

Preferred Drug List Recommendations

For the next phase of the PDL implementation, MHD will recommend the following to the Drug Prior Authorization Committee for review and approval at the upcoming meeting. The PA Committee will convene **December 15, 2022, at 10:00 a.m.** This list is subject to finalization by the Division. Companies wishing to discuss opportunities for supplemental rebates should contact GWTContracting@gainwelltechnologies.com and Sandy Kapur at Sandy.Kapur@gainwelltechnologies.com. All clinical information for consideration should be forwarded to Gainwell Technologies' Karen Powell at Karen.Powell@gainwelltechnologies.com. If a public presentation is desired contact Carmen Burton at Carmen.M.Burton@dss.mo.gov.

Alzheimer's Agents, AChEIs and NMDA Receptor Antagonists

Preferred Agents	Non-Preferred Agents
Donepezil ODT	Adlarity®
Donepezil 5, 10 mg Tabs	Aricept®
Exelon® Patch	Donepezil 23 mg Tabs
Memantine Tabs	Galantamine Soln/Tabs
	Galantamine ER
	Memantine Soln
	Memantine ER
	Namenda®
	Namenda® XR
	Namzaric®
	Razadyne®
	Razadyne® ER
	Rivastigmine

Antiandrogenic Agents

Preferred Agents	Non-Preferred Agents
Abiraterone	Erleada®
Xtandi® Caps	Nubeqa®
	Xtandi® Tabs
	Yonsa®
	Zytiga®

Anticonvulsants, Dravet Syndrome

Preferred Agents	Non-Preferred Agents
Epidiolex®	Diacomit®
	Fintepla®

Antiemetics, 5-HT3 and NK1 Injectables

Preferred Agents	Non-Preferred Agents
Fosaprepitant	Akynzeo® Vial
Ondansetron Amp/Syringe/Vial	Aloxi®
Palonosetron Vial	Barhemsys®
	Cinvanti®

Preferred Agents	Non-Preferred Agents
	Emend® Vial
	Granisetron Vial
	Palonosetron Syringe
	Sustol®
	Varubi® Vial
	Zofran® Vial

Antiemetics, 5-HT₃, NK₁ and Other Select Non-Injectables

Preferred Agents	Non-Preferred Agents
Aprepitant Caps	Akynzeo® Caps
Metoclopramide Soln/Tabs	Anzemet®
Ondansetron ODT/Soln/Tabs	Bonjesta®
	Diclegis®
	Doxylamine/Pyridoxine
	Emend® Caps/Pwd Packet
	Gimoti®
	Granisetron Tabs
	Metoclopramide ODT
	Reglan®
	Sancuso®
	Zofran® Tabs

Anti-Migraine, Alternative Oral Agents

Preferred Agents	Non-Preferred Agents
Nurtec® ODT*	Reyvow®
	Ubrelvy®

*Step therapy may apply

Anti-Migraine, Serotonin (5-HT₁) Receptor Agonists

Preferred Agents	Non-Preferred Agents
Rizatriptan	Almotriptan
Sumatriptan	Eletriptan
	Frova®
	Frovatriptan
	Imitrex®
	Maxalt®
	Maxalt-MLT®
	Naratriptan
	Onzetra® Xsail®
	Relpax®
	Sumatriptan/Naproxen
	Tosymra®
	Treximet®
	Zembrace® Symtouch®
	Zolmitriptan
	Zomig® Nasal Spray/Tabs
	Zomig-ZMT®

Anti-Parkinsonism, MAO-B Inhibitors

Preferred Agents	Non-Preferred Agents
Selegiline	Azilect®
	Rasagiline
	Xadago®
	Zelapar®

Anti-Parkinsonism, Non-Ergot Dopamine Agonists

Preferred Agents	Non-Preferred Agents
Amantadine	Apokyn®
Pramipexole	Apomorphine
Ropinirole	Gocovri®
	Kynmobi®
	Mirapex®
	Mirapex ER®
	Neupro®
	Osmolex® ER
	Pramipexole ER
	Requip®
	Requip XL®
	Ropinirole ER

Antiplatelets

Preferred Agents	Non-Preferred Agents
Aspirin/Dipyridamole	Aggrenox®
Clopidogrel	Brilinta®
Dipyridamole	Cilstazol
Prasugrel	Effient®
	Plavix®
	Zontivity®

