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 **July 18, 2023, at 10:00 AM**. 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 or call (573) 751-6961.

Alpha-Glucosidase Inhibitors

Preferred Agents	Non-Preferred Agents
Acarbose	Glyset®
Miglitol	Precose®

Amylin Analogs

Preferred Agents	Non-Preferred Agents
Symlin Pen®	

Atopic Dermatitis Agents, Immunomodulators

Preferred Agents	Non-Preferred Agents
Elidel®	Eucrisa®
	Opzelura™
	Pimecrolimus
	Protopic®
	Tacrolimus

Biguanides & Combination Agents

Preferred Agents	Non-Preferred Agents
Glipizide/Metformin	Fortamet®
Glyburide/Metformin	Glumetza®
Metformin HCl	Metformin ER (gen Fortamet® OSM)
Metformin ER (gen Glucophage® XR)	Metformin ER (gen Glumetza® MOD)
	Metformin Soln
	Repaglinide/Metformin
	Riomet®
	Riomet ER™

Bleeding Disorder Agents

Preferred Agents	Non-Preferred Agents
Agents to Treat Hemophilia A	
Standard Half-life Agents	
Alphanate®	Advate®
Koate®	Afstyla®
Kogenate® FS	Hemofil-M®
Kovaltry®	Humate-P®
Novoeight®	Recombinate®
Nuwiq®	
Wilate®	

Xyntha®	
Xyntha Solofuse®	
Extended Half-life Agents	
Adynovate®	Altuviio®
Jivi®	Eloctate®
	Esperoct®
Agents to Treat Hemophilia B	
Standard Half-life Agents	
Alphanine® SD	Ixinity®
Benefix®	Rixubis®
Profilnine®	
Extended Half-life Agents	
Alprolix®	Idelvion®
Rebinyn®	
Miscellaneous Agents for Bleeding Disorders	
FEIBA® NF	Vonvendi®
NovoSeven® RT	
Sevenfact®	
Hemlibra®	
Obizur®	

Colony Stimulating Factors

Preferred Agents	Non-Preferred Agents
Leukine®	Fulphila®
Neulasta® Onpro®	Fylnetra®
Neulasta® Syringe	Granix®
Neupogen®	Nivestym®
	Nyvepria™
	Releuko®
	Rolvedon™
	Stimufend®
	Udenyca®
	Zarxio®
	Ziextenzo™

Cryopyrin-Associated Periodic Syndrome (CAPS) Agents

Preferred Agents	Non-Preferred Agents
Ilaris®	Arcalyst®
Kineret®	

DPP-IV Inhibitors & Combination Agents

Preferred Agents	Non-Preferred Agents
Janumet®	Alogliptin
Janumet® XR	Alogliptin/Metformin
Januvia®	Alogliptin/Pioglitazone
Jentadueto®	Glyxambi®
Kombiglyze® XR	Jentadueto® XR
Onglyza®	Kazano
Tradjenta®	Nesina™
	Oseni
	Qtern®
	Steglujan®

Erythropoiesis Stimulating Agents

Preferred Agents	Non-Preferred Agents
Aranesp®	Mircera®
Epogen®	Retacrit®
Procrit®	

GLP-1 Receptor Agonists & Combination Agents

Preferred Agents	Non-Preferred Agents
Bydureon®	Bydureon® Bcise®
Byetta®	Mounjaro
Trulicity®	Ozempic®
Victoza®	Rybelsus®
	Soliqua®
	Xultophy®

Growth Hormone Agents, Somatropin

Preferred Agents	Non-Preferred Agents
Genotropin®	Humatrope®
Genotropin MiniQuick®	Nutropin AQ® NuSpin®
Norditropin® FlexPro®	Omnitrope®
	Saizen®
	Serostim®
	Skytrofa®
	Sogroya®
	Zomacton®
	Zorbtive®

