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 of 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 **September 17, 2020**, and the resulting official recommendations.

New Products to Market

Xepi™– Non-prefer with clinical criteria in the PDL class: *Antibiotics, Topical*

Length of Authorization: Date of Service; no renewals

- Xepi™ (ozenoxacin) is a quinolone antimicrobial indicated for the topical treatment of impetigo due to Staphylococcus aureus or Streptococcus pyogenes in adult and pediatric patients 2 months of age and older.

Criteria for Approval:

- Diagnosis of impetigo; **AND**
- Trial and failure with a preferred agent (e.g., mupirocin ointment); **AND**
- Not have an affected body surface area (BSA) exceeding 100 cm^2 or 2% of total BSA, whichever is greater; **AND**
- Will not be used for more than 5 days.

Quantity Limit: Up to 45 grams per fill

Drug Class	Preferred Agents	Non-Preferred Agents
Topical Antibiotic Agents	bacitracin ointment bacitracin zinc ointment Bactroban® Cream gentamicin 0.1% cream, ointment mupirocin ointment	Altabax® Bactroban® ointment Centany® DermacinRx Surgical PharmaPak® mupirocin cream Triple Antibiotic® Xepi™ CC

Zeposia®: Non-prefer in the PDL class: *Multiple Sclerosis Agents*

Length of Authorization: 1 year

- Zeposia® (ozanimod) is a sphingosine 1-phosphate (S1P) receptor modulator indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

Criteria for Approval:

- Initially prescribed by a neurologist or multiple sclerosis specialist (non-specialist may renew and refill); **AND**
- Patient has a diagnosis of a relapsing form of multiple sclerosis (MS): relapsing-remitting MS (RRMS) active secondary progressive MS (SPMS), or clinically isolated syndrome (CIS); **AND**
- Patient has had an inadequate response to, or is unable to tolerate, 1 or more preferred MS agent; **AND**
- Patient does NOT meet ANY of the following conditions:
  - Presence of contraindicated cardiovascular comorbidities (e.g., recent heart attack or stroke, heart failure);
  - Current systemic or clinically significant local infection;
  - Use of any other antineoplastic, immunosuppressive or immunomodulating drugs to treat other conditions;
  - Use of ozanimod in combination with another MS agent;
  - Prior use of alemtuzumab; **AND**
- Patient has had or will have ALL of the following:
  - Screening for clinically significant drug interactions; **AND**
  - Baseline electrocardiogram (ECG), liver function tests (LFTs) and ophthalmic evaluation; **AND**
  - If pre-existing non-contraindicated cardiac disease (e.g., arrhythmia), cardiology consultation and follow-up will be conducted prior to and during treatment; **AND**
  - Testing for antibodies to the varicella zoster virus (VZV) OR have received immunization for VZV at least 4 to 6 weeks prior to beginning therapy.

Renewal Criteria

- Continue to meet initial approval criteria; **AND**
- Documentation of response to therapy (e.g., progress note).

Age Limit: ≥ 18 years

Quantity Limit: 1 per day

Drug Class	Preferred Agents	Non-Preferred Agents
Multiple Sclerosis Agents	Avonex® CC, QL Betaseron® CC, QL Copaxone® 20 mg CC, QL Gilenya ™ CC, QL Rebif ® CC, QL Tecfidera ™ CC, QL	Ampyra™ QL, CC Aubagio® QL Bafiertam™ QL Copaxone® 40 mg QL dalfampredine ER CC, QL Extavia® QL glatiramer acetate QL Glatopa™ QL Mavenclad® CC, QL Mayzent® CC, QL Plegridy® Vumerity™ QL Zeposia® CC, QL

Full Class Reviews

Alzheimer's Agents

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 3 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Alzheimer's Agents* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Alzheimer's Agents	donepezil ODT, tablets (5 and 10 mg) Exelon® Patch memantine tablets rivastigmine capsules	Aricept® donepezil 23 mg Exelon® capsules galantamine galantamine ER memantine ER memantine solution Namzaric® Namenda® tablets Namenda XR® Razadyne® rivastigmine patch

Anticonvulsants

Class Selection & Guidelines

Anticonvulsants: First Generation

- DMS to select preferred agent(s) based on economic evaluation; however, at least 8 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Anticonvulsants: First Generation* class, require PA until reviewed by the P&T Advisory Committee.

