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 20, 2021** and the resulting official recommendations.

New Products to Market

Vocabria™-Non-prefer in the PDL class: *Antiretrovirals: HIV/AIDS*

Length of Authorization: 30 days

- Vocabria (cabotegravir) is human immunodeficiency virus type-1 (HIV-1) integrase strand transfer inhibitor (INSTI) indicated to be used in combination with oral rilpivirine (Edurant®) for the short-term treatment of HIV-1 infection in adults who are virologically suppressed with an HIV-1 RNA level <50 copies/mL on a stable antiretroviral regimen and no history of treatment failure or known or suspected resistance to cabotegravir or rilpivirine. Vocabria is indicated for use in combination with oral rilpivirine as: 1) oral lead-in to assess tolerability of cabotegravir prior to administration of the injectable extended-release formulations of cabotegravir/rilpivirine; and 2) oral therapy for patients who plan to miss a dose of their cabotegravir/rilpivirine injection.

Criteria for Approval

- Patient has a diagnosis of human immunodeficiency virus type 1 (HIV-1) infection; **AND**
- Patient is virologically suppressed with HIV-RNA < 50 copies/mL and is on a stable antiretroviral regimen; **AND**
- Patient has no history of treatment failure or known or suspected resistance to cabotegravir or rilpivirine; **AND**
- Patient has not had a previous hypersensitivity reaction to cabotegravir or rilpivirine; **AND**
- Patient will take rilpivirine concomitantly for 28 days; **AND**
- Patient will be using cabotegravir as:
    - Oral lead-in to assess tolerability of cabotegravir prior to administration of the injectable extended-release formulations of cabotegravir/rilpivirine; OR
    - Oral therapy for patients who plan to miss a dose of their cabotegravir/rilpivirine injection.
- Patient will NOT receive concomitant therapy with ANY of the following medications that can result in significant decreases of cabotegravir and/or rilpivirine; **AND**
    - Carbamazepine
    - Oxcarbazepine
    - Phenobarbital
    - Phenytoin
    - Rifabutin
    - Rifampin
    - Rifapentine

  - Dexamethasone (more than a single-dose treatment)
  - St. John's wort
- Prescribed by or in consultation with an infectious disease specialist or HIV specialist.

Age Limit: ≥ 18 years

Quantity Limit: 1 per day

Drug Class	Preferred Agents	Non-Preferred Agents
Antiretrovirals: HIV/AIDS	abacavir QL abacavir-lamivudine atazanvir QL Atripla® QL Biktarvy® QL Cimduo™ QL Complera® QL Delstrigo™ QL Descovy® CC, QL Edurant® efavirenz Emtriva® QL Evotaz™ QL Genvoya® QL Intelence® Isentress® Kaletra® tablet lamvidudine QL lamivudine-zidovudine lopinavir-ritonavir solution Odefsey® QL Pifeltro™ QL Prezista® ritonavir tablets Selzentry® stavudine capsules QL Stribild® QL Symfi™ QL Symfi Lo™ QL tenofovir disoproxil fumarate tablets QL Tivicay® tablets QL Triumeq® QL	*abacavir-lamivudine-zidovudine* *Aptivus®* *Combivir®* *Crixivan®* *didanosine DR QL* *Dovato QL* *efavirenz/emtricitabine/tenofovir disoproxil fumarate QL* *efavirenz/lamivudine/tenofovir disoproxil fumarate QL* *emtricitabine QL* *emtricitabine/tenofovir disoproxil fumarate QL* *Epivir® QL* *Epzicom®* *fosamprenavir* *Fuzeon®* *Invirase®* *Juluca QL* *Kaletra® solution* *Lexiva®* *nevirapine QL* *nevirapine ER QL* *Norvir® tablets, solution QL, powder packets* *Prezcobix® QL* *Reyataz® QL* *Rukobia® CC, QL* *Sustiva®* *Symtuza™ QL* *Temixys™ QL* *Tivicay® suspension* *Viracept®*

Drug Class	Preferred Agents	Non-Preferred Agents
	Trizivir®	*Viramune® QL*
	Truvada® CC, QL	*Viramune XR® QL*
	Tybost®	*Viread® powder packets*
	zidovudine syrup, tablets	*Viread® tablets QL*
		Vocabria™ CC, QL
		Ziagen® QL
		zidovudine capsules

Verquvo®

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

This product will be brought back to the Committee in 6 months for re-review to ensure that criteria and utilization is appropriate.

