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 **November 18, 2021,** and the resulting official recommendations.

New Products to Market

Brexafemme®- Non-prefer in the PDL class: *Antifungals: Oral*

Length of Authorization: Date of Service

- Ibrexafungerp (Brexafemme) is a triterpenoid antifungal indicated for the treatment of adult and post-menarchal pediatric females with vulvovaginal candidiasis (VVC).

Criteria for Approval

- Patient is post-menarchal female; **AND**
- Diagnosis of vulvovaginal candidiasis (VVC); **AND**
- Females of reproductive potential must have negative pregnancy test; **AND**
- Patient must have an adequate trial and failure, contraindication, resistance, or intolerance of at least single dose 150 mg oral fluconazole.

Renewal Criteria

- Coverage is not renewable

Quantity Limit: 4 tablets per fill

Drug Class	Preferred Agents	Non-Preferred Agents
Antifungals: Oral	clotrimazole fluconazole griseofulvin suspension itraconazole capsules CC nystatin suspension, tablets terbinafine	*Ancobon®* *Brexafemme®* *Cresemba®* *Diflucan®* *flucytosine* *griseofulvin microsize tablets* *griseofulvin ultramicrosize* *Gris-PEG®* *itraconazole solution* *ketoconazole* *Lamisil®* *Noxafil®* *nystatin powder* *Onmel™*

Drug Class	Preferred Agents	Non-Preferred Agents
		Oravig™ *posaconazole* *Sporanox®* *Tolsura* *Vfend®* *voriconazole*

Kerendia® - Non-PDL drug class agent requiring PA

Length of Authorization: 1 year

- Kerendia® (finerenone) is a non-steroidal mineralocorticoid receptor antagonist (MRA) indicated to reduce the risk of sustained estimated glomerular filtration rate (eGFR) decline, end stage kidney disease, cardiovascular death, non-fatal myocardial infarction, and hospitalization for heart failure in adult patients with chronic kidney disease (CKD) associated with type 2 diabetes (T2D).

Criteria for Approval:

Initial Approval Criteria

- Patient has a diagnosis of type 2 diabetes; **AND**
- Patient has a diagnosis of chronic kidney disease (CKD); **AND**
- Patient has eGFR ≥ 25 mL/min/1.73 m^2; **AND**
- Patient must NOT be concomitantly receiving strong CYP3A4 inhibitors; **AND**
- Patient must NOT have adrenal insufficiency; **AND**
- Patient must NOT have severe hepatic impairment (Child Pugh C); **AND**
- Serum potassium is ≤ 5 mEq/L.

Renewal Criteria

- Patient must continue to meet the above criteria; **AND**
- Patient must have disease improvement and/or stabilization OR improvement in the slope of decline (based on UACR or eGFR); **AND**
- Patient has NOT experienced any treatment-restricting adverse effects (e.g., hyperkalemia).

Age Limit: ≥18 years

Quantity Limit: 1 per day

New Products to Market – Verquvo®

Non-PDL drug class agent requiring PA

Length of Authorization: 1 year

- Verquvo® (vericiguat), a soluble guanylate cyclase (sGC) stimulator, is indicated to reduce the risk of cardiovascular (CV) death and heart failure (HF) hospitalization following a hospitalization for HF or need for outpatient intravenous (IV) diuretics, in adults with symptomatic chronic HF and ejection fraction (EF) < 45% (HF with reduced EF [HFrEF]).

Criteria for Approval:

Initial Approval Criteria

- Patient has a diagnosis of heart failure; **AND**
- Patient's ejection fraction is < 45%; **AND**
- Patient meets ≥ 1 of the following criteria:
    - Patient has required the use of intravenous diuretics as an outpatient in the past 3 months; **OR**
    - Patient was recently hospitalized for heart failure (within the last 6 months); **AND**
- Patient is on guideline-directed therapy for heart failure, unless contraindicated (e.g., beta-blocker, angiotensin-converting enzyme [ACE] inhibitor or angiotensin II receptor blockers [ARB], and mineralocorticoid receptor antagonists/aldosterone antagonists); **AND**
- Patient is NOT taking another soluble guanylate cyclase (sGC) stimulator or phosphodiesterase-5 (PDE-5) inhibitor; **AND**
- If patient is of childbearing potential, patient is NOT pregnant **AND** is using contraception.

Renewal Criteria

- Patient continues to meet above criteria; **AND**
- Prescriber attestation that patient is responding positively to treatment (e.g., symptom improvement, slowing of decline); **AND**
- Patient has NOT experienced treatment-limiting adverse effects (e.g., symptomatic hypotension).