Anticonvulsants: Second Generation

- DMS to select preferred agent(s) based on economic evaluation; however, at least 6 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Anticonvulsants: Second Generation* class, require PA until reviewed by the P&T Advisory Committee.

New agent in the class: Xcopri® (cenobamate)

Non-prefer in this PDL class.

Length of Authorization: 1 year

- Xcopri® (cenobamate) is indicated for the treatment of partial-onset seizures in adult patients.

Criteria for Approval:

- Diagnosis of partial-onset seizures; **AND**
- Trial and failure of a preferred agent; **AND**
- NOT have familial QT syndrome; **AND**
- NOT have severe hepatic impairment (Child-Pugh Class C).

Age Limit: ≥ 18 years

Quantity Limits:

- 1 per day: 50 mg, 100 mg tablets; titration blister packs
- 2 per day: 150 mg, 200 mg tablets; 250 and 350 mg maintenance blister packs

Anticonvulsants: Carbamazepine Derivatives

- 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 require PA.
- For any new chemical entity in the *Anticonvulsants: Carbamezepine Derivatives* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Anticonvulsants: First Generation	Celontin® clobazam QL clonazepam tablets QL diazepam rectal gel QL divalproex delayed-release divalproex sodium ER divalproex sprinkle ethosuximide felbamate Peganone® phenobarbital CC phenytoin IR/ER primidone CC valproate valproic acid Valtoco® QL	clonazepam ODT Depakene® Depakote® Depakote ER® Depakote® Sprinkle DiaStat® QL Dilantin® Felbatol® Klonopin® QL Mysoline® Nayzilam® CC, QL Onfi™ QL Phenytek® Sympazan™ CC, QL Zarontin®
Anticonvulsants: Second Generation	Banzel® CC, QL Gabitril® QL lamotrigine chewable tablets, tablets (except dose packs) levetiracetam ER QL levetiracetam solution, tablets QL Sabril® CC topiramate QL zonisamide QL	Briviact® QL Diacomit™ CC, QL Epidiolex™ CC Fycompa™ QL Keppra® solution, tablets QL Keppra XR® QL Lamictal® Lamictal ODT® Lamictal® XR™ QL lamotrigine dose packs lamotrigine ER QL lamotrigine ODT Qudexy® XR QL Spritam QL tiagabine QL Topamax® QL topiramate ER QL Trokendi XR™ QL

Drug Class	Preferred Agents	Non-Preferred Agents
		vigabatrin Vimpat® QL Xcopri® CC, QL
Anticonvulsants: Carbamazepine Derivatives	carbamazepine tablets carbamazepine ER capsules (generic Carbatrol®) carbamazepine ER tablets Equetro™ oxcarbazepine QL Tegretol® suspension	Aptiom® QL carbamazepine suspension Carbatrol® Epitol® Oxtellar™ XR QL Tegretol® tablets Tegretol® XR Trileptal® QL

Antimigraine: 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: CGRP Inhibitors* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Antimigraine: CGRP Inhibitors	Ajovy™ CC, QL Emgality™ 120 mg/mL CC, QL Nurtec™ ODT CC, QL	Aimovig™ QL Emgality™ 100 mg/mL CC, QL Ubrelvy™ CC, QL

Ajovy (and Emgality 120 mg/mL) Criteria for Approval:

- Diagnosis of migraine with or without aura; **AND**
- If female of child-bearing age, negative pregnancy screening; **AND**
- Trial and failure (≥ 1 month) of at least 2 medications listed below from the 2012 American Academy of Neurology/American Headache Society guidelines – **at least 1 must be level A or B recommendation**:

