



NEW PREFERRED DRUGS	
THERAPEUTIC CLASS	PREFERRED STATUS
Central Nervous System (CNS) Agents: Anticonvulsants	Epidiolex® (cannabidiol)†
Central Nervous System (CNS) Agents: Antipsychotic, Second generation	Perseris™ (risperidone)

† Clinical PA required preferred

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	NON-PREFERRED STATUS
Blood Formation, Coagulation, and Thrombosis Agents: Colony Stimulating Factors	Nivestym™ (filgrastim)
Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factors	Jivi® (factor VIII, recombinant, pegylated-aucl)
Central Nervous System (CNS) Agents: Anti-Migraine Agents	Ajovy™ (fremanezumab-vfrm)
Central Nervous System (CNS) Agents: Anti-Migraine Agents	Emgality™ (galcanezumab)
Central Nervous System (CNS) Agents: Neuropathic Pain	Ztlido™ topical delivery system (lidocaine)
Immunomodulator Agents for Systemic Inflammatory Disease	Ilumya™ (tildrakizumab-asmn)
Infectious Disease Agents: Antivirals – HIV	Delstrigo™ (doravirine, lamivudine, and tenofovir disoproxil)
Infectious Disease Agents: Antivirals – HIV	Pifeltro™ (doravirine)
Respiratory Agents: Hereditary Angioedema	Takhzyro™ (lanadelumab-flyo)
Topical Agents: Acne Preparations	Altreno™ lotion (tretinoin)
Topical Agents: Acne Preparations	Plixda™ pad (adapalene)

CHANGES IN CRITERIA	
THERAPEUTIC CLASS	SUMMARY OF CHANGE
Central Nervous System (CNS) Agents: Anticonvulsants	<p>Epidiolex® requires prior authorization to demonstrate:</p> <ul style="list-style-type: none">• Patient has a diagnosis of Lennox-Gastaut syndrome or Dravet syndrome• Patient has trialed and failed (inadequate seizure control) 3 prior anticonvulsant therapies for one month each (Note: Not required to be met for a diagnosis of Dravet syndrome)• Prescriber has obtained serum transaminases (ALT and AST) and total bilirubin levels prior to starting therapy• Prescriber must submit documented average number of seizure days per month (measured monthly or quarterly)

For additional details, the Preferred Drug List (PDL) and clinical criteria can be found at:

<http://pharmacy.medicaid.ohio.gov/drug-coverage>