

HEALTH CARE AUTHORITY



# NM HCA P&T /DUR COMMITTEE

KEENAN RYAN PHARMD, PHC, MPH

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# BEFORE WE START…

On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the **Great State of New Mexico**.

**Learn more:** About Taos Pueblo at [Taospueblo.com](Taospueblo.com)



*A cloudy morning looking over Taos Pueblo*

Photo provided by elpueblolodge.com

# MISSION

***We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.***

HEALTH CARE AUTHORITY

# VISION

***Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.***

# GOALS

**LEVERAGE** purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.

**BUILD** the best team in state government by supporting employees' continuous growth and wellness.

**ACHIEVE** health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.

**IMPLEMENT** innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

# APPROVAL OF AGENDA OF P&T/DUR COMMITTEE MEETING (ATTACHMENT A)

# APPROVAL OF MINUTES FROM JANUARY 16, 2026, P&T/DUR COMMITTEE MEETING (ATTACHMENT B)

# MMISR UPDATE

## Turquoise Claims

- System cutover started on 3/20
  - Go live on 3/23 at about 11:15 pm.
  - Processed the first claim at approximately 11:23 pm.
- Hypercare system stabilization is occurring now
  - Issues: Providers- Contact CCSC @ 1.800.299.7304



# PREFERRED DRUG LIST



- Go live of Preferred Drug List (PDL) Delayed until **July 1st, 2026**
  - Gives space for CMdS go-live and allows MCOs more time to configure their systems
- July 1st will be a soft launch, medications not denied at pharmacy counter
  - Soft launch anticipated for at least 6 months

# ORDERING AND REFERRING PROVIDERS

- Both federal and state guidance require Medicaid enrollment  for both billing entity as well as the ordering/rendering provider (ORP)
- Not all encounter types have ORP denials in place
  - Historically was used to limit provider/member abrasion
- Starting in State Fiscal Year 27 denial edits will go-live for all ORP
  - All providers should register through YesNM.com
- Please assist in communicating update to all parties to limit the abrasion for all parties
- [www.hca.nm.gov/orp/](www.hca.nm.gov/orp/)



# OPEN POSITIONS

Chair and Vice-Chair

- The P&T committee will be led by the Chairperson and Vice-Chairperson
- The chairperson will be elected by the membership of the committee.  Term will be one year in length.
  - The duties of the Chairperson is to preside over the P&T committee meeting
- The vice-Chairperson will be elected by the membership of the committee.  Term for the vice-chairperson will be one year in length
  - The duties of the vice-chair are to assist the Charier person and preside over meeting in the chairperson's absence

Public Member

- MAD inquired with the Medicaid Advisory Committee, Benefit Advisory Committee, and Native American Technical Advisory Committee and had no applications
- Will go to general public for board member

# MEDICAL CLAIMS
# Conduent

# Client Counts FFS-Only

| Month | | | Males | Females | CMS | Summary |
|---|---|---|---|---|---|---|
| 2025 | 10 | October | 61,100 | 75,964 | 1,123 | **138,187** |
| | 11 | November | 61,323 | 76,355 | 1,115 | **138,793** |
| | 12 | December | 61,965 | 77,290 | 1,114 | **140,999** |
| | 1 | January | 62,367 | 77,959 | 1,117 | **141,443** |
| 2026 | 2 | February | 62,447 | 78,069 | 1,127 | **141,643** |
| | 3 | March | 62,044 | 78,041 | 1,123 | **141,208** |

For the six-month period starting September 1, 2025, to March 9, 2026

# Client Counts- MCO Highest to Lowest Volume

| Month | | | Presbyterian | | |
|---|---|---|---|---|---|
| | | | Males | Females | Summary |
| 2025 | 10 | October | 149,977 | 179,146 | **329,123** |
| | 11 | November | 149,511 | 178,384 | **327,895** |
| | 12 | December | 148,536 | 177,368 | **325,904** |
| 2026 | 1 | January | 148,139 | 176,790 | **324,929** |
| | 2 | February | 147,544 | 176,029 | **323,573** |
| | 3 | March | 146,463 | 174,849 | **321,312** |

For the six-month period starting September 1, 2025, to March 9, 2026

# Client Counts- MCO (con't)

| Month | | | Blue Cross Blue Shield | | |
|---|---|---|---|---|---|
| | | | Males | Females | Summary |
| 2025 | 10 | October | 113,082 | 130,549 | **243,631** |
| | 11 | November | 112,741 | 130,181 | **242,922** |
| | 12 | December | 111,840 | 129,125 | **240,965** |
| 2026 | 1 | January | 111,568 | 128,829 | **240,397** |
| | 2 | February | 111,220 | 128,374 | **239,594** |
| | 3 | March | 110,392 | 127,428 | **237,820** |

For the six-month period starting September 1, 2025, to March 9, 2026

# Client Counts- MCO (con't)

| Month | | | Molina | | | United | | |
|---|---|---|---|---|---|---|---|---|
| | | | Males | Females | Summary | Males | Females | Summary |
| 2025 | 10 | October | 18,820 | 19,224 | **38,044** | 17,216 | 17,258 | **34,474** |
| | 11 | November | 18,894 | 19,388 | **38,282** | 17,394 | 17,507 | **34,901** |
| | 12 | December | 18,872 | 19,437 | **38,309** | 17,378 | 17,577 | **34,955** |
| 2026 | 1 | January | 19,152 | 19,736 | **38,888** | 17,726 | 17,923 | **35,649** |
| | 2 | February | 19,262 | 19,954 | **39,216** | 17,938 | 18,178 | **36,116** |
| | 3 | March | 19,177 | 19,867 | **39,044** | 17,958 | 18,181 | **36,139** |



For the six-month period starting September 1, 2025, to March 9, 2026

# Client Counts (Summary)

| Month | | | Summary |
|---|---|---|---|
| 2025 | 9 | September | **645,271** |
| | 10 | October | **643,998** |
| | 11 | November | **640,131** |
| | 12 | December | **639,859** |
| 2026 | 1 | January | **638,495** |
| | 2 | February | **634,314** |
| | 3 | March | **621,864** |

Numbers of Members in Any MCO Plan (September 1, 2025, to March 9, 2026)

# Unique Client Counts by Claim Type

CONDUENT

## Unique Client Counts by Claim Type

For Paid Last-in-Chain FFS Claims from Jan 1, 2025 through Dec 31, 2025

| Claim Type Description | Claim_Type_Cd | Total Clients | % of total (Client_System_ID) |
|---|---|---|---|
| Dental | D | 14,362 | 5.72% |
| HCBS Case Mgmt Assmt (CMA) | X | 962 | 0.38% |
| HCBS Waiver | W | 8,980 | 3.57% |
| Home Health | V | 23 | 0.01% |
| Hospice | H | 21 | 0.01% |
| Inpatient | I | 4,960 | 1.97% |
| Laboratory and Xray | L | 4,872 | 1.94% |
| Long Term Care | N | 316 | 0.13% |
| Mcare Part A Crossover | A | 4,807 | 1.91% |
| Mcare Part B Crossover | B | 34,981 | 13.92% |
| Mcare UB Part B Crossover | C | 29,172 | 11.61% |
| Medical Supply | S | 1,867 | 0.74% |
| Outpatient | O | 38,888 | 15.48% |
| Pharmacy (RX) | R | 27,182 | 10.82% |
| Practitioner/Physician | P | 74,025 | 29.46% |
| Transportation | T | 5,847 | 2.33% |
| **Overall - Summary** | | **251,265** | |

| | | |
|---|---|---|
| Last Report | 28,754 | 11.20% |
| Difference | <1,572> | <0.38%> |

Report on Claims by Unique Client Counts separated by Claim Type between January 1, 2025, and December 31, 2025

# Pharmacy Counts- FFS

Number of Enrolled FFS Pharmacies as of February 2026: 605 Last Report January 2026: 596

- Eleven New Pharmacies were added since the last Published Report.

Number of Pharmacies submitting Claims from October 2024 through January 2026: 476.

- Up by 5 Pharmacies from 470 since last report in January 2026

Number of Enrolled FFS Pharmacies with Any Claims that paid 383 since October 1, 2024---Last Report (January 2026) 374

- Increase in 9 Pharmacies since the Last Published Report

# PRODUR EDITS (from 1.1.2026 through 3.17.2026)

| REJECT CODE | REJECT DESCRIPTION | CLAIM COUNT |
|---|---|---|
| 4197 | DRUG/DRUG INTERACTION | 6,655 |
| 4974 | LATE REFILL | 7,991 |
| 4194 | THERAPEUTIC DUPLICATION | 4,077 |
| 4205 | EARLY REFILLS REQUIRED PRIOR AUTHORIZATION | 4,491 |
| 4198 | INGREDIENT DUPLICATION | 3,582 |
| 4201 | LOW DOSE EXCEPTION | 1,676 |
| 4202 | HIGH DOSE | 396 |
| 4204 | PREGNANCY EXCEPTION (PREGNANCY PRECAUTION CODES PRESENT ON DRUG RECORD AND PARTICIPANT WITH PREGNANCY FLAGGED INDICATOR ON) | 41 |
| 4432 | MIXED OPIOID AND BENZO OR ANTIPSYCHOTIC WITHIN 90 DAYS | 127 |
| 4199 | AGE EXCEPTION (YOUNGER THAN THE MINIMUM AGE ON THE DRUG RECORD) | 97 |
| 4195 | PRENATAL EXCEPTION (PRE-NATAL VITAMINS FOR FEMALE OUTSIDE AGE RANGE 11 TO 60) | 44 |
| 4200 | GENDER EXCEPTION (PARTICIPANT'S SEX CODE ('M' OR 'F') MUST MATCH THE SEX CODE ON THE DRUG RECORD) | 12 |
| 4879 | THE CLIENT HAS FILLED A NALOXONE PRESCRIPTION WITHIN THE PAST 30 DAYS. | 5 |

# PRODUR EDITS (cont)

| REJECT CODE | REJECT DESCRIPTION | REJECTED CLAIM COUNT |
|---|---|---|
| 4521 | M/I PROFESSIONAL SVC CD. PROFESSIONAL SERVICE CODE 'M0' MUST BE SUBMITTED IF THE PMP HAS BEEN CONSULTED. | 1,527 |
| 4620 | MAT DRUG ON FILE WITHIN LAST 90 DAYS. USE DUR/PPS SEGMENT IN ORDER TO OVERRIDE. | 69 |
| 4366 | NO RECENT HISTORY OF OPIOID USE IN LAST 60-DAYS, NEW RX LIMITED TO 7 DAY SUPPLY | 370 |
| 4750 | CLAIM EXCEEDS 90 MME PER DAY SUPPLY LIMITS | 21 |
| 4485 | PRIOR SHORT ACTING OPIOID REQD, CLIENT IS OPIOID NAVE. | 79 |

# Retro DUR Agenda

**Summary Report**

- Polypharmacy with Psychotropic Medications (FY25 Q4) (Attachment C)

**Outcome Report**

- Humira (FY25 Q1) (Attachment D)