Antiretroviral Therapy (ART)

Preferred Agents	Non-Preferred Agents
Group A	
Biktarvy®	
Odefsey®	
Tivicay®	
Tivicay PD®	
Triumeq®	
Triumeq® PD	

Preferred Agents	Non-Preferred Agents
Group B (Single Tablet Regimens)	
Complera [®]	Abacavir/Lamivudine/Zidovudine (gen Trizivir [®])
Delstrigo [®]	Atripla [®]
Dovato [®]	Efavirenz/Tenofovir disoproxil/Lamivudine (gen Symfi Lo [®])
Efavirenz/Emtricitabine/Tenofovir disoproxil (gen Atripla [®])	Efavirenz/Tenofovir disoproxil/Lamivudine (gen Symfi [®])
Genvoya [®]	Juluca [®]
Stribild [®]	Symtuza [®]
Symfi [®]	Trizivir [®]
Symfi Lo [®]	
Group B (Non-Single Tablet Regimens)	
Abacavir	Aptivus [®]
Abacavir/Lamivudine (gen Epzicom [®])	Cabenuva [®]
Atazanavir Caps	Cimduo [®]
Edurant [®]	Combivir [®]
Efavirenz	Crixivan [®]
Emtricitabine Caps	Didanosine DR Caps
Emtriva [®] Soln	Emtriva [®] Caps
Evotaz [®]	Epivir [®]
Isentress [®]	Epzicom [®]
Lamivudine	Etravirine Tabs
Lamivudine/Zidovudine (gen Combivir [®])	Fosamprenavir Tabs
Norvir [®] Powder Packet/Soln	Fuzeon [®]
Pifeltro [®]	Intelence [®]
Prezcobix [®]	Invirase [®]
Prezista [®]	Kaletra [®]
Ritonavir Tabs	Lexiva [®]
Tenofovir Tabs	Lopinavir/Ritonavir (gen Kaletra [®])
Tybost [®]	Maraviroc
Viread [®] Pwd	Nevirapine
	Norvir Tabs
	Rescriptor [®]
	Retrovir [®]
	Reyataz [®]
	Rukobia [®]
	Selzentry [®]
	Stavudine Caps
	Sustiva [®]
	Temixys [®]
	Trogarzo [®]
	Viracept [®]
	Viread [®] Tabs
	Ziagen [®]
	Zidovudine

Preferred Agents	Non-Preferred Agents
Group C	
Emtricitabine/Tenofovir disoproxil (gen Truvada®)	Apretude
	Descovy®
	Truvada®

Antipsychotics, Atypical Depot

Resource List	Non-Resource List
Abilify Maintena®	N/A
Aristada Initio®	
Aristada®	
Invega Hafyera™	
Invega Sustenna®	
Invega Trinza®	
Perseris®	
Risperdal Consta®	
Zyprexa® Relprevv™	

Antipsychotics, Atypical Oral & Transdermal

Resource List A	Non-Resource List
Aripiprazole Tabs	Abilify® Tabs
	Abilify MyCite® Kits
	Aripiprazole ODT**
	Aripiprazole Soln**
Clozapine Tabs	Clozapine ODT**
	Clozaril® Tabs
	Versacloz® Susp
Fanapt® Tabs/Pack	N/A
Latuda® Tabs	N/A
Nuplazid® Caps/Tabs	N/A
Olanzapine Tabs	Lybalvi® Tabs
Olanzapine ODT	Symbyax® Caps
Olanzapine/Fluoxetine Caps	Zyprexa® Tabs
	Zyprexa® Zydys® Tabs
Paliperidone ER Tabs	Invega® ER Tabs
Quetiapine Tabs (excluding 150 mg)	Quetiapine 150 mg Tabs
Quetiapine ER Tabs	Seroquel® Tabs
	Seroquel XR® Tabs
Risperidone Tabs	Risperdal® Tabs
Risperidone ODT	Risperdal® Soln
Risperidone Soln	
Saphris® SL Tabs	Asenapine SL Tabs
	Secuado® Patches
Ziprasidone Caps	Geodon® Caps
Resource List B	
Caplyta® Caps	N/A
Rexulti® Tabs	N/A
Vraylar® Caps/Pack	N/A

