Department of Medicaid

30-Day Change Notice

Effective Date: October 1, 2026

Date of Notice: September 1, 2026

New Preferred Drugs (no prior authorization required)

Therapeutic Class	Drug name
Endocrine Agents: Diabetes – Insulin	insulin glargine-yfgn U-100 pen [generic **Semglee**]

New Non-Preferred Drugs (prior authorization required)

Therapeutic Class	Drug name
Analgesic Agents: NSAIDs	oxaprozin cap
Analgesic Agents: Opioids	tapentadol IR tapentadol ER
Cardiovascular Agents: Angina, Hypertension and Heart Failure	**Enbumyst** (bumetanide nasal spray) **Furoscix** (furosemide subcutaneous kit) **Lasix ONYU** (furosemide subcutaneous kit) metoprolol tartrate 12.5mg **Myqorzo** (aficamten) **Sdamlo** (amlodipine soln 2.5, 5, 10mg)
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents	**Arynta** (lisdexamfetamine soln)
Central Nervous System (CNS) Agents: Skeletal Muscle Relaxants, Non-Benzodiazepine	**Atmeksi** (methocarbamol susp) **Ontralfy** (tizanidine soln)
Immunomodulator Agents: Systemic Inflammatory Disease	**Icotyde** (icotrokinra)
Non-UPDL Category	ranitidine

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Drugs Removed from the UPDL

Therapeutic Class	Drug name
Central Nervous System (CNS) Agents: Parkinson's Agents	**Kynmobi** (apomorphine film)
Genitourinary Agents: Urinary Antispasmodics	**Vesicare LS** (solifenacin) susp
Infectious Disease Agents: Antivirals – Herpes	**Sitavig** (acyclovir buccal tab)

Brand Preferred over Generic Additions

Therapeutic Class	Drug name
Cardiovascular Agents: Pulmonary Arterial Hypertension* LEGACY CATEGORY	**Opsumit** (macitentan)
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents	**Cotempla XR-ODT** (methylphenidate ER ODT)
Gastrointestinal Agents: Ulcerative Colitis	**Pentasa** (mesalamine) 250mg
Endocrine Agents: Diabetes – Non-Insulin	**Janumet IR/XR** (sitagliptin/ metformin) **Januvia** (sitagliptin phosphate tab)
Genitourinary Agents: Urinary Antispasmodics	**Myrbetriq** (mirabegron) granules
Immunomodulator Agents: Systemic Inflammatory Disease	**Xeljanz** (tofacitinib) IR **Xeljanz** (tofacitinib) soln, XR

Brand Preferred over Generic Removals

Therapeutic Class	Drug name
Endocrine Agents: Diabetes – Insulin	**Toujeo U-300** (insulin glargine)
Gastrointestinal Agents: Proton Pump Inhibitors	**Dexilant** (dexlansoprazole) **Nexium** (esomeprazole) granules
Respiratory Agents: Pulmonary Fibrosis	**Ofev** (nintedanib)

Summary of Criteria Changes Made to UPDL Categories

Cardiovascular Agents: Angina, Hypertension and Heart Failure

Additional Camzyos (mavacamten) & Myqorzo (aficamten) Criteria:

- Must be prescribed by or in consultation with a cardiologist **AND**
- Must provide documentation (chart notes) of NYHA Class II-III ~~symptoms~~, obstructive

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hypertrophic cardiomyopathy (HCM), and left ventricular ejection fraction ≥ 55% **AND**

- Must provide documentation of previous trial and therapy failure at maximally tolerated dose, or intolerance, or contraindication to at least 2 of the following:
  - Non-vasodilating beta blocker (e.g., atenolol, metoprolol, bisoprolol, propranolol);
  - Non-dihydropyridine calcium channel blocker (e.g., verapamil, diltiazem);
  - Combination therapy with disopyramide plus beta blocker or disopyramide plus a non-dihydropyridine calcium channel blocker
- For **Myqorzo** (aficamten): Must have had an inadequate clinical response of at least 30 days with **Camzyos** (mavacamten)

Additional Enbumyst (bumetanide nasal spray), Furoscix (furosemide subcutaneous kit), & Lasix ONYU (furosemide subcutaneous kit) Criteria:

- Must provide medical justification as to why its corresponding solid oral dosage form is not clinically appropriate **AND**
- Must provide documentation that the patient is confined to the home and unable to travel to receive short-term IV diuretic therapy
- For **Furoscix** (furosemide subcutaneous kit): Must have had an inadequate clinical response of at least 3 days with **Lasix ONYU** (furosemide subcutaneous kit)

Additional Sdamlo (amlodipine soln) Criteria:

- Must have had an inadequate clinical response of at least 30 days with **BOTH Norliqva** (amlodipine soln) **AND Katerzia** (amlodipine susp)

Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents

Additional Arynta (lisdexamfetamine soln) Criteria:

- Must have had an inadequate clinical response of at least 30 days with at least 2 preferred extended-release non-solid oral dosage forms drugs in this UPDL category and indicated for diagnosis

AR – a PA is required for patients younger than 6 years: amphetamine/dextroamphetamine XR, **Arynta** (lisdexamfetamine soln), atomoxetine, **Azstarys** (serdexmethylphenidate/dexmethylphenidate), dextroamphetamine ER, dexmethylphenidate & **Xelstrym** (dextroamphetamine TD patch)

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Immunomodulator Agents: Systemic Inflammatory Disease

Non-Preferred Criteria:

- Must have had an inadequate clinical response of at least 90 days with at least ~~2~~ 3 preferred drugs in this UPDL category, ~~that are not biosimilars of the same reference product and~~ if indicated for diagnosis with trials including at least 1 preferred agent from 3 of the following classes: TNF inhibitor, IL 23 inhibitor, IL 12 and 23 inhibitor, and IL 17 inhibitor, if available
    - ~~For non-preferred immunomodulators: must provide documentation of inadequate clinical response to its preferred reference product or biosimilar, in this UPDL category and indicated for the diagnosis, if available~~
- For non-preferred reference products: Documentation must demonstrate an inadequate clinical response to ALL of their respective preferred and non-preferred biosimilars and generics (if available)