



**Title:** Q1 2020 PDL Changes

The following list of recommended Preferred Drug List (PDL) changes were reviewed and approved by the MHS Pharmacy & Therapeutics (P&T) Committee on January 14, 2020.

**Table 1: Summary PDL Changes – Effective [04/07/2020]**

Drug:	Action:	Notes:
CREON DR Cap 3000-9500-15000 Unit	Add to PDL	
CREON DR Cap 36000-114000-180000 Unit	Add to PDL	
PANCREAZE DR Cap 2600-6200-10850 Unit	Add to PDL	
KEVZARA Auto-injector 150 MG/1.14ML, 200 MG/1.14ML	Add to PDL	PA
KEVZARA Prefilled Syringe 150 MG/1.14ML, Prefilled Syringe 200 MG/1.14ML	Add to PDL	PA
TALTZ Auto-injector 80 MG/ML	Add to PDL	PA
TALTZ Prefilled Syringe 80 MG/ML	Add to PDL	PA
PROGRAF (Tacrolimus) Packet For Susp	Add to PDL	PA
GENERIC TOPICORT (Desoximetasone) Cream 0.25%, Gel 0.05%, Oint 0.25%	Add to PDL	QI of 2gm/Day
RETACRIT (Epoetin alfa-epbx)	Add to PDL	PA with Step through Procrit
PIQRAY	Add to PDL	PA
BALVERSA	Add to PDL	PA
DOVATO	Add to PDL	QI of 1 per day
MAVENCLAD	Add to PDL	PA
AEMCOLO	Add to PDL	PA
XPOVIO	Add to PDL	PA
VYNDAMAX/VYNDAQEL	Add to PDL	PA with QL of 4 per day
MAYZENT	Add to PDL	PA

**Table 2: Summary of New Drugs with Proposed Criteria – Effective [04/07/2020]**

- Full Medical Necessity Criteria Posted on <https://www.mhsindiana.com/providers/resources/clinical-payment-policies.html>

Drug:	Guideline:
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Afamelanotide (Scenesse)	CP.PHAR.444
Brolucizumab (Beovu)	CP.PHAR.445
Mercaptopurine (Purixan)	CP.PHAR.447
Mometasone furoate (Sinuva)	CP.PHAR.448
Istradefylline (Nourianz)	CP.PMN.217
Lasmiditan (Reyvow)	CP.PMN.218
Lefamulin (Xenleta)	CP.PMN.219
Peanut allergen powder (Palforzia)	CP.PMN.220
Pretomanid	CP.PMN.222
Rifabutin (Mycobutin), Rifabutin, omeprazole, amoxicillin (Taliaia)	CP.PMN.223
Tenapanor (Ibsrela)	CP.PMN.224
Trifarotene (Aklief)	CP.PMN.225