Age Limit: ≥18 years

Quantity Limit: 1 per day

Full Class Reviews

Hypoglycemics, Incretin Mimetics/Enhancers

Diabetes: DPP-4 Inhibitors

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least two 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 *Diabetes; DPP-4 Inhibitors* class, require PA until reviewed by the P&T Advisory Committee.

Diabetes: GLP-1 Agonists

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least one product FDA approved to reduce the risk of major adverse cardiovascular event (MACE) in patients with Diabetes should be preferred.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Diabetes; GLP-1 Agonists* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Diabetes: DPP-4 Inhibitors	Glyxambi® CC, QL Janumet™ CC, QL Janumet XR™ CC, QL Januvia™ CC, QL Jentadueto™ CC, QL Jentadueto® XR CC, QL Tradjenta™ CC, QL	*alogliptin QL* *alogliptin/metformin QL* *alogliptin/pioglitazone QL* *Kazano® QL* *Kombiglyze™ XR QL* *Nesina® QL* *Onglyza™ QL* *Oseni® QL* *Qtern® QL* *Steglujan™ AE, QL* *Trijardy® XR QL*
Diabetes: GLP-1 Receptor Agonists	Byetta® CC, QL Bydureon® Pen CC, QL Ozempic® CC, AE, QL Victoza® CC, QL	*Adlyxin™ AE, QL* *Bydureon® BCise™* *Rybelsus® AE, QL* *Soliqua™ CC, AE, QL* *Trulicity™ CC, QL* *Xultophy® CC, AE, QL*

Pulmonary Hypertension (PAH) Agents

Class Selection & Guidelines

- DMS to select preferred agent (s) based on economic evaluation; however, at least one agent

representing three of the unique mechanisms of action should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require Prior Authorization.
- For any new chemical entity in the *Pulmonary Arterial Hypertension (PAH) Agents* class, require a PA until reviewed by the P&T Advisory Committee.

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

Topical Acne Agents

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least three 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 *Topical Acne Agents* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Topical Acne Agents	Clindacin® P™ clindamycin gel, medicated swab (pledget), solution clindamycin/benzoyl peroxide (generic BenzaClin® or Duac®; excluding pumps) Differin® gel pump erythromycin solution erythromycin/benzoyl peroxide Neuac® gel Retin-A® cream, gel selenium sulfide	*Acanya™* *Aczone™* *adapalene cream, gel pump, gel* *adapalene/benzoyl peroxide* *Aklief® AE* *Altreno™* *Amzeeq™* *Arazlo™* *Atralin™* *Avar™, Avar E™, Avar E LS™, Avar LS™* *Avita®* *BenzaClin®* *Benzamycin®* *BP 10-1®* *BP Cleansing Wash™*

Drug Class	Preferred Agents	Non-Preferred Agents
		BPO® *Cleocin-T®* *Clindacin® ETZ* *Clindacin PAC™* *Clindagel®* *clindamycin foam, lotion* *clindamycin phosphate EQ 1% gel (Generic Clindagel®)* *clindamycin/benzoyl peroxide (Generic Acanya™)* *clindamycin/benzoyl peroxide gel pump* *clindamycin/tretinoin* *dapsone* *Differin® cream, lotion* *Epiduo™, Epiduo Forte™* *Ery®* *Erygel®* *erythromycin gel, medicated swab* *Evoclin®* *Fabior®* *Klaron®* *Neuac® Kit* *Onexton™* *Ovace®, Ovace Plus®* *Pacnex® HP* *Pacnex® LP* *Retin-A Micro®* *Rosanil®* *Rosula®* *sulfacetamide* *sodium sulfacetamide* *sodium sulfacetamide/sulfur* *SSS 10-5®* *sulfacetamide sodium* *sulfacetamide/sulfur* *sulfacetamide/sulfur/urea* *Sumadan™, Sumadan™ XLT* *Sumaxin®, Sumaxin® CP, Sumaxin® TS* *Tazorac®* *tazarotene* *Tretin-X™* *tretinoin* *tretinoin microsphere*

Drug Class	Preferred Agents	Non-Preferred Agents
		Veltin® *Ziana™*

Oral Antipsoriatics

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least one 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 *Oral Antipsoriatics* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Oral Psoriasis Agents	acitretin	*methoxsalen* *Oxsoralean-Ultra®* *Soriatane®*