Level A	Level B	Level C	
AEDs: • divalproex sodium • sodium valproate • topiramate	**Antidepressants**: • amitriptyline • venlafaxine	**Alpha-agonists**: • clonidine • guanfacine	**ACE/ARB**: • lisinopril • candesartan
Beta blockers: • metoprolol • propranolol • timolol	**Beta blockers**: • atenolol • nadolol	**AEDs**: • carbamazepine	**Beta blockers**: • nebivolol • pindolol
	NSAIDs: • fenoprofen • ibuprofen • ketoprofen • naproxen	**Antihistamines**: • cyproheptadine	**NSAIDs**: • flurbiprofen • mefenamic acid

AED = antiepileptic drug; ACE = angiotensin converting enzyme inhibitor; ARB = angiotensin receptor blocker; NSAID = nonsteroidal anti-inflammatory drug

Renewal Criteria

- Patient has an overall improvement in function with therapy (e.g., fewer and/or less severe migraine days per month); **AND**
- If female of child-bearing age, continued monitoring for pregnancy.

Antiparkinson's Agents

Class Selection & Guidelines

Dopamine Receptor Agonists

- 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 require PA.
- For any new chemical entity in the *Dopamine Receptor Agonists* class, require PA until reviewed by the P&T Advisory Committee.

Parkinson's Disease

- DMS to select preferred agent(s) based on economic evaluation; however, at least 5 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Parkinson's Disease* class, require PA until reviewed by the P&T Advisory Committee.

New agent in the class: Kynmobi™ (apomorphine)

Non-prefer in this PDL class.

Length of Authorization: 1 year

- Kynmobi™ (apomorphine) is a non-ergoline dopamine agonist indicated for the acute, intermittent treatment of "off" episodes in patients with Parkinson's disease (PD).

Criteria for Approval:

- Diagnosis of Parkinson's disease (PD); **AND**
- Receiving PD therapy with carbidopa/levodopa; **AND**
- Experiencing "off" episodes with carbidopa/levodopa for at least 2 hours per day; **AND**
- Trial and failure of at least 2 adjunctive therapies, such as:
  - Dopamine agonists (e.g., pramipexole, ropinirole);
  - Monoamine oxidase-B inhibitors (e.g., selegiline)
  - Catechol-O-methyltransferase inhibitors (e.g., entacapone); **AND**
- Patient will be offered a non-5HT3 antagonist antiemetic (e.g., trimethobenzamide); **AND**
- NONE of the following contraindications:
  - Receiving concomitant 5-HT_3 antagonists (e.g., ondansetron); **OR**
  - Major psychiatric disorder.

Renewal Criteria:

- Patient has clinically meaningful response to treatment (e.g., patient shows a reduction in time of "off" episodes.)

Age Limit: ≥ 18 years

Quantity Limit: 5 per day

Drug Class	Preferred Agents	Non-Preferred Agents
Dopamine Receptor Agonists	bromocriptine pramipexole ropinirole	Mirapex® ER Neupro® Parlodel® pramipexole ER ropinirole ER
Parkinson's Disease	amantadine benztropine entacapone levodopa/carbidopa levodopa/carbidopa CR	Azilect® carbidopa Comtan® Duopa™ Gocovri™

Drug Class	Preferred Agents	Non-Preferred Agents
	levodopa/carbidopa ODT	Inbrija™
	selegiline	Kynmobi™ CC, QL
	trihexyphenidyl	levodopa/carbidopa/entacaone
		Lodosyn®
		Nourianz™ CC QL
		Osmolex™ ER
		rasagiline
		Rytary™
		Sinemet®
		Sinemet® CR
		Stalevo®
		Tasmar®
		tolcapone
		Xadago® CC, QL
		Zelapar™

Antipsychotics

Class Selection & Guidelines

First-Generation Antipsychotics

- DMS to select preferred agent(s) based on economic evaluation; however, at least 6 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *First-Generation Antipsychotics* class, require PA until reviewed by the P&T Advisory Committee.

Second-Generation Antipsychotics

- DMS to select preferred agent(s) based on economic evaluation; however, at least 6 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Second-Generation Antipsychotics* class, require PA until reviewed by the P&T Advisory Committee.

