

## 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 **March 19, 2020, at 10:00 a.m.** This list is subject to finalization by the Division. Companies wishing to discuss opportunities for supplemental rebates should contact Conduent State HealthCare, LLC at (804) 965-8117. All clinical information for consideration should be forwarded to Joshua Moore ([Joshua.S.Moore@dss.mo.gov](mailto:Joshua.S.Moore@dss.mo.gov)) or call (573) 751-6961. If a public presentation is desired contact Carmen Burton at: [Carmen.M.Burton@dss.mo.gov](mailto:Carmen.M.Burton@dss.mo.gov).

### ***Dermatologic Agents: Topical Agents for Actinic Keratosis***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Fluorouracil 5% Crm (gen Efudex®)	Aldara®
Fluorouracil Soln	Carac®
Imiquimod (gen Aldara®)	Diclofenac 3% Gel
	Efudex®
	Fluorouracil 0.5% Crm (gen Carac®)
	Imiquimod 3.75% (gen Zyclara® Pump)
	Picato®
	Solaraze®
	Tolak™
	Zyclara®

### ***Endocrine and Metabolic Agents: Androgenic Agents, Topical and Self-Injectable***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Androderm® Gel Patch	AndroGel®
Depo®-Testosterone	Aveed®
Testosterone Cypionate	Fortesta®
Testosterone Enanthate	<b>Jatenzo®</b>
Testosterone 1.62% Pump (gen AndroGel® 1.62% Pump)	Methitest™ Tabs
	Methyltestosterone Caps
	Natesto® Nasal Gel
	Striant®
	Testim®
	Testopel®
	Testosterone 1% Pump (gen AndroGel®)
	Testosterone Gel (gen Fortesta®)
	Testosterone Gel Pack (gen AndroGel® Pack)
	Testosterone Gel Pump (gen Axiron®)
	Testosterone 50mg/5g Gel (gen Testim®)
	Vogelxo®
	Xyosted™

### ***Anti-Infectives: Inhaled Antibiotics***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Bethkis®	Arikayce®
Kitabis® Pak	Cayston®

TOBI Podhaler™	TOBI®
	Tobramycin (gen TOBI®)
	Tobramycin Pak (gen Kitabis® Pak)

### ***Ophthalmic: Antihistamines***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Alaway® OTC	Azelastine
Pazeo®	Bepreve®
	Epinastine
	<b>Ketotifen OTC</b>
	Lastacaft®
	Olopatadine (gen Pataday®)
	<b>Olopatadine (gen Patanol®)</b>
	Pataday®
	Patanol®
	<b>Zaditor® OTC</b>

### ***Respiratory: Intranasal, Antihistamines***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Azelastine 0.1% (gen Astelin®)	Astepro®
	Azelastine 0.15% (gen Astepro®)
	Olopatadine
	Patanase®

### ***Respiratory: Second Generation Antihistamines***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Cetirizine Tabs OTC	Allegra®
Cetirizine Soln Rx	Cetirizine Caps/Chew Tabs/Soln OTC
Levocetirizine Tabs Rx	Clarinet®
Loratadine RapDis Tabs/Tabs/Soln OTC	Claritin®
	Desloratadine ODT/Tabs
	Fexofenadine OTC and Rx
	Levocetirizine Tabs OTC
	Levocetirizine Soln/Tabs Rx
	Loratadine Caps/Chew Tabs OTC
	<b>Quzyttir™</b>
	Xyzal®
	Zyrtec®

### ***Respiratory: Second Generation Antihistamines and Decongestant Combination***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Cetirizine-D	Alavert-D
Loratadine-D	Allegra-D®
	Clarinet-D®
	Claritin-D®
	Fexofenadine-D
	Semprex-D®
	Zyrtec-D®

### ***Anti-Infectives: Antifungals for Onychomycosis***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Clotrimazole Troche	Diflucan®
Fluconazole Susp/Tab	Griseofulvin Micro/Ultramicrosize Tabs
Griseofulvin Susp	Gris-PEG®
Nystatin Susp/Tab	Itraconazole
Terbinafine Tab	Onmel®
	Oravig®
	Sporanox®