**Quarterly Reports**

- Top Drugs by Number of Claims

# Summary Report

## Polypharmacy with Psychotropic Medications(FY25 Q4)

This intervention was delivered to 157 providers in the fourth quarter of 2025. As of 3/25/2026, 12 response forms had been returned for a response rate of 7.6%. Provider responses are as follows:

| Comments |
| --- |
| -4 have a new psychiatrist |
| -pt only has two medications at a time, the others were stopped first. |
| -patient is appropriately on two medications now |
| -pt has autism and is sensitive to med changes |
| -current medication regimen benefit> risk |
| -carefully monitoring appropriate therapy |
| -tried to schedule patient to discuss, but has not shown for the last 5 months |
| -pt scheduled to review medications |
| -history of seizure disorder and reason for multiple medications |

# Outcome Report

## Humira (FY25 Q1) (Attachment D)

Mailed February 5, 2025

| | Pre-Intervention (8/2024-1/2025) | Post-Intervention (3/2025-8/2025) | Change |
|---|---|---|---|
| Patients | 15 | 11 | 4 (27%) |
| Providers | 16 | 10 | 6 (38%) |
| Amount Paid | $514,725 | $263,402 | $251,322 |

# Quarterly Reports

## Top 25 Drugs by Number of Claims

| Jan-26 | | |
|---|---|---|
| Rank | GCN Name | # of Claims |
| 1 | albuterol sulfate 90 MCG HFA AER AD | 509 |
| 2 | acetaminophen 325 MG TABLET | 388 |
| 3 | cetirizine HCl 10 MG TABLET | 360 |
| 4 | ibuprofen 400 MG TABLET | 316 |
| 5 | fluticasone propionate 50 MCG SPRAY SUSP | 269 |
| 6 | metformin HCl 500 MG TAB ER 24H | 251 |
| 7 | blood sugar diagnostic  STRIP | 229 |
| 8 | insulin glargine,hum.rec.anlog 100/ML (3) | 217 |
| 9 | gabapentin 300 MG CAPSULE | 200 |
| 10 | lidocaine 5 % ADH. PATCH | 187 |
| 11 | cholecalciferol (vitamin D3) 25 MCG TABLET | 186 |
| 12 | ibuprofen 600 MG TABLET | 179 |
| 13 | amoxicillin 500 MG CAPSULE | 176 |
| 14 | diclofenac sodium 1% gel | 176 |
| 15 | ondansetron 4 MG TAB RAPDIS | 172 |
| 16 | amoxicillin/potassium clav 875-125 MG TABLET | 153 |
| 17 | aspirin 81 MG TABLET DR | 151 |
| 18 | semaglutide .25 OR 0.5 PEN INJCTR | 150 |
| 19 | semaglutide 2MG/0.75ML PEN INJCTR | 141 |
| 20 | metformin HCl 500 MG TAB | 140 |
| 21 | oseltamivir phosphate 75 MG CAPSULE | 140 |
| 22 | lancets | 137 |
| 23 | lisinopril 10 MG TABLET | 135 |
| 24 | sodium chloride 0.65% spray | 134 |
| 25 | ibuprofen 800 MG TABLET | 133 |

| Feb-26 | | |
|---|---|---|
| Rank | GCN Name | # of Claims |
| 1 | albuterol sulfate 90 MCG HFA AER AD | 477 |
| 2 | acetaminophen 325 MG TABLET | 422 |
| 3 | ibuprofen 400 MG TABLET | 355 |
| 4 | cetirizine HCl 10 MG TABLET | 338 |
| 5 | fluticasone propionate 50 MCG SPRAY SUSP | 308 |
| 6 | oseltamivir phosphate 75 MG CAPSULE | 262 |
| 7 | ibuprofen 100 MG/5ML ORAL SUSP | 227 |
| 8 | ondansetron 4 MG TAB RAPDIS | 223 |
| 9 | metformin HCl 500 MG TAB ER 24H | 216 |
| 10 | blood sugar diagnostic  STRIP | 209 |
| 11 | ibuprofen 600 MG TABLET | 200 |
| 12 | amoxicillin/potassium clav 875-125 MG TABLET | 194 |
| 13 | acetaminophen 160mg/5ml oral susp | 192 |
| 14 | insulin glargine,hum.rec.anlog 100/ML (3) | 187 |
| 15 | amoxicillin 500 MG CAPSULE | 177 |
| 16 | cholecalciferol (vitamin D3) 25 MCG TABLET | 174 |
| 17 | gabapentin 300 MG CAPSULE | 174 |
| 18 | oseltamivir phosphate 6mg/ml susp | 170 |
| 19 | amoxicillin 400mg/5ml susp | 164 |
| 20 | sodium chloride 0.65% spray | 158 |
| 21 | benzonatate 100mg cap | 146 |
| 22 | aspirin 81 MG TABLET DR | 145 |
| 23 | lidocaine 5 % ADH. PATCH | 137 |
| 24 | diclofenac sodium 1% gel | 134 |
| 25 | semaglutide .25 OR 0.5 PEN INJCTR | 131 |

# Quarterly Reports

## Top 10 Brand Drugs by Number of Claims

| Jan-26 | | |
|---|---|---|
| **Rank** | **Drug** | **# of Claims** |
| 1 | LANTUS SOLOSTAR 100 UNIT/ML | 201 |
| 2 | ACCU-CHEK GUIDE TEST STRIP | 170 |
| 3 | OZEMPIC 0.25-0.5 MG/DOSE PE | 150 |
| 4 | OZEMPIC 2 MG/DOSE (8 MG/3 M | 141 |
| 5 | OZEMPIC 1 MG/DOSE (4 MG/3 M | 133 |
| 6 | ACCU-CHEK SOFTCLIX LANCETS | 132 |
| 7 | JARDIANCE 25 MG TABLET | 96 |
| 8 | JARDIANCE 10 MG TABLET | 82 |
| 9 | ALCOHOL 70% SWABS | 62 |
| 10 | PEN NEEDLE | 53 |

| Feb-26 | | |
|---|---|---|
| **Rank** | **Drug** | **# of Claims** |
| 1 | LANUS SOLOSTAR 100 UNIT/ML | 182 |
| 2 | ACCU-CHEK GUIDE TEST STRIP | 154 |
| 3 | OZEMPIC 0.25-0.5 MG/DOSE PE | 131 |
| 4 | OZEMPIC 2 MG/DOSE (8 MG/3 M | 124 |
| 5 | OZEMPIC 1 MG/DOSE (4 MG/3 M | 114 |
| 6 | ACCU-CHEK SOFTCLIX LANCETS | 105 |
| 7 | JARDIANCE 25 MG TABLET | 194 |
| 8 | JARDIANCE 10 MG TABLET | 92 |
| 9 | ALCOHOL 70% SWABS | 66 |
| 10 | DEXCOM G7 SENSOR | 57 |

# Quarterly Reports

## Top 10 Generic Drugs by Number of Claims

| Jan-26 | | |
|---|---|---|
| Rank | Drug | # of Claims |
| 1 | albuterol sulfate 90 MCG HFA AER AD | 504 |
| 2 | acetaminophen 325 MG TABLET | 388 |
| 3 | cetirizine HCl 10 MG TABLET | 360 |
| 4 | ibuprofen 400 MG TABLET | 316 |
| 5 | fluticasone propionate 50 MCG SPRAY SUSP | 269 |
| 6 | metformin HCl 500 MG TAB ER 24H | 251 |
| 7 | lidocaine 5 % ADH. PATCH | 200 |
| 8 | ibuprofen 600 MG TABLET | 187 |
| 9 | gabapentin 300 MG CAPSULE | 186 |
| 10 | cholecalciferol (vitamin D3) 25 MCG TABLET | 179 |

| Feb-26 | | |
|---|---|---|
| Rank | Drug | # of Claims |
| 1 | albuterol sulfate 90 MCG HFA AER AD | 476 |
| 2 | acetaminophen 325 MG TABLET | 422 |
| 3 | ibuprofen 400 MG TABLET | 355 |
| 4 | cetirizine HCl 10 MG TABLET | 338 |
| 5 | fluticasone propionate 50 MCG SPRAY SUSP | 308 |
| 6 | oseltamivir 75mg capsule | 248 |
| 7 | ibuprofen 100 MG/5ML ORAL SUSP | 226 |
| 8 | ondansetron 4 MG TAB RAPDIS | 223 |
| 9 | metformin HCl 500 MG TAB ER 24H | 216 |
| 10 | ibuprofen 600 MG TABLET | 200 |

# Quarterly Reports

## Top 10 Therapeutic Class by Number of Claims

| Jan-26 | | |
|---|---|---|
| Rank | Thera Class Code Description | # of Claims |
| 1 | NSAIDS, CYCLOOXYGENASE INHIBITOR TYPE ANALGESICS | 954 |
| 2 | ANTICONVULSANTS | 718 |
| 3 | ANALGESIC/ANTIPYRETICS,NON-SALICYLATE | 610 |
| 4 | PENICILLIN ANTIBIOTICS | 605 |
| 5 | ANTIHISTAMINES - 2ND GENERATION | 605 |
| 6 | BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING | 574 |
| 7 | ANTIHYPERGLYCEMIC, BIGUANIDE TYPE | 550 |
| 8 | INSULINS | 523 |
| 9 | ANTIHYPERGLYCEMIC, INCRETIN MIMETIC (GLP1) | 477 |
| 10 | ANTIHYPERTENSIVES, ACE INHIBITORS | 463 |

| Feb-26 | | |
|---|---|---|
| Rank | Thera Class Code Description | # of Claims |
| 1 | NSAIDS, CYCLOOXYGENASE INHIBITOR TYPE ANALGESICS | 1034 |
| 2 | ANALGESIC/ANTIPYRETICS,NON-SALICYLATE | 756 |
| 3 | PENICILLIN ANTIBIOTICS | 700 |
| 4 | ANTICONVULSANTS | 647 |
| 5 | ANTIHISTAMINES - 2ND GENERATION | 628 |
| 6 | BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING | 543 |
| 7 | ANTIVIRALS,GENERAL | 491 |
| 8 | INSULINS | 466 |
| 9 | ANTIHYPERGLYCEMIC, BIGUANIDE TYPE | 457 |
| 10 | ANTIEMETIC/ANTIVERTIGO AGENTS | 446 |

