

This provides notice of changes being made to the Michigan Preferred Drug List (PDL)/ Single PDL effective November 1, 2024

New Drugs Added to the PDL

1. **Opsynvi (macitentan/tadalafil) tablet** - - added to the PDL class: Pulmonary Arterial Hypertension (PAH) Agents as non-preferred with the additional medication-specific criteria:
 - Patient is 18 years of age or older; **AND**
 - Quantity limit: 1 per day
2. **Simlandi (CF) (adalimumab-ryvk) and unbranded adalimumab-ryvk (CF) autoinjector** – added to the PDL class: Biologics: Agents to Treat Rheumatoid Arthritis; Agents to Treat Ankylosing Spondylitis; Agents to Juvenile Idiopathic Arthritis; Agents to Treat Plaque Psoriasis; Agents to Treat Plaque Psoriasis; Agents to treat Psoriatic Arthritis; Agents to Treat Crohn’s Disease; Agents to Treat Ulcerative Colitis; Agents to Treat Hidradenitis Suppurativa; Agents to Treat Uveitis as non-preferred with the additional medication-specific criteria:
 - Patient is 2 years of age or older; **AND**
 - Diagnosis of moderate to severe polyarticular juvenile idiopathic arthritis; **OR**
 - Patient is 6 years of age or older; **AND**
 - Diagnosis of moderate to severe Crohn’s disease; **OR**
 - Patient is 18 years of age or older; **AND**
 - Diagnosis of moderate to severe rheumatoid arthritis; **OR**
 - Diagnosis of psoriatic arthritis; **OR**
 - Diagnosis of ankylosing spondylitis; **OR**
 - Diagnosis of moderate to severe ulcerative colitis; **OR**
 - Diagnosis of moderate to severe plaque psoriasis; **OR**
 - Diagnosis of moderate to severe hidradenitis suppurativa; **OR**
 - Diagnosis of non-infectious intermediate, posterior, or panuveitis
3. **Tyenne (tocilizumab-aazg) autoinjector/syringe** – added to the PDL class: Biologics: Agents to Treat Rheumatoid Arthritis; Agents to Juvenile Idiopathic Arthritis as non-preferred with additional medication-specific criteria:
 - Patient is 2 years of age or older; **AND**
 - Diagnosis of active polyarticular juvenile idiopathic arthritis; **OR**
 - Diagnosis of active systemic juvenile idiopathic arthritis; **OR**
 - Patient is 18 years of age or older; **AND**
 - Diagnosis of moderate to severe rheumatoid arthritis; **OR**
 - Diagnosis of giant cell arteritis
4. **Winrevair (sotatercept-csrk) vial** – added to the PDL class: Pulmonary Arterial Hypertension (PAH) Agents as non-preferred with the additional medication-specific criteria:
 - Diagnosis of PAH WHO group 1, functional class II or III; **AND**
 - Documented trial and failure of, or contraindication to, at least 2 months of combination therapy including one PDE-5 inhibitor **AND** one ERA; **AND**
 - Winrevair is being used as add on therapy to standard care; **AND**
 - Platelet count of > 50,000/mm³ (> 50x10⁹/L), acceptable hemoglobin levels, and other labs in accordance with the product label; **AND**
 - Counseling has occurred regarding the need for effective contraception due to risk of embryo-fetal toxicity, and the risk of impaired fertility with use of this medication
5. **Zymfentra (infliximab-dyyb) pen/syringe** – added to the PDL class: Agents to Treat Crohn’s Disease; Agents to Ulcerative Colitis as non-preferred with the additional medication-specific criteria:
 - Patient is 18 years of age or older; **AND**
 - Diagnosis is moderate to severe Crohn’s disease; **OR**
 - Diagnosis of moderate to severe ulcerative colitis; **AND**
 - Prescriber attests that the patient has completed an intravenous induction regimen with an infliximab product; **AND**
 - Prescribed by or in consultation with a gastroenterologist