### ***Dermatological Agents: Topical Antifungals***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Butenafine Crm OTC	Alevazol® OTC
Ciclopirox 0.77% Crm/Soln/Susp	Aloe Vesta™ Oint
Clotrimazole Crm/Soln OTC	Azolen™ Tincture OTC
Clotrimazole/Betamethasone Crm	Ciclodan®
Ketoconazole Shampoo	Ciclopirox 0.77% Gel
Lamisil AT® Crm OTC	Ciclopirox 1% Shampoo
Miconazole Crm/Pwd OTC	Ciclopirox 8% Kit/Soln
Nystatin Crm/Oint/Pwd	Clotrimazole Crm/Soln Rx
Terbinafine Crm OTC	Clotrimazole Oint OTC
Tolnaftate Crm/Soln OTC	Clotrimazole/Betamethasone Lot
Zeasorb®AF	DermacinRx® Therazole Pak™
	Desenex®
	Econazole
	Ecoza™ Foam
	Ertaczo®
	Exelderm®
	Extina®
	Fungoid Tincture
	Jublia®
	Kerydin™
	Ketoconazole Crm/Foam
	Ketodan®
	Lamisil Ultra® OTC
	Lamisil® Gel/Spray OTC
	Loprox®
	Lotrimin® AF Crm OTC
	Lotrisone®
	Luliconazole
	Luzu®
	Mentax®
	Miconazole Nitrate Tincture/Kit OTC
	Miconazole Spray OTC
	Miconazole-Zinc-Petro 0.25-15%
	Naftifine
	Naftin®
	Nizoral® AD
	Nizoral®
	Nystatin/Triamcinolone
	Oxiconazole
	Oxistat®

	Penlac®
	Tinactin®
	Tolnaftate Pwd/Spray OTC
	Triple Paste AF®
	Vusion®
	Xolegel®

***Dermatological Agents: Topical Antiparasitics, Treatment of Lice and Scabies***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Natroba™	Crotan™
Nix®	Elimite™
Permethrin OTC/Rx Crm	Eurax®
Piperonyl butoxide/Pyrethrin (gen Rid® Shampoo OTC)	Lindane
Piperonyl butoxide/Pyrethrin/Permethrin (gen Rid® Lice Complete Kit OTC)	Lycelle OTC
Rid® Lice Complete Kit OTC	Malathion Lot
Rid® Shampoo OTC	Nix® Complete Kit
	Ovide®
	Sklice®
	Spinosad
	Ulesfia®
	VanaLice™

***Dermatological Agents: Topical Antivirals***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Docosanol	Abreva® OTC
Zovirax® Crm	Acyclovir Crm/Oint
	Denavir®
	Xerese®
	Zovirax® Oint

***Dermatological Agents: Topical Antibiotic/Benzoyl Peroxide***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Clindamycin/Benzoyl Peroxide 1.2%/5% (gen Duac®)	Acanya®
	BenzaClin® Gel/Pump
	Benzamycin®
	Clindamycin/Benzoyl Peroxide 1.2%/2.5% (gen Acanya®)
	Clindamycin/Benzoyl Peroxide 1%/5% (gen BenzaClin®)
	Clindamycin/Benzoyl Peroxide Pump 1%/5% (gen BenzaClin® w/Pump)
	Erythromycin/Benzoyl Peroxide (gen Benzamycin®)
	Neuac®
	Onexton®

***Respiratory: Beta-Adrenergic Agents, Long Acting***

Preferred Agents	Non-Preferred Agents
Serevent® Diskus®	Arcapta® Neohaler®
	Brovana®
	Perforomist®
	Striverdi® Respimat®

### ***Respiratory: Beta-Adrenergic Agents, Short Acting***

Preferred Agents	Non-Preferred Agents
ProAir® HFA	Albuterol HFA (gen ProAir® HFA)
<b>Proventil® HFA</b>	Albuterol HFA (gen Proventil® HFA)
	Albuterol HFA (gen Ventolin® HFA)
	Levalbuterol HFA
	<b>Proair® Digihaler™</b>
	ProAir® RespiClick
	Ventolin® HFA
	Xopenex HFA®

### ***Respiratory: Beta-Adrenergic Agents, Short Acting, Nebulized***

Preferred Agents	Non-Preferred Agents
Albuterol Sulfate	Levalbuterol
	Xopenex®

### ***Respiratory: Intranasal Corticosteroids***

Preferred Agents	Non-Preferred Agents
Fluticasone Nasal Rx	Beconase AQ®
	Budesonide Nasal
	Dymista®
	Flonase®
	Flunisolide
	Fluticasone Nasal OTC
	Mometasone Furoate
	Nasacort® OTC
	Nasonex® Rx
	Omnaris®
	Qnasl®
	Rhinocort® Allergy OTC
	Rhinocort® AQ
	Sinuva™
	Triamcinolone Nasal
	Xhance™
	Zetonna®

