

## 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 **May 18, 2017**, and the recommendations delivered by the P&T Committee members in attendance.

### Class Review and Criteria Reviews

#### Topical Acne Agents

##### Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least multiple generic formulations of benzoyl peroxide, 1 topical antibiotic agent for acne, and tretinoin 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.

Class	Preferred	Non-Preferred
Topical Acne Agents	BenzaClin® clindamycin solution Differin® cream, gel erythromycin solution, gel (authorized generic) Retin-A® cream, gel	Acanya™ Aczone™ <i>adapalene cream, gel</i> Akne-Mycin® Atralin™ Avar™ Avar E™ Avar E LS™ Avar LS™ Avita® BenoxylDoxy® Benzac AC® Benzamycin® Benzefoam™ Benzefoam Ultra™ BenzePro™ <i>benzoyl peroxide cleanser, kit, microspheres,            gel, foam, lotion, medicated pads,            towelette</i> <i>benzoyl peroxide/sulfur</i> <i>benzoyl peroxide/urea</i>

Class	Preferred	Non-Preferred
		BP 10-1 <sup>®</sup> BPO <sup>®</sup> BPO-5 <sup>®</sup> BPO-10 <sup>®</sup> BP Wash <sup>™</sup> Brevoxyl <sup>®</sup> Cerisa <sup>™</sup> Clarifoam <sup>®</sup> EF Cleocin-T <sup>®</sup> Clindacin PAC <sup>™</sup> Clindagel <sup>®</sup> clindamycin gel, lotion clindamycin foam, medicated swab clindamycin/benzoyl peroxide DermaPak Plus Kit Desquam-X <sup>®</sup> Differin <sup>®</sup> lotion Duac <sup>®</sup> Effaclar Duo <sup>®</sup> Epiduo <sup>™</sup> Epiduo Forte <sup>™</sup> erythromycin gel erythromycin medicated swab erythromycin/benzoyl peroxide Evoclin <sup>™</sup> Fabior <sup>®</sup> Inova <sup>™</sup> Inova <sup>™</sup> 4/1 Inova <sup>™</sup> 8/2 Klaron <sup>®</sup> Lavoclen <sup>™</sup> Neuac <sup>®</sup> Pacnex <sup>®</sup> Pacnex <sup>®</sup> HP Pacnex <sup>®</sup> LP Pacnex <sup>®</sup> MX Panoxyl <sup>®</sup> Persa-Gel <sup>®</sup> Prascion <sup>®</sup> PR-benzoyl peroxide OC8 <sup>®</sup> Onexton <sup>™</sup> Ovace <sup>®</sup> Ovace Plus <sup>®</sup> Nu-Ox <sup>®</sup> Retin-A Micro <sup>®</sup> Rosula <sup>®</sup> SE 10-5 SS <sup>®</sup>

Class	Preferred	Non-Preferred
		SE BPO® sodium sulfacetamide 10% CLNSG sodium sulfacetamide/sulfur 10-4% pad sodium sulfacetamide/sulfur/urea SSS 10-4® SSS 10-5® sulfacetamide cleanser sulfacetamide/urea sodium sulfacetamide/sulfur cleanser Sumadan™ Sumadan™ XLT Sumaxin® Tazorac® Tretin-X™ Tretinoin (generic Retin-A®) tretinoin (Generic Atralin™) tretinoin microsphere Vanoxide-HC® Veltin™ Zencia® Ziana™

**Criteria for Review**

*Topical Antibiotic Agents for Acne:*

**Length of Authorization:** 1 year

**Criteria for Approval:**

- Trial and failure of a 1-month trial of at least 2 different preferred agents within the same class, within the last 90 days.

*Topical Retinoids for Acne:*

**Length of Authorization:** 1 year

**Criteria for Approval:**

- Trial and failure of a 1-week trial of at least 2 different preferred agents within the same class, within the last 90 days.