Full Class Reviews

Narcotics, Long-Acting

Class Selection & Guidelines

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

Drug Class	Preferred Agents	Non-Preferred Agents
Narcotics: Long-Acting	Butrans™ CC, QL fentanyl transdermal 12, 25, 50, 75, 100 mcg CC, QL morphine sulfate ER (generic MS Contin®) CC, QL tramadol ER (generic Ryzolt®, Ultram® ER) CC, AE, QL	*Belbuca™ AE, QL* *buprenorphine patch CC, QL* *ConZip™ AE, QL* *Duragesic® CC, QL* *fentanyl transdermal 37.5, 62.5, 87.5 mcg CC, QL* *hydrocodone ER QL* *hydromorphone ER QL* *Hysingla™ ER QL* *Kadian® QL* *methadone CC, QL* *morphine sulfate ER (generic Kadian®, Avinza™) QL* *MS Contin® QL* *Nucynta® ER CC, QL* *oxycodone ER QL* *OxyContin® QL* *oxymorphone ER QL* *tramadol ER (generic ConZip™) AE,QL* *Xtampza™ ER AE,QL* *Zohydro ER™ QL*

Narcotics: Short-Acting

Class Selection & Guidelines

Narcotics: Short-Acting

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

Narcotic Agonist/Antagonists

- DMS to select preferred agent(s) based on economic evaluation.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the *Narcotic Agonist/Antagonists* class, require PA until reviewed by the P&T Committee.

Narcotics: Fentanyl Buccal Products

- DMS to select preferred agent(s) based on economic evaluation.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the *Narcotics: Fentanyl Buccal Products* class, require PA until reviewed by the P&T Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Narcotics: Short-Acting	codeine/APAP CC, MD, AE, QL hydrocodone/APAP CC, MD, QL hydrocodone/ibuprofen CC, MD, QL hydromorphone tablets CC, MD, QL morphine concentrate, solution, tablets CC, MD, QL oxycodone solution, tablets CC, MD, QL oxycodone/APAP CC, MD, QL tramadol 50 mg CC, MD, AE, QL tramadol/APAP MD, AE, QL	*Apadaz™ MD, QL* *Ascomp® with codeine CC, AE, QL* *benzhydrocodone/APAP MD, QL* *butalbital/APAP/caffeine/codeine CC, AE, QL* *butalbital compound/codeine CC, AE, QL* *carisoprodol/ASA/codeine MD, AE, QL* *codeine MD, AE, QL* *Demerol™ MD, QL* *dihydrocodeine bitartrate/APAP/caffeine MD, QL* *Dilaudid® MD, QL* *hydromorphone liquid, suppositories MD, QL* *levorphanol MD, QL* *Lorcet® MD, QL, Lorcet® HD MD, QL* *Lortab® MD, QL* *meperidine solution, tablets MD, QL* *morphine suppository MD, QL* *Nalocet CC, MD, QL* *Norco® MD, QL* *Nucynta™ MD, QL* *Oxaydo® MD, QL* *oxycodone capsules, concentrate MD, QL* *oxycodone/ASA MD, QL* *oxymorphone MD, QL*

Drug Class	Preferred Agents	Non-Preferred Agents
		Percocet® MD, QL *Roxicodone® MD, QL* tramadol 100 mg CC, MD, *AE,* QL *Ultracet® MD, AE, QL* *Ultram® MD, AE, QL* *Vicodin HP® MD, QL*
Narcotic Agonist/ Antagonists	N/A	*butorphanol NS* *pentazocine/naloxone QL*
Narcotics: Fentanyl Buccal Products	N/A	*Actiq® CC, QL* *fentanyl citrate lollipop CC, QL* *Fentora® CC, QL* *Subsys® CC*

Androgenic Agents

Class Selection & Guidelines

- DMS to select preferred agent (s) based on economic evaluation; however, at least one topical formulation of testosterone should be preferred.
- Agents not selected as preferred will be considered non preferred and require PA.
- For any new chemical entity in the *Androgenic Agents* class, require a PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Androgenic Agents	Androderm® Androgel® Gel Pump	Androgel® Gel Packet *Fortesta®* *Natesto™* *Testim®* *testosterone gel pump, packet (generic Androgel®)* *testosterone(generic Axiron®, Fortesta®, Testim®, Vogelxo®)* *Vogelxo®*