# BREAK/STRETCH & CLOSED SESSION

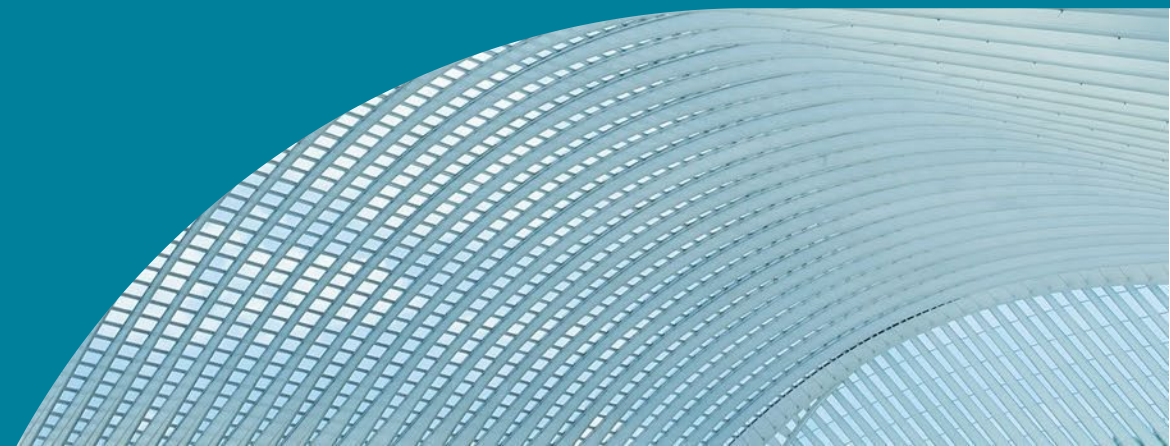
BACK IN 1 HOURS

Prime THERAPEUTICS™



# New Mexico P&T Board Meeting

April 13th, 2026

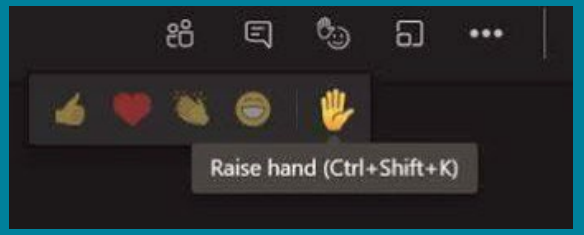


# Important Meeting Tips

- This meeting is being recorded



- Virtual audience can “raise hand” icon to request microphone access




- If dialing in, please press * and 5 to raise hand



# Proposed Drug Classes to PDL

1. Androgenic Agents
2. Antiemetic/Antivertigo Agents
3. Antimigraine Agents, Other
4. Antimigraine Agents, Triptans
5. Bone Resorption Suppression and Related Agents
6. COPD Agents
7. Glucocorticoids, Inhaled
8. Growth Hormone
9. Hypoglycemics, Insulin and Related Agents
10. Hypoglycemics, SGLT2
11. Immunomodulators, Asthma
12. Immunomodulators, Atopic Dermatitis
13. Lipotropic, Other
14. Movement Disorders
15. Multiple Sclerosis Agents
16. Ophthalmic, Dry Eye Agents
17. PAH, Oral and Inhaled

# Proposed PDL Drug Class:

*Androgenic Agents*

# Androgenic Agents

TESTIM (TRANSDERM.)
TESTOSTERONE GEL PUMP (ANDROGEL) (TRANSDERM)
TESTOSTERONE GEL PACKET (AG) (VOGELXO) (TRANSDERM)
TESTOSTERONE PUMP (AXIRON) (TRANSDERM)
TESTOSTERONE GEL PUMP (AG) (VOGELXO) (TRANSDERM)
TESTOSTERONE GEL PUMP (VOGELXO) (TRANSDERM)
TESTOSTERONE GEL (AG) (VOGELXO) (TRANSDERM)
TESTOSTERONE GEL PACKET (ANDROGEL) (TRANSDERM)
TESTOSTERONE GEL (VOGELXO) (TRANSDERM)
TESTOSTERONE GEL (FORTESTA) (TRANSDERM)
NATESTO (NASAL)

# PDL Recommendation

| Preferred | Non-Preferred |
|---|---|
| TESTOSTERONE GEL PUMP (ANDROGEL) (TRANSDERM)<br>TESTOSTERONE GEL PACKET (AG) (VOGELXO) (TRANSDERM)<br>TESTOSTERONE GEL PACKET (ANDROGEL) (TRANSDERM) | TESTIM (TRANSDERM.)<br>TESTOSTERONE PUMP (AXIRON) (TRANSDERM)<br>TESTOSTERONE GEL PUMP (AG) (VOGELXO) (TRANSDERM)<br>TESTOSTERONE GEL PUMP (VOGELXO) (TRANSDERM)<br>TESTOSTERONE GEL (AG) (VOGELXO) (TRANSDERM)<br>TESTOSTERONE GEL (VOGELXO) (TRANSDERM)<br>TESTOSTERONE GEL (FORTESTA) (TRANSDERM)<br>NATESTO (NASAL) |

# Androgenic Agents – Market Share

| Brand Name | Curr. Rx | Curr. MS |
|---|---|---|
| TESTOSTERONE GEL PUMP (ANDROGEL) (TRANSDERM) | 130 | 37.9% |
| TESTOSTERONE GEL PACKET (AG) (VOGELXO) (TRANSDERM) | 15 | 4.4% |
| TESTOSTERONE GEL PACKET (ANDROGEL) (TRANSDERM) | 99 | 28.9% |
| TESTIM (TRANSDERM.) | 5 | 1.5% |
| TESTOSTERONE PUMP (AXIRON) (TRANSDERM) | - | 0.0% |
| TESTOSTERONE GEL PUMP (AG) (VOGELXO) (TRANSDERM) | 13 | 3.8% |
| TESTOSTERONE GEL PUMP (VOGELXO) (TRANSDERM) | 31 | 9.0% |
| TESTOSTERONE GEL (AG) (VOGELXO) (TRANSDERM) | 25 | 7.3% |
| TESTOSTERONE GEL (VOGELXO) (TRANSDERM) | 24 | 7.0% |
| TESTOSTERONE GEL (FORTESTA) (TRANSDERM) | 1 | 0.3% |
| NATESTO (NASAL) | - | 0.0% |

# Proposed PDL Drug Class:

*Antiemetic/Antivertigo Agents*

# Antiemetic/Antivertigo Agents

MECLIZINE OTC (ORAL)
ONDANSETRON TABLETS (ORAL)
PROMETHAZINE TABLET (ORAL)
METOCLOPRAMIDE TABLET (ORAL)
ONDANSETRON ODT (ORAL)
PHOSPHORIC ACID/DEXTROSE/FRUCTOSE SOLUTION OTC (ORAL)
MECLIZINE (ORAL)
DIMENHYDRINATE OTC (ORAL)
METOCLOPRAMIDE SOLUTION (ORAL)
MECLIZINE (AG) (ORAL)
PROCHLORPERAZINE (ORAL)
PROMETHAZINE SYRUP (ORAL)
ONDANSETRON SOLUTION (ORAL)
GRANISETRON (ORAL)
DOXYLAMINE SUCCINATE/VITAMIN B6 (ORAL)
DICLEGIS (ORAL)
BONJESTA (ORAL)
TIGAN (INTRAMUSC)
DOXYLAMINE SUCCINATE/VITAMIN B6 (AG) (ORAL)
APREPITANT CAPSULE (ORAL)
DRONABINOL (ORAL)
DRONABINOL (AG) (ORAL)
EMEND POWDER PACKET (ORAL)
EMEND PACK (ORAL)
APREPITANT PACK (ORAL)
AKYNZEO (ORAL)
SUSTOL (SUBCUTANE.)
TRIMETHOBENZAMIDE (ORAL)
ONDANSETRON ODT 16 MG (ORAL)
GIMOTI (NASAL)
ONDANSETRON VIAL (INTRAVEN)
PROMETHAZINE VIAL (INJECTION)
METOCLOPRAMIDE VIAL (INJECTION)
ONDANSETRON DISP SYRIN (INTRAVEN)
PHENERGAN AMPUL (INJECTION)
PROMETHAZINE AMPUL (INJECTION)
PROCHLORPERAZINE (INJECTION)
PHENERGAN VIAL (INJECTION)
GRANISETRON (INTRAVEN)
DIMENHYDRINATE (INJECT)
APONVIE VIAL (INTRAVEN)
FOSAPREPITANT (INTRAVENOUS)
BARHEMSYS VIAL (INTRAVEN)
PALONOSETRON (INTRAVENOUS)
FOSAPREPITANT (AG) (INTRAVENOUS)
EMEND (INTRAVEN)
FOCINVEZ VIAL (INTRAVEN)
CINVANTI (INTRAVEN)
AKYNZEO (INTRAVEN)
PROMETHAZINE (RECTAL)
COMPRO (RECTAL)
PROMETHAZINE 50 MG (RECTAL)
PROCHLORPERAZINE (RECTAL)
SCOPOLAMINE (TRANSDERM)
TRANSDERM-SCOP (TRANSDERM)
SANCUSO (TRANSDERMAL)

# PDL Recommendation*

| Preferred | Non-Preferred |
|---|---|
| APREPITANT CAPSULE (ORAL)<br>BONJESTA (ORAL)<br>DICLEGIS (ORAL)<br>DRONABINOL (AG) (ORAL)<br>DRONABINOL (ORAL)<br>EMEND POWDER PACKET (ORAL)<br>GRANISETRON (ORAL)<br>MECLIZINE (AG) (ORAL)<br>MECLIZINE (ORAL)<br>MECLIZINE OTC (ORAL)<br>METOCLOPRAMIDE SOLUTION (ORAL)<br>METOCLOPRAMIDE TABLET (ORAL)<br>METOCLOPRAMIDE VIAL (INJECTION)<br>ONDANSETRON DISP SYRIN (INTRAVEN)<br>ONDANSETRON ODT (ORAL)<br>ONDANSETRON SOLUTION (ORAL)<br>ONDANSETRON TABLETS (ORAL)<br>ONDANSETRON VIAL (INTRAVEN)<br>PHOSPHORIC ACID/DEXTROSE/FRUCTOSE SOLUTION OTC (ORAL)<br>PROCHLORPERAZINE (INJECTION)<br>PROCHLORPERAZINE (ORAL)<br>PROCHLORPERAZINE (RECTAL)<br>PROMETHAZINE (RECTAL)<br>PROMETHAZINE AMPUL (INJECTION)<br>PROMETHAZINE SYRUP (ORAL)<br>PROMETHAZINE TABLET (ORAL)<br>PROMETHAZINE VIAL (INJECTION)<br>SCOPOLAMINE (TRANSDERM) | APREPITANT PACK (ORAL)<br>BARHEMSYS VIAL (INTRAVEN)<br>CINVANTI (INTRAVEN)<br>COMPRO (RECTAL)<br>DIMENHYDRINATE (INJECT)<br>DIMENHYDRINATE OTC (ORAL)<br>DOXYLAMINE SUCCINATE/VITAMIN B6 (AG) (ORAL)<br>DOXYLAMINE SUCCINATE/VITAMIN B6 (ORAL)<br>EMEND (INTRAVEN)<br>EMEND PACK (ORAL)<br>FOCINVEZ VIAL (INTRAVEN)<br>FOSAPREPITANT (AG) (INTRAVENOUS)<br>FOSAPREPITANT (INTRAVENOUS)<br>GIMOTI (NASAL)<br>GRANISETRON (INTRAVEN)<br>ONDANSETRON ODT 16 MG (ORAL)<br>PALONOSETRON (INTRAVENOUS)<br>PHENERGAN AMPUL (INJECTION)<br>PHENERGAN VIAL (INJECTION)<br>PROMETHAZINE 50 MG (RECTAL)<br>SANCUSO (TRANSDERMAL)<br>SUSTOL (SUBCUTANE.)<br>TIGAN (INTRAMUSC)<br>TRANSDERM-SCOP (TRANSDERM)<br>TRIMETHOBENZAMIDE (ORAL) |