**Recommended change** for *Topical Antibiotic Agents for Acne* and *Topical Retinoids for Acne:*

**Criteria for Approval:**

- *Must have trial and failure of all preferred products before moving to a non-preferred product.*  
**\*NOTE: patients do not have to try different strengths of the same active ingredient.**

## Analgesics Narcotics: Long-Acting

### Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 1 long-acting form of morphine and transdermal fentanyl should be preferred.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Analgesics Narcotics: Long-Acting* class, require PA until reviewed by the P&T Advisory Committee.

Class	Preferred	Non-Preferred
Narcotics: Long-Acting	fentanyl transdermal 12, 25, 50, 75, 100 mcg <sup>CC, QL</sup> morphine sulfate SA (Generic for MS Contin <sup>®</sup> ) <sup>QL</sup>	Avinza <sup>™ QL</sup> Belbuca <sup>™ QL</sup> Butrans <sup>™ CC, QL</sup> ConZip <sup>™ QL</sup> Dolophine <sup>®</sup> Duragesic <sup>® CC, QL</sup> Embeda <sup>™ QL</sup> Exalgo <sup>™ QL</sup> fentanyl transdermal 37.5, 62.5, 87.5mcg <sup>CC, QL</sup> hydromorphone ER <sup>QL</sup> Hysingla <sup>™ ER QL</sup> Ionsys <sup>® CC, QL</sup> Kadian <sup>® QL</sup> morphine sulfate SA (Generic Kadian <sup>®</sup> , Avinza <sup>™</sup> ) <sup>QL</sup> MS Contin <sup>® QL</sup> Nucynta <sup>® ER CC, QL</sup> Opana ER <sup>® QL</sup> Oramorph <sup>® SR QL</sup> oxycodone ER/SR <sup>QL</sup> OxyContin <sup>® QL</sup> oxymorphone ER <sup>QL</sup> Ryzolt <sup>™ QL</sup> tramadol ER <sup>QL</sup> Ultram <sup>® ER QL</sup> Xtampza <sup>™ ER QL</sup> Zohydro ER <sup>™ CC, QL</sup>

## Analgesics Narcotics, Short-Acting

### Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least generic formulations of hydrocodone, hydromorphone, morphine, and oxycodone should be preferred.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Analgesics Narcotics: Short-Acting* class, require PA until reviewed by the P&T Advisory Committee.

Class	Preferred	Non-Preferred
<b>Narcotics: Short-Acting</b>	butalbital/APAP/caffeine <sup>CC</sup> codeine/APAP <sup>MD</sup> hydrocodone/APAP <sup>MD</sup> hydrocodone/ibuprofen hydromorphone tablets meperidine solution morphine IR oxycodone tablet oxycodone/APAP <sup>MD</sup> tramadol	<i>All branded short-acting narcotics and narcotic combinations</i> <i>butalbital/APAP/caffeine/codeine <sup>CC</sup></i> <i>butalbital compound/codeine <sup>CC</sup></i> <i>codeine</i> <i>Capital<sup>®</sup></i> <i>Demerol<sup>®</sup></i> <i>dihydrocodeine bitartrate/APAP/caffeine</i> <i>dihydrocodeine bitartrate/ASA/caffeine</i> <i>Dilaudid<sup>®</sup></i> <i>Endodan<sup>®</sup></i> <i>Hycet<sup>®</sup></i> <i>hydromorphone liquid</i> <i>hydromorphone suppositories</i> <i>Ibudone<sup>™</sup></i> <i>levorphanol</i> <i>Margesic H<sup>®</sup></i> <i>Maxidone<sup>®</sup></i> <i>meperidine tablet</i> <i>morphine suppositories</i> <i>Norco<sup>®</sup></i> <i>Nucynta<sup>™</sup></i> <i>Opana<sup>®</sup></i> <i>Oxaydo<sup>®</sup></i> <i>oxycodone capsule, concentrate, syringe</i> <i>oxycodone/ASA <sup>MD</sup></i> <i>oxycodone/ibuprofen</i> <i>oxymorphone IR</i> <i>Primlev<sup>®</sup></i> <i>Reprexain<sup>™</sup></i> <i>Rybix<sup>™</sup> ODT</i> <i>Synalgos DC<sup>®</sup></i> <i>tramadol/ APAP</i> <i>Trezix<sup>®</sup></i> <i>Ultracet<sup>®</sup></i> <i>Ultram<sup>®</sup></i> <i>Vanatol<sup>™</sup> LQ <sup>CC</sup></i>

