# 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 **March 18, 2021** and the resulting official recommendations.

## Clinical Criteria Review

**Gimoti™**: Non-prefer in the PDL class: *Anti-Emetics: Other*

**Length of Authorization:** 8 weeks

- Gimoti™ (metoclopramide) is a nasally administered dopamine-2 (D2) antagonist indicated for the relief of symptoms in adults with acute and recurrent diabetic gastroparesis.

**Criteria for Approval**:

- Diagnosis of diabetic gastroparesis; **AND**
- Prescribed by an endocrinologist, gastroenterologist or other specialist in the diagnosis and treatment of diabetic gastroparesis; **AND**
- Prescriber attests that patient does NOT meet ANY of the following conditions:
    - o History of signs or symptoms of tardive dyskinesia (TD);
    - o History of a dystonic reaction to metoclopramide;
    - o Known or suspected circumstances where stimulation of gastrointestinal (GI) motility could be dangerous (e.g., GI hemorrhage, mechanical obstruction, or perforation);
    - o Known or suspected pheochromocytoma or other catecholamine-releasing paraganglioma;
    - o Diagnosis of epilepsy or any other seizure disorder;
    - o Hypersensitivity to metoclopramide (e.g., angioedema, bronchospasm);
    - o Moderate or severe renal impairment (creatinine clearance [CrCl] < 60 mL/minute);
    - o Moderate or severe hepatic impairment (Child-Pugh B or C); **AND**
- Prescriber attests that each course of treatment, with all dosage forms and routes of administration of metoclopramide, will NOT extend beyond 12 weeks; **AND**
- Adequate (e.g., 2-4 week) trial and failure of oral (e.g., tablet, solution, orally disintegrating tablet) or injectable (e.g., intramuscular) metoclopramide; **OR**

- NOT a candidate for oral metoclopramide (e.g., demonstrated or documented erratic absorption of oral medications).

**Renewal Criteria** (duration 8 weeks):

- Must continue to meet initial authorization criteria; **AND**
- At least 2 weeks have passed (i.e., drug holiday) since completion of a previous course of metoclopramide treatment of any dosage form; **AND**
- Demonstrated improvement in signs and symptoms of diabetic gastroparesis (e.g., nausea, vomiting, early satiety, postprandial fullness, bloating, upper abdominal pain); **AND**
- Prescriber attestation that the patient is being monitored for extrapyramidal symptoms (e.g., tardive dyskinesia, dystonia) or other serious adverse events (e.g., suicidal ideation, fluid retention).

**Age Limit:** ≥ 18 years

**Quantity Limit:** 1 bottle (9.8 mL) per 28 days

| Drug Class | Preferred Agents | Non-Preferred Agents |
|---|---|---|
| **Anti-Emetics: Other** | meclizine<br>metoclopramide oral solution, tablets<br>prochlorperazine tablets<br>promethazine syrup, tablets<br>promethazine 12.5, 25 mg suppositories<br>scopolamine patches | Compazine®<br>Compro®<br>Bonjesta® CC, QL<br>Diclegis™ CC, QL<br>doxylamine/pyridoxine CC, QL<br>Gimoti™ CC, QL<br>metoclopramide ODT<br>Phenadoz®<br>Phenergan®<br>prochlorperazine suppositories<br>promethazine 50 mg suppositories<br>Reglan®<br>Tigan®<br>Transderm-Scop®<br>trimethobenzamide |

# Full Class Reviews

## Antibiotics, GI

### 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 *Antibiotics, GI class*, require PA until reviewed by the P&T Advisory Committee.

| Drug Class | Preferred Agents | Non-Preferred Agents |
|---|---|---|
| Antibiotics: Gastrointestinal (GI) | Firvanq™ CC<br>metronidazole tablets<br>neomycin<br>tinidazole<br>vancomycin capsules CC<br>Xifaxan® CC, QL | Alinia®<br>Dificid® QL<br>Flagyl®<br>metronidazole capsules<br>nitazoxanide<br>paromomycin<br>Solosec™ CC, QL<br>Tindamax®<br>Vancocin®<br>vancomycin solution |

## Hepatitis C Agents

### Class Selection & Guidelines

### Hepatitis C: Direct-Acting Antiviral Agents

- DMS to select preferred agent(s) based on economic evaluation; however, at least 1 first-line treatment regimen should be preferred.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Hepatitis C: Direct-Acting Antiviral Agents* class, require PA until reviewed by the P&T Advisory Committee.

### Hepatitis C: Interferons

- 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 *Hepatitis C: Interferons* class, require PA until reviewed by the P&T Advisory Committee.