*Requires a diagnosis of Parkinson's disease psychosis

**Available to participants < 10 years without any pre-requisite therapy

Calcitonin Gene-Related Peptide (CGRP) Receptors

Preferred Agents	Non-Preferred Agents
Ajovy®	Aimovig®
Emgality® 120 mg/mL	Emgality® 100 mg/mL
	Qulipta™
	Vyepti®

Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors

Preferred Agents	Non-Preferred Agents
Kisqali®	Cosela™
Kisqali® Femara® Co-Pack	Ibrance®
Verzenio®	

Fibromyalgia Agents

Preferred Agents	Non-Preferred Agents
Duloxetine 20, 30, 60 mg	Cymbalta®
Pregabalin Caps	Drizalma Sprinkle™
	Duloxetine 40 mg
	Lyrica®
	Lyrica® CR
	Pregabalin CR
	Pregabalin Soln
	Savella®

GI Motility Agents, Chronic

Preferred Agents	Non-Preferred Agents
Amitiza®	Alosetron
Linzess®	lbsrela®
Movantik®	Lotronex®
	Lubiprostone
	Motegrity®
	Relistor®
	Symproic®
	Trulance®
	Viberzi®

Glucagon Agents

Preferred Agents	Non-Preferred Agents
Baqsimi®	Glucagon Emergency Kit (gen Glucagon Kit, Eli Lilly)
GlucaGen Hypokit®	Glucagon Kit (Fresenius Kabi)
Glucagon Kit (Eli Lilly)	Gvoke®
	Zegalogue®

Hereditary Angioedema Agents

Preferred Agents		Non-Preferred Agents	
Agents for Prophylaxis			
Haegarda®		Cinryze®	
Takhzyro®		Orladeyo®	
Agents for Treatment			
Berinert®		Firazyr®	
Icatibant		Kalbitor®	
Sajazir™		Ruconest®	

MEK1/MEK2-BRAF Kinase Inhibitors

Preferred Agents		Non-Preferred Agents	
BRAFi	MEKi	BRAFi	MEKi
Tafinlar	Mekinist	Braftovi	Mektovi
Zelboraf	Cotellic		

Neuropathic Pain Agents

Preferred Agents		Non-Preferred Agents	
Gabapentin Caps/Tabs		Gabapentin Soln	
Lidoderm® 5% Patch		Gralise®	
		Horizant®	
		Lidocaine 5% Patch	
		Neurontin®	
		Qutenza®	
		Ztlido®	

NSAIDS

Preferred Agents		Non-Preferred Agents	
Celecoxib		Arthrotec®	
Diclofenac 1% Gel OTC		Celebrex®	
Diclofenac Sodium DR/EC Tabs		Daypro®	
Ibuprofen		Diclofenac 1% Gel Rx	
Ketorolac Inj/Tabs		Diclofenac 1.3% Patch (gen Flector®)	
Meloxicam Tabs		Diclofenac Topical Soln	
Naproxen OTC		Diclofenac Caps (gen Zorvolex®)	
Naproxen Tabs Rx (gen Naprosyn®)		Diclofenac Potassium	
		Diclofenac Sodium ER (gen Voltaren® XR)	
		Diclofenac/Misoprostol	
		Diflunisal	
		Duexis®	
		Elyxyb	
		Etodolac	
		Etodolac ER	

Preferred Agents	Non-Preferred Agents
	Feldene®
	Fenoprofen
	Flector® Patch
	Flurbiprofen
	Ibuprofen/Famotidine
	Indocin®
	Indomethacin
	Indomethacin ER
	Ketoprofen
	Ketoprofen ER
	Ketorolac Nasal Spray
	Licart™
	Lofena™
	Meclofenamate
	Mefenamic acid
	Meloxicam Caps
	Mobic®
	Nabumetone
	Nalfon®
	Naprelan®
	Naprosyn®
	Naproxen CR (gen Naprelan®)
	Naproxen DS (gen Anaprox® DS)
	Naproxen EC (gen Naprosyn® EC)
	Naproxen Sodium (gen Anaprox®)
	Naproxen Susp
	Naproxen/Esomeprazole
	Oxaprozin
	Pennsaid®
	Piroxicam
	Qmiz™ ODT
	Relafen® DS
	Sulindac
	Tolmetin
	Vimovo®
	Voltaren®