Class	Preferred	Non-Preferred
		<i>Xartemis™ XR</i> <i>Xodol®</i> <i>Xolox®</i> <i>Zamicet™</i> <i>Zolvit™</i>
Class	Preferred	Non-Preferred
Narcotic Agonist/ Antagonists	N/A	<b>butorphanol NS</b> <i>pentazocine/APAP</i> <i>pentazocine/naloxone</i>

**Criteria for Review:** (no recommended changes)

*Narcotic Analgesics: Short Acting Single Entity and Combination Products*

**Length of Authorization:** 6 months

**Criteria for Approval:**

Therapeutic failure of no less than a 1-week trial of at least 2 different preferred agents

## Analgesics Narcotics, Fentanyl Buccal Products

### Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation.
- Require prior approval for all of these agents to ensure utilization based on FDA-approved indication.
- For any new chemical entity in the *Fentanyl Buccal Products* class, require PA until reviewed by the P&T Advisory Committee.

Class	Preferred	Non-Preferred
Narcotics: Fentanyl Buccal Products	N/A	<i>Abstral® CC, QL</i> <i>Actiq® CC, QL</i> <i>fentanyl citrate lollipop CC, QL</i> <i>Fentora® CC, QL</i> <i>Lazanda® CC, QL</i> <i>Onsolis™ CC, QL</i> <i>Subsys® CC</i>

## Antidepressants Tricyclics

### Class Selection & Guidelines

- DMS to select preferred agent(s) based upon 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 *Antidepressants: Tricyclics* class, require PA until reviewed by the P&T Advisory Committee.

Class	Preferred	Non-Preferred
Antidepressants: Tricyclics	amitriptyline clomipramine <b>doxepin concentrate</b> imipramine HCl mirtazapine nortriptyline capsule	<i>Anafranil</i> <sup>®</sup> <i>amoxapine</i> <b><i>desipramine</i></b> <i>doxepin capsule</i> <i>imipramine pamoate</i> <b><i>maprotiline</i></b> <i>Norpramin</i> <sup>®</sup> <b><i>Nortriptyline solution</i></b> <i>Pamelor</i> <sup>®</sup> <i>protriptyline</i> <i>Remeron</i> <sup>®</sup> <i>Silenor</i> <sup>®</sup> <i>Surmontil</i> <sup>®</sup> <i>Tofranil</i> <sup>®</sup> <i>Tofranil-PM</i> <sup>®</sup> <i>Vivactil</i> <sup>®</sup>

## Antianxiety Agents

### Class Selection & Guidelines

- DMS to select preferred agent(s) based upon economic evaluation; however, at least 5 unique chemical entities, 1 of which is not a controlled substance, should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the *Antianxiety Agents* class, require PA until reviewed by the P&T Advisory Committee.

Class	Preferred	Non-Preferred
Antianxiety Agents	alprazolam IR tablets <sup>MD</sup> buspirone chlordiazepoxide <sup>MD</sup> diazepam oral <sup>MD</sup> lorazepam <sup>MD</sup> oxazepam <sup>MD</sup>	<i>alprazolam ER</i> <sup>MD</sup> <b><i>alprazolam Intenso</i></b> <sup>MD</sup> <i>alprazolam ODT</i> <sup>MD</sup> <i>Ativan</i> <sup>® MD</sup> <b><i>clorazepate</i></b> <sup>MD</sup> <b><i>diazepam Intenso</i></b> <sup>MD</sup> <i>meprobamate</i> <sup>CC</sup> <i>Tranxene-T</i> <sup>® MD</sup> <i>Valium</i> <sup>® MD</sup> <i>Xanax</i> <sup>® MD</sup> <i>Xanax XR, ODT</i> <sup>® MD</sup>