Topical Antipsoriatics

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least one 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 *Topical Antipsoriatics* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Topical Psoriasis Agents	calcipotriene ointment, solution Dovonex® salicyclic acid urea	*Bensal HP®* *calcipotriene cream, foam* *calcipotriene/betamethasone* *calcitriol ointment* *Duobrii™* *Enstilar® MD, AE* *KeraFoam™* *Salex™* *Sorilux™* *Taclonex®* *Uramaxin®* *Uramaxin® GT*

Drug Class	Preferred Agents	Non-Preferred Agents
		Vectical™

Topical Steroids

Class Selection & Guidelines

- DMS to select preferred agent (s) based on economic evaluation; however, at least two agents in each of the potency categories (low, medium, high, and very high) should be preferred.
- Agents not selected as preferred will be considered non preferred and require PA.
- For any new chemical entity in the *Steroids, Topical* class, require PA until reviewed by the P&T Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Topical Steroids	alclometasone dipropionate Anusol® HC betamethasone dipropionate cream, lotion betamethasone dipropionate (augmented) cream betamethasone valerate cream, ointment clobetasol propionate cream, gel, ointment, shampoo, solution Clodan® shampoo Derma-Smoothe/FS® desonide cream, ointment fluocinonide solution fluticasone propionate cream, ointment halobetasol propionate cream, ointment hydrocortisone cream, gel, lotion, ointment mometasone furoate cream, ointment, solution Procto-Med HC™ Procto-Pak™ Protosol-HC® Proctozone-HC™ triamcinolone acetonide cream, lotion, ointment	*amcinonide* *Ana-Lex™* *ApexiCon E®* *Aqua Glycolic HC®* *Beser™* *betamethasone dipropionate ointment* *betamethasone dipropionate augmented ointment, lotion, gel* *betamethasone valerate foam, lotion* *Bryhali™* *Capex® Shampoo* *clobetasol emollient* *clobetasol propionate foam, lotion, spray* *Clobetex® Kit* *Clobex®* *clocortolone* *Clodan® kit* *Cloderm®* *Cutivate®* *Desonate®* *desonide gel, lotion* *desoximetasone* *diflorasone diacetate* *Diprolene®* *fluocinolone acetonide oil, cream,*

Drug Class	Preferred Agents	Non-Preferred Agents
		ointment, solution *fluocinonide emollient* *fluocinonide cream, gel, ointment* *flurandrenolide* *fluticasone propionate lotion* *halcinonide cream* *halobetasol propionate foam* *Halog®* *hydrocortisone butyrate* *hydrocortisone butyrate/emollient* *hydrocortisone valerate cream, ointment* *Impeklo™* *Kenalog®* *Lexette* *Lidocort™* *Locoid®* *Locoid Lipocream®* *Luxiq®* *Olux®, Olux-E®* *Pandel®* *prednicarbate* *Proctocort®* *Psorcon®* *Sanaderm™ Rx* *Sernivo™* *Synalar®, Synalar® TS* *Temovate®* *Texacort®* *Topicort®* *Tovet™* *triamcinolone acetonide spray* *Trianex®* *Ultravate* *Vanos™*

Cytokine and CAM Antagonists

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 *Cytokine and CAM Antagonists* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Cytokine and CAM Antagonists	Cosentyx® CC, QL Enbrel® CC, QL Humira® CC, QL Otezla® CC, QL	*Actemra® CC, QL* *Cimzia® CC, QL* *Enspryng™ CC, AE, QL* *Ilumya™ CC, AE, QL* *Kevzara® CC, AE, QL* *Kineret® CC, QL* *Olumiant® CC, AE, QL* *Orencia® CC, QL* *Rinvoq™ CC, QL* *Siliq™ CC, AE, QL* *Simponi™ CC, QL* *Skyrizi™ CC, AE, QL* *Stelara™ CC, QL* *Taltz® CC, QL* *Tremfya™ CC, AE, QL* *Xeljanz® CC, QL* *Xeljanz® XR CC, QL*

Ophthalmics, Glaucoma Agents

Ophthalmic Beta Blockers

Class Selection & Guidelines

- DMS to select preferred agent(s) based upon economic evaluation; however, at least two 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 *Ophthalmic Beta Blockers* class, require PA until reviewed by the P&T Advisory Committee.

Ophthalmic Carbonic Anhydrase Inhibitors

Class Selection & Guidelines

- DMS to select preferred agent(s) based upon economic evaluation; however, at least one 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 *Ophthalmic Carbonic Anhydrase Inhibitors* class, require PA until reviewed by the P&T Advisory Committee.