New agent in the class: Caplyta® (lumateperone)

Non-prefer in this PDL class.

Length of Authorization: 1 year

- Caplyta® (lumateperone) is an atypical antipsychotic indicated for the treatment of schizophrenia in adults.

Criteria for Approval:

- Diagnosis of schizophrenia; **AND**
- Trial and failure of ≥ 2 preferred antipsychotics.

Renewal Criteria:

- Attestation or documentation (e.g., progress note) of disease improvement and/or stabilization.

Age Limit: ≥ 18 years

Quantity Limit: 1 per day

Antipsychotics: Injectable

- DMS to select preferred agent(s) based on economic evaluation; however, at least 6 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Antipsychotics: Injectable* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
First-Generation Antipsychotics	amitriptyline/perphenazine chlorpromazine fluphenazine haloperidol loxapine perphenazine thioridazine thiothixene trifluoperazine	Adasuve® pimozide
Second-Generation Antipsychotics	aripiprazole tablets CC, QL clozapine tablets CC, QL Latuda® CC, QL olanzapine CC, QL quetiapine CC, QL quetiapine ER CC, QL risperidone CC, QL Saphris® CC, QL ziprasidone capsules CC, QL	Abilify® oral formulations QL aripiprazole ODT, oral solution Caplyta® CC, QL clozapine ODT QL Clozaril® QL Fanapt™ QL FazaClo® QL Geodon® capsules QL Invega® QL olanzapine/fluoxetine CC, QL

Drug Class	Preferred Agents	Non-Preferred Agents
		Nuplazid™ QL paliperidone QL Rexulti® QL Risperdal® QL Secuado® QL Seroquel® QL Seroquel® XR QL Symbyax® CC, QL Versacloz® QL Vraylar™ QL Zyprexa® QL
Antipsychotics: Injectable	Abilify Maintena™ CC, QL fluphenazine decanoate CC, QL Geodon® injection CC, QL haloperidol decanoate CC, QL haloperidol lactate CC, QL Invega® Sustenna® CC, QL Invega Trinza™ CC, QL olanzapine CC, QL Risperdal® Consta® CC, QL	Aristada ER™ QL Aristada Initio™ QL Haldol® Decanoate QL Haldol® Lactate QL Perseris™ ziprasidone injection QL Zyprexa® QL Zyprexa® Relprevv QL

Lipotropics, Other

Class Selection & Guidelines

Familial Hypercholesterolemia Agents

- DMS to select preferred agent(s) based on economic evaluation.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Familial Hypercholesterolemia Agents* class, require PA until reviewed by the P&T Advisory Committee.

Lipotropics: Bile Acid Sequestrants

- 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 require PA.
- For any new chemical entity in the *Lipotropics: Bile Acid Sequestrants* class, require PA until reviewed by the P&T Advisory Committee.

Lipotropics: Fibric Acid Derivatives

- 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 require PA.
- For any new chemical entity in the *Lipotropics: Fibric Acid Derivatives* class, require PA until reviewed by the P&T Advisory Committee.

Lipotropics: Niacin Derivatives

- 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 require PA.
- For any new chemical entity in the *Lipotropics: Niacin Derivatives* class, require PA until reviewed by the P&T Advisory Committee.

Lipotropics: Omega-3 Fatty Acids

- 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 require PA.
- For any new chemical entity in the *Lipotropics: Omega-3 Fatty Acids* class, require PA until reviewed by the P&T Advisory Committee.

Lipotropics: Other (formerly Lipotropics: Cholesterol Absorption Inhibitor)

- 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 require PA.
- For any new chemical entity in the *Lipotropics: Other* class, require PA until reviewed by the P&T Advisory Committee.

New agents in the class: Nexletol™ (bempedoic acid) and Nexlizet™ (bempedoic acid/ezetimibe)

Non-prefer in this PDL class.