PDL Class Category: Diabetes

1. **Incretin Mimetics**
 - Move Ozempic (semaglutide) to preferred
2. **Oral Hypoglycemics: Biguanides**
 - Move metformin 625 mg to non-preferred
3. **Oral Hypoglycemics: Combinations**
 - Move Synjardy XR (empagliflozin/metformin) tablets to preferred
 - Move Invokamet (canagliflozin/metformin) tablets to non-preferred (Grandfather established members for 3 months)
4. **Oral Hypoglycemics: SGLT2 Inhibitors**
 - Move Invokana (canagliflozin) tablets to non-preferred. (Grandfather established members for 3 months)
5. **Glucagon Agents**
 - Move Glucagon Emergency Kit (Lilly) to non-preferred

PDL Class Category: Gastrointestinal

1. **Proton Pump Inhibitors**
 - Move Protonix (pantoprazole) tablets to non-preferred
2. **Ulcerative Colitis**
 - Move Pentasa (mesalamine) capsules to preferred
3. **GI Classes Criteria Review**
 - **GI Motility, Chronic:** revised non-preferred agent PA criteria to add “Therapeutic failure with a one-month trial with one preferred medication within the same subclass”
 - **Amitiza (lubiprostone)** – add quantity limit = 2 per day and age = 18 years and older
 - **Linzess (linaclotide)** – add quantity limit = 1 per day and age = 6 years and older

PDL Class Category: Miscellaneous

1. **Agents to Treat Atopic Dermatitis**
 - Move tacrolimus ointment to preferred
2. **Electrolyte Depleters**
 - Rename this class to Phosphate Depleters
3. **Potassium Binders – *new class***
 - **Add the following as PDL preferred without clinical prior authorization**
 - Lokelma (sodium zirconium cyclosilicate) powder packets
 - sodium polystyrene sulfonate oral powder and suspension
 - **Add the following as PDL non-preferred**
 - Veltassa (patiomer) oral powder packets
 - **Proposed Non-Preferred Agent PA Criteria:**
 - Allergy to the preferred medications; **OR**
 - Contraindication or drug to drug interaction with the preferred medications; **OR**
 - History of unacceptable side effects; **OR**
 - Therapeutic failure after a trial of one preferred medication
 - Length of approval: 1 year
4. **Miscellaneous Classes Criteria Review**
 - **Anti-Obesity Agents:** revise criteria to add “cardiovascular risk reduction” and disallow more than one weight loss medication concurrently.
 - **Biologic Immunomodulators:**
 - a. **Actemra SC:** add medication-specific criteria
 - Patient is 2 years of age or older; **AND**
 - Diagnosis of active polyarticular juvenile idiopathic arthritis; **OR**
 - Diagnosis of active systemic juvenile idiopathic arthritis; **OR**
 - Patient is 18 years of age or older; **AND**
 - Diagnosis of moderate to severe rheumatoid arthritis; **OR**
 - Diagnosis of giant cell arteritis; **OR**
 - Diagnosis of systemic sclerosis-associated interstitial lung disease
 - b. **Stelara** - add medication-specific minimum age and quantity limits for diagnoses.
 - c. **Xolair** – add baseline IgE level criteria to diagnosis of chronic rhinosinusitis with nasal polyposis (CRSwNP), and IgE-mediated food allergy; and add ‘persistent’ to ‘Moderate to severe persistent asthma.
 - d. **Xeljanz** – add covered diagnoses by age indication(s); and strike requirement for failure or inadequate response

- to methotrexate
- **Osteoporosis Agents – Other**
 - a. **Forteo** – revise the length of approval to limit to a cumulative duration of 2 years per lifetime.
 - b. **Tymlos** – revise the length of approval to limit to a cumulative duration of 2 years per lifetime including any prior use of Forteo.
 - **Immunomodulators: Asthma**
 - a. **Tezspire** – revise criteria to add “Bypass PDL criteria if patient does not meet medication specific criteria for Preferred agents (e.g. eosinophil blood count and/or IgE blood level requirements)”

Brand Preferred Products (Brand over Generic) Changes:

1. **Add Pentasa (mesalamine)**