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.

Description of Recommendation	Final Decision (s)
New Products to Market: Trulicity™ 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.
New Products to Market: Toujeo® Place this product non preferred in the PDL class titled Insulins.	Toujeo® will be placed non preferred in the PDL class titled Insulins.
New Products to Market: Afrezza® Place this product non preferred in the PDL class titled Insulins.	Afrezza® will be placed non preferred in the PDL class titled Insulins.
New Products to Market: Glyxambi® 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.
New Products to Market: Cosentyx® 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.
New Products to Market: Mircera® 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.
New Products to Market: Belsomra® 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.
New Products to Market: Evekeo™ 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.
New Products to Market: Savaysa™ Place this product non preferred in the PDL class titled Anticoagulants.	Savaysa™ will be placed non preferred in the PDL class titled Anticoagulants.
New Products to Market: Movantik® 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.
New Products to Market: Ibrance® 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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New Products to Market: Lenvima™ Place this product non preferred with appropriate quantity limits in the PDL class titled Oral Oncology, Other.	Lenvima™ will be placed non preferred with appropriate quantity limits in the PDL class titled Oral Oncology, Other.
New Products to Market: Farydak® Place this product non preferred with appropriate quantity limits in the PDL class titled Oral Oncology, Hematologic Cancer.	Farydak® will be placed non preferred with appropriate quantity limits in the PDL class titled Oral Oncology, Hematologic Cancer.
Hepatitis C: Direct-Acting Antiviral Agents 1. DMS to select preferred agent (s) based on economic evaluation; however at least one unique chemical entity should be preferred. 2. Continue quantity limits based on FDA-approved maximum dose and duration. 3. Agents not selected as preferred will be considered non preferred and require PA. 4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back. 5. For any new chemical entity in the Hepatitis C: Direct-Acting Antiviral Agents class, require a PA until reviewed by the P&T Advisory Committee.	Selected Preferred Agent (s) Viekira Pak® Non Preferred Agent (s) Harvoni® Olysio™ Sovaldi™
Oral Oncology, Lung Cancer 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. 2. Continue quantity limits based on FDA-approved maximum dose. 3. Agents not selected as preferred will be considered non preferred and require PA. 4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back. 5. For any new chemical entity in the Oral Oncology, Lung Cancer class, require a PA until reviewed by the P&T Advisory Committee.	Selected Preferred Agent (s) Iressa® Tarceva® Xalkori® Non Preferred Agent (s) Gilotrif® Zykadia™

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Oral Oncology, Renal Cell Carcinoma 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. 2. Continue quantity limits based on FDA-approved maximum dose. 3. Agents not selected as preferred will be considered non preferred and require PA. 4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back. 5. For any new chemical entity in the Oral Oncology, Renal Cell Carcinoma class, require a PA until reviewed by the P&T Advisory Committee.	The final PDL placement will be determined after a review of this product at a future P&T meeting.
Oral Oncology, Breast Cancer 1. DMS to select preferred agent(s) based on economic evaluation; however, at least tamoxifen and one Aromatase Inhibitor should be preferred. 2. Continue quantity limits based on FDA-approved maximum dose. 3. Agents not selected as preferred will be considered non preferred and require PA. 4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back. 5. For any new chemical entity in the Oral Oncology, Breast Cancer class, require a PA until reviewed by the P&T Advisory Committee.	The final PDL placement will be determined after a review of this product at a future P&T meeting.

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Oral Oncology, Prostate Cancer 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. 2. Continue quantity limits based on FDA-approved maximum dose. 3. Agents not selected as preferred will be considered non preferred and require PA. 4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back. 5. For any new chemical entity in the Oral Oncology, Prostate Cancer class, require a PA until reviewed by the P&T Advisory Committee.	The final PDL placement will be determined after a review of this product at a future P&T meeting.
Oral Oncology, Hematologic Cancer 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. 2. Continue quantity limits based on FDA-approved maximum dose. 3. Agents not selected as preferred will be considered non preferred and require PA. 4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back. 5. For any new chemical entity in the Oral Oncology, Hematologic Cancer class, require a PA until reviewed by the P&T Advisory Committee.	Selected Preferred Agent (s) Alkeran® cladribine Gleevec® hydroxyurea Imbruvica™ Jakafi® mercaptopurine Purixan® Sprycel® Zolinza® Zydelig® Non Preferred Agent (s) Bosulif® Farydak® Hydrea® Iclusig® Leustatin® Purinethol® Tasigna®