Growth Hormone Releasing Factors, Select Agents

Preferred Agents	Non-Preferred Agents
Increlex®	Egrifta SV®

Insulin, Long Acting

Preferred Agents	Non-Preferred Agents
Lantus® SoloStar® Pen/Vial	Basaglar® KwikPen, **Tempo™ Pen**
Levemir® FlexTouch® Pen/Vial	**Insulin Degludec Pen/Vial**
	Insulin Glargine SoloStar U100 & 100 Unit/mL Vial
	Insulin Glargine-YFGN (gen Semglee®)
	Rezvoglar™
	Semglee® (YFGN)
	Toujeo® SoloStar®/Max SoloStar® Pen
	Tresiba® FlexTouch® Pen/Vial

Insulin, Mixed

Preferred Agents	Non-Preferred Agents
Humalog® Mix 50/50™ KwikPen®/Vial	Humulin® 70/30 KwikPen®
Humalog® Mix 75/25™ KwikPen®/Vial	Insulin Aspart Protamine and Insulin Aspart 70/30 FlexPen®/Vial
Humulin® 70/30 Vial	Insulin Lispro Mix 75/25 KwikPen®
NovoLog® Mix 70/30 FlexPen®/Vial	Novolin® 70/30 FlexPen®/Vial

Insulin, Non-Analogs

Preferred Agents	Non-Preferred Agents
Humulin® N Vial	Humulin® N KwikPen®
Humulin® R Vial	Novolin® N FlexPen®
Humulin® R U-500 KwikPen®/Vial	Novolin® R FlexPen®
Novolin® N Vial	
Novolin® R Vial	

Insulin, Rapid-Acting

Preferred Agents	Non-Preferred Agents
Humalog® Cartridge/Vial	Admelog® SoloStar® Pen/Vial
NovoLog® Cartridge/FlexPen®/Vial	Afrezza® Cartridge
	Apidra® SoloStar® Pen/Vial
	Fiasp® FlexTouch®/PenFill®/Vial
	Humalog KwikPen®, **Tempo™ Pen**
	Humalog® Jr Kwikpen®
	Insulin Aspart FlexPen®/PenFill®/Vial
	Insulin Lispro Jr KwikPen®
	Insulin Lispro KwikPen®/Vial
	Lyumjev®

LHRH/GnRH Agents, Non-Oral

Preferred Agents	Non-Preferred Agents
Eligard®	Camcevi™
Fensolvi®	Leuprolide (gen Lupron) 2 wk 14 mg/2.8 mL kit and vial
Firmagon®	**Leuprolide (gen Lutrate Depot) 22.5 mg vial**
Lupron Depot® 3.75, 11.25 mg	Lupron Depot® 7.5, 22.5, 30, 45 mg
Lupron Depot-Ped® 7.5, 11.25, 15, 30 mg	**Lupron Depot-Ped® 45 mg**
Triptodur®	Supprelin® LA
	Synarel®
	Trelstar®

LHRH/GnRH Agents, Oral

Preferred Agents	Non-Preferred Agents
Oriahnn®	Myfembree®
Orilissa®	Orgovyx®

Meglitinide Agents

Preferred Agents	Non-Preferred Agents
Nateglinide	Prandin®
Repaglinide	

Methotrexate Agents

Preferred Agents	Non-Preferred Agents
Methotrexate PF Vials	Otrexup® Auto-Injector
Methotrexate Tabs/Vials	Rasuvo® Auto-Injector
	RediTrex® Syringe
	Trexall® Tabs
	Xatmep® Soln

Multiple Sclerosis Agents, Injectable

Preferred Agents	Non-Preferred Agents
Avonex®	Betaseron®
Briumvi*™	**Copaxone® 40 mg Syringe**
Copaxone® 20 Syringe	Extavia®
Glatiramer 40 mg	Glatiramer 20 mg
Glatopa® 40 mg	Glatopa® 20 mg
Rebif ®	**Kesimpta®**
Rebif® Rebidose®	Lemtrada®
	Ocrevus®
	Plegridy®
	Tysabri®
Pending trial of one (1) injectable biologic agent **or one oral agent for Multiple Sclerosis.*	

Multiple Sclerosis Agents, Oral

Preferred Agents	Non-Preferred Agents
Dimethyl fumarate	Aubagio®
Fingolimod	Bafiertam®
	Gilenya® 0.25 mg*, 0.5 mg
	Mavenclad®
	Mayzent®
	Ponvory™
	Tascenso ODT™
	Tecfidera®
	Teriflunomide
	Vumerity®
	Zeposia®
Gilenya 0.25 mg is available to participants < 18 years of age without any prerequisite therapy.	