*No step therapy applies

# Antiemetic/Antivertigo Agents – Market Share

| Brand Name | Curr. Rx | Curr. MS |
|---|---|---|
| APREPITANT CAPSULE (ORAL) | 8 | 0.0% |
| BONJESTA (ORAL) | 9 | 0.0% |
| DICLEGIS (ORAL) | 2 | 0.0% |
| DRONABINOL (AG) (ORAL) | 9 | 0.0% |
| EMEND POWDER PACKET (ORAL) | 1 | 0.0% |
| GRANISETRON (ORAL) | 15 | 0.0% |
| MECLIZINE (AG) (ORAL) | 122 | 0.3% |
| MECLIZINE (ORAL) | 798 | 1.9% |
| MECLIZINE OTC (ORAL) | 93 | 0.2% |
| METOCLOPRAMIDE SOLUTION (ORAL) | 95 | 0.2% |
| METOCLOPRAMIDE TABLET (ORAL) | 1,614 | 3.9% |
| METOCLOPRAMIDE VIAL (INJECTION) | 34 | 0.1% |
| ONDANSETRON DISP SYRIN (INTRAVEN) | 160 | 0.4% |
| ONDANSETRON ODT (ORAL) | 23,536 | 56.2% |
| ONDANSETRON SOLUTION (ORAL) | 1,996 | 4.8% |
| ONDANSETRON TABLETS (ORAL) | 7,899 | 18.9% |
| ONDANSETRON VIAL (INTRAVEN) | 547 | 1.3% |
| PROCHLORPERAZINE (INJECTION) | 3 | 0.0% |
| PROCHLORPERAZINE (ORAL) | 671 | 1.6% |
| PROCHLORPERAZINE (RECTAL) | 15 | 0.0% |
| PROMETHAZINE (RECTAL) | 459 | 1.1% |
| PROMETHAZINE AMPUL (INJECTION) | 6 | 0.0% |
| PROMETHAZINE SYRUP (ORAL) | 388 | 0.9% |
| PROMETHAZINE TABLET (ORAL) | 3,180 | 7.6% |
| PROMETHAZINE VIAL (INJECTION) | 8 | 0.0% |
| SCOPOLAMINE (TRANSDERM) | 126 | 0.3% |
| COMPRO (RECTAL) | 10 | 0.0% |
| DOXYLAMINE SUCCINATE/VITAMIN B6 (AG) (ORAL) | 58 | 0.1% |
| DOXYLAMINE SUCCINATE/VITAMIN B6 (ORAL) | 6 | 0.0% |
| PHENERGAN AMPUL (INJECTION) | 7 | 0.0% |
| PROMETHAZINE 50 MG (RECTAL) | 3 | 0.0% |

# Proposed PDL Drug Class:

*Antimigraine Agents, Other*

# Antimigraine Agents, Other

AIMOVIG (SUBCUTANEOUS)
AJOVY (SUBCUTANEOUS)
AJOVY AUTOINJECTOR (SUBCUTANEOUS)
AJOVY AUTOINJECTOR 3-PK (SUBCUTANEOUS)
BREKIYA AUTOINJECTOR (SUBCUTANE.)
DICLOFENAC POTASSIUM POWDER PACK (AG) (ORAL)
DICLOFENAC POTASSIUM POWDER PACK (ORAL)
DIHYDROERGOTAMINE MESYLATE (INJECTION)
DIHYDROERGOTAMINE MESYLATE (NASAL)
ELYXYB SOLUTION (ORAL)
EMGALITY PEN (SUBCUTANEOUS)
EMGALITY SYRINGE 100 MG (SUBCUTANEOUS)
EMGALITY SYRINGE 120 MG (SUBCUTANEOUS)
ERGOMAR (SUBLINGUAL)
MIGERGOT (RECTAL)
NURTEC ODT (ORAL)
QULIPTA (ORAL)
UBRELVY (ORAL)
VYEPTI (INTRAVENOUS)
ZAVZPRET (NASAL)

# PDL Recommendation

| Preferred | Non-Preferred |
|---|---|
| AIMOVIG (SUBCUTANEOUS)<br>AJOVY (SUBCUTANEOUS)<br>AJOVY AUTOINJECTOR (SUBCUTANEOUS)<br>AJOVY AUTOINJECTOR 3-PK (SUBCUTANEOUS)<br>DIHYDROERGOTAMINE MESYLATE (NASAL)<br>EMGALITY PEN (SUBCUTANEOUS)<br>EMGALITY SYRINGE 120 MG (SUBCUTANEOUS)<br>NURTEC ODT (ORAL)<br>QULIPTA (ORAL)<br>UBRELVY (ORAL) | BREKIYA AUTOINJECTOR (SUBCUTANE.)<br>DICLOFENAC POTASSIUM POWDER PACK (AG) (ORAL)<br>DICLOFENAC POTASSIUM POWDER PACK (ORAL)<br>DIHYDROERGOTAMINE MESYLATE (INJECTION)<br>ELYXYB SOLUTION (ORAL)<br>EMGALITY SYRINGE 100 MG (SUBCUTANEOUS)<br>ERGOMAR (SUBLINGUAL)<br>MIGERGOT (RECTAL)<br>VYEPTI (INTRAVENOUS)<br>ZAVZPRET (NASAL) |

# Antimigraine Agents, Other – Market Share

| Brand Name | Curr. Rx | Curr. MS |
|---|---|---|
| AIMOVIG (SUBCUTANEOUS) | 697 | 24.4% |
| AJOVY (SUBCUTANEOUS) | 91 | 3.2% |
| AJOVY AUTOINJECTOR (SUBCUTANEOUS) | 290 | 10.2% |
| AJOVY AUTOINJECTOR 3-PK (SUBCUTANEOUS) | 10 | 0.4% |
| DIHYDROERGOTAMINE MESYLATE (NASAL) | 3 | 0.1% |
| EMGALITY PEN (SUBCUTANEOUS) | 357 | 12.5% |
| EMGALITY SYRINGE 120 MG (SUBCUTANEOUS) | 84 | 2.9% |
| NURTEC ODT (ORAL) | 506 | 17.7% |
| QULIPTA (ORAL) | 151 | 5.3% |
| UBRELVY (ORAL) | 610 | 21.4% |
| BREKIYA AUTOINJECTOR (SUBCUTANE.) | - | 0.0% |
| DICLOFENAC POTASSIUM POWDER PACK (AG) (ORAL) | - | 0.0% |
| DICLOFENAC POTASSIUM POWDER PACK (ORAL) | - | 0.0% |
| DIHYDROERGOTAMINE MESYLATE (INJECTION) | - | 0.0% |
| ELYXYB SOLUTION (ORAL) | - | 0.0% |
| EMGALITY SYRINGE 100 MG (SUBCUTANEOUS) | 7 | 0.2% |
| ERGOMAR (SUBLINGUAL) | - | 0.0% |
| MIGERGOT (RECTAL) | - | 0.0% |
| VYEPTI (INTRAVENOUS) | 1 | 0.0% |
| ZAVZPRET (NASAL) | 8 | 0.3% |

# Proposed PDL Drug Class:

*Antimigraine Agents, Triptans*

# Antimigraine Agents, Triptans

ALMOTRIPTAN (ORAL)
ELETRIPTAN (ORAL)
FROVATRIPTAN (ORAL)
IMITREX (ORAL)
IMITREX KIT (SUBCUTANE.)
MAXALT MLT (ORAL)
MAXALT TABLET (ORAL)
NARATRIPTAN (ORAL)
RELPAX (ORAL)
RIZATRIPTAN ODT (ORAL)
RIZATRIPTAN TABLET (ORAL)
SUMATRIPTAN (AG) (NASAL)
SUMATRIPTAN (NASAL)
SUMATRIPTAN (ORAL)
SUMATRIPTAN KIT (SUBCUTANE.)
SUMATRIPTAN KIT (SUN) (SUBCUTANE.)
SUMATRIPTAN VIAL (SUBCUTANE.)
SUMATRIPTAN/NAPROXEN (ORAL)
SYMBRAVO TABLET (ORAL)
TOSYMRA (NASAL)
ZEMBRACE SYMTOUCH (SUBCUTANE.)
ZOLMITRIPTAN ODT (ORAL)
ZOLMITRIPTAN SPRAY (AG) (NASAL)
ZOLMITRIPTAN SPRAY (NASAL)
ZOLMITRIPTAN TABLET (ORAL)
ZOMIG (NASAL)
ZOMIG TABLET (ORAL)

# PDL Recommendation

| Preferred | Non-Preferred |
|---|---|
| ELETRIPTAN (ORAL)<br>FROVATRIPTAN (ORAL)<br>NARATRIPTAN (ORAL)<br>RIZATRIPTAN ODT (ORAL)<br>RIZATRIPTAN TABLET (ORAL)<br>SUMATRIPTAN (AG) (NASAL)<br>SUMATRIPTAN (NASAL)<br>SUMATRIPTAN (ORAL)<br>SUMATRIPTAN KIT (SUBCUTANE.)<br>SUMATRIPTAN VIAL (SUBCUTANE.)<br>ZOLMITRIPTAN TABLET (ORAL) | ALMOTRIPTAN (ORAL)<br>IMITREX (ORAL)<br>IMITREX KIT (SUBCUTANE.)<br>MAXALT MLT (ORAL)<br>MAXALT TABLET (ORAL)<br>RELPAX (ORAL)<br>SUMATRIPTAN KIT (SUN) (SUBCUTANE.)<br>SUMATRIPTAN/NAPROXEN (ORAL)<br>SYMBRAVO TABLET (ORAL)<br>TOSYMRA (NASAL)<br>ZEMBRACE SYMTOUCH (SUBCUTANE.)<br>ZOLMITRIPTAN ODT (ORAL)<br>ZOLMITRIPTAN SPRAY (AG) (NASAL)<br>ZOLMITRIPTAN SPRAY (NASAL)<br>ZOMIG (NASAL)<br>ZOMIG TABLET (ORAL) |

# Antimigraine Agents, Triptans – Market Share

| Brand Name | Curr. Rx | Curr. MS |
|---|---|---|
| ELETRIPTAN (ORAL) | 40 | 0.5% |
| FROVATRIPTAN (ORAL) | 9 | 0.1% |
| NARATRIPTAN (ORAL) | 207 | 2.5% |
| RIZATRIPTAN ODT (ORAL) | 1,028 | 12.3% |
| RIZATRIPTAN TABLET (ORAL) | 1,269 | 15.2% |
| SUMATRIPTAN (AG) (NASAL) | 83 | 1.0% |
| SUMATRIPTAN (NASAL) | 206 | 2.5% |
| SUMATRIPTAN (ORAL) | 5,289 | 63.5% |
| SUMATRIPTAN KIT (SUBCUTANE.) | 126 | 1.5% |
| SUMATRIPTAN VIAL (SUBCUTANE.) | 18 | 0.2% |
| ZOLMITRIPTAN TABLET (ORAL) | 37 | 0.4% |
| ALMOTRIPTAN (ORAL) | - | 0.0% |
| IMITREX (ORAL) | - | 0.0% |
| IMITREX KIT (SUBCUTANE.) | 10 | 0.1% |
| MAXALT MLT (ORAL) | - | 0.0% |
| MAXALT TABLET (ORAL) | 1 | 0.0% |
| RELPAX (ORAL) | - | 0.0% |
| SUMATRIPTAN KIT (SUN) (SUBCUTANE.) | - | 0.0% |
| SUMATRIPTAN/NAPROXEN (ORAL) | - | 0.0% |
| SYMBRAVO TABLET (ORAL) | - | 0.0% |
| TOSYMRA (NASAL) | - | 0.0% |
| ZEMBRACE SYMTOUCH (SUBCUTANE.) | - | 0.0% |
| ZOLMITRIPTAN ODT (ORAL) | 2 | 0.0% |
| ZOLMITRIPTAN SPRAY (AG) (NASAL) | - | 0.0% |
| ZOLMITRIPTAN SPRAY (NASAL) | 5 | 0.1% |
| ZOMIG (NASAL) | - | 0.0% |
| ZOMIG TABLET (ORAL) | - | 0.0% |