## Glucocorticoids, Inhaled

### Class Selection & Guidelines

#### Beta-Agonists: Combination Products:

- DMS to select preferred agent(s) based on economic evaluation; however, at least 1 unique chemical entity FDA-approved for asthma and COPD should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- Continue quantity limits on agents in this class.
- For any new chemical entity in the *Beta Agonists: Combination Products* class, require PA until reviewed by the P&T Advisory Committee.

#### Inhaled Corticosteroids:

- 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 will require PA.
- Continue quantity limits on agents in this class.
- Continue to allow budesonide respules without PA for patients less than 8 years of age.
- For any new chemical entity in the *Inhaled Corticosteroids* class, require PA until reviewed by the P&T Advisory Committee.

\*Note: grandfathering will be allowed for those on-established therapy of Flovent Diskus® prior to it moving to non-preferred.

Class	Preferred	Non-Preferred
<b>Beta Agonists: Combination Products</b>	Advair® Diskus <sup>QL</sup> Dulera® <sup>QL</sup> Symbicort® <sup>QL</sup>	Advair® HFA <sup>QL</sup> Breo® Ellipta® <sup>QL</sup>
<b>Inhaled Corticosteroids</b>	Asmanex® Twisthaler <sup>QL</sup> Flovent HFA® <sup>QL</sup> Pulmicort Respules® <sup>QL, AE</sup> QVAR® <sup>QL</sup>	Aerospan™ <sup>QL</sup> Alvesco® <sup>QL</sup> Arnuity™ Ellipta® <sup>QL</sup> Asmanex® HFA <sup>QL</sup> budesonide inhalation suspension <sup>QL</sup> Flovent Diskus® <sup>QL</sup> Pulmicort Flexhaler® <sup>QL</sup>



## Oral Steroids

### Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least generic formulations of budesonide, dexamethasone, methylprednisolone, prednisolone, and prednisone should be preferred.
- The orally-disintegrating formulation of prednisolone should be available for children < 12 years of age.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Oral Steroids* class, require PA until reviewed by the P&T Advisory Committee.

Class	Preferred	Non-Preferred
Oral Steroids	budesonide EC dexamethasone solution, tablets hydrocortisone methylprednisolone dose pack, tablets prednisolone solution prednisolone sodium phosphate prednisone dose pack, tablets, solution	Baycadron® Celestone® Celestone® Soluspan Cortef® <b>cortisone</b> dexamethasone elixir dexamethasone intensol DexPak® DexPak JR® Entocort EC® Flo-Pred® Medrol® methylprednisolone 8 mg, 16 mg tablets Millipred® Orapred® AE Orapred ODT® AE prednisone intensol prednisolone sodium phosphate ODT Prelone® Rayos® Veripred 20®

## H2 Receptor 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 will require PA.
- For any new chemical entity in the *H2 Receptor Antagonists* class, require PA until reviewed by the P&T Advisory Committee.

Class	Preferred	Non-Preferred
H2 Receptor Antagonists	famotidine tablets ranitidine tablets, syrup	Axid® cimetidine famotidine suspension nizatidine Pepcid® ranitidine capsules Tagamet® Zantac®

## Topical Immunomodulators

### Class Selection & Guidelines

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

### New product addition to class: Eucrisa™

**Length of Authorization:** 6 months or length of prescription

- Eucrisa™ (crisaborole) ointment 2% for topical use is a phosphodiesterase-4 (PDE4) inhibitor indicated for the treatment of mild to moderate atopic dermatitis in patients 2 years of age and older.