### Hepatitis C: Ribavirins

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

| Drug Class | Preferred Agents | Non-Preferred Agents |
|---|---|---|
| **Hepatitis C: Direct-Acting Antiviral Agents** | Mavyret™ CC, QL<br>sofosbuvir/velpatasvir CC, QL<br>Vosevi™ CC, QL | Epclusa® CC, QL<br>Harvoni® CC, QL<br>ledipasvir/sofosbuvir CC, QL<br>Sovaldi™ CC, QL<br>Viekira Pak® CC, QL<br>Zepatier™ CC, QL |
| **Hepatitis C: Interferons** | PEGASYS® ProClick CC, QL<br>PEGASYS® syringe CC, QL | PEGASYS® vial CC, QL<br>PEGIntron™ CC, QL |
| **Hepatitis C: Ribavirins** | ribavirin CC | Moderiba™ CC<br>ribavirin dosepack CC |

## Antiretrovirals: HIV/AIDS

### Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 3 first-line treatment regimens should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the *Antiretrovirals: HIV/AIDS* class, require PA until reviewed by the P&T Advisory Committee.

Note: Allow grandfathering of members using agents moving to non-preferred. That is, members may remain on their current product/regimen without (re)trial of a preferred agent.

| Drug Class | Preferred Agents | Non-Preferred Agents |
|---|---|---|
| **Antiretrovirals: HIV/AIDS** | abacavir QL<br>abacavir-lamivudine<br>atazanvir QL<br>Atripla® QL | abacavir-lamivudine-zidovudine<br>Aptivus®<br>Combivir®<br>Crixivan® |

| Drug Class | Preferred Agents | Non-Preferred Agents |
|---|---|---|
| | Biktarvy® QL | didanosine DR QL |
| | Cimduo™ QL | Dovato QL |
| | Complera® QL | efavirenz/emtricitabine/tenofovir disoproxil fumarate |
| | Delstrigo™ QL | emtricitabine |
| | Descovy® CC, QL | emtricitabine/tenofovir disoproxil fumarate |
| | Edurant® | Epivir® QL |
| | efavirenz | Epzicom® |
| | Emtriva® | fosamprenavir |
| | Evotaz™ QL | Fuzeon® |
| | Genvoya® QL | Invirase® |
| | Intelence® | Juluca QL |
| | Isentress® | Kaletra® solution |
| | Kaletra® tablet | Lexiva® |
| | lamvidudine QL | nevirapine QL |
| | lamivudine-zidovudine | nevirapine ER QL |
| | lopinavir-ritonavir solution | Norvir® powder packets |
| | Odefsey® QL | Norvir® tablets, solution QL |
| | Pifeltro™ QL | Prezcobix® QL |
| | Prezista® | Retrovir® |
| | ritonavir tablets | Reyataz® |
| | Selzentry® | Rukobia® CC, QL |
| | stavudine capsules QL | Sustiva® |
| | stavudine solution | Symtuza™ QL |
| | Stribild® QL | Temixys™ QL |
| | Symfi™ QL | Tivicay® suspension QL |
| | Symfi Lo™ QL | Videx® solution |
| | tenofovir disoproxil fumarate tablets QL | Viracept® |
| | Tivicay® tablets QL | Viramune® QL |
| | Triumeq® QL | Viramune XR® QL |
| | Trizivir® | Viread® powder packets |
| | Truvada® CC, QL | Viread® tablets QL |
| | Tybost® | Zerit® capsules QL |
| | Videx® EC QL | Ziagen® QL |
| | zidovudine syrup, tablets | zidovudine capsules |

## Intranasal Rhinitis Agents

### Class Selection & Guidelines

### Intranasal Antihistamines and Anticholinergics

- 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 *Intranasal Antihistamines and Anticholinergics* class, require PA until reviewed by the P&T Advisory Committee.

### Intranasal Corticosteroids

- 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 *Intranasal Corticosteroids* class, require PA until reviewed by the P&T Advisory Committee.

| Drug Class | Preferred Agents | Non-Preferred Agents |
|---|---|---|
| **Intranasal Antihistamines and Anticholinergics** | azelastine 0.1%<br>azelastine 0.15%<br>ipratropium nasal spray | Astepro®<br>olopatadine<br>Patanase™ |
| **Intranasal Corticosteroids** | fluticasone propionate QL | azelastine/fluticasone QL<br>Beconase AQ® QL<br>budesonide QL<br>Children's Qnasl™ QL<br>Dymista® QL<br>flunisolide QL<br>Nasonex® QL<br>Omnaris™ QL<br>Qnasl™ QL<br>triamcinolone QL<br>Veramyst® QL<br>Xhance™ CC<br>Zetonna™ QL |

## Classes Reviewed by Consent Agenda

**No change in PDL status:**

- Absorbable Sulfonamides
- Antibiotics, Inhaled
- Antibiotics, Vaginal
- Antifungals, Oral
- Antihistamines, Minimally Sedating
- Antivirals, Oral
- Bronchodilators, Beta Agonist
- Cephalosporins and Related Antibiotics
- COPD Agents
- Epinephrine, Self-Injected
- Fluoroquinolones, Oral
- Glucocorticoids, Inhaled
- Hepatitis B Agents
- Leukotriene Modifiers
- Macrolides
- Oxazolidinones
- Penicillins
- Pleuromutulins
- Tetracyclines