# Proposed PDL Drug Class:

*Bone Resorption Suppression and Related Agents*

# Bone Resorption Suppression and Related Agents

ACTONEL (ORAL)
ALENDRONATE SOLUTION (ORAL)
ALENDRONATE TABLETS (ORAL)
ATELVIA (ORAL)
BILDYOS SYRINGE (SUBCUTANEOUS)
BILPREVDA VIAL (SUBCUTANEOUS)
BINOSTO (ORAL)
BOMYNTRA SYRINGE (SUBCUTANE.)
BOMYNTRA VIAL (SUBCUTANE.)
BONSITY PEN INJCTR (SUBCUTANE.)
CALCITONIN SALMON (NASAL)
CONEXXENCE SYRINGE (SUBCUTANE.)
ENOBY SYRINGE (SUBCUTANEOUS)
EVENITY (SUBCUTANEOUS)
EVISTA (ORAL)
FORTEO (SUBCUTANE.)
FOSAMAX PLUS D (ORAL)
IBANDRONATE TABLETS (ORAL)
JUBBONTI SYRINGE (SUBCUTANEOUS)
OSENVELT VIAL (SUBCUTANEOUS)
PROLIA (SUBCUTANE.)
RALOXIFENE (ORAL)
RISEDRONATE (ACTONEL) (AG) (ORAL)
RISEDRONATE (ACTONEL) (ORAL)
RISEDRONATE (ATELVIA) (AG) (ORAL)
RISEDRONATE (ATELVIA) (ORAL)
STOBOCLO SYRINGE (SUBCUTANEOUS)
TERIPARATIDE (BRAND) (SUBCUTANE.)
TERIPARATIDE (FORTEO) (SUBCUTANE.)
TYMLOS (SUBCUTANE.)
WYOST VIAL (SUBCUTANEOUS)
XGEVA VIAL (SUBCUTANE.)
XTRENBO VIAL (SUBCUTANEOUS)

# PDL Recommendation

| Preferred | Non-Preferred |
|---|---|
| ALENDRONATE TABLETS (ORAL)<br>CALCITONIN SALMON (NASAL)<br>ENOBY SYRINGE (SUBCUTANEOUS)<br>IBANDRONATE TABLETS (ORAL)<br>RALOXIFENE (ORAL)<br>XTRENBO VIAL (SUBCUTANEOUS) | ACTONEL (ORAL)<br>ALENDRONATE SOLUTION (ORAL)<br>ATELVIA (ORAL)<br>BILDYOS SYRINGE (SUBCUTANEOUS)<br>BILDYOS SYRINGE (SUBCUTANEOUS)<br>BILPREVDA VIAL (SUBCUTANEOUS)<br>BILPREVDA VIAL (SUBCUTANEOUS)<br>BINOSTO (ORAL)<br>BOMYNTRA SYRINGE (SUBCUTANE.)<br>BOMYNTRA VIAL (SUBCUTANE.)<br>BONSITY PEN INJCTR (SUBCUTANE.)<br>CONEXXENCE SYRINGE (SUBCUTANE.)<br>EVENITY (SUBCUTANEOUS)<br>EVISTA (ORAL)<br>FORTEO (SUBCUTANE.)<br>FOSAMAX PLUS D (ORAL)<br>JUBBONTI SYRINGE (SUBCUTANEOUS)<br>OSENVELT VIAL (SUBCUTANEOUS)<br>PROLIA (SUBCUTANE.)<br>RISEDRONATE (ACTONEL) (AG) (ORAL)<br>RISEDRONATE (ACTONEL) (ORAL)<br>RISEDRONATE (ATELVIA) (AG) (ORAL)<br>RISEDRONATE (ATELVIA) (ORAL)<br>STOBOCLO SYRINGE (SUBCUTANEOUS)<br>TERIPARATIDE (BRAND) (SUBCUTANE.)<br>TERIPARATIDE (FORTEO) (SUBCUTANE.)<br>TYMLOS (SUBCUTANE.)<br>WYOST VIAL (SUBCUTANEOUS)<br>XGEVA VIAL (SUBCUTANE.) |

# Bone Resorption Suppression and Related Agents – Market Share

| Brand Name | Curr. Rx | Curr. MS |
|---|---|---|
| ALENDRONATE TABLETS (ORAL) | 970 | 87.6% |
| CALCITONIN SALMON (NASAL) | 23 | 2.1% |
| ENOBY SYRINGE (SUBCUTANEOUS) | - | 0.0% |
| IBANDRONATE TABLETS (ORAL) | 38 | 3.4% |
| RALOXIFENE (ORAL) | 9 | 0.8% |
| XTRENBO VIAL (SUBCUTANEOUS) | - | 0.0% |
| ACTONEL (ORAL) | - | 0.0% |
| ALENDRONATE SOLUTION (ORAL) | 7 | 0.6% |
| EVENITY (SUBCUTANEOUS) | 5 | 0.5% |
| EVISTA (ORAL) | - | 0.0% |
| FORTEO (SUBCUTANE.) | - | 0.0% |
| FOSAMAX PLUS D (ORAL) | - | 0.0% |
| JUBBONTI SYRINGE (SUBCUTANEOUS) | - | 0.0% |
| OSENVELT VIAL (SUBCUTANEOUS) | - | 0.0% |
| PROLIA (SUBCUTANE.) | 5 | 0.5% |
| RISEDRONATE (ACTONEL) (AG) (ORAL) | - | 0.0% |
| RISEDRONATE (ACTONEL) (ORAL) | - | 0.0% |
| RISEDRONATE (ATELVIA) (AG) (ORAL) | - | 0.0% |
| RISEDRONATE (ATELVIA) (ORAL) | - | 0.0% |
| STOBOCLO SYRINGE (SUBCUTANEOUS) | - | 0.0% |
| TERIPARATIDE (BRAND) (SUBCUTANE.) | - | 0.0% |
| TERIPARATIDE (FORTEO) (SUBCUTANE.) | 7 | 0.6% |
| TYMLOS (SUBCUTANE.) | 43 | 3.9% |
| WYOST VIAL (SUBCUTANEOUS) | - | 0.0% |
| XGEVA VIAL (SUBCUTANE.) | - | 0.0% |

# Proposed PDL Drug Class:

*COPD Agents*

# COPD Agents

ANORO ELLIPTA (INHALATION)
ATROVENT HFA (INHALATION)
BEVESPI AEROSPHERE (INHALATION)
COMBIVENT RESPIMAT (INHALATION)
DALIRESP (ORAL)
DUAKLIR PRESSAIR (INHALATION)
INCRUSE ELLIPTA (INHALATION)
IPRATROPIUM / ALBUTEROL (INHALATION)
IPRATROPIUM NEBULIZER (INHALATION)
OHTUVAYRE (INHALATION)
ROFLUMILAST (ORAL)
SPIRIVA (INHALATION)
SPIRIVA RESPIMAT (INHALATION)
STIOLTO RESPIMAT (INHALATION)
TIOTROPIUM (INHALATION)
TUDORZA PRESSAIR (INHALATION)
UMECLIDINIUM/VILANTEROL (AG) INHALATION
YUPELRI (INHALATION)

# PDL Recommendation

| Preferred | Non-Preferred |
|---|---|
| ANORO ELLIPTA (INHALATION)<br>ATROVENT HFA (INHALATION)<br>COMBIVENT RESPIMAT (INHALATION)<br>INCRUSE ELLIPTA (INHALATION)<br>IPRATROPIUM / ALBUTEROL (INHALATION)<br>IPRATROPIUM NEBULIZER (INHALATION)<br>ROFLUMILAST (ORAL)<br>SPIRIVA (INHALATION)<br>SPIRIVA RESPIMAT (INHALATION)<br>STIOLTO RESPIMAT (INHALATION) | BEVESPI AEROSPHERE (INHALATION)<br>DALIRESP (ORAL)<br>DUAKLIR PRESSAIR (INHALATION)<br>OHTUVAYRE (INHALATION)<br>TIOTROPIUM (INHALATION)<br>TUDORZA PRESSAIR (INHALATION)<br>UMECLIDINIUM/VILANTEROL (AG) INHALATION<br>YUPELRI (INHALATION) |

# COPD Agents – Market Share

| Brand Name | Curr. Rx | Curr. MS |
|---|---|---|
| ANORO ELLIPTA (INHALATION) | 24 | 0.4% |
| ATROVENT HFA (INHALATION) | 435 | 7.1% |
| COMBIVENT RESPIMAT (INHALATION) | 438 | 7.2% |
| INCRUSE ELLIPTA (INHALATION) | 709 | 11.6% |
| IPRATROPIUM / ALBUTEROL (INHALATION) | 2,247 | 36.8% |
| IPRATROPIUM NEBULIZER (INHALATION) | 371 | 6.1% |
| ROFLUMILAST (ORAL) | 22 | 0.4% |
| SPIRIVA (INHALATION) | 20 | 0.3% |
| SPIRIVA RESPIMAT (INHALATION) | 1,385 | 22.7% |
| STIOLTO RESPIMAT (INHALATION) | 197 | 3.2% |
| BEVESPI AEROSPHERE (INHALATION) | 201 | 3.3% |
| DALIRESP (ORAL) | 1 | 0.0% |
| DUAKLIR PRESSAIR (INHALATION) | 2 | 0.0% |
| OHTUVAYRE (INHALATION) | 4 | 0.1% |
| TIOTROPIUM (INHALATION) | 41 | 0.7% |
| TUDORZA PRESSAIR (INHALATION) | - | 0.0% |
| UMECLIDINIUM/VILANTEROL (AG) INHALATION | 9 | 0.1% |
| YUPELRI (INHALATION) | 8 | 0.1% |