### ***Respiratory: Inhaled Corticosteroids***

Preferred Agents	Non-Preferred Agents
<b>Advair Diskus®</b>	Advair® HFA
Budesonide Respules	AirDuo™ RespiClick®
Dulera® 100mcg/5mcg, 200mcg/5mcg	Alvesco®
Flovent® HFA	ArmonAir™ RespiClick®
Symbicort®	Arnuity Ellipta®
	Asmanex® HFA
	Asmanex® Twisthaler

	Breo Ellipta™
	<b>Budesonide/Formoterol (gen Symbicort®)</b>
	<b>Dulera® 50mcg/5mcg</b>
	Flovent Diskus®
	Fluticasone/Salmeterol (gen Advair Diskus®)
	Fluticasone/Salmeterol (gen AirDuo™)
	Pulmicort® Flexhaler
	Pulmicort® Respules
	QVAR® Redihaler™
	<b>Wixela™ Inhub™</b>

### **Respiratory: COPD Anticholinergic Agents**

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Atrovent HFA®	Anoro Ellipta®
<b>Bevespi Aerosphere™</b>	Daliresp®
Combivent Respimat®	<b>Duaklir® Pressair®</b>
Ipratropium Soln	Incruse Ellipta®
Ipratropium-Albuterol	Lonhala™ Magnair™
Spiriva HandiHaler®	Seebri Neohaler®
Stiolto Respimat®	Spiriva Respimat®
	Trelegy Ellipta®
	Tudorza Pressair®
	<b>Utibron Neohaler®</b>
	Yupelri™

### **Dermatological Agents: Topical Corticosteroids**

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Betamethasone Dip Lot	Ala-Scalp®
Betamethasone Val Crm/Lot/Oint	Alclometasone Dip
Clobetasol Emollient Crm	Amcinonide
Clobetasol Prop Crm/Gel/Oint/Soln	Apexicon E®
Diflorasone Oint	<b>Beser™</b>
Fluticasone Prop Crm/Oint	Betamet Dip Aug Crm/Lot/Oint
Hydrocortisone Crm/Lot/Oint Rx	Betamethasone AF Crm
Hydrocortisone Crm/Oint OTC	Betamethasone Crm/Gel/Oint
Mometasone Crm/Lot/Oint	Betamethasone Val Foam
Proctosol-HC®	Bryhali™
Triamcinolone Crm/Lot/Oint (excluding gen Trianex®)	Capex®
	Clobetasol Emollient Foam
	Clobetasol Prop Foam/Lot/Shampoo/Spray
	Clobex®
	Clocortolone
	Clodan®
	Cloderm®
	Cordran®
	Cutivate®
	Derma-Smoothe/FS®
	Dermatop®
	Desonate®
	Desonide
	Desowen®
	Desoximetasone

	Diflorasone Crm
	Diprolene®
	Elocon®
	Fluocinolone Crm/Oil/Oint/Soln
	Fluocinonide
	Fluocinonide Emollient
	Flurandrenolide
	Fluticasone Lot
	<b>Halcinonide</b>
	Halobetasol
	Halog®
	Hydrocortisone Absorbbase Rx
	Hydrocortisone Buty Crm/Emol/Lot/Oint/Soln
	Hydrocortisone Lot OTC
	Hydrocortisone Val Crm/Oint
	Hydrocortisone/Aloe
	Impoiz™
	Kenalog® Aerosol
	Lexette™
	Locoid®
	Locoid Lipocream®
	Luxiq®
	Micort-HC®
	Nolix™
	Nucort™
	Olux®
	Olux-E®
	Pandel®
	Prednicarbate
	Psorcon®
	Scalipicin®
	Sernivo™
	Synalar®
	Temovate®
	Texacort™
	Topicort®
	<b>Tovet™</b>
	<b>Triamcinolone 0.05% Oint (gen Trianex®)</b>
	Triamcinolone Acetonide Aerosol
	Triderm™
	Trianex®
	Tridesilon®
	Ultravate®
	Ultravate® X
	Vanos®
	Verdeso®

### ***Respiratory: Self-Injectable Epinephrines***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Epinephrine Inj (gen Adrenaclick® and EpiPen®)	EpiPen®
Epinephrine Inj (gen Adrenaclick® and EpiPen Jr.®)	EpiPen Jr.®

Symjepi™	
----------	--

### ***Ophthalmic: Antibiotics, Fluoroquinolones***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Ciprofloxacin Opth	Besivance®
<b>Moxifloxacin (gen Vigamox®)</b>	Ciloxan®
Ofloxacin Opth	Gatifloxacin
	Levofloxacin
	<b>Moxeza®</b>
	<b>Moxifloxacin (gen Moxeza®)</b>
	Ocuflox®
	Vigamox®
	Zymaxid®

### ***Otic Preparations: Fluoroquinolone and Combinations***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Ciprodex®	Cipro HC®
	Ciprofloxacin Otic
	Ciprofloxacin/Fluocinolone
	Ofloxacin Otic
	Otiprio™
	Otovel™

### ***Anti-Infectives: Antivirals, General***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Acyclovir Caps/Susp/Tabs	Famciclovir
Valacyclovir	Sitavig®
	Valtrex®
	Zovirax® Caps/Susp/Tabs

### ***Respiratory: Leukotriene Receptor Modifiers***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Montelukast	Accolate®
	Singulair®
	Zafirlukast
	Zileuton ER
	Zyflo®

### ***Ophthalmic: Mast Cell Stabilizers***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Cromolyn Sodium Opth	Alocril®
	Alomide®

### ***Ophthalmic: NSAIDs***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Diclofenac	Acular®
Flurbiprofen Sodium	Acular LS®
Ketorolac Opth	Acuvail®
	Bromfenac
	BromSite™
	<b>Ilevro®</b>

	Nevanac®
	Prolensa®

### ***Ophthalmic: “Soft” Steroids***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Durezol®	Alrex®
	Inveltys™
	Lotemax®
	<b>Lotemax SM®</b>
	Loteprednol

### ***Ophthalmic: Glaucoma, Prostaglandin Agonists***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Latanoprost	Bimatoprost
Travatan-Z®	Lumigan®
	Rhopressa®
	<b>Rocklatan™</b>
	Simbrinza®
	<b>Travoprost</b>
	Vyzulta™
	Xalatan®
	Xelpros™
	Zioptan®

### ***Gastrointestinal: Pancreatic Enzymes***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Creon®	Pancreaze®
Zenpep®	Pertzye®
	Viokace®

### ***Dermatologic Agents: Oral Agents for Psoriasis***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Acitretin	Methoxsalen
	Oxsoralen-Ultra®
	Soriatane®

### ***Dermatological Agents: Topical Agents for Psoriasis***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Calcipotriene Soln	Calcipotriene Crm/ <b>Foam</b> /Oint
Dovonex®	Calcipotriene/Betamethasone
Vectical®	Calcitrene®
	Calcitriol
	<b>Duobrii™</b>
	Enstilar®
	Sorilux®
	Taclonex®
	Zithranol®

### ***Dermatological Agents: Topical Retinoid Agents***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Differin® Crm/Lot	Adapalene 0.1%

Differin® 0.3% Gel Pump Rx	<b>Adapalene 0.3%</b>
Retin-A® Crm/Gel	Adapalene/Benzoyl Peroxide
Tazorac® Gel	<b>Aklier®</b>
	Altreno™
	Atralin®
	Clindamycin/Tretinoin
	Differin® 0.1% Gel OTC/Rx
	Differin® 0.3% Gel Rx
	Epiduo®
	Epiduo® Forte
	Fabior®
	Retin-A® Micro® Gel/Pump
	Tazorac® Crm
	Tazarotene Crm
	Tretinoin Crm/Gel
	Tretinoin Gel Microsphere/Pump
	Tretin-X™
	Veltin®
	Ziana®

### ***Gastrointestinal: Ulcerative Colitis Agents, Rectal***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Mesalamine Kit/ <b>Supp</b>	<b>Canasa®</b>
	Mesalamine (gen sfRowasa®)
	Rowasa® Enema/Kit
	sfRowasa® Enema
	Uceris® Foam

### ***Gastrointestinal: Ulcerative Colitis Agents, Oral***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Balsalazide	Apriso®
Lialda®	Asacol HD®
Pentasa®	Azulfidine®
Sulfasalazine DR & IR	Azulfidine EN-tabs®
	Budesonide (gen Uceris®)
	Colazal®
	<b>Delzicol®</b>
	Dipentum®
	<b>Mesalamine (gen Apriso®)</b>
	Mesalamine (gen Asacol HD®)
	<b>Mesalamine (gen Delzicol®)</b>
	Mesalamine (gen Lialda®)
	Uceris®

### ***Dermatological Agents: Topical Immunomodulators (Atopic Dermatitis)***

<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
Elidel®	Eucrisa™
	Pimecrolimus
	Protopic®
	Tacrolimus