Department of Medicaid

30 Day Change Notice
Effective Date: July 1, 2024

NEW PREFERRED DRUGS	
THERAPEUTIC CLASS	**NO PA REQUIRED PREFERRED**
Cardiovascular Agents: Angina, Hypertension and Heart Failure	Entresto
Dermatologic Agents: Topical Acne Products	Adapalene Gel 0.3% Altreno Clindamycin Swabs Onexton Gel
Infectious Disease Agents: Antivirals – HIV*	Cabenuva
Ophthalmic Agents: Dry Eye Treatments	Restasis

NEW CLINICAL PA REQUIRED PREFERRED DRUGS	
THERAPEUTIC CLASS	**CLINICAL CRITERIA REQUIRED PREFERRED**
Central Nervous System (CNS) Agents: Anticonvulsants*	Epidiolex
Endocrine Agents: Growth Hormone	Skytrofa

NEW STEP THERAPY REQUIRED PREFERRED DRUGS	
THERAPEUTIC CLASS	**CLINICAL CRITERIA REQUIRED PREFERRED**
Central Nervous System (CNS) Agents: Antidepressants*	Vraylar
Endocrine Agents: Growth Hormone	Skytrofa
Genitourinary Agents: Electrolyte Depleter Agents	Velphoro

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	**PA REQUIRED NON-PREFERRED**
Central Nervous System (CNS) Agents: Anticonvulsants*	Motpoly XR
Central Nervous System (CNS) Agents: Atypical Antipsychotics*	Rykindo
Dermatologic Agents: Topical Acne Products	Cabtreo Gel Clindamycin/Benz Perox 1.2-3.75% Lintera Wash
Endocrine Agents: Diabetes – Non-Insulin	Zituvio
Gastrointestinal Agents: Ulcerative Colitis	Velsipity
Genitourinary Agents: Electrolyte Depleter Agents	Xphozah
Immunomodulator Agents: Systemic Inflammatory Disease	Abrilada Bimzelx

Date of Notice: 06/1/2024

	Entyvio Omvoh
Ophthalmic Agents: Dry Eye Treatments	Vevye

THERAPEUTIC CATEGORIES WITH CHANGES IN CRITERIA
Cardiovascular Agents: Angina, Hypertension & Heart Failure
Central Nervous System (CNS) Agents: Antidepressants*
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents
Central Nervous System (CNS) Agents: Atypical Antipsychotics*
Dermatologic Agents: Topical Acne Products
Endocrine Agents: Diabetes – Non-Insulin
Endocrine Agents: Growth Hormone
Gastrointestinal Agents: Ulcerative Colitis
Genitourinary Agents: Electrolyte Depleter Agents
Immunomodulator Agents: Systemic Inflammatory Disease
Infectious Disease Agents: Antivirals – HIV*
Ophthalmic Agents: Dry Eye Treatments

REVISED THERAPEUTIC CATEGORY CRITERIA	
THERAPEUTIC CLASS	**SUMMARY OF CHANGE**
Cardiovascular Agents: Angina, Hypertension & Heart Failure	~~**SACUBITRIL/VALSARTAN (ENTRESTO) CRITERIA:**~~ • ~~Must provide documentation of chronic heart failure classified as either NYHA Class II-IV or ACC/AHA Stage B-D~~ **NON-PREFERRED CRITERIA:** • Must provide documentation of medical necessity beyond convenience for why the patient cannot be changed to a preferred drug (i.e., allergies, drug-drug interactions, contraindications, or intolerances) **OR** ○ For any nonsolid oral dosage formulation: must provide documentation of medical necessity for why patient cannot b changed to a solid oral dosage formulation • Must have had an inadequate clinical response of at least 30 days of at least two preferred drugs with~~in~~ the same ~~class~~ mechanism of action, if available and indicated for the same diagnosis
Central Nervous System (CNS) Agents: Antidepressants*	**STEP THERAPY CRITERIA:** • Must have had an inadequate clinical response of at least 30 days with at least two preferred drugs
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents	**NON-PREFERRED CRITERIA:** • Must provide documentation of medical necessity beyond convenience for why the patient cannot be changed to a preferred drug (i.e., allergies, drug-drug interactions, contraindications, or intolerances) **OR**