Length of Authorization: 1 year

- Nexletol™ (bempedoic acid) is an adenosine triphosphate-citrate lyase (ACL) inhibitor and Nexlizet™ (bempedoic acid/ezetimibe) contains an ACL inhibitor and a cholesterol absorption inhibitor. Both agents are indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia (HeFH) or established atherosclerotic cardiovascular disease (ASCVD) who require additional lowering of low-density lipoprotein-cholesterol (LDL-C).

- For both agents, the effect on cardiovascular (CV) morbidity and mortality has not been determined.

Criteria for Approval:

- Prescribed initially by, or in consultation with a cardiologist, lipid specialist, endocrinologist, vascular medicine or other applicable specialist; **AND**
- Documentation of low-density lipoprotein cholesterol (LDL-C) prior to/without bempedoic acid therapy; **AND**
- Diagnosis of heterozygous familial hypercholesterolemia (HeFH) or established atherosclerotic cardiovascular disease; **AND**
- Trial and failure to achieve LDL goal after 3 months of high intensity statin therapy (e.g., rosuvastatin 40 mg daily); **OR**
- Patient does not tolerate statins (≥ 2 statin trials of any length were unsuccessful due to adverse effects); **AND**
- Maximum tolerated doses of lipid-lowering therapies (e.g., statin, ezetimibe, omega-3-acid ethyl esters) will continue to be used with bempedoic acid.

Renewal Criteria:

- Documentation (e.g., progress note or lab report) that demonstrate a reduction in LDL-C when compared to the baseline values.

Age Limit: ≥ 18 years

Quantity Limit: 1 per day

Lipotropics: PCSK9s

- DMS to select preferred agent(s) based on economic evaluation.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Lipotropics: PCSK9s* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Familial Hypercholesterolemia Agents	Kynamro™ CC	Juxtapid®
Lipotropics: Bile Acid Sequestrants	cholestyramine cholestyramine light colestipol tablets Prevalite®	Colestid® colesevelam colestipol granules/packets Questran® Questran Light® WelChol®

Drug Class	Preferred Agents	Non-Preferred Agents
Lipotropics: Other	ezetimibe	Nexletol™ CC, QL Nexlizet™ CC, QL Zetia®
Lipotropics: Fibric Acid Derivatives	fenofibrate nanocrystallized (generic Tricor®) fenofibric acid (generic Trilipix®) gemfibrozil	Antara® fenofibrate Fenoglide® Lipofen® Lofibra® Lopid® TriCor® Triglide® Trilipix®
Lipotropics: Omega-3 Fatty Acids	omega-3 acid ethyl esters	Lovaza® Vascepa®
Lipotropics: Niacin Derivatives	niacin ER	Niaspan®
Lipotropics: PCSK9s	N/A	Praluent® CC Repatha™ CC

Neuropathic Pain

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 3 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Neuropathic Pain* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Neuropathic Pain	duloxetine DR (generic Cymbalta®) gabapentin capsules, solution, tablets QL lidocaine 5% patch QL pregabalin capsules, oral solution CC, QL	Cymbalta® DermacinRx PHN Pak™ duloxetine (generic Irenka™) Drizalma Sprinkle™ Gralise™ Horizant® Lidoderm® QL Lyrica® QL Lyrica® CR QL

Drug Class	Preferred Agents	Non-Preferred Agents
		Neurontin® QL Savella® ZTlido™

Pulmonary Arterial Hypertension (PAH) Agents

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 4 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 Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Pulmonary Arterial Hypertension (PAH) Agents	ambrisentan sildenafil tablets CC tadalafil CC Tracleer® tablets Ventavis®	Adcirca™ Adempas® CC bosentan tablets Letairis™ Opsumit® Orenitram ER™ Revatio™ sildenafil suspension CC Tracleer® 32 mg tablets for suspension Tyvaso™ Uptravi® QL

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 require PA.
- For any new chemical entity in the *Sedative Hypnotics* class, require PA until reviewed by the P&T Advisory Committee.

New agent in the class: Dayvigo™ (lemborexant)

Non-prefer in this PDL class.