Ophthalmic Combinations for Glaucoma

Class Selection & Guidelines

- DMS to select preferred agent(s) based upon economic evaluation; however, at least one 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 *Ophthalmic Combinations for Glaucoma* class, require PA until reviewed by the P&T Advisory Committee.

Ophthalmic Prostaglandin Agonists

Class Selection & Guidelines

- DMS to select preferred agent(s) based upon economic evaluation; however, at least one 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 *Ophthalmic Prostaglandin Agonists* class, require PA until reviewed by the P&T Advisory Committee.

Ophthalmic Sympathomimetics

Class Selection & Guidelines

- DMS to select preferred agent(s) based upon economic evaluation; however, at least one 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 *Ophthalmic Sympathomimetics* class, require PA until reviewed by the P&T Advisory Committee.

Ophthalmic Glaucoma Agents (Other)

Class Selection & Guidelines

- DMS to select preferred agent(s) based upon economic evaluation; however, at least one 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 *Glaucoma Agents (Other)* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Ophthalmic Beta Blockers	levobunolol timolol maleate (except preservative-free)	*betaxolol* *Betimol®* *Betoptic S®* *carteolol* *Istalol®* *metipranolol* *timolol maleate once daily (generic Istalol®)* *timolol PF (preservative-free)* *Timoptic®* *Timoptic XE®*
Ophthalmic Carbonic Anhydrase Inhibitors	dorzolamide	*Azopt®* *brinzolamide* *Trusopt®*
Ophthalmic Combinations for Glaucoma	Combigan™ dorzolamide/timolol (except preservative-free) Simbrinza™	*Cosopt®* *Cosopt PF®* *dorzolamide/brimonidine (preservative-free)* *dorzolamide/timolol PF (preservative-free)*
Ophthalmic Prostaglandin Agonists	latanoprost QL	*bimatoprost QL* *Lumigan® QL* *Travatan Z®* *travoprost* *Vyzulta™ AE, QL* *Xalatan® QL* *Xelpros™* *Zioptan® QL*
Ophthalmic Sympathomimetics	Alphagan P® 0.15% brimonidine 0.2%	*Alphagan P® 0.1%* *apraclonidine* *brimonidine 0.15%* *Iopidine®*
Ophthalmics, Glaucoma Agents (Other)	Rhopressa® CC, AE, QL Rocklatan™ CC, AE, QL	*Isopto Carpine®* *phospholine iodide* *pilocarpine*

Classes Reviewed by Consent Agenda

No change in PDL status:

- Acne Agents, Oral
- Antibiotics, Topical
- Antifungals, Topical
- Antiparasitics, Topical

AE – Age Edit; CC – Clinical Criteria; MD – Medications with Maximum Duration; QL – Quantity Limit

- Antivirals, Topical
- Rosacea Agents, Topical
- Antiemetics & Antivertigo Agents
    - Anti-Emetics: Other
    - Oral Anti-Emetics: 5-HT3 Antagonists
    - Oral Anti-Emetics: NK-1 Antagonists
    - Oral Anti-Emetics: Δ-9-THC Derivatives
- Antispasmodics/Anticholinergics
- Antidiarrheals
- Anti-Ulcer Protectants
- Bile Salts
- GI Motility Agents
- H. pylori Treatment
- Histamine II Receptor Blockers
    - H2Receptor Antagonists
- Laxatives and Cathartics
- Proton Pump Inhibitors
- Ulcerative Colitis Agents
- Immunomodulators, Atopic Dermatitis
- Immunosuppressives, Oral
    - Immunosuppressants
- Multiple Sclerosis Agents
- Spinal Muscular Atrophy
- Ophthalmics, Allergic Conjunctivitis
    - Ophthalmic Antihistamines
    - Ophthalmic Mast Cells Stabilizers
- Ophthalmics, Anti-inflammatories
    - Ophthalmic NSAIDs
    - Ophthalmic Anti-inflammatory Steroids
- Ophthalmics, Antibiotics-Steroid Combinations
- Ophthalmics, Antibiotics
    - Ophthalmic Quinolones
    - Ophthalmic Antibiotics, Non-Quinolones
- Ophthalmics, Antivirals
- Ophthalmic Immunomodulators
- Ophthalmics, Mydriatics & Mydriatic Combinations
- Ophthalmic Vasoconstrictors
- Otic Antibiotics
- Otics, Anti-Inflammatories
    - Otic Anesthetics and Anti-Inflammatories