

The following list of recommended PDL changes were reviewed and approved by the MHS P&T Committee on January 17th, 2018.

Table 1: PDL Changes

Drug	Action	Notes
Orphenadrine Citrate ER Tab	Add to PDL	
Oscion Cleanser (benzoyl Peroxide)	Add to PDL	
Panoxyl-4 Creamy Wash (benzoyl Peroxide)	Add to PDL	
Panoxyl Cleansing Bar	Add to PDL	
Levocetirizine Tabs	Add to PDL	
Rizatriptan RapidTabs	Add to PDL	QL of 12 tabs/30 days
Famotidine 40mg/5ml Suspension	Add to PDL	
Omeprazole 10mg Cap	Add to PDL	QL 2 tabs/day
Candesartan Tabs	Add to PDL	
Candesartan/HCTZ Tabs	Add to PDL	

Table 2: Summary of New Drugs with Proposed Criteria

Drug	Action	PA Criteria
Acalabrutinib (Calquence®)	Add to Formulary with PA	Mantle Cell Lymphoma (must meet all): 1. Diagnosis of MCL; 2. Prescribed by or in consultation with an oncologist; 3. Previously received at least one prior therapy (see Appendix B); Dose does not exceed 400 mg/day

<p>Letermovir (Prevymis™)</p>	<p>Add to Formulary with PA</p>	<p>Prophylaxis of CMV Infection in Adult CMV-Seropositive Recipients of an Allogeneic HSCT (must meet all):</p> <ol style="list-style-type: none"> 1. Received an allogeneic HSCT; 2. Prescribed by or in consultation with an oncology, hematology, infectious disease, or transplant specialist; 3. Age ≥ 18 years; 4. If request is for IV Prevymis, must provide medical justification why the patient cannot use oral therapy; 5. At the time of request, member has none of the following contraindications: <ol style="list-style-type: none"> a) Member is receiving pimozide or ergot alkaloids; b) Member is receiving cyclosporine co-administered with pitavastatin or simvastatin; 6. Dose does not exceed: <ol style="list-style-type: none"> a) 240 mg orally or intravenously once daily when co-administered with cyclosporine; 480 mg administered orally or intravenously once daily
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<p>Amantadine extended-release (Gocovri™)</p>	<p>Add to Formulary with PA</p>	<p>Dyskinesia in Patients with Parkinson’s Disease (must meet all):</p> <ol style="list-style-type: none"> 1. Diagnosis of dyskinesia in patients with Parkinson’s disease; 2. Member is receiving levodopa-based therapy; 3. Failure of a 2-week trial of immediate-release amantadine unless contraindicated or clinically significant adverse effects are experienced; 4. Dose dose not exceed 274 mg/day
<p>Benznidazole</p>	<p>Add to Formulary with PA</p>	<p>Chagas Disease (must meet all):</p> <ol style="list-style-type: none"> 1. Diagnosis of Chagas disease confirmed by one of the following tests (a, b, or c): <ol style="list-style-type: none"> a) Detection of circulating <i>T. cruzi</i> trypomastigotes on microscopy; b) Detection of <i>T. cruzi</i> DNA by polymerase chain reaction assay; c) Two positive diagnostic serologic tests* using different techniques (e.g., enzyme-linked immunoassay, indirect fluorescent antibody) and antigens (e.g., whole-parasite lysate, recombinant antigens) showing IgG antibodies to <i>T. cruzi</i>; 2. Prescribed by or in consultation with an

		<p>infectious disease specialist;</p> <p>3. Age 2 to ≤ 12 years;</p> <p>Dose (weight-based) does not exceed 400 mg/day</p>
Dextromethorphan and quinidine (Nuedexta®)	Add to Formulary with PA	<p>Pseudobulbar Affect (must meet all):</p> <ol style="list-style-type: none"> 1. Diagnosis of PBA secondary to multiple sclerosis or amyotrophic lateral sclerosis; 2. Prescribed by or in consultation with a neurologist; 3. Baseline Center for Neurologic Study-Lability Scale (CNS-LS) score ≥ 13; <p>Dose does not exceed 40 mg dextromethorphan and 20 mg quinidine per day (2 capsules/day)</p>
Fluticasone propionate (Xhance™)	Add to Formulary with PA	<p>Nasal Polyps (must meet all):</p> <ol style="list-style-type: none"> 1. Diagnosis of nasal polyps; 2. Age ≥ 18 years; 3. Failure of a trial of two formulary intranasal steroids (e.g., fluticasone propionate, mometasone, budesonide) unless all are contraindicated or clinically significant adverse effects are experienced; <p>Dose does not exceed 744 mcg/day (2 devices per 30 days)</p>

<p>Secnidazole (Solosec™)</p>	<p>Add to Formulary with PA</p>	<p>Bacterial Vaginosis (must meet all):</p> <ol style="list-style-type: none"> 1. Diagnosis of bacterial vaginosis; 2. Age ≥ 18 years; 3. Failure of both of the following agents metronidazole and clindamycin with at least one of the agents used within the last 6 months, unless contraindicated or clinically significant adverse effects are experienced; <p>Dose does not exceed a single-dose of 2 grams (1 packet)</p>
<p>Latanoprostene bunod (Vyzulta®)</p>	<p>Add to Formulary with PA</p>	<p>Open-Angle Glaucoma, Ocular Hypertension (must meet all):</p> <ol style="list-style-type: none"> 1. Diagnosis of open-angle glaucoma or ocular hypertension; 2. Age ≥ 17 years; 3. Failure of a generic ophthalmic prostaglandin analog (e.g., latanoprost), ophthalmic beta-blocker (e.g., timolol), or ophthalmic alpha-2 adrenergic agonist (e.g., brimonidine) unless contraindicated or clinically significant adverse events are experienced; <p>Dose does not exceed one bottle (5 mL)/30 days</p>