Length of Authorization: 30 days initial; 1 year renewal

- Dayvigo™ (lemborexant) is an orexin receptor antagonist indicated for the treatment of adult patients with insomnia, characterized by difficulties with sleep onset and/or sleep maintenance. It is a Schedule IV controlled substance.

Criteria for Approval:

- Diagnosis of insomnia; **AND**
- Trial and failure of ≥ 2 preferred sedative hypnotics.

Renewal Criteria:

- Attestation or documentation (e.g., progress note) of efficacy; **AND**
- Meets sedative hypnotic class criteria for therapy beyond 60 days.

Age Limit: ≥ 18 years

Quantity Limit: 1 per day

Drug Class	Preferred Agents	Non-Preferred Agents
Sedative Hypnotic Agents	flurazepam MD, QL temazepam 15 mg, 30 mg MD, QL triazolam MD, QL zolpidem MD, QL	Ambien® MD, QL Ambien CR® MD, QL Belsomra® MD, QL Dayvigo™ MD, QL Doral® MD, QL Edluar® CC, MD, QL estazolam MD, QL eszopiclone MD, QL Halcion® MD, QL Hetlioz® CC, QL Intermezzo® MD, QL Lunesta™ MD, QL ramelteon CC, MD, QL Restoril® MD, QL Rozerem® CC, MD, QL Sonata® MD, QL temazepam 7.5 mg, 22.5 mg MD, QL zaleplon MD, QL zolpidem ER MD, QL Zolpimist™ MD, QL

Stimulants and Related Agents

Class Selection & Guidelines

Narcolepsy Agents

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

Stimulants and Related Agents

- DMS to select preferred agent(s) based on economic evaluation; however, at least 6 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Stimulants and Related Agents* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Narcolepsy Agents	modafinil CC, QL	armodafinil QL Nuvigil® QL Provigil® QL Sunosi™ CC, QL Wakix® CC, QL Xyrem® QL
Stimulants and Related Agents	Adderall XR® CC, QL atomoxetine CC, QL Concerta® CC, QL dexmethylphenidate CC, QL Focalin XR® CC, QL guanfacine ER CC, QL Methylin® solution CC, QL methylphenidate solution CC, QL methylphenidate tablets CC, QL mixed amphetamine salts tablets CC, QL Vyvanse® capsules, chewable tablets CC, QL	Adderall® QL Adhansia XR™ QL Adzenys ER™ Adzenys XR-ODT™ QL amphetamine ER suspension QL amphetamine sulfate Aptensio XR® QL clonidine ER QL Cotempla XR-ODT™ QL Daytrana® QL Desoxyn® QL Dexedrine® QL dexmethylphenidate ER QL dextroamphetamine ER QL

Drug Class	Preferred Agents	Non-Preferred Agents
		dextroamphetamine solution QL Dyanavel® XR QL Evekeo® QL Evekeo® ODT QL Focalin® QL Intuniv® QL Jornay PM™ QL Metadate® ER QL methamphetamine QL methylphenidate CD QL methylphenidate chewable tablets QL methylphenidate ER capsules, tablets QL methylphenidate ER OROS (generic Concerta®) QL methylphenidate LA QL mixed amphetamine salts ER capsules QL Mydayis™ QL ProCentra® QL QuilliChew ER™ QL Quillivant XR® QL Relexxii QL Ritalin® QL Ritalin LA® QL Strattera® QL Zenzedi® QL

Classes Reviewed by Consent Agenda

No change in PDL status:

- Angiotensin Modulator Combinations
- Angiotensin Modulators
- Antianginal & Anti-ischemic
- Antiarrhythmics, Oral
- Anticoagulants
- Antidepressants, Other
- Antidepressants, SSRIs
- Antidepressants, Tricyclic
- Antimigraine Agents, Triptans
- Anxiolytics
- Beta-Blockers
- Bladder Relaxant Preparations
- BPH Treatments
- Calcium Channel Blockers
- Lipotropics, Statins
- Movement Disorders
- Platelet Aggregation Inhibitors
- Skeletal Muscle Relaxants
- Smoking Cessation