	○ For any nonsolid oral dosage formulation: must provide documentation of medical necessity for why patient cannot be changed to a solid oral dosage formulation • Must have had an inadequate clinical response of at least 30 days with at least ~~three~~ two preferred drugs
Central Nervous System (CNS) Agents: Atypical Antipsychotics*	**ADDITIONAL RISPERIDONE (RYKINDO) CRITERIA:** • Must have had a trial of at least 30 days with one preferred risperidone or paliperidone product **OR** must provide documentation of medical necessity for patient's inability to use preferred risperidone or paliperidone product
Dermatologic Agents: Topical Acne Products	**ADDITIONAL CLINDAMYCIN/ADAPALENE/BENZOYL PEROXIDE (CABTREO) CRITERIA** • Must provide documentation for patient's inability to use the individual drugs
Endocrine Agents: Diabetes – Non-Insulin	**ADDITIONAL SITAGLIPTIN (ZITUVIO) CRITERIA** • Must have had a trial of at least 120 days with Januvia **OR** must provide documentation of medical necessity for patient's inability to use Januvia
Endocrine Agents: Growth Hormone	**STEP THERAPY CRITERIA:** • Must have had an inadequate clinical response of at least 90 days with at least one preferred daily-dosed growth hormone formulation **NON-PREFERRED CRITERIA:** • Must provide documentation of medical necessity beyond convenience for why the patient cannot be changed to a preferred drug (i.e., allergies, drug-drug interactions, contraindications, or intolerances) **OR** ○ For any nonsolid oral dosage formulation: must provide documentation of medical necessity for why patient cannot be changed to a solid oral dosage formulation • Must have had an inadequate clinical response of at least 90 days with at least one preferred drug of similar duration of action
Gastrointestinal Agents: Ulcerative Colitis	**ADDITIONAL OZANIMOD (ZEPOSIA) AND ETRASIMOD (VELSIPITY) CRITERIA:** • Must have had a documented side effect, allergy, or treatment failure of at least 90 days with at least one preferred Systemic Immunomodulator indicated for Ulcerative Colitis (refer to Immunomodulator Agents: Systemic Inflammatory Disease class for complete list)
Genitourinary Agents: Electrolyte Depleter Agents	**STEP THERAPY CRITERIA:** • Must have had an inadequate clinical response of at least 7 days with at least one preferred drug
Immunomodulator Agents: Systemic Inflammatory Disease	**NON-PREFERRED CRITERIA:** • Must provide documentation of medical necessity beyond convenience for why the patient cannot be changed to a preferred drug (i.e., allergies, drug-drug interactions, contraindications, or intolerances) **OR** ○ For any nonsolid oral dosage formulation: must provide

	documentation of medical necessity for why patient cannot be changed to a solid oral dosage formulation • Must have had an inadequate clinical response of at least 90 days with at least two preferred drugs that are not biosimilars of the same reference product, if indicated for diagnosis ○ For non-preferred extended-release formulations: must provide documentation of an inadequate clinical response with its immediate release formulation (if available) ○ For non-preferred biosimilars: must provide documentation of inadequate clinical response to its preferred reference product ○ For non-preferred brand names that have preferred generics: must provide documentation of an inadequate clinical response or allergy to two or more generic labelers (if available) ~~**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 ULCERATIVE COLITIS CRITERIA:**~~ ~~• If an inadequate clinical response after 90 days with one TNF inhibitor, further TNF inhibitors will not be authorized~~
Infectious Disease Agents: Antivirals – HIV*	**ABACAVIR/DOLUTEGRAVIR/LAMIVUDINE (TRIUMEQ PD) CRITERIA:** • Must provide documentation of patient's weight (only authorized for those ~~10~~ 6 – 25 kg) **FOSTEMSAVIR (RUKOBIA) CRITERIA:** • Must provide documentation of a multidrug-resistant HIV-1 infection
Ophthalmic Agents: Dry Eye Treatments	**STEP THERAPY CRITERIA:** • Must have had an inadequate clinical response of at least 14 days with at least one ~~artificial tear or OTC dry eye drop in the previous 120 days~~ preferred drug in this category in the previous 120 days **NON-PREFERRED CRITERIA:** • Must provide documentation of medical necessity beyond convenience for why the patient cannot be changed to a preferred drug (i.e., allergies, drug-drug interactions, contraindications, or intolerances) **OR** ○ For any nonsolid oral dosage formulation: must provide documentation of medical necessity for why patient cannot b changed to a solid oral dosage formulation • Must have had an inadequate clinical response of at least 14 days with at least ~~one~~ two preferred drugs