Opioid and Select Alcohol Dependence Agents

Preferred Agents	Non-Preferred Agents
Buprenorphine SL Tabs	Buprenorphine/Naloxone SL Film
Buprenorphine/Naloxone SL Tabs	Zubsolv®
Naltrexone Tabs	
Sublocade®	
Suboxone® Film	
Vivitrol®	

Opioid Emergency Reversal Agents

Preferred Agents	Non-Preferred Agents
Kloxxado [®]	Naloxone 4 mg NS (gen Narcan [®] NS)
Naloxone Inj	
Narcan [®] NS	
Zimhi [™]	

Opioids, Long Acting

Preferred Agents	Non-Preferred Agents
Butrans [®]	Belbuca [®]
Fentanyl Patch 12, 25, 50, 75, 100 mcg/hr	Buprenorphine Film/Patch
Morphine Sulfate ER Tabs (gen MS Contin [®])	Duragesic [®]
	Fentanyl Patch 37.5, 62.5, 87.5 mcg/hr
	Hydrocodone ER (gen Hysingla [®] ER and Zohydro [®] ER)
	Hydromorphone ER
	Hysingla [®] ER
	Kadian [®]
	Morphine ER Caps (gen Avinza [®])
	Morphine ER Caps (gen Kadian [®])
	MS Contin [®]
	Oxycodone ER Tabs
	Oxycontin [®]
	Oxymorphone ER
	Xtampza [®] ER

Sedative Hypnotics

Preferred Agents	Non-Preferred Agents
Doxepin 10, 25, 50, 75, 100, 150 mg Caps	Ambien [®]
Eszopiclone	Ambien CR [®]
Temazepam 15, 30 mg	Belsomra [®]
Zaleplon	Dayvigo [®]
Zolpidem Tabs	Doxepin 3, 6 mg Tabs
	Edluar [®]
	Estazolam
	Flurazepam
	Halcion [®]
	Hetlioz [®]
	Lunesta [®]
	Midazolam Syrup
	Quviviq [™]
	Ramelteon
	Restoril [™]
	Rozerem [®]
	Silenor [®]
	Temazepam 7.5, 22.5 mg
	Triazolam
	Zolpidem ER
	Zolpidem SL

Skeletal Muscle Relaxants

Preferred Agents	Non-Preferred Agents
Baclofen (gen Lioresal [®])	Amrix [®]
Chlorzoxazone 500 mg	Baclofen Soln (gen Ozobax[®])*
Cyclobenzaprine Tabs (gen Flexeril [®])	Carisoprodol
Dantrolene	Carisoprodol/ASA
Methocarbamol	Carisoprodol/ASA/Codeine
Orphenadrine ER	Chlorzoxazone 250, 375, 750 mg
Tizanidine Tabs	Cyclobenzaprine 7.5 mg Tabs (gen Fexmid [®])
	Cyclobenzaprine ER
	Dantrium [®]
	Fexmid [®]
	Fleqsuvy[™]
	Lorzone [®]
	Lyvispah[™]
	Metaxalone
	Norgesic Forte
	Soma [®]
	Tizanidine Caps
	Zanaflex [®]

*Available to participants < 10 years without any pre-requisite therapy

Somatostatin Analogs

Preferred Agents	Non-Preferred Agents
Octreotide (gen Sandostatin [®])	Bynfezia Pen [™]
Sandostatin [®] LAR Depot	Lanreotide (gen Somatuline[®] Depot)
	Mycapssa [®]
	Sandostatin [®]
	Somatuline [®] Depot

Tramadol-like Agents

Preferred Agents	Non-Preferred Agents
Tramadol 50 mg (gen Ultram [®])	ConZip [®]
Tramadol ER Tabs (gen Ultram [®] ER)	Nucynta [®]
Tramadol/APAP	Nucynta [®] ER
	Qdolo [®]
	Seglentis[®]
	Tramadol 100 mg
	Tramadol ER Caps (gen ConZip [®])
	Tramadol ER Tabs (gen Ryzolt [™])
	Tramadol Soln

Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors

Preferred Agents	Non-Preferred Agents
Austedo [®]	Ingrezza [®]
Tetrabenazine	Xenazine [®]