### **Criteria for Approval:**

- Must have a trial and failure of both Elidel® and 1 topical steroid unless the application is to the face or groin area, then trial and failure with a steroid is not required.

**Renewals** do not require a re-trial of a topical steroid. Eucrisa™ will be non-preferred in this class.

Class	Preferred	Non-Preferred
Topical Immunomodulators	Elidel®	Eucrisa™ Protopic® tacrolimus

## Non-Steroidal Anti-Inflammatory Drugs

### Class Selection & Guidelines

- DMS to select preferred agent(s) based upon economic evaluation; however, at least 6 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 *Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)* class, require PA until reviewed by the P&T Advisory Committee.

Class	Preferred	Non-Preferred
Non-Steroidal Anti-Inflammatory Drugs	celecoxib <sup>QL</sup> diclofenac sodium <b>diclofenac SR</b> ibuprofen indomethacin ketorolac tromethamine <sup>QL</sup> meloxicam tablets naproxen tablets sulindac	<i>Anaprox</i> <sup>®</sup> <i>Anaprox</i> <sup>®</sup> DS <i>Ansaid</i> <sup>®</sup> <i>Arthrotec</i> <sup>®</sup> <i>Cataflam</i> <sup>®</sup> <i>Celebrex</i> <sup>®</sup> <sup>QL</sup> <i>Clinoril</i> <sup>®</sup> <i>Daypro</i> <sup>®</sup> <i>DermacinRX Lexitral PharmaPak</i> <sup>®</sup> <i>diclofenac/misoprostol</i> diclofenac potassium <i>diclofenac topical</i> <i>diflunisal</i> <i>Duexis</i> <sup>®</sup> <sup>CC</sup> <i>etodolac</i> <i>etodolac SR</i> <i>Feldene</i> <sup>®</sup> <i>fenoprofen</i> <i>Flector</i> <sup>®</sup> <sup>CC</sup> <b>flurbiprofen</b> <i>Indocin</i> <sup>®</sup> <i>indomethacin ER</i> <b>ketoprofen</b> <i>ketoprofen ER</i> <i>meclofenamate</i> <i>mefenamic acid</i> <i>meloxicam suspension</i> <i>Mobic</i> <sup>®</sup> <i>nabumetone</i> <i>Nalfon</i> <sup>®</sup> <i>Naprelan</i> <sup>®</sup> EC naproxen sodium <i>naproxen suspension</i> <i>naproxen CR</i> <i>naproxen EC</i> <i>oxaprozin</i> <i>Pennsaid</i> <sup>®</sup> <sup>CC</sup>

Class	Preferred	Non-Preferred
		<i>Pennsaid® Pump</i> <sup>CC</sup> <b>piroxicam</b> <i>Ponstel®</i> <i>Sprix™</i> <sup>CC</sup> <i>Tivorbex®</i> <i>tolmetin</i> <i>Vimovo™</i> <sup>CC, QL</sup> <i>Vivlodex™</i> <sup>QL</sup> <i>Voltaren® Gel</i> <sup>CC</sup> <i>Voltaren® XR</i> <i>Zipsor™</i> <i>Zorvolex™</i>

## Sedative Hypnotic Agents

### Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 4 unique chemical entities should be preferred. One non-benzodiazepine sedative hypnotic should be among the preferred products.
- Place quantity limits on agents in the category according to the FDA-recommended maximum dose.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Sedative Hypnotic Agents* class, require PA and quantity limit until reviewed by the P&T Advisory Committee.