# Proposed PDL Drug Class:

*Glucocorticoids, Inhaled*

# Glucocorticoids, Inhaled

ADVAIR DISKUS (INHALATION)
ADVAIR HFA (INHALATION)
AIRSUPRA HFA (INHALATION)
ALVESCO (INHALATION)
ARNUITY ELLIPTA (INHALATION)
ASMANEX (INHALATION)
ASMANEX HFA (INHALATION)
BREO ELLIPTA (INHALATION)
BREZTRI AEROSPHERE (INHALATION)
BUDESONIDE 0.25, 0.5 MG RESPULES (INHALATION)
BUDESONIDE 1 MG RESPULES (INHALATION)
BUDESONIDE/FORMOTEROL (AG) (INHALATION)
BUDESONIDE/FORMOTEROL (INHALATION)
DULERA (INHALATION)
FLUTICASONE (ARNUITY ELLIPTA) (AG) INHALATION
FLUTICASONE (FLOVENT DISKUS) (AG) (INHALATION)
FLUTICASONE HFA (AG) (INHALATION)
FLUTICASONE/SALMETEROL (ADVAIR) (AG) (INHALATION)
FLUTICASONE/SALMETEROL (ADVAIR) (INHALATION)
FLUTICASONE/SALMETEROL (AIRDUO) (AG) (INHALATION)
FLUTICASONE/SALMETEROL HFA (AG) (INHALATION)
FLUTICASONE/VILANTEROL (AG) (INHALATION)
PULMICORT 0.25, 0.5 MG RESPULES (INHALATION)
PULMICORT 1 MG RESPULES (INHALATION)
PULMICORT FLEXHALER (INHALATION)
QVAR REDIHALER (INHALATION)
SYMBICORT (INHALATION)
TRELEGY ELLIPTA (INHALATION)

# PDL Recommendation

| Preferred | Non-Preferred |
|---|---|
| ADVAIR DISKUS (INHALATION)<br>ADVAIR HFA (INHALATION)<br>ARNUITY ELLIPTA (INHALATION)<br>ASMANEX (INHALATION)<br>ASMANEX HFA (INHALATION)<br>BREO ELLIPTA (INHALATION)<br>BUDESONIDE 0.25, 0.5 MG RESPULES (INHALATION)<br>BUDESONIDE 1 MG RESPULES (INHALATION)<br>DULERA (INHALATION)<br>FLUTICASONE (FLOVENT DISKUS) (AG) (INHALATION)<br>FLUTICASONE HFA (AG) (INHALATION)<br>PULMICORT FLEXHALER (INHALATION)<br>QVAR REDIHALER (INHALATION)<br>SYMBICORT (INHALATION) | AIRSUPRA HFA (INHALATION)<br>ALVESCO (INHALATION)<br>BREZTRI AEROSPHERE (INHALATION)<br>BUDESONIDE/FORMOTEROL (AG) (INHALATION)<br>BUDESONIDE/FORMOTEROL (INHALATION)<br>FLUTICASONE (ARNUITY ELLIPTA) (AG) INHALATION<br>FLUTICASONE/SALMETEROL (ADVAIR) (AG) (INHALATION)<br>FLUTICASONE/SALMETEROL (ADVAIR) (INHALATION)<br>FLUTICASONE/SALMETEROL (AIRDUO) (AG) (INHALATION)<br>FLUTICASONE/SALMETEROL HFA (AG) (INHALATION)<br>FLUTICASONE/VILANTEROL (AG) (INHALATION)<br>PULMICORT 0.25, 0.5 MG RESPULES (INHALATION)<br>PULMICORT 1 MG RESPULES (INHALATION)<br>TRELEGY ELLIPTA (INHALATION) |

# Glucocorticoids, Inhaled – Market Share

| Brand Name | Curr. Rx | Curr. MS |
|---|---|---|
| ADVAIR DISKUS (INHALATION) | 16 | 0.1% |
| ADVAIR HFA (INHALATION) | 77 | 0.3% |
| ARNUITY ELLIPTA (INHALATION) | 2,439 | 9.5% |
| ASMANEX (INHALATION) | 94 | 0.4% |
| ASMANEX HFA (INHALATION) | 141 | 0.5% |
| BREO ELLIPTA (INHALATION) | 41 | 0.2% |
| BUDESONIDE 0.25, 0.5 MG RESPULES (INHALATION) | 2,247 | 8.7% |
| BUDESONIDE 1 MG RESPULES (INHALATION) | 91 | 0.4% |
| DULERA (INHALATION) | 435 | 1.7% |
| FLUTICASONE (FLOVENT DISKUS) (AG) (INHALATION) | 324 | 1.3% |
| FLUTICASONE HFA (AG) (INHALATION) | 5,989 | 23.2% |
| PULMICORT FLEXHALER (INHALATION) | 19 | 0.1% |
| QVAR REDIHALER (INHALATION) | 1,664 | 6.5% |
| SYMBICORT (INHALATION) | 110 | 0.4% |
| AIRSUPRA HFA (INHALATION) | 28 | 0.1% |
| ALVESCO (INHALATION) | 99 | 0.4% |
| BREZTRI AEROSPHERE (INHALATION) | 87 | 0.3% |
| BUDESONIDE/FORMOTEROL (AG) (INHALATION) | 3,269 | 12.7% |
| BUDESONIDE/FORMOTEROL (INHALATION) | 2,919 | 11.3% |
| FLUTICASONE/SALMETEROL (ADVAIR) (AG) (INHALATION) | 443 | 1.7% |
| FLUTICASONE/SALMETEROL (ADVAIR) (INHALATION) | 2,174 | 8.4% |
| FLUTICASONE/SALMETEROL (AIRDUO) (AG) (INHALATION) | 2,478 | 9.6% |
| FLUTICASONE/SALMETEROL HFA (AG) (INHALATION) | 76 | 0.3% |
| FLUTICASONE/VILANTEROL (AG) (INHALATION) | 17 | 0.1% |
| PULMICORT 0.25, 0.5 MG RESPULES (INHALATION) | 1 | 0.0% |

# Proposed PDL Drug Class:

*Growth Hormone*

# Growth Hormone

GENOTROPIN CARTRIDGE (INJECTION)
GENOTROPIN DISP SYRIN (INJECTION)
NORDITROPIN PEN (INJECTION)
HUMATROPE CARTRIDGE (INJECTION)
NGENLA PEN (INJECTION)
NUTROPIN AQ PEN (INJECTION)
OMNITROPE CARTRIDGE (INJECTION)
OMNITROPE VIAL (INJECTION)
SEROSTIM VIAL (INJECTION)
SKYTROFA CARTRIDGE (SUBCUTANEOUS)
SOGROYA (SUBCUTANEOUS)
ZOMACTON VIAL (INJECTION)

# PDL Recommendation

| Preferred | Non-Preferred |
|---|---|
| GENOTROPIN CARTRIDGE (INJECTION)<br>GENOTROPIN DISP SYRIN (INJECTION)<br>NORDITROPIN PEN (INJECTION) | HUMATROPE CARTRIDGE (INJECTION)<br>NGENLA PEN (INJECTION)<br>NUTROPIN AQ PEN (INJECTION)<br>OMNITROPE CARTRIDGE (INJECTION)<br>OMNITROPE VIAL (INJECTION)<br>SEROSTIM VIAL (INJECTION)<br>SKYTROFA CARTRIDGE (SUBCUTANEOUS)<br>SOGROYA (SUBCUTANEOUS)<br>ZOMACTON VIAL (INJECTION) |

# Growth Hormone – Market Share

| Brand Name | Curr. Rx | Curr. MS |
|---|---|---|
| GENOTROPIN CARTRIDGE (INJECTION) | - | 0.0% |
| GENOTROPIN DISP SYRIN (INJECTION) | 24 | 7.3% |
| NORDITROPIN PEN (INJECTION) | 20 | 6.1% |
| HUMATROPE CARTRIDGE (INJECTION) | - | 0.0% |
| NGENLA PEN (INJECTION) | 4 | 1.2% |
| NUTROPIN AQ PEN (INJECTION) | - | 0.0% |
| OMNITROPE CARTRIDGE (INJECTION) | 24 | 7.3% |
| OMNITROPE VIAL (INJECTION) | 201 | 61.3% |
| SEROSTIM VIAL (INJECTION) | - | 0.0% |
| SKYTROFA CARTRIDGE (SUBCUTANEOUS) | 29 | 8.8% |
| SOGROYA (SUBCUTANEOUS) | 23 | 7.0% |
| ZOMACTON VIAL (INJECTION) | 3 | 0.9% |

# Proposed PDL Drug Class:

*Hypoglycemics, Insulin and Related Agents*

# Hypoglycemics, Insulin and Related Agents

ADMELOG SOLOSTAR PEN (SUBCUTANE.)
ADMELOG VIAL (SUBCUTANE.)
AFREZZA CARTRIDGE (INHALATION)
APIDRA SOLOSTAR PEN (SUBCUTANE.)
APIDRA VIAL (SUBCUTANE.)
BASAGLAR KWIKPEN (SUBCUTANE.)
FIASP FLEXTOUCH PEN (SUBCUTANE.)
FIASP PENFILL (SUBCUTANE.)
FIASP PUMPCART (SUBCUTANE.)
FIASP VIAL (SUBCUTANE.)
HUMALOG 200 U/ML PEN (SUBCUTANE.)
HUMALOG CARTRIDGE (SUBCUTANE.)
HUMALOG JUNIOR KWIKPEN (SUBCUTANE.)
HUMALOG MIX PEN (SUBCUTANE.)
HUMALOG MIX VIAL (SUBCUTANE.)
HUMALOG PEN (SUBCUTANE.)
HUMALOG VIAL (SUBCUTANE.)
HUMULIN 500 U/M PEN (SUBCUTANE.)
HUMULIN 70/30 PEN OTC (SUBCUTANE.)
HUMULIN 70/30 VIAL OTC (SUBCUTANE.)
HUMULIN PEN OTC (SUBCUTANE.)
HUMULIN VIAL OTC (SUBCUTANE.)
INSULIN GLARGINE MAX PEN (TOUJEO MAX) (SUBCUTANE.)
INSULIN GLARGINE PEN (TOUJEO) (SUBCUTANE.)
INSULIN GLARGINE-YFGN PEN (SUBCUTANE.)
INSULIN GLARGINE-YFGN VIAL (SUBCUTANE.)
INSULIN LISPRO JUNIOR KWIKPEN (AG) (SUBCUTANE.)
INSULIN LISPRO PEN (AG) (SUBCUTANEOUS)
INSULIN LISPRO PROTAMINE MIX KWIKPEN (AG) (SUBCUTANEOUS)
INSULIN LISPRO VIAL (AG) (SUBCUTANEOUS)
KIRSTY PEN (SUBCUTANE.)
KIRSTY VIAL (SUBCUTANE.)
LANTUS SOLOSTAR PEN (SUBCUTANE.)
LANTUS VIAL (SUBCUTANE.)
LYUMJEV 100 U/ML PEN (SUBCUTANEOUS)
LYUMJEV 200 U/ML PEN (SUBCUTANEOUS)
LYUMJEV TEMPO PEN (SUBCUTANE.)
LYUMJEV VIAL (SUBCUTANEOUS)
MERILOG SOLOSTAR PEN (SUBCUTANE.)
MERILOG VIAL (SUBCUTANE.)
MYXREDLIN (INTRAVENOUS)
NOVOLIN 70/30 PEN OTC (SUBCUTANE.)
NOVOLIN 70/30 VIAL OTC (SUBCUTANE.)
NOVOLIN PEN OTC (SUBCUTANEOUS)
NOVOLIN VIAL OTC (SUBCUTANE.)
NOVOLOG CARTRIDGE (SUBCUTANE.)
NOVOLOG MIX PEN (SUBCUTANE.)
NOVOLOG MIX VIAL (SUBCUTANE.)
NOVOLOG PEN (SUBCUTANE.)
NOVOLOG VIAL (SUBCUTANE.)
REZVOGLAR KWIKPEN (SUBCUTANEOUS)
SEMGLEE (YFGN) PEN (SUBCUTANEOUS)
SEMGLEE (YFGN) VIAL (SUBCUTANEOUS)
TOUJEO MAX SOLOSTAR PEN (SUBCUTANEOUS)
TOUJEO SOLOSTAR PEN (SUBCUTANEOUS)
TRESIBA FLEXTOUCH 100 U/ML PEN (SUBCUTANEOUS)
TRESIBA FLEXTOUCH 200 U/ML PEN (SUBCUTANEOUS)
TRESIBA VIAL (SUBCUTANEOUS)