Antihyperuricemics

Class Selection & Guidelines

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

Drug Class	Preferred Agents	Non-Preferred Agents
Antihyperuricemics	allopurinol colchicine tablets CC probenecid probenecid/colchicine	*colchicine capsules CC* *Colcrys® CC* *febuxostat QL* *Gloperba®* *Mitigare® CC* *Uloric® CC, QL* *Zyloprim®*

Antimigraine Agents, CGRP Inhibitors

Class Selection & Guidelines

- 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 *Antimigraine Agents, CGRP Inhibitors* class, require a PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Anti-Migraine: CGRP Inhibitors	Ajovy™ CC, AE, QL Emgality™ Pen, 120 mg/mL syringe CC, AE, QL *Ubrelvy™ CC, AE, QL*	*Aimovig™ AE, QL* *Emgality™ 100 mg/mL syringe CC, AE, QL* Nurtec™ ODT CC, *AE,* QL Reyvow® *CC, AE, QL*

Antimigraine: 5-HT1 Receptor Agonists

Class Selection & Guidelines

- DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred. At least one non-oral dosage form 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 *Antimigraine: 5-HT1 Receptor Agonists* class, require a PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Anti-Migraine: 5-HT1 Receptor Agonists	Imitrex® nasal QL rizatriptan QL rizatriptan ODT QL sumatriptan syringe, tablet, vial QL	*almotriptan QL* *Amerge® QL* *Cambia™* *eletriptan QL* *Frova™ QL* *frovatriptan QL* *Imitrex® kit, vial, tablet QL* *Maxalt® QL* *Maxalt-MLT® QL* *naratriptan QL* *Onzetra™ XSail™ AE, QL* *Relpax™ QL* *sumatriptan kit QL* *sumatriptan nasal spray QL* *sumatriptan/naproxen QL* *Treximet™ QL* *Tosymra ™* *Zembrace™ SymTouch™ QL* *zolmitriptan tablet, nasal spray QL* *zolmitriptan ODT QL* *Zomig® QL* *Zomig-ZMT® QL*

Bone Resorption Suppression and Related Agents

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 *Bone Resorption Suppression and Related Agents* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Bone Resorption Suppression and Related Agents	alendronate tablets QL ibandronate tablets QL raloxifene teriperatide CC, QL	*Actonel® QL* *alendronate solution QL* *Atelvia™ QL* *Boniva® QL* *calcitonin-salmon*

Drug Class	Preferred Agents	Non-Preferred Agents
		etidronate *Evenity™ CC, AE, QL* *Evista®* *Forteo™ CC, QL* *Fosamax® QL* *Fosamax Plus D™ QL* *Miacalcin®* *Prolia™* *Reclast® QL* *risedronate QL* *Tymlos™ CC, AE, QL* *zoledronic acid QL*

Erythropoiesis Stimulating Proteins

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 *Erythropoiesis Stimulating Proteins* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Erythropoiesis Stimulating Proteins	Aranesp® CC Retacrit™ CC	*Epogen® CC* *Mircera®* *Procrit®* *Reblozyl® CC, AE*

Diabetes: Alpha-Glucosidase Inhibitors

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 will require PA.
- For any new chemical entity in the *Diabetes: Alpha-Glucosidase Inhibitors* class, require a PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Diabetes: Alpha-Glucosidase Inhibitors	acarbose QL	*Glyset® QL* *miglitol QL* *Precose® QL*

Diabetes: Insulins and Related Agents

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least one insulin of each type (short, intermediate, long) should be preferred.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Diabetes: Insulins and Related Agents class*, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Diabetes: Insulins and Related Agents	Humalog® cartridge, vial and KwikPen Humalog® Junior (Jr) KwikPen® Humalog® Mix vial and KwikPen® Humulin® R vial Humulin® R U-500 vial and KwikPen® Humulin® 70/30 vial and KwikPen® insulin aspart cartridge, vial and pen insulin aspart/insulin aspart protamine pen and vial insulin lispro pen, vial and Jr. KwikPen insulin lispro/insulin lispro protamine KwikPen Lantus® and Lantus® Solostar Levemir® and Levemir® FlexTouch® Novolog® vial, cartridge, and FlexTouch® Novolog® Mix vial and FlexPen®	*Admelog® and Solostar® CC* *Afrezza®* *Apidra™ vial and Solostar®* *Basaglar® KwikPen® CC* *Fiasp® vial, pen and ® FlexTouch®* *Humalog® 200 unit/mL KwikPen®* *Humulin® N and Humulin® N KwikPen®* *Lyumjev™ pen and vial* *Novolin® R, N vial, pen* *Novolin® 70/30 vial, pen* *Semglee™ pen and vial* *Symlin® CC, AE* *Toujeo® Solostar® and Max Solostar®* *Tresiba® vial, FlexTouch®*

