

## Preferred Drug List Announcement

MO HealthNet Division (MHD) is continuing the state-specific Preferred Drug List (PDL) evaluation process. Drug/Drug classes for review for the upcoming quarter are identified at each of the quarterly meetings of the Drug Prior Authorization Committee and also posted on the Division's web page at <http://dss.mo.gov/mhd/cs/pharmacy/pdf/pdla.pdf> shortly following each meeting.

MO HealthNet Division's clinical team will conduct the clinical reviews of the drug products under evaluation each quarter. For preferred status consideration for your product, a more detailed review request should be presented to MHD. All clinical information for consideration should be forwarded to Joshua Moore at [Joshua.S.Moore@dss.mo.gov](mailto:Joshua.S.Moore@dss.mo.gov) or call (573) 751-6961. These submissions should generally follow the AMCP guideline format. Financial evaluations for these therapeutic class reviews are conducted by Conduent State HealthCare, LLC. Companies wishing to discuss opportunities for supplemental rebates should contact Conduent State HealthCare, LLC at (804) 965-8117.

If you have any questions concerning the PDL submission process, or the policy surrounding the process, feel free to contact the pharmacy program at [MHD.ClinicalServices@dss.mo.gov](mailto:MHD.ClinicalServices@dss.mo.gov) or (573)751-7179. If a public presentation is desired, please contact **Carmen Burton** at [Carmen.M.Burton@dss.mo.gov](mailto:Carmen.M.Burton@dss.mo.gov) or call (573) 751-7179. The Drug PA Committee will convene at **10:00 a.m. on Thursday, March 18, 2020.**

### Drug Therapeutic Class Name

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|---|---|
| • Actinic Keratosis Agents, Topical                           | • Corticosteroids, Ophthalmic "Soft" Steroids     |
| • Androgenic Agents   | • Corticosteroids, Topical                        |
| • Antibiotics, Inhaled  | • Corticosteroids and Rhinitis Agents, Intranasal |
| • Antifungals, Oral   | • Cough and Cold Preparations                     |
| • Antifungals, Topical  | • Epinephrine, Self-Injectables                   |
| • Antihistamines, Intranasal                                  | • Fluoroquinolones, Ophthalmic                    |
| • Antihistamines, Ophthalmic                                  | • Fluoroquinolones, Otic                          |
| • Antihistamines/Decongestant Combinations, Second Generation | • Glaucoma Agents                                 |
| • Antiparasitic Agents, Topical                               | • Leukotriene Receptor Modifiers                  |
| • Antivirals, Herpes Oral                                     | • Mast Cell Stabilizers, Ophthalmic               |
| • Antivirals, Topical   | • NSAIDs, Ophthalmic                              |
| • Atopic Dermatitis Agents, Immunomodulators                  | • Pancreatic Enzymes                              |
| • Benzoyl Peroxide/Antibiotic Combinations                    | • Psoriasis Agents, Oral                          |
| • Beta-Adrenergic Agents, Long Acting                         | • Psoriasis Agents, Topical                       |
| • Beta-Adrenergic Agents, Nebulized                           | • Respiratory Monoclonal Antibodies               |
| • Beta-Adrenergic Agents, Short Acting                        | • Retinoids, Topical                              |
| • COPD Agents   | • Ulcerative Colitis Agents, Oral                 |
| • Corticosteroids, Inhaled                                    | • Ulcerative Colitis Agents, Rectal               |