Class	Preferred	Non-Preferred
<b>Sedative Hypnotic Agents</b>	temazepam 15 mg, 30 mg <sup>QL</sup> zolpidem <sup>QL</sup>	<i>Ambien®</i> <sup>QL</sup> <i>Ambien CR®</i> <sup>QL</sup> <i>Belsomra®</i> <sup>QL</sup> <i>Doral®</i> <sup>QL</sup> <i>Edluar®</i> <sup>CC, QL</sup> <i>estazolam</i> <sup>QL</sup> <i>eszopiclone</i> <sup>QL</sup> <b>flurazepam</b> <sup>QL</sup> <i>Halcion®</i> <sup>QL</sup> <i>Hetlioz®</i> <sup>CC, QL</sup> <i>Intermezzo®</i> <sup>QL</sup> <i>Lunesta™</i> <sup>QL</sup> <i>Restoril®</i> <sup>QL</sup> <i>Rozerem®</i> <sup>CC, QL</sup> <i>Somnote®</i> <i>Sonata®</i> <sup>QL</sup> <i>temazepam</i> 22.5 mg, 7.5 mg <sup>QL</sup> <b>triazolam</b> <sup>QL</sup> <i>zaleplon</i> <sup>QL</sup>

Class	Preferred	Non-Preferred
		<i>zolpidem ER</i> <sup>QL</sup> <i>Zolpimist</i> <sup>TM QL</sup>

## Topical Steroids

### Class Selection & Guidelines

- DMS to select preferred agent (s) based on economic evaluation; however, at least 1 agent in each of the potency categories (i.e., 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 *Topical Steroids* class, require a PA until reviewed by the P&T Advisory Committee.

Class	Preferred	Non-Preferred
Topical Steroids	<b>alclometasone dipropionate</b> betamethasone valerate cream, ointment clobetasol propionate ointment, cream, solution, gel Clobex <sup>®</sup> shampoo fluticasone propionate cream, ointment halobetasol propionate hydrocortisone cream, gel, ointment, lotion mometasone furoate ointment, cream, solution triamcinolone acetonide ointment, cream, lotion	<i>Aclovate</i> <sup>®</sup> <i>ADV Allergy Collection Kit</i> <i>Ala-Cort</i> <sup>®</sup> <i>Ala-Scalp</i> <sup>®</sup> <i>Aqua Glycolic HC</i> <sup>®</sup> <i>amcinonide</i> <i>ApexiCon</i> <sup>®</sup> / <i>ApexiCon E</i> <sup>®</sup> <i>Balneol for Her</i> <sup>®</sup> <i>betamethasone dipropionate gel, ointment, lotion, cream</i> <i>betamethasone dipropionate augmented</i> <i>betamethasone valerate lotion, foam</i> <i>Caldecort</i> <sup>®</sup> <i>Capex</i> <sup>®</sup> Shampoo <i>clobetasol emollient</i> <i>clobetasol propionate foam, lotion, shampoo, spray</i> <i>Clobex</i> <sup>®</sup> lotion, spray <i>clocortolone</i> <i>Clodan</i> <sup>®</sup> <i>Cloderm</i> <sup>®</sup> <i>Cordran</i> <sup>®</sup> <i>Cordran</i> <sup>®</sup> Tape <i>Cormax</i> <sup>®</sup> <i>Cutivate</i> <sup>®</sup> <i>Cyclocort</i> <sup>®</sup> <i>Derma-Smoothe/FS</i> <sup>®</sup> <i>DermacinRx</i> <sup>®</sup> Silapak <i>DermacinRx</i> <sup>®</sup> Silazone PharmPak <i>Dermatop</i> <sup>®</sup> <i>Desonate</i> <sup>®</sup> <b>desonide</b> <i>Desowen</i> <sup>®</sup>

Class	Preferred	Non-Preferred
		<i>desoximetasone</i> <i>diflorasone diacetate</i> <i>Diprolene AF®</i> <i>Elocon®</i> <i>fluocinolone acetonide cream, ointment, solution, oil</i> <i>fluocinonide ointment, cream, gel, emollient</i> <i>fluticasone propionate lotion</i> <i>Halac Kit®</i> <i>Halog®</i> <i>Halonate®</i> <i>hydrocortisone-aloe</i> <i>hydrocortisone butyrate solution, cream, ointment</i> <i>hydrocortisone butyrate/emollient</i> <i>hydrocortisone-urea</i> <i>hydrocortisone valerate</i> <i>Kenalog®</i> <i>Locoid Lipocream®</i> <i>Locoid®</i> <i>Luxiq®</i> <i>Momexin™</i> <i>NuZon™</i> <i>Olux®/Olux-E®</i> <i>Olux-Olux E® Complete Pack</i>

## Classes Reviewed by Consent Agenda

### No change in PDL status:

- Acne Agents, Oral
- Anti-Alcoholic Preparations
- Anticholinergics/Antispasmodics
- Antidiarrheals
- Anti-Ulcer Protectants
- Bone Resorption Suppression & Related
- Growth Hormone
- Immunosuppressives, Oral
- Multiple Sclerosis Agents
- Oncology Oral – Breast Cancer
- Oncology Oral – Lung Cancer
- Oncology Oral – Prostate Cancer
- Oncology Oral – Renal Cell Carcinoma
- Oncology Oral – Skin Cancer
- Pancreatic Enzymes
- Progestins for Cachexia
- Skeletal Muscle Relaxants
- Tobacco Cessation Products

**Brand/Generic Switch:**

- Antivirals, Oral
- Epinephrine, Self-Injectable
- Hepatitis B Agents
- Intranasal Rhinitis Agents

Class	Preferred	Non-Preferred
Antivirals: Herpes	acyclovir famciclovir valacyclovir	Famvir® Sitavig® Valtrex® Zovirax®
Antivirals: Flu	Relenza® rimantadine Tamiflu® QL	Flumadine® oseltamivir QL
Self Injectable Epinephrine	epinephrine 0.3 mg QL (generic for EpiPen) epinephrine 0.15 mg QL (generic for EpiPen, Jr)	Adrenaclick® QL epinephrine 0.3 mg QL (generic for Adrenaclick) epinephrine 0.15 mg QL (generic for Adrenaclick) EpiPen® QL EpiPen Jr.® QL
Anti-Infectives: Hepatitis B	Baraclude™ solution Entecavir Epivir-HBV® solution Hepsera® lamivudine HBV Tyzeka®	adefovir Baraclude™ tablet Epivir-HBV® tablet Vemlidy® QL
Intranasal Antihistamines	azelastine Patanase™	Astepro® olopatadine
Intranasal Anticholinergics	ipratropium nasal spray	Atrovent®
Intranasal Corticosteroids	fluticasone propionate QL	Beconase AQ® QL budesonide QL Children's Qnasl™ QL Dymista® QL flunisolide QL mometasone QL Nasonex® QL Omnaris™ QL Qnasl™ QL Veramyst® QL Zetonna™ QL

**Formulation Status Change:**

- Antimigraine Agents - Triptans
- AntiParkinson's Agents

Class	Preferred	Non-Preferred
Anti-Migraine: 5-HT1 Receptor Agonists	Relpax™ QL rizatriptan QL rizatriptan ODT QL sumatriptan QL disposable syringe, vial, nasal	almotriptan QL Alsuma™ QL Amerge® QL Axert® QL Cambia™ QL Frova™ QL Imitrex® QL Maxalt® QL Maxalt-MLT® QL naratriptan QL Onzetra™ XSai™ QL <b>sumatriptan kit</b> Sumavel™ Dosepro™ QL Treximet™ QL Zecuity® QL Zembrace™ SymTouch™ QL zolmitriptan QL zolmitriptan ODT QL Zomig® QL Zomig-ZMT® QL
Parkinson's Disease	amantadine syrup, capsules benztropine carbidopa Comtan® levodopa/carbidopa levodopa/carbidopa CR levodopa/carbidopa ODT selegiline tablets trihexyphenidyl	<b>amantadine tablet</b> Azilect® Duopa™ entacapone levodopa/carbidopa/entacapone Lodosyn® Parcopa™ Rytary™ selegiline capsules Sinemet® Sinemet® CR Stalevo® Tasmar® tolcapone Zelapar™