Ohio | Department of Medicaid

Preferred Drug List (PDL) Changes

P&T Meeting Date: October 3rd, 2018

PDL Changes Effective Date: January 1st, 2019

NEW PREFERRED DRUGS	
THERAPEUTIC CLASS	**PREFERRED STATUS**
Analgesic Agents: NSAIDs	FLECTOR® patch (diclofenac epolamine) VOLTAREN® gel (diclofenac sodium)
Analgesic Agents: Opioids	EMBEDA® (morphine sulfate/ naltrexone) †
Blood Formation, Coagulation, and Thrombosis Agents: Colony Stimulating Factors	NEUPOGEN® (filgrastim) †
Blood Formation, Coagulation, and Thrombosis Agents: Hematopoietic Agents	RETACRIT® (epoetin alfa-epbx) †
Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factors	ALPROLIX® (factor IX recombinant) †
Cardiovascular Agents: Lipotropics	ROSUVASTATIN (generic of Crestor®)
Central Nervous System (CNS) Agents: Anticonvulsants	FYCOMPA® (perampanel) LYRICA® (pregabalin)
Central Nervous System (CNS) Agents: Antipsychotics	ARISTADA™ Initio (aripiprazole lauroxil)
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents	APTENSIO XR™ (methylphenidate) CONCERTA® (methylphenidate ER)
Central Nervous System (CNS) Agents: Fibromyalgia Agents	LYRICA® (pregabalin)
Central Nervous System (CNS) Agents: Medication Assisted Treatment of Opioid Addiction	BUNAVAIL® buccal film (buprenorphine/naloxone) BUPRENORPHINE SL tablets (generic of Subutex®) BUPRENORPHINE/NALOXONE SL tablets
Central Nervous System (CNS) Agents: Neuropathic Pain	LIDOCAINE patch (generic of Lidoderm®) LYRICA® (pregabalin)
Endocrine Agents: Androgens	DEPO-TESTOSTERONE (testosterone cypionate) TESTOSTERONE CYPIONATE (generic of Depo-Testosterone) TESTOSTERONE ENANTHATE (generic of Delatestryl)
Endocrine Agents: Diabetes - Insulin	FIASP® (insulin aspart) TRESIBA FLEXTOUCH® (insulin degludec)
Endocrine Agents: Diabetes – Non- Insulin	OZEMPIC® (semaglutide)
Gastrointestinal Agents: Anti-Emetics	DICLEGIS® (doxylamine and pyridoxine)
Gastrointestinal Agents: Proton Pump Inhibitors	DEXILANT® (dexlansoprazole) NEXIUM® packets (esomeprazole)
Gastrointestinal Agents: Ulcerative Colitis Agents	DELZICOL® (mesalamine) LIALDA® (mesalamine) PENTASA® (mesalamine)
Genitourinary Agents: Urinary Antispasmodics	TOVIAZ® (fesoterodine)
Infectious Disease Agents: Antibiotics - Inhaled	TOBRAMYCIN inhalation from labeler 00093†
Infectious Disease Agents: Antivirals- HIV	SYMFI™ (efavirenz/lamivudine/tenofovir)
Ophthalmic Agents: Antibiotic and Antibiotic-Steroid Combination Drops and Ointments	MOXEZA® (moxifloxacin)
Ophthalmic Agents: Antihistamines & Mast Cell Stabilizers	AZELASTINE (generic of Optivar®) LASTACAFT® (alcaftadine)

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Ophthalmic Agents: NSAIDs	ILEVRO® (nepafenac) NEVANAC® (nepafenac)
Otic Agents: Antibacterial and Antibacterial/Steroid Combinations	CIPRO HC® suspension (ciprofloxacin with hydrocortisone)
Respiratory Agents: Beta-Adrenergic Agonists - Inhaled, Short Acting	PROAIR RESPICLICK® (albuterol)
Respiratory Agents: Chronic Obstructive Pulmonary Disease	TUDORZA® (aclidinium)
Respiratory Agents: Hereditary Angioedema	HAEGARDA® (C1 esterase inhibitor) †
Respiratory Agents: Nasal Preparations	OLOPATADINE (generic of Patanase®)
Topical Agents: Immunomodulators	TACROLIMUS (generic of Protopic®) †

† PA required preferred

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	**NON-PREFERRED STATUS**
Blood Formation, Coagulation, and Thrombosis Agents: Colony Stimulating Factors	FULPHILA™ (pegfilgrastim-jmdb)
Blood Formation, Coagulation, and Thrombosis Agents: Hemopoietic Agents	PROCRIT® (epoetin alfa)
Cardiovascular Agents: Angina, Hypertension & Heart Failure	KAPSARGO™ (metoprolol succinate)
Cardiovascular Agents: Lipotropics	ZYPITAMAG™ (pitavastatin)
Central Nervous System (CNS) Agents: Anticonvulsants	SUBVENITE (lamotrigine)
Central Nervous System (CNS) Agents: Antidepressants	NEFAZODONE
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents	METHYLPHENIDATE ER (generic of Concerta®) Members on METHYLPHENIDATE ER (generic of Concerta®) will be grandfathered on therapy through June 30th, 2019
Central Nervous System (CNS) Agents: Parkinson's Agents	OSMOLEX ER™ (amantadine er)
Gastrointestinal Agents: Anti-Emetics	BONJESTA® (doxylamine and pyridoxine)
Immunomodulator Agents for Systemic Inflammatory Disease	OLUMIANT® (baricitinib)
Infectious Disease Agents: Antivirals- HIV	SYMTUZA™ (darunavir, cobicistat, emtricitabine, tenofovir alafenamide)

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CHANGES IN CRITERIA	
THERAPEUTIC CLASS	**SUMMARY OF CHANGE**
Analgesic Agents: NSAIDs	Change in criteria for transdermal and topical non-preferred products
Cardiovascular Agents: Angina, Hypertension & Heart Failure	Criteria for Entresto™ no longer includes requirements around angioedema or concomitant ACE/ARB use
Central Nervous System (CNS) Agents: Anti-Migraine	Prophylaxis requirements changed to 3 trials from all medications trialed
Central Nervous System (CNS) Agents: Medication Assisted Treatment of Opioid Addiction	No PA required for preferred oral product
Central Nervous System (CNS) Agents: Neuropathic Pain	Removal of criteria around LIDOCAINE patch and LYRICA®
Endocrine Agents: Diabetes - Insulin	Definition of therapeutic failure added
Endocrine Agents: Diabetes - Non-Insulin	Definition of inadequate clinical response added
Gastrointestinal Agents: Irritable Bowel Syndrome (IBS) / Selected GI	TRULANCE™ (plecanatide) requires step therapy through Amitiza® and Linzess™
Gastrointestinal Agents: Opioid-Induced Constipation	RELISTOR® and SYMPROIC® requires step therapy through Amitiza® and Movantik®
Immunomodulator Agents for Systemic Inflammatory Disease	Expanded indications for products in category

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THERAPEUTIC CLASS	**SUMMARY OF CHANGE**
Infectious Disease Agents: Antivirals- Hepatitis C Agents	Allowance for continuation of therapy for members established on therapy under prior payer Removal of requirement that members be at F2 fibrosis for treatment to be approved Allowance for therapy to be approved if done in consultation with specialist; changes for authorization window
Respiratory Agents: Beta-Adrenergic Agonists - Inhaled, Long Acting	Removal of Step Therapy

For additional details, the Preferred Drug List (PDL) and clinical criteria can be found at:
http://pharmacy.medicaid.ohio.gov/drug-coverage