Diabetes: SGLT2 Inhibitors

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 will require PA.
- For any new chemical entity in the *Diabetes: SGLT2 Inhibitors* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Diabetes: SGLT2 Inhibitors	Farxiga™ CC, QL Invokana® CC, QL Invokamet™ CC, QL Jardiance® CC, QL Synjardy® CC, QL Xigduo™ XR CC, QL	*Invokamet® XR QL* *Segluromet™ QL* *Steglatro™ AE, QL* *Synjardy® XR QL*

Neuropathic Pain

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 require PA.
- For any new chemical entity in the *Neuropathic Pain* class, require PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Neuropathic Pain	duloxetine DR (generic Cymbalta®) gabapentin QL *Lidoderm® QL* pregabalin CC, QL	*Cymbalta®* *duloxetine (generic Irenka™)* *Drizalma Sprinkle™* *Gralise™* *Horizant®* lidocaine 5% patch QL *Lyrica® QL* *Lyrica® CR QL* *Neurontin® QL* *pregabalin ER QL* *Savella®* *ZTlido™*

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Class Selection & Guidelines

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

Drug Class	Preferred Agents	Non-Preferred Agents
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	celecoxib QL diclofenac sodium DR/EC tablets diclofenac sodium topical gel (1%) ibuprofen indomethacin ketorolac tablets QL meloxicam tablets naproxen sodium tablets naproxen tablets sulindac	*Arthrotec®* *Celebrex® QL* *Daypro®* *diclofenac epolamine patches* *diclofenac sodium/misoprostol* *diclofenac potassium* *diclofenac sodium SR/ER* *diclofenac 1.5% topical solution* *diflunisal* *Diclofex DC* *Duexis® CC* *EC-Naproxen®* *etodolac, etodolac ER* *Feldene®* *fenoprofen* *Flector® CC* *flurbiprofen* *Indocin®* *indomethacin ER* *ketoprofen, ketoprofen ER* *ketorolac nasal spray CC* *Licart™* *meclofenamate* *mefenamic acid* *meloxicam capsules CC* *Mobic®* *nabumetone* *Nalfon®* *Naprelan® CR* *Naprosyn®* *naproxen CR/ER/DR* *naproxen suspension* *naproxen/esomeprazole QL* *oxaprozin* *Pennsaid® CC* *piroxicam* *Relafen™, Relafen™ DS* *Sprix™ CC*

Drug Class	Preferred Agents	Non-Preferred Agents
		tolmetin *Vimovo™ CC, QL* *Vivlodex™ QL* *Voltaren® topical gel* *Zipsor™* *Zorvolex®*

Phosphate Binders

Class Selection & Guidelines

- 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 phosphate binder, should be preferred.
- Agents not selected as preferred will be considered non-preferred and require PA.
- For any new chemical entity in the *Phosphate Binders* class, require a PA until reviewed by the P&T Advisory Committee.

Drug Class	Preferred Agents	Non-Preferred Agents
Phosphate Binders	calcium acetate MagneBind® 400 RX Phoslyra™ *Renvela™*	*Auryxia™* *Fosrenol®* *lanthanum carbonate* *Renagel®* *sevelamer carbonate powder packets* *sevelamer carbonate tablets* *sevelamer hydrochloride* *Velphoro®*

Classes Reviewed by Consent Agenda

No change in PDL status:

- Colony Stimulating Factors
- Glucagon Agents
- Glucocorticoids, Oral (Oral Steroids)
- Growth Hormone
- Hypoglycemics, Incretin Mimetics/Enhancers
    - Diabetes: DPP-4 Inhibitors
    - Diabetes: GLP-1 Receptor Agonists This class will be brought back to the Committee for re-review in 6 months.

- Hypoglycemics, Meglitinides (Diabetes: Meglitinides)
- Hypoglycemics, Metformins (Diabetes: Metformins)
- Hypoglycemics, Sulfonylureas (Diabetes: Sulfonylureas)
- Hypoglycemics, Thiazolidinediones (TZD) (Diabetes: Thiazolidinediones)
- Pancreatic Enzymes
- Progestins for Cachexia
- Skeletal Muscle Relaxants
- Thrombopoiesis Stimulating Proteins (Thrombopoiesis Stimulating Agents)