# PDL Recommendation

| Preferred | | Non-Preferred | |
|---|---|---|---|
| FIASP FLEXTOUCH PEN (SUBCUTANE.)<br>FIASP PENFILL (SUBCUTANE.)<br>FIASP PUMPCART (SUBCUTANE.)<br>FIASP VIAL (SUBCUTANE.)<br>HUMALOG CARTRIDGE (SUBCUTANE.)<br>HUMALOG JUNIOR KWIKPEN (SUBCUTANE.)<br>HUMALOG MIX PEN (SUBCUTANE.)<br>HUMALOG MIX VIAL (SUBCUTANE.)<br>HUMALOG PEN (SUBCUTANE.)<br>HUMALOG VIAL (SUBCUTANE.)<br>HUMULIN 500 U/M PEN (SUBCUTANE.)<br>HUMULIN 70/30 PEN OTC (SUBCUTANE.)<br>HUMULIN 70/30 VIAL OTC (SUBCUTANE.)<br>HUMULIN PEN OTC (SUBCUTANE.)<br>HUMULIN VIAL OTC (SUBCUTANE.)<br>INSULIN LISPRO PROTAMINE MIX KWIKPEN (AG) (SUBCUTANEOUS) | LANTUS SOLOSTAR PEN (SUBCUTANE.)<br>LANTUS VIAL (SUBCUTANE.)<br>NOVOLIN 70/30 PEN OTC (SUBCUTANE.)<br>NOVOLIN 70/30 VIAL OTC (SUBCUTANE.)<br>NOVOLIN PEN OTC (SUBCUTANEOUS)<br>NOVOLIN VIAL OTC (SUBCUTANE.)<br>NOVOLOG CARTRIDGE (SUBCUTANE.)<br>NOVOLOG MIX PEN (SUBCUTANE.)<br>NOVOLOG MIX VIAL (SUBCUTANE.)<br>NOVOLOG PEN (SUBCUTANE.)<br>NOVOLOG VIAL (SUBCUTANE.)<br>SEMGLEE (YFGN) PEN (SUBCUTANEOUS)<br>SEMGLEE (YFGN) VIAL (SUBCUTANEOUS)<br>TOUJEO MAX SOLOSTAR PEN (SUBCUTANEOUS)<br>TOUJEO SOLOSTAR PEN (SUBCUTANEOUS)<br>TRESIBA FLEXTOUCH 100 U/ML PEN (SUBCUTANEOUS)<br>TRESIBA FLEXTOUCH 200 U/ML PEN (SUBCUTANEOUS)<br>TRESIBA VIAL (SUBCUTANEOUS) | ADMELOG SOLOSTAR PEN (SUBCUTANE.)<br>ADMELOG VIAL (SUBCUTANE.)<br>AFREZZA CARTRIDGE (INHALATION)<br>APIDRA SOLOSTAR PEN (SUBCUTANE.)<br>APIDRA VIAL (SUBCUTANE.)<br>BASAGLAR KWIKPEN (SUBCUTANE.)<br>HUMALOG 200 U/ML PEN (SUBCUTANE.)<br>INSULIN GLARGINE MAX PEN (TOUJEO MAX) (SUBCUTANE.)<br>INSULIN GLARGINE PEN (TOUJEO) (SUBCUTANE.)<br>INSULIN GLARGINE-YFGN PEN (SUBCUTANE.)<br>INSULIN GLARGINE-YFGN VIAL (SUBCUTANE.)<br>INSULIN LISPRO JUNIOR KWIKPEN (AG) (SUBCUTANE.) | INSULIN LISPRO PEN (AG) (SUBCUTANEOUS)<br>INSULIN LISPRO VIAL (AG) (SUBCUTANEOUS)<br>KIRSTY PEN (SUBCUTANE.)<br>KIRSTY VIAL (SUBCUTANE.)<br>LYUMJEV 100 U/ML PEN (SUBCUTANEOUS)<br>LYUMJEV 200 U/ML PEN (SUBCUTANEOUS)<br>LYUMJEV TEMPO PEN (SUBCUTANE.)<br>LYUMJEV VIAL (SUBCUTANEOUS)<br>MERILOG SOLOSTAR PEN (SUBCUTANE.)<br>MERILOG VIAL (SUBCUTANE.)<br>MYXREDLIN (INTRAVENOUS)<br>REZVOGLAR KWIKPEN (SUBCUTANEOUS) |

# Hypoglycemics, Insulin and Related Agents –Market Share

| Brand Name | Curr. Rx | Curr. MS |
|---|---|---|
| FIASP FLEXTOUCH PEN (SUBCUTANE.) | 13 | 0.0% |
| FIASP VIAL (SUBCUTANE.) | 22 | 0.1% |
| HUMALOG CARTRIDGE (SUBCUTANE.) | 29 | 0.1% |
| HUMALOG JUNIOR KWIKPEN (SUBCUTANE.) | 20 | 0.1% |
| HUMALOG MIX PEN (SUBCUTANE.) | 20 | 0.1% |
| HUMALOG MIX VIAL (SUBCUTANE.) | 8 | 0.0% |
| HUMALOG PEN (SUBCUTANE.) | 194 | 0.7% |
| HUMALOG VIAL (SUBCUTANE.) | 96 | 0.4% |
| HUMULIN 500 U/M PEN (SUBCUTANE.) | 107 | 0.4% |
| HUMULIN 70/30 PEN OTC (SUBCUTANE.) | 222 | 0.8% |
| HUMULIN 70/30 VIAL OTC (SUBCUTANE.) | 32 | 0.1% |
| HUMULIN PEN OTC (SUBCUTANE.) | 19 | 0.1% |
| HUMULIN VIAL OTC (SUBCUTANE.) | 66 | 0.2% |
| INSULIN LISPRO PROTAMINE MIX KWIKPEN (AG) (SUBCUTANEOUS) | 34 | 0.1% |
| LANTUS SOLOSTAR PEN (SUBCUTANE.) | 3,355 | 12.5% |
| LANTUS VIAL (SUBCUTANE.) | 624 | 2.3% |
| NOVOLIN 70/30 PEN OTC (SUBCUTANE.) | 198 | 0.7% |
| NOVOLIN 70/30 VIAL OTC (SUBCUTANE.) | 267 | 1.0% |
| NOVOLIN PEN OTC (SUBCUTANEOUS) | 353 | 1.3% |
| NOVOLIN VIAL OTC (SUBCUTANE.) | 343 | 1.3% |
| NOVOLOG CARTRIDGE (SUBCUTANE.) | 2 | 0.0% |
| NOVOLOG MIX PEN (SUBCUTANE.) | 70 | 0.3% |
| NOVOLOG MIX VIAL (SUBCUTANE.) | 7 | 0.0% |
| NOVOLOG PEN (SUBCUTANE.) | 804 | 3.0% |
| NOVOLOG VIAL (SUBCUTANE.) | 323 | 1.2% |
| SEMGLEE (YFGN) PEN (SUBCUTANEOUS) | 115 | 0.4% |
| SEMGLEE (YFGN) VIAL (SUBCUTANEOUS) | 2 | 0.0% |
| TOUJEO MAX SOLOSTAR PEN (SUBCUTANEOUS) | 70 | 0.3% |
| TOUJEO SOLOSTAR PEN (SUBCUTANEOUS) | 66 | 0.2% |
| TRESIBA FLEXTOUCH 100 U/ML PEN (SUBCUTANEOUS) | 133 | 0.5% |
| TRESIBA FLEXTOUCH 200 U/ML PEN (SUBCUTANEOUS) | 83 | 0.3% |
| TRESIBA VIAL (SUBCUTANEOUS) | 4 | 0.0% |

# Hypoglycemics, Insulin and Related Agents –Market Share

| Brand Name | Curr. Rx | Curr. MS |
|---|---|---|
| ADMELOG SOLOSTAR PEN (SUBCUTANE.) | 3,069 | 11.4% |
| ADMELOG VIAL (SUBCUTANE.) | 1,895 | 7.1% |
| AFREZZA CARTRIDGE (INHALATION) | 2 | 0.0% |
| APIDRA VIAL (SUBCUTANE.) | 7 | 0.0% |
| BASAGLAR KWIKPEN (SUBCUTANE.) | 254 | 0.9% |
| HUMALOG 200 U/ML PEN (SUBCUTANE.) | 62 | 0.2% |
| INSULIN GLARGINE MAX PEN (TOUJEO MAX) (SUBCUTANE.) | 8 | 0.0% |
| INSULIN GLARGINE PEN (TOUJEO) (SUBCUTANE.) | 16 | 0.1% |
| INSULIN GLARGINE-YFGN PEN (SUBCUTANE.) | 7,546 | 28.1% |
| INSULIN GLARGINE-YFGN VIAL (SUBCUTANE.) | 638 | 2.4% |
| INSULIN LISPRO JUNIOR KWIKPEN (AG) (SUBCUTANE.) | 33 | 0.1% |
| INSULIN LISPRO PEN (AG) (SUBCUTANEOUS) | 521 | 1.9% |
| INSULIN LISPRO VIAL (AG) (SUBCUTANEOUS) | 554 | 2.1% |
| LYUMJEV 100 U/ML PEN (SUBCUTANEOUS) | 5 | 0.0% |
| MYXREDLIN (INTRAVENOUS) | 5 | 0.0% |
| REZVOGLAR KWIKPEN (SUBCUTANEOUS) | 1,298 | 4.8% |

# Proposed PDL Drug Class:

*Hypoglycemics, SGLT2*

# Hypoglycemics, SGLT2

JARDIANCE (ORAL)
FARXIGA (ORAL)
SYNJARDY (ORAL)
XIGDUO XR (ORAL)
SYNJARDY XR (ORAL)
STEGLATRO (ORAL)
INPEFA (ORAL)
INVOKANA (ORAL)
DAPAGLIFLOZIN (AG) (ORAL)
SEGLUROMET (ORAL)
DAPAGLIFLOZIN-METFORMIN ER (AG) (ORAL)
INVOKAMET (ORAL)
INVOKAMET XR (ORAL)

