Stimulants and Related agents. Evekeo™ will not be covered for a diagnosis of exogenous obesity.	Evekeo™ will be placed non preferred with appropriate quantity limits in the PDL class titled Stimulants and Related agents. Evekeo™ will not be covered for a diagnosis of exogenous obesity.
<b><u>New Products to Market: Savaysa™</u></b> Place this product non preferred in the PDL class titled Anticoagulants.	Savaysa™ will be placed non preferred in the PDL class titled Anticoagulants.
<b><u>New Products to Market: Movantik®</u></b> Place this product non preferred in the PDL class titled Gastrointestinal Motility Agents.	Movantik® will be placed non preferred in the PDL class titled Gastrointestinal Motility Agents.
<b><u>New Products to Market: Ibrance®</u></b> Place this product non preferred with appropriate quantity limits in the PDL class titled Oral Oncology, Breast Cancer.	Ibrance® will be placed non preferred with appropriate quantity limits in the PDL class titled Oral Oncology, Breast Cancer.

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<p><b><u>New Products to Market: Lenvima™</u></b> Place this product non preferred with appropriate quantity limits in the PDL class titled Oral Oncology, Other.</p>	<p>Lenvima™ will be placed non preferred with appropriate quantity limits in the PDL class titled Oral Oncology, Other.</p>
<p><b><u>New Products to Market: Farydak®</u></b> Place this product non preferred with appropriate quantity limits in the PDL class titled Oral Oncology, Hematologic Cancer.</p>	<p>Farydak® will be placed non preferred with appropriate quantity limits in the PDL class titled Oral Oncology, Hematologic Cancer.</p>
<p><b><u>Hepatitis C: Direct-Acting Antiviral Agents</u></b></p> <ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however at least one unique chemical entity should be preferred.</li> <li>2. Continue quantity limits based on FDA-approved maximum dose and duration.</li> <li>3. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back.</li> <li>5. For any new chemical entity in the Hepatitis C: Direct-Acting Antiviral Agents class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>	<p>Selected Preferred Agent (s) Viekira Pak®</p> <p>Non Preferred Agent (s) Harvoni® Olysio™ Sovaldi™</p>
<p><b><u>Oral Oncology, Lung Cancer</u></b></p> <ol style="list-style-type: none"> <li>1. DMS to select preferred agent(s) based on economic evaluation; however, at least one oral agent representing a Category 1 recommendation by the NCCN for each cancer type should be preferred.</li> <li>2. Continue quantity limits based on FDA-approved maximum dose.</li> <li>3. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back.</li> <li>5. For any new chemical entity in the Oral Oncology, Lung Cancer class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>	<p>Selected Preferred Agent (s) Iressa® Tarceva® Xalkori®</p> <p>Non Preferred Agent (s) Gilotrif® Zykadia™</p>

<b>Description of Recommendation</b>	<b>Final Decision (s)</b>
<p><b><u>Oral Oncology, Renal Cell Carcinoma</u></b></p> <ol style="list-style-type: none"> <li>1. DMS to select preferred agent(s) based on economic evaluation; however, at least one oral agent representing a Category 1 recommendation by the NCCN for each cancer type should be preferred.</li> <li>2. Continue quantity limits based on FDA-approved maximum dose.</li> <li>3. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back.</li> <li>5. For any new chemical entity in the Oral Oncology, Renal Cell Carcinoma class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>	<p>The final PDL placement will be determined after a review of this product at a future P&amp;T meeting.</p>
<p><b><u>Oral Oncology, Breast Cancer</u></b></p> <ol style="list-style-type: none"> <li>1. DMS to select preferred agent(s) based on economic evaluation; however, at least tamoxifen and one Aromatase Inhibitor should be preferred.</li> <li>2. Continue quantity limits based on FDA-approved maximum dose.</li> <li>3. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back.</li> <li>5. For any new chemical entity in the Oral Oncology, Breast Cancer class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>	<p>The final PDL placement will be determined after a review of this product at a future P&amp;T meeting.</p>

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<p><b><u>Oral Oncology, Prostate Cancer</u></b></p> <ol style="list-style-type: none"> <li>1. DMS to select preferred agent(s) based on economic evaluation; however, at least one oral agent representing a Category 1 recommendation by the NCCN for each cancer type should be preferred.</li> <li>2. Continue quantity limits based on FDA-approved maximum dose.</li> <li>3. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back.</li> <li>5. For any new chemical entity in the Oral Oncology, Prostate Cancer class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>	<p>The final PDL placement will be determined after a review of this product at a future P&amp;T meeting.</p>
<p><b><u>Oral Oncology, Hematologic Cancer</u></b></p> <ol style="list-style-type: none"> <li>1. DMS to select preferred agent(s) based on economic evaluation; however, at least one oral agent representing a Category 1 recommendation by the NCCN for each cancer type should be preferred. Due to data on the treatment of CML, both imatinib and EITHER dasatinib OR nilotinib should be preferred.</li> <li>2. Continue quantity limits based on FDA-approved maximum dose.</li> <li>3. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back.</li> <li>5. For any new chemical entity in the Oral Oncology, Hematologic Cancer class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>	<p>Selected Preferred Agent (s)</p> <p>Alkeran<sup>®</sup>  cladribine  Gleevec<sup>®</sup>  hydroxyurea  Imbruvica<sup>™</sup>  Jakafi<sup>®</sup>  mercaptopurine  Purixan<sup>®</sup>  Sprycel<sup>®</sup>  Zolinza<sup>®</sup>  Zydelig<sup>®</sup></p> <p>Non Preferred Agent (s)</p> <p>Bosulif<sup>®</sup>  Farydak<sup>®</sup>  Hydrea<sup>®</sup>  Iclusig<sup>®</sup>  Leustatin<sup>®</sup>  Purinethol<sup>®</sup>  Tasigna<sup>®</sup></p>

Description of Recommendation	Final Decision (s)
<p><b><u>Oral Oncology, Other</u></b></p> <ol style="list-style-type: none"> <li>1. DMS to select preferred agent(s) based on economic evaluation; however, at least one oral agent representing a Category 1 recommendation by the NCCN for each cancer type should be preferred.</li> <li>2. Continue quantity limits based on FDA-approved maximum dose.</li> <li>3. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back.</li> <li>5. For any new chemical entity in the Oral Oncology, Other class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>	<p>Selected Preferred Agent (s)</p> <p>Caprelsa<sup>®</sup>  Erivedge<sup>™</sup>  Mekinist<sup>™</sup>  Tafinlar<sup>®</sup>  temozolomide  Xeloda<sup>®</sup></p> <p>Non Preferred Agent (s)</p> <p>capecitabine  Cometriq<sup>®</sup>  Lenvima<sup>™</sup>  Lynparza<sup>™</sup>  Stivarga<sup>®</sup>  Temodar<sup>®</sup>  Zelboraf<sup>™</sup></p>
<p><b><u>SGLT2 Inhibitors</u></b></p> <ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred.</li> <li>2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization.</li> <li>3. For any new chemical entity in the Diabetes: SGLT2 Inhibitors class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>	<p>Selected Preferred Agent (s)</p> <p>Invokana<sup>®</sup></p> <p>Non Preferred Agent (s)</p> <p>Farxiga<sup>™</sup>  Invokamet<sup>™</sup>  Jardiance<sup>®</sup>  Xigduo<sup>™</sup> XR</p>
<p><b><u>Inhaled Antibiotics</u></b></p> <ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred.</li> <li>2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization.</li> <li>3. For any new chemical entity in the Inhaled Antibiotics class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>	<p>Selected Preferred Agent (s)</p> <p>Bethkis<sup>®</sup>  Kitabis<sup>™</sup> Pak</p> <p>Non Preferred Agent (s)</p> <p>Cayston<sup>®</sup>  TOBI<sup>®</sup>  TOBI Podhaler<sup>®</sup>  tobramycin inhalation solution</p>

<b>Description of Recommendation</b>	<b>Final Decision (s)</b>
<p><b><u>Minimally Sedating Antihistamines</u></b></p> <ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred.</li> <li>2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization.</li> <li>3. For any new chemical entity in the Minimally Sedating Antihistamines class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>	<p>Selected Preferred Agent (s)  cetirizine OTC tablets, capsule, 1 mg/mL syrup, ODT  cetirizine/pseudoephedrine OTC  loratadine OTC  loratadine/pseudoephedrine 12-Hour OTC  loratadine/pseudoephedrine 24-Hour OTC</p> <p>Non Preferred Agent (s)  cetirizine RX 5 mg/5 mL solution, chewable tablets  Clarinet<sup>®</sup>  Clarinet-D<sup>®</sup> 12-Hour  Clarinet-D<sup>®</sup> 24-Hour  desloratadine  levocetirizine  Semprex D<sup>®</sup>  Xyzal<sup>®</sup></p>
<p><b><u>Intranasal Corticosteroids</u></b></p> <ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least two unique chemical entities should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. Continue to maintain quantity limits based on maximum daily dose.</li> <li>4. For any new chemical entity in the Intranasal Corticosteroids class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>	<p>Selected Preferred Agent (s)  fluticasone propionate  Nasonex<sup>®</sup></p> <p>Non Preferred Agent (s)  Beconase AQ<sup>®</sup>  Children's Qnasl<sup>™</sup>  budesonide  Dymista<sup>®</sup>  flunisolide  Omnaris<sup>™</sup>  Qnasl<sup>™</sup>  Rhinocort Aqua<sup>®</sup>  triamcinolone  Veramyst<sup>®</sup>  Zetonna<sup>™</sup></p>
<p><b><u>Intranasal Antihistamines</u></b></p> <ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Intranasal Antihistamines class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>	<p>Selected Preferred Agent (s)  Astepro<sup>®</sup>  Patanase<sup>™</sup></p> <p>Non Preferred Agent (s)  azelastine  olopatadine</p>

<b>Description of Recommendation</b>	<b>Final Decision (s)</b>
<p><b><u>Intranasal Anticholinergics</u></b></p> <ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. For any new chemical entity in the Intranasal Anticholinergics class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>	<p>Selected Preferred Agent (s) ipratropium nasal spray</p> <p>Non Preferred Agent (s) Atrovent<sup>®</sup></p>
<p><b><u>Self Injected Epinephrine</u></b></p> <ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least one product available in an adult and pediatric dose should be preferred.</li> <li>2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization.</li> <li>3. For any new chemical entity in the Self-Injected Epinephrine Agents class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>	<p>Selected Preferred Agent (s) Epi Pen<sup>®</sup> Epi Pen Jr.<sup>®</sup></p> <p>Non Preferred Agent (s) Adrenaclick<sup>®</sup> Auvi-Q<sup>™</sup> epinephrine 0.3 mg epinephrine 0.15 mg</p>