Description of Recommendation	Final Decision (s)
Oral Oncology, Other 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. 2. Continue quantity limits based on FDA-approved maximum dose. 3. Agents not selected as preferred will be considered non preferred and require PA. 4. DMS to allow continuation of therapy for existing users of non preferred single-source branded products via a 90 day look back. 5. For any new chemical entity in the Oral Oncology, Other class, require a PA until reviewed by the P&T Advisory Committee.	Selected Preferred Agent (s) Caprelsa® Erivedge™ Mekinist™ Tafinlar® temozolomide Xeloda® Non Preferred Agent (s) capecitabine Cometriq® Lenvima™ Lynparza™ Stivarga® Temodar® Zelboraf™
SGLT2 Inhibitors 1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any new chemical entity in the Diabetes: SGLT2 Inhibitors class, require a PA until reviewed by the P&T Advisory Committee.	Selected Preferred Agent (s) Invokana® Non Preferred Agent (s) Farxiga™ Invokamet™ Jardiance® Xigduo™ XR
Inhaled Antibiotics 1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any new chemical entity in the Inhaled Antibiotics class, require a PA until reviewed by the P&T Advisory Committee.	Selected Preferred Agent (s) Bethkis® Kitabis™ Pak Non Preferred Agent (s) Cayston® TOBI® TOBI Podhaler® tobramycin inhalation solution

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Minimally Sedating Antihistamines 1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any new chemical entity in the Minimally Sedating Antihistamines class, require a PA until reviewed by the P&T Advisory Committee.	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 Non Preferred Agent (s) cetirizine RX 5 mg/5 mL solution, chewable tablets Clarinex® Clarinex-D® 12-Hour Clarinex-D® 24-Hour desloratadine levocetirizine Semprex D® Xyzal®
Intranasal Corticosteroids 1. DMS to select preferred agent (s) based on economic evaluation; however, at least two unique chemical entities should be preferred. 2. Agents not selected as preferred will be considered non preferred and require PA. 3. Continue to maintain quantity limits based on maximum daily dose. 4. For any new chemical entity in the Intranasal Corticosteroids class, require a PA until reviewed by the P&T Advisory Committee.	Selected Preferred Agent (s) fluticasone propionate Nasonex® Non Preferred Agent (s) Beconase AQ® Children's Qnasl™ budesonide Dymista® flunisolide Omnaris™ Qnasl™ Rhinocort Aqua® triamcinolone Veramyst® Zetonna™
Intranasal Antihistamines 1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred. 2. Agents not selected as preferred will be considered non preferred and require PA. 3. For any new chemical entity in the Intranasal Antihistamines class, require a PA until reviewed by the P&T Advisory Committee.	Selected Preferred Agent (s) Astepro® Patanase™ Non Preferred Agent (s) azelastine olopatadine

Description of Recommendation	Final Decision (s)
Intranasal Anticholinergics 1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred. 2. Agents not selected as preferred will be considered non preferred and require PA. 3. For any new chemical entity in the Intranasal Anticholinergics class, require a PA until reviewed by the P&T Advisory Committee.	Selected Preferred Agent (s) ipratropium nasal spray Non Preferred Agent (s) Atrovent®
Self Injected Epinephrine 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. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any new chemical entity in the Self-Injected Epinephrine Agents class, require a PA until reviewed by the P&T Advisory Committee.	Selected Preferred Agent (s) Epi Pen® Epi Pen Jr. ® Non Preferred Agent (s) Adrenaclick® Auvi-Q™ epinephrine 0.3 mg epinephrine 0.15 mg