



NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	NON-PREFERRED STATUS
Central Nervous System (CNS) Agents: Anticonvulsants	Sympazan™ (clobazam film)
Central Nervous System (CNS) Agents: Atypical Antipsychotics, Second Generation	Abilify Mycite® (aripiprazole with IEM)
Endocrine Agents: Androgens	Xyosted™ (testosterone enanthate)
Infectious Disease Agents: Antifungals for Onychomycosis & Systemic Infections	Tolsura® (itraconazole)
Ophthalmic Agents: Dry Eye Treatments	Cequa™ (cyclosporine)
Ophthalmic Agents: Glaucoma Agents	Xelpros™ (latanoprost)
Respiratory Agents: Chronic Obstructive Pulmonary Disease	Yupelri™ (revefenacin)
Respiratory Agents: Epinephrine	Symjepi™ (epinephrine)
Topical Agents: Corticosteroids	Bryhali™ (halobetasol propionoate lotion)

CHANGES IN CRITERIA	
THERAPEUTIC CLASS	SUMMARY OF CHANGE
Central Nervous System (CNS) Agents: Atypical Antipsychotics, Second Generation	Abilify Mycite® will be restricted to prescribing by a psychiatrist following a aripiprazole serum blood level draw indicating need for further investigation of adherence.
Immunomodulator Agents for Systemic Inflammatory Disease	For patients with a diagnosis of moderate to severe Plaque Psoriasis receiving phototherapy, initial authorization for Humira or Enbrel will only be approved if there is inadequate clinical response to at least 3 months of phototherapy.

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