Psoriasis Agents, Oral

Preferred Agents	Non-Preferred Agents
Acitretin	Methoxsalen

Psoriasis Agents, Topical

Preferred Agents	Non-Preferred Agents
Calcipotriene **Crm/Oint/**Soln	Calcipotriene Foam
	Calcipotriene/Betamethasone
	Calcitriol
	Duobrii®
	Enstilar®
	Sorilux®
	Taclonex®
	Vtama®
	Zoryve™

SGLT2 Inhibitors & Combination Agents

Preferred Agents	Non-Preferred Agents
Farxiga®	Invokamet®
Invokana®	Invokamet® XR
Jardiance®	Segluromet™
Synjardy®	Steglatro®
	Synjardy® XR

	Trijardy® XR
	Xigduo® XR

Sulfonylurea Agents, Second Generation

Preferred Agents	Non-Preferred Agents
Glimepiride	Amaryl®
Glipizide	Glucotrol®
Glipizide ER	Glucotrol XL®
Glyburide	Glynase® PresTab®
Glyburide Micronized	

Targeted Immune Modulators, IL-6 Receptor Inhibitors

Preferred Agents	Non-Preferred Agents
Actemra® Syringe	Actemra® ACTPen®/Vial
	Kevzara®

Targeted Immune Modulators, IL-17A Antibody/IL-17 Receptor Antagonists

Preferred Agents	Non-Preferred Agents
Taltz®	Cosentyx®
	Siliq®

Targeted Immune Modulators, IL-23 Inhibitors and IL-23/IL-12 Inhibitors

Preferred Agents	Non-Preferred Agents
Ilumya®	Skyrizi®
Tremfya®	Stelara®

Targeted Immune Modulators, JAK Inhibitors

Preferred Agents	Non-Preferred Agents
Xeljanz® Tabs	Cibinqo™
	Olumiant®
	Rinvoq™
	Xeljanz® Soln
	Xeljanz® XR

Targeted Immune Modulators, Misc. Allergy and Asthma Related Monoclonal Antibodies

Preferred Agents	Non-Preferred Agents
Adbry™	Dupixent®
Cinqair®	Nucala®
Fasenra®	Tezspire™
Xolair®	

Targeted Immune Modulators, Select Agents

Preferred Agents	Non-Preferred Agents
Otezla®	Benlysta®
	Entyvio®
	Orencia®
	Orencia® Clickject™
	Saphnelo™

	Sotyktu™
	Spevigo®

Targeted Immune Modulators, TNF Inhibitors

Preferred Agents	Non-Preferred Agents
Enbrel®	Amjevita™
Humira®	Avsola®
Infliximab	Cimzia®
Renflexis®	Inflectra®
	Remicade®
	Simponi®
	Simponi ARIA®

Thiazolidinediones (TZDs) & Combination Agents

Preferred Agents	Non-Preferred Agents
Pioglitazone	ActoplusMet®
	Actos®
	Duetact®
	Pioglitazone/Glimepiride
	Pioglitazone/Metformin

Thrombocytopenia Agents

Preferred Agents	Non-Preferred Agents
NPlate®	Doptelet®
Promacta®	Mulpleta®
	Tavalisse®

Urinary Tract Antispasmodics

Preferred Agents	Non-Preferred Agents
Oxybutynin Solution, Syrup, 5 mg Tabs	Darifenacin ER
Oxybutynin ER	Detrol®
Solifenacin Succinate	Detrol® LA
Toviaz®	Ditropan XL®
	Fesoterodine
	Flavoxate
	Gelnique®
	Gemtesa®
	Myrbetriq®
	Oxybutynin 2.5 mg Tabs
	Oxytrol®
	Tolterodine
	Tolterodine ER
	Trospium
	Trospium ER
	Vesicare®
	Vesicare LS™