# PDL Recommendation

| Preferred | Non-Preferred |
|---|---|
| FARXIGA (ORAL)<br>JARDIANCE (ORAL)<br>SYNJARDY (ORAL)<br>SYNJARDY XR (ORAL)<br>XIGDUO XR (ORAL) | DAPAGLIFLOZIN (AG) (ORAL)<br>DAPAGLIFLOZIN-METFORMIN ER (AG) (ORAL)<br>INPEFA (ORAL)<br>INVOKAMET (ORAL)<br>INVOKAMET XR (ORAL)<br>INVOKANA (ORAL)<br>SEGLUROMET (ORAL)<br>STEGLATRO (ORAL) |

# Hypoglycemics, SGLT2 – Market Share

| Brand Name | Curr. Rx | Curr. MS |
|---|---|---|
| FARXIGA (ORAL) | 816 | 10.3% |
| JARDIANCE (ORAL) | 1,934 | 24.4% |
| SYNJARDY (ORAL) | 4 | 0.1% |
| SYNJARDY XR (ORAL) | 38 | 0.5% |
| XIGDUO XR (ORAL) | 2 | 0.0% |
| DAPAGLIFLOZIN (AG) (ORAL) | 442 | 5.6% |
| DAPAGLIFLOZIN-METFORMIN ER (AG) (ORAL) | - | 0.0% |
| INPEFA (ORAL) | - | 0.0% |
| INVOKAMET (ORAL) | - | 0.0% |
| INVOKAMET XR (ORAL) | - | 0.0% |
| INVOKANA (ORAL) | 17 | 0.2% |
| SEGLUROMET (ORAL) | 85 | 1.1% |
| STEGLATRO (ORAL) | 4,597 | 57.9% |

# Proposed PDL Drug Class:

*Immunomodulators, Asthma*

# Immunomodulators, Asthma

CINQAIR (INTRAVEN)
EXDENSUR SYRINGE (SUBCUTANEOUS)
FASENRA PEN (SUBCUTANEOUS)
FASENRA SYRINGE (SUBCUTANEOUS)
NUCALA AUTO-INJECTOR (SUBCUTANEOUS)
NUCALA SYRINGE (SUBCUTANEOUS)
NUCALA VIAL (SUBCUTANEOUS)
TEZSPIRE PEN (SUBCUTANEOUS)
TEZSPIRE SYRINGE (SUBCUTANEOUS)
XOLAIR SYRINGE/AUTOINJ (SUB-Q)
XOLAIR SYRINGE/AUTOINJ (SUB-Q)
XOLAIR VIAL (SUB-Q)

# PDL Recommendation

| Preferred | Non-Preferred |
| --- | --- |
| FASENRA PEN (SUBCUTANEOUS)<br>FASENRA SYRINGE (SUBCUTANEOUS)<br>TEZSPIRE PEN (SUBCUTANEOUS)<br>TEZSPIRE SYRINGE (SUBCUTANEOUS)<br>XOLAIR SYRINGE/AUTOINJ (SUB-Q) | CINQAIR (INTRAVEN)<br>EXDENSUR SYRINGE (SUBCUTANEOUS)<br>NUCALA AUTO-INJECTOR (SUBCUTANEOUS)<br>NUCALA SYRINGE (SUBCUTANEOUS)<br>NUCALA VIAL (SUBCUTANEOUS)<br>XOLAIR VIAL (SUB-Q) |

# Immunomodulators, Asthma – Market Share

| Brand Name | Curr. Rx | Curr. MS |
|---|---|---|
| FASENRA PEN (SUBCUTANEOUS) | 41 | 17.4% |
| FASENRA SYRINGE (SUBCUTANEOUS) | 12 | 5.1% |
| TEZSPIRE PEN (SUBCUTANEOUS) | 26 | 11.0% |
| TEZSPIRE SYRINGE (SUBCUTANEOUS) | 6 | 2.5% |
| XOLAIR SYRINGE/AUTOINJ (SUB-Q) | 101 | 42.8% |
| CINQAIR (INTRAVEN) | - | 0.0% |
| EXDENSUR SYRINGE (SUBCUTANEOUS) | - | 0.0% |
| NUCALA AUTO-INJECTOR (SUBCUTANEOUS) | 22 | 9.3% |
| NUCALA SYRINGE (SUBCUTANEOUS) | 17 | 7.2% |
| NUCALA VIAL (SUBCUTANEOUS) | - | 0.0% |
| XOLAIR VIAL (SUB-Q) | 11 | 4.7% |

# Proposed PDL Drug Class:

*Immunomodulators, Atopic Dermatitis*

# Immunomodulators, Atopic Dermatitis

ADBRY AUTOINJECTOR (SUBCUTANEOUS)
ADBRY SYRINGE (SUBCUTANEOUS)
DUPIXENT PEN (SUBCUTANEOUS)
DUPIXENT SYRINGE (SUBCUTANEOUS)
EBGLYSS PEN (SUBCUTANEOUS)
EUCRISA (TOPICAL)
PIMECROLIMUS (TOPICAL)
TACROLIMUS (AG) (TOPICAL)
TACROLIMUS (TOPICAL)
ANZUPGO (TOPICAL)
EBGLYSS SYRINGE (SUBCUTANEOUS)
NEMLUVIO PEN (SUBCUTANEOUS)
OPZELURA (TOPICAL)
VTAMA (TOPICAL)
ZORYVE 0.05% CREAM (TOPICAL)
ZORYVE 0.15% CREAM (TOPICAL)

# PDL Recommendation

| Preferred | Non-Preferred |
|---|---|
| ADBRY AUTOINJECTOR (SUBCUTANEOUS)<br>ADBRY SYRINGE (SUBCUTANEOUS)<br>DUPIXENT PEN (SUBCUTANEOUS)<br>DUPIXENT SYRINGE (SUBCUTANEOUS)<br>EBGLYSS PEN (SUBCUTANEOUS)<br>EUCRISA (TOPICAL)<br>PIMECROLIMUS (TOPICAL)<br>TACROLIMUS (AG) (TOPICAL)<br>TACROLIMUS (TOPICAL) | ANZUPGO (TOPICAL)<br>EBGLYSS SYRINGE (SUBCUTANEOUS)<br>NEMLUVIO PEN (SUBCUTANEOUS)<br>OPZELURA (TOPICAL)<br>VTAMA (TOPICAL)<br>ZORYVE 0.05% CREAM (TOPICAL)<br>ZORYVE 0.15% CREAM (TOPICAL) |

# Immunomodulators, Atopic Dermatitis – Market Share

| Brand Name | Curr. Rx | Curr. MS |
|---|---|---|
| ADBRY AUTOINJECTOR (SUBCUTANEOUS) | - | 0.0% |
| ADBRY SYRINGE (SUBCUTANEOUS) | - | 0.0% |
| DUPIXENT PEN (SUBCUTANEOUS) | 965 | 36.7% |
| DUPIXENT SYRINGE (SUBCUTANEOUS) | 337 | 12.8% |
| EBGLYSS PEN (SUBCUTANEOUS) | 7 | 0.3% |
| EUCRISA (TOPICAL) | 15 | 0.6% |
| PIMECROLIMUS (TOPICAL) | 81 | 3.1% |
| TACROLIMUS (AG) (TOPICAL) | 130 | 4.9% |
| TACROLIMUS (TOPICAL) | 902 | 34.3% |
| ANZUPGO (TOPICAL) | - | 0.0% |
| EBGLYSS SYRINGE (SUBCUTANEOUS) | - | 0.0% |
| NEMLUVIO PEN (SUBCUTANEOUS) | 18 | 0.7% |
| OPZELURA (TOPICAL) | 62 | 2.4% |
| VTAMA (TOPICAL) | 3 | 0.1% |
| ZORYVE 0.05% CREAM (TOPICAL) | - | 0.0% |
| ZORYVE 0.15% CREAM (TOPICAL) | - | 0.0% |

## Proposed PDL Drug Class:

*Lipotropic, Other*

# Lipotropic, Other

CHOLESTYRAMINE/ASPARTAME (ORAL)
CHOLESTYRAMINE/SUCROSE (ORAL)
COLESEVELAM (AG) (ORAL)
COLESEVELAM (ORAL)
COLESEVELAM POWDER PACK (AG) (ORAL)
COLESEVELAM POWDER PACK (ORAL)
COLESTID TABLET (ORAL)
COLESTIPOL GRANULES (ORAL)
COLESTIPOL TABLET (ORAL)
EVKEEZA (INTRAVEN)
EZETIMIBE (ORAL)
FENOFIBRATE (ANTARA) (AG) (ORAL)
FENOFIBRATE (ANTARA) (ORAL)
FENOFIBRATE (FENOGLIDE) (ORAL)
FENOFIBRATE CAPSULE (LIPOFEN) (ORAL)
FENOFIBRATE CAPSULE (LOFIBRA) (ORAL)
FENOFIBRATE TABLET (LOFIBRA) (ORAL)
FENOFIBRATE TABLET (TRICOR) (ORAL)
FENOFIBRIC ACID (FIBRICOR) (ORAL)
FENOFIBRIC ACID (TRILIPIX) (AG) (ORAL)
FENOFIBRIC ACID (TRILIPIX) (ORAL)
GEMFIBROZIL (ORAL)
ICOSAPENT ETHYL (ORAL)
JUXTAPID (ORAL)
LEQVIO (SUBCUTANEOUS)
NEXLETOL (ORAL)
NEXLIZET (ORAL)
NIACIN (ORAL)
NIACIN CAPSULE ER OTC (ORAL)
NIACIN ER (ORAL)
NIACIN TABLET OTC (ORAL)
NIACINAMIDE TABLET OTC (ORAL)
OMEGA-3 ACID ETHYL ESTERS (ORAL)
OMEGA-3 OTC (ORAL)
PRALUENT PEN (SUBCUTANEOUS)
REDEMPLO SYRINGE (SUBCUTANEOUS)
REPATHA PUSHTRONEX (SUBCUTANEOUS)
REPATHA SURECLICK (SUBCUTANEOUS)
REPATHA SYRINGE (SUBCUTANEOUS)
RESTORA OTC (ORAL)
SLO-NIACIN OTC (ORAL)
TRYNGOLZA AUTOINJECTOR (SUBCUTANEOUS)
WELCHOL POWDER PACK (ORAL)
WELCHOL TABLET (ORAL)
ZETIA (ORAL)

# PDL Recommendation

| Preferred | Non-Preferred |
|---|---|
| CHOLESTYRAMINE/ASPARTAME (ORAL)<br>CHOLESTYRAMINE/SUCROSE (ORAL)<br>COLESEVELAM (AG) (ORAL)<br>COLESEVELAM (ORAL)<br>EZETIMIBE (ORAL)<br>FENOFIBRATE CAPSULE (LOFIBRA) (ORAL)<br>FENOFIBRATE TABLET (LOFIBRA) (ORAL)<br>FENOFIBRATE TABLET (TRICOR) (ORAL)<br>GEMFIBROZIL (ORAL)<br>ICOSAPENT ETHYL (ORAL)<br>NIACIN ER (ORAL)<br>NIACIN TABