Department of Medicaid

30 Day Change Notice
Effective Date: January 1, 2024

NEW PREFERRED DRUGS	
THERAPEUTIC CLASS	**NO PA REQUIRED PREFERRED**
Central Nervous System (CNS) Agents: Anti-Migraine Agents, Acute	Sumatriptan Nasal Spray
Central Nervous System (CNS) Agents: Anticonvulsants*	Briviact
Central Nervous System (CNS) Agents: Atypical Antipsychotics*	Abilify Asimtufii
Central Nervous System (CNS) Agents: Multiple Sclerosis*	Kesimpta Teriflunomide
Endocrine Agents: Diabetes – Non-Insulin	Xigduo XR
Infectious Disease Agents: Antibiotics – Quinolones	Moxifloxacin
Infectious Disease Agents: Antivirals – HIV*	Apretude
Topical Agents: Antiparasitics	Vanalice

NEW CLINICAL PA REQUIRED PREFERRED DRUGS	
THERAPEUTIC CLASS	**CLINICAL CRITERIA REQUIRED PREFERRED**
Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factor*	Jivi
Endocrine Agents: Androgens	Depo-Testosterone Testosterone Cypionate Testosterone Gel 1.62% Pump
Endocrine Agents: Growth Hormone	Zomacton
Respiratory Agents: Cystic Fibrosis	Trikafta Pak

NEW STEP THERAPY PREFERRED DRUGS	
THERAPEUTIC CLASS	**STEP THERAPY REQUIRED PREFERRED**
Central Nervous System (CNS) Agents: Atypical Antipsychotics*	Vraylar
Central Nervous System (CNS) Agents: Neuropathic Pain	Ztlido
Endocrine Agents: Diabetes – Insulin	Insulin Degludec
Ophthalmic Agents: Dry Eye Treatments	Xiidra

NEW NON PREFERRED DRUGS	
THERAPEUTIC CLASS	**PA REQUIRED NON PREFERRED**
Cardiovascular Agents: Angina, Hypertension and Heart Failure	Inpefa
Cardiovascular Agents: Pulmonary Arterial Hypertension*	Liqrev

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Central Nervous System (CNS) Agents: Anti-Migraine Agents, Acute	Zavzpret
Central Nervous System (CNS) Agents: Atypical Antipsychotics*	Uzedy
Central Nervous System (CNS) Agents: Multiple Sclerosis*	Aubagio
Endocrine Agents: Androgens	Testosterone Gel 1% Pump
Endocrine Agents: Growth Hormone	Sogroya
Gastrointestinal Agents: Bowel Preparations	Suflave
Immunomodulator Agents: Systemic Inflammatory Disease	Adalimumab-adaz (Generic of Hyrimoz) Adalimumab-fkjp (Generic of Hulio) Cyltezo Hadlima Idacio Litfulo Yuflyma Yusimry
Infectious Disease Agents: Antivirals – HIV*	Cimduo Symfi Symfi Lo
Ophthalmic Agents: Dry Eye Treatments	Miebo
Respiratory Agents: Inhaled Agents	Tiotropium Inhaled Caps

THERAPEUTIC CATEGORIES WITH CHANGES IN CRITERIA
Cardiovascular Agents: Angina, Hypertension & Heart Failure
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents
Central Nervous System (CNS) Agents: Narcolepsy
Central Nervous System (CNS) Agents: Neuropathic Pain
Dermatologic Agents: Oral Acne Products
Endocrine Agents: Diabetes – Hypoglycemia Treatments
Endocrine Agents: Diabetes – Non-Insulin
Endocrine Agents: Endometriosis
Endocrine Agents: Uterine Fibroids
Gastrointestinal Agents: Anti-Emetics
Genitourinary Agents: Benign Prostatic Hyperplasia
Immunomodulator Agents: Systemic Inflammatory Disease
Infectious Disease Agents: Antifungals
Respiratory Agents: Cystic Fibrosis

REVISED THERAPEUTIC CATEGORY CRITERIA	
THERAPEUTIC CLASS	**SUMMARY OF CHANGE**

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Cardiovascular Agents: Angina, Hypertension & Heart Failure	**ADDITIONAL SOTAGLIFLOZIN (INPEFA) CRITERIA:** • Must provide documentation of an inadequate clinical response to at least two SGLT2 Inhibitors (refer to Endocrine Agents: Diabetes – Non-Insulin class for complete list)
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents	**STEP THERAPY CRITERIA:** • Must have had an inadequate clinical response of at least 30 days with atomoxetine **OR** at least two preferred ~~stimulants~~ ADHD agents. **AR** – Adderall ~~-~~Amphetamine/Dextroamphetamine, Dexedrine ~~-~~Dextroamphetamine IR, & Zenzedi: a PA is required for patients younger than 3 years **AR** – ~~Adderall XR -~~Amphetamine/Dextroamphetamine XR, Atomoxetine, Cotempla XR-ODT, Daytrana ~~-~~Methylphenidate Patches, ~~-~~Dexedrine ER Dextroamphetamine ER, Dexmethylphenidate, Methylphenidate IR & ER, & Xelstrym: a PA is required for patients younger than 6 years
Central Nervous System (CNS) Agents: Narcolepsy	**NON-PREFERRED CRITERIA:** • Must have had an inadequate clinical response ~~of at least 30 days~~ with at least two preferred drugs - either (1) at least 30 days of modafinil or armodafinil; or (2) at least 7 days of a preferred methylphenidate or amphetamine drug
Central Nervous System (CNS) Agents: Neuropathic Pain	**STEP THERAPY CRITERIA:** • Must have had an inadequate clinical response of at least 30 days with generic Lidocaine patch
Dermatologic Agents: Oral Acne Products	**CLINICAL PA CRITERIA:** • ~~Patient must be~~ Prescriber attests that patient is registered and meets all of the requirements of the iPLEDGE program
Endocrine Agents: Diabetes – Hypoglycemia Treatments	**NON-PREFERRED CRITERIA:** • Must have had an inadequate clinical response of at least ~~two~~ one preferred drug~~s~~ **OR** the inability of the member and/or caregiver to administer a preferred glucagon product in a timely fashion
Endocrine Agents: Diabetes – Non-Insulin	**ADDITIONAL INFORMATION** • An inadequate clinical response is defined as the inability to reach A1C goal after at least 120 days of current regimen, with use of ~~multiple~~ two or more drugs concomitantly per ADA guidelines, documented adherence, and appropriate dose escalation (must achieve maximum recommended dose or document that maximum recommended dose is not tolerated or is clinically inappropriate). ○ Must include a patient specific ~~document~~ A1C goal if less than 7% ○ ~~per ADA guidelines and~~ Must include current A1C (within last 6 months)

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	• ~~Requests may be authorized for patients with a condition that is difficult to control (i.e., prone to ketoacidosis, hypoglycemia)~~
	
	SUBSEQUENT AUTHORIZATION CRITERIA:
	• Must provide documentation of patient's clinical response to treatment and ongoing safety monitoring
	  ○ Must document A1C goal per ADA guidelines and A1C trends including current value (within last 6 months).
	  ○ Must include a patient specific A1C goal if less than 7%
	  ○ Must include current A1C (within last 6 months)
	• Must meet all initial clinical criteria for subsequent authorizations.

Endocrine Agents: Endometriosis	**STEP THERAPY CRITERIA:** • Must have had an inadequate clinical response of at least 84 days with at least one preferred NSAID and one ~~preferred~~ oral contraceptive
Endocrine Agents: Uterine Fibroids	**CLINICAL PA CRITERIA:** • Must have had an inadequate clinical response of at least 90 days with at least one ~~preferred~~ oral contraceptive
Gastrointestinal Agents: Anti-Emetics	**NON-PREFERRED CRITERIA:** • Must have had an inadequate clinical response of at least ~~7~~ 3 days with at least one preferred drug
Genitourinary Agents: Benign Prostatic Hyperplasia	**TADALAFIL (CIALIS) CRITERIA:** • Must have had an inadequate clinical response of at least 30 days with at least one alpha-1 adrenergic blocker. ~~and~~ If prostate volume of > 30cc on imaging, a prostate specific antigen (PSA) > 1.5ng/dL, or palpable prostate enlargement on digital rectal exam (DRE), then a trial of at least 90 days of finasteride is required."
Immunomodulator Agents: Systemic Inflammatory Disease	**ALL AUTHORIZATIONS:** • First line treatment can vary based upon the severity of disease for certain diagnoses. Documentation of the patient's disease state and the criteria used to classify the severity is required. **ADDITIONAL CROHN'S DISEASE CRITERIA:** • Must provide documentation of Crohn's Disease Activity Index (CDAI) score of 220 or higher to be considered moderate to severe disease **ADDITIONAL HIDRADENTIS SUPPURATIVA CRITERIA:** • Must provide documentation of Hurley Stage III to be classified as severe disease **ADDITIONAL PLAQUE PSORIASIS CRITERIA:** • To classify as severe disease patient must present at least two of

	the following: Psoriasis Area and Severity Index (PASI) score ≥ 11, BSA ≥ 10%, and Static Physician's Global Assessment (sPGA) ≥ 3
Infectious Disease Agents: Antifungals	**NON-PREFERRED CRITERIA:** • Must have had an inadequate clinical response of at least 7 days with at least ~~one~~ two preferred drugs, if indicated for the diagnosis
Respiratory Agents: Cystic Fibrosis	**AR** – Trikafta Pak: a PA is required for patients 6 years and older

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