

Secretary for Health and Family Services Selections for Preferred Products

This is a summary of the final Preferred Drug List (PDL) selections made by the Secretary for Health and Family Services based on the May 20, 2010 Pharmacy and Therapeutics Advisory Committee (PTAC) Meeting.

Description of Recommendation	Final Decision (s)
<p><u>GLP-1 Receptor Agonists Clinical Criteria</u> GLP-1 Receptor Agonists will be approved if metformin, a sulfonyleurea, insulin, DPP-4 Inhibitor, or a TZD is seen in history within the past 90 days.</p>	<p>GLP-1 Receptor Agonists will be approved if metformin, a sulfonyleurea, insulin, a DPP-4 Inhibitor, or a TZD is seen in history within the past 90 days.</p>
<p><u>Branded Products with Generic Components Clinical Criteria</u> Require prior authorization for the following products:</p> <ul style="list-style-type: none"> • Zonatuss[®] • Orapred ODT[®] <ul style="list-style-type: none"> • This product should still be allowed for children <12 years of age without prior authorization. 	<p>The following products will require prior authorization:</p> <ul style="list-style-type: none"> • Zonatuss[®] • Orapred ODT[®] <ul style="list-style-type: none"> • This product should will be allowed for children <12 years of age without prior authorization.
<p><u>New Products to Market: Votrient[™]</u> Place this product non preferred with similar approval criteria as other agents in the PDL category titled: Protein Tyrosine Kinase Inhibitors.</p> <p>Votrient[™] (pazopanib) will be approved if the patient has a history of either of the following agents within the past 90 days (unless ALL are contraindicated).</p> <ul style="list-style-type: none"> • sunitinib (Sutent[®]); OR • bevacizumab (Avastin[®]). 	<p>Votrient[™] will be placed non preferred in the PDL category titled: Protein Tyrosine Kinase Inhibitors.</p> <p>Votrient[™] (pazopanib) will be approved if the patient has a history of either of the following agents within the past 90 days (unless ALL are contraindicated).</p> <ul style="list-style-type: none"> • sunitinib (Sutent[®]); OR • bevacizumab (Avastin[®]).
<p><u>New Products to Market: Zyprexa[®] Relprevv[™]</u> Place this product non preferred in the PDL category titled: Antipsychotics: Atypical with the same diagnosis criteria as other agents in the class and the following additional clinical criteria:</p> <p>Zyprexa[®] Relprevv[™] will be approved if there has been a previous trial on oral olanzapine and issues with non compliance necessitate an injectable treatment regimen.</p>	<p>Zyprexa[®] Relprevv[™] will be placed non preferred in the PDL category titled: Antipsychotics: Atypical with the same diagnosis criteria as other agents in the class and the following additional clinical criteria:</p> <p>Zyprexa[®] Relprevv[™] will be approved if there has been a previous trial on oral olanzapine and issues with non compliance necessitate an injectable treatment regimen.</p>

Description of Recommendation	Final Decision (s)
<p><u>New Products to Market: Exalgo™</u> Place this product non preferred with similar quantity limits in the PDL class titled Narcotics: Long-Acting.</p>	<p>Exalgo™ will be placed non preferred with similar quantity limits in the PDL class titled Narcotics: Long-Acting.</p>
<p><u>New Products to Market: Ampyra®</u> Allow Ampyra® to pay with a diagnosis of MS (ICD-9 = 340) for an initial 12 weeks of therapy. After the initial 12 weeks of therapy, allow continuation of Ampyra® therapy if the drug has shown clinical efficacy. Additionally, this drug should have a quantity limit of 20 mg per day.</p>	<p>Ampyra® will pay with a diagnosis of MS (ICD-9 = 340) for an initial 12 weeks of therapy. After the initial 12 weeks of therapy, Ampyra® therapy will be allowed to continue if the drug has shown clinical efficacy. Additionally, this drug will have a quantity limit of 20 mg per day.</p>
<p><u>New Products to Market: Cayston®</u> Allow Cayston® to pay if one of the following is true:</p> <ul style="list-style-type: none"> • Trial and failure of tobramycin (TOBI®); OR • Documented <i>P. aeruginosa</i> of the lungs that is resistant to tobramycin (TOBI®). 	<p>Cayston® will be approved if one of the following is true:</p> <ul style="list-style-type: none"> • Trial and failure of tobramycin (TOBI®); OR • Documented <i>P. aeruginosa</i> of the lungs that is resistant to tobramycin (TOBI®).
<p><u>Thrombopoiesis Stimulating Agents</u></p> <ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based on economic evaluation; however, at least one product indicated for the treatment of thrombocytopenia in patients with chronic immune (idiopathic) thrombocytopenic purpura (ITP) and one product indicated for the prevention of severe thrombocytopenia and the reduction of platelet transfusions following myelosuppressive chemotherapy should be preferred. 2. All agents in this class should require PA to ensure appropriate utilization. 3. For any new chemical entity in the Thrombopoiesis Stimulating Agents class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u> Neumega®^{CC} Promacta®^{CC}</p> <p><u>Non Preferred Agent (s)</u> Nplate™^{CC}</p>
<p><u>Thrombopoiesis Stimulating Agents Clinical Criteria</u></p> <ul style="list-style-type: none"> ▪ Promacta® and Nplate™ will be approved for a diagnosis of chronic immune (idiopathic) thrombocytopenic purpura (ITP). ▪ Neumega® will be approved for a diagnosis severe thrombocytopenia following myelosuppressive chemotherapy. 	<ul style="list-style-type: none"> ▪ Promacta® and Nplate™ will be approved for a diagnosis of chronic immune (idiopathic) thrombocytopenic purpura (ITP). ▪ Neumega® will be approved for a diagnosis severe thrombocytopenia following myelosuppressive chemotherapy.

Description of Recommendation	Final Decision (s)
<p><u>Topical Steroids</u></p> <ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based on economic evaluation; however, at least one agent in each of the potency categories (low, medium, high and very high) 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 Topical Steroids class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u></p> <p>alclometasone amcinonide betamethasone dipropionate betamethasone valerate clobetasol propionate desonide fluocinolone fluocinonide fluticasone halobetasol hydrocortisone hydrocortisone butyrate hydrocortisone valerate mometasone nystatin-triamcinolone prednicarbate triamcinolone</p> <p><u>Non Preferred Agent (s)</u></p> <p>Aclovate[®] Ala-Cort[®] Ala-Scalp[®] ApexiCon/ApexiCon E[®] Beta-Val[®] Caldecort[®] Capex[®] Shampoo Clobex[®] Cloderm[®] Clomax[®] Cordran[®] Cordran[®] Tape Cormax[®] clotrimazole/betamethasone Cutivate[®] Cyclocort[®] Derma-Smoothe/FS[®] Dermatop[®] Desonate[®] Desowen[®] desoximetasone diflorasone diacetate</p>

	Diprolene [®] Diprolene AF [®] Elocon [®] Halog [®] Halonate [®] Kenalog [®] Lipocream [®] Locoid [®] Lokara [®] Lotrisone [®] Luxiq [®] Momexin [™] Myconel [®] Olux [®] Olux-E [®] Olux-Olux E [®] Complete Pack Pandel [®] Scalacort [®] Scalacort-DK [®] Kit Temovate [®] Texacort [®] Topicort [®] Triderm [®] Ultravate [®] Vanos [™] Verdeso [™] Westcort [®]
<p><u>Ophthalmic Direct Acting Miotics</u></p> <ol style="list-style-type: none"> 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 Ophthalmic Glaucoma Direct Acting Miotics class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u> pilocarpine</p> <p><u>Non Preferred Agent (s)</u> Isopto Carpine[®] Pilopine HS[®]</p>

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<p><u>Ophthalmic Sympathomimetics</u></p> <ol style="list-style-type: none"> 1. Combine the PDL categories Ophthalmic Alpha-2 Agonists and Ophthalmic Sympathomimetics into one PDL category titled Ophthalmic Sympathomimetics. 2. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred. 3. Agents not selected as preferred will be considered non preferred and require PA. 4. For any new chemical entity in the Ophthalmic Sympathomimetics class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u> Alphagan P[®] apraclonidine brimonidine</p> <p><u>Non Preferred Agent (s)</u> Iopidine[®] Propine[®]</p>
<p><u>Ophthalmic Beta Blockers</u></p> <ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based on economic evaluation; however, at least three unique chemical entities 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 Ophthalmic Beta Blockers class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u> betaxolol Betimol[®] Betoptic S[®] carteolol Combigan[®] Istalol[®] levobunolol metipranolol timolol maleate</p> <p><u>Non Preferred Agent (s)</u> Betagan[®] Optipranolol[®] Timoptic[®] Timoptic XE[®]</p>
<p><u>Ophthalmic Carbonic Anhydrase Inhibitors</u></p> <ol style="list-style-type: none"> 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 Ophthalmic Carbonic Anhydrase Inhibitors class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u> Azopt[®] dorzolamide dorzolamide/timolol</p> <p><u>Non Preferred Agent (s)</u> Cosopt[®] Trusopt[®]</p>

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<p><u>Ophthalmic Antibiotics, Non-Quinolones</u></p> <ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based on economic evaluation; however, at least three unique chemical entities and two combination products containing a steroid 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 Ophthalmic Antibiotics, Non-Quinolones class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u></p> <p> bacitracin bacitracin/poly B Blephamide[®] gentamicin neomycin/bacitracin/poly B/HC neomycin/poly B/bacitracin neomycin/poly B/dexamethasone neomycin/poly B/gramicidin neomycin/poly B/HC polymyxin B/TMP Pred-G[®] sulfacetamide sodium tobramycin TobraDex[®] tobramycin/dexamethasone Zylet[®] </p> <p><u>Non Preferred Agent (s)</u></p> <p> AK-Poly Bac[®] AK-Trol[®] Bleph-10[®] Blephamide[®] Cortiomycin[®] Cortisporin[®] Cortisporin[®] Dexasporin[®] Gentak[®] Gentasol[®] Maxitrol[®] Methadex[®] Neocidin[®] Neosporin[®] Ocutricin[®] Polycin-B[®] Polydex[®] Polysporin[®] Polytrim[®] Sulfac[®] sulfacetamide/prednisolone Sulfamide[®] Tetramycin[®] </p>

	Tobrasol [®] Tobrex [®] Triple Antibiotic [®]
<u>Ophthalmic Antivirals</u> 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 Ophthalmic Antivirals class, require a PA until reviewed by the P&T Advisory Committee.	<u>Selected Preferred Agent (s)</u> trifluridine <u>Non Preferred Agent (s)</u> Viroptic [®]
<u>Ophthalmic Antifungals</u> 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 Ophthalmic Antifungals class, require a PA until reviewed by the P&T Advisory Committee.	<u>Selected Preferred Agent (s)</u> Natacyn [®] <u>Non Preferred Agent (s)</u> N/A
<u>Ophthalmic Antihistamines</u> 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. For any new chemical entity in the Ophthalmic Antihistamines class, require a PA until reviewed by the P&T Advisory Committee.	<u>Selected Preferred Agent (s)</u> Alaway OTC [®] ketotifen Pataday [®] Patanol [®] Zaditor OTC [®] <u>Non Preferred Agent (s)</u> Bepreve [™] Emadine [®] Elestat [®] Optivar [®]

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<p><u>Ophthalmic Mast Cell Stabilizers</u></p> <ol style="list-style-type: none"> 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. For any new chemical entity in the Ophthalmic Mast Cell Stabilizers class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u> Alocril[®] cromolyn</p> <p><u>Non Preferred Agent (s)</u> Alamast[®] Alomide[®] Crolom[®] Opticrom[®]</p>
<p><u>Ophthalmic NSAIDs</u></p> <ol style="list-style-type: none"> 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. For any new chemical entity in the Ophthalmic NSAIDs class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u> diclofenac flurbiprofen ketorolac</p> <p><u>Non Preferred Agent (s)</u> Acular[®] Acular LS[®] Acular PF[®] Acuvail[™] Nevanac[™] Ocufen[®] Voltaren[®] Xibrom[™]</p>

Description of Recommendation	Final Decision (s)
<p><u>Ophthalmic Anti-Inflammatory Steroids</u></p> <ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based on economic evaluation; however, at least three unique chemical entities 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 Ophthalmic Anti-inflammatory Steroids class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u></p> <p>dexamethasone Flarex[®] fluorometholone Lotemax[™] Maxidex[®] prednisolone acetate prednisolone sodium phosphate Vexol[®]</p> <p><u>Non Preferred Agent (s)</u></p> <p>Alrex[®] AK-Dex[®] Dexasol[®] Durezol[™] Econopred[®] Plus FML[®] FML Forte[®] FML S.O.P.[®] Omnipred[™] Pred Forte[®] Pred Mild[®] Prednisol[®] Retisert[™] Triesence[®] Vexol[®]</p>
<p><u>Ophthalmic Decongestants</u></p> <ol style="list-style-type: none"> 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 Ophthalmic Decongestants class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u></p> <p>naphazoline phenylephrine tetrahydrozoline</p> <p><u>Non Preferred Agent (s)</u></p> <p>AK-Con[®] AK-Dilate[®] Allersol[®] Altafrin[®] Mydfrin[®] Neofrin[®]</p>

Description of Recommendation	Final Decision (s)
<p><u>Ophthalmic Mydriatics & Mydriatic Combos</u></p> <ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based on economic evaluation; however, at least two unique chemical entities, one of which should be atropine, 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 Ophthalmic Mydriatics & Mydriatic Combos class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u> atropine sulfate cyclopentolate tropicamide</p> <p><u>Non Preferred Agent (s)</u> AK-Pentolate[®] Cyclogyl[®] Cyclomydril[®] Cylate[®] Homatropaire[®] homatropine Isopto Atropine[®] Isopto Hyoscine[®] Isopto Homatropine[®] Murocoll-2[®] Mydral[®] Mydriacyl[®] Paremyd[®] Tropicacyl[®]</p>
<p><u>Ophthalmic Immunomodulators</u></p> <ol style="list-style-type: none"> 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 Ophthalmic Immunomodulator class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u> Restasis[®]</p> <p><u>Non Preferred Agent (s)</u> N/A</p>

Description of Recommendation	Final Decision (s)
<p><u>Proton Pump Inhibitors</u></p> <ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based on economic evaluation; however, at least two agents should be preferred. 2. At least SoluTabs or one liquid formulation should be available for patients under the age of 12. 3. Continue current quantity limits on all agents in this class. 4. Agents not selected as preferred will be considered non preferred and require PA. 5. For any new chemical entity in the Proton Pump Inhibitors class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u> Nexium[®] Prilosec OTC[®]</p> <p><u>Non Preferred Agent (s)</u> Aciphex[®] Dexilant[™] lansoprazole omeprazole omeprazole OTC pantoprazole Prevacid[®] Prevacid 24-HR[®] Prilosec[®] Protonix[®] Zegerid[®]</p>
<p><u>Otic Quinolone Antibiotics</u></p> <ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based on economic evaluation; however, at least one single entity agent and one combination agent 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 Otic: Quinolone Antibiotics class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u> CiproDex[®] Otic ofloxacin</p> <p><u>Non Preferred Agent (s)</u> Cetraxal[®] Cipro HC[®] Otic Floxin[®] Otic</p>
<p><u>Otic Steroid and Antibiotic Combinations</u></p> <ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based on economic evaluation; however, at least one agent 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 Otic: Steroid and Antibiotic Combination class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u> hydrocortisone/neomycin/polymyxin B neomycin/polymyxin B/hc</p> <p><u>Non Preferred Agent (s)</u> Coly-mycin[®] S Cortisporin[®] Cortisporin[®] -TC Cortomycin[®]</p>

Description of Recommendation	Final Decision (s)
<p><u>Otic Miscellaneous</u></p> <ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based on economic evaluation; however, at least three unique chemical entities 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 Otic Miscellaneous class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u></p> <p>acetic acid acetic acid/aluminum antipyrine/benzocaine Aurodex[®] Auroguard[®] Chlorphenylcaine[®] chloroxylenol-pramoxine Oto-End 10[®]</p> <p><u>Non Preferred Agent (s)</u></p> <p>Acetasol[®] Acetasol-HC[®] Benzotic[®] Borofair[®] Cortic-ND[®] Neotic[®] Otic Edge[®] Otrix[®] PR Otic[®] Pramotic[®] Pramoxine-HC[®] Treagan[®] Volsol-HC[®] Zinotic[®] Zinotic ES[®] Zoto-HC[®]</p>
<p><u>Alpha Blockers for BPH</u></p> <ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based on economic evaluation; however, at least two agents, one of which should be highly selective for the alpha receptors in the genitourinary tract, 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 Alpha Blockers for BPH class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u></p> <p>Cardura XL[®] doxazosin tamsulosin Uroxatral[®] terazosin</p> <p><u>Non Preferred Agent (s)</u></p> <p>Cardura[®] Flomax[®] Hytrin[®] Rapaflo[™]</p>

Description of Recommendation	Final Decision (s)
<p><u>Androgen Hormone Inhibitors</u></p> <ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based on economic evaluation; however, at least one agent 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 Androgen Hormone Inhibitors class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u> finasteride^{CC}</p> <p><u>Non Preferred Agent (s)</u> Avodart^{®CC} Proscar^{®CC}</p>
<p><u>Androgen Hormone Inhibitors Clinical Criteria</u> Androgen Hormone Inhibitors will be approved for a diagnosis of benign prostatic hyperplasia (BPH) via an ICD-9 override.</p>	<p>Androgen Hormone Inhibitors will be approved for a diagnosis of benign prostatic hyperplasia (BPH) via an ICD-9 override.</p>
<p><u>Electrolyte Depleters</u></p> <ol style="list-style-type: none"> 1. Rename this category Phosphate Binders. 2. DMS to select preferred agent (s) based on economic evaluation; however, at least two unique chemical entities, one of which should be a calcium based and a non-calcium based phosphate binder, should be preferred. 3. Agents not selected as preferred will be considered non preferred and require PA. 4. For any new chemical entity in the Electrolyte Depleters class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u> Fosrenol[®] PhosLo[®] Renagel[®]</p> <p><u>Non Preferred Agent (s)</u> calcium acetate EliphosTM RenvelaTM</p>
<p><u>Urinary Tract Antispasmodics</u></p> <ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based on economic evaluation; however, at least two unique chemical entities should be preferred. One should be liquid oxybutynin IR and the other should be EITHER darifenacin OR fesoterodine ER. 2. Only patients who are unable to swallow or tolerate oral medications should be approved for non-oral formulations of agents in this class. 3. Continue current quantity limits on all agents in this class. 4. Agents not selected as preferred will be considered non preferred and require PA. 5. For any new chemical entity in the Urinary Tract Antispasmodic Class, require a PA until reviewed by the P&T Advisory Committee. 	<p>This class will be taken back to the Committee for re-review due to miscommunication.</p>

Description of Recommendation	Final Decision (s)
<p><u>Dermatologics: Antivirals</u></p> <ol style="list-style-type: none"> 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 Dermatologics: Antivirals class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u> Abreva[®] Zovirax[®] ointment</p> <p><u>Non Preferred Agent (s)</u> Denavir[®] Zovirax[®] cream</p>
<p><u>Dermatologics: Antiseborrheic Agents</u></p> <ol style="list-style-type: none"> 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 Dermatologics: Antiseborrheic class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u> Carmol[®] selenium sulfide</p> <p><u>Non Preferred Agent (s)</u> Ovace[®] Ovace Plus[®] Seb-Prev[®] Selenos[®] Selseb[®] Scalp Treatment Kit sulfacetamide sodium</p>
<p><u>Dermatologics: Antibiotic Agents</u></p> <ol style="list-style-type: none"> 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. For any new chemical entity in the Dermatologics Antibiotics class, require a PA until reviewed by the P&T Advisory Committee. 	<p><u>Selected Preferred Agent (s)</u> Altabax[™] gentamicin mupirocin</p> <p><u>Non Preferred Agent (s)</u> Bactroban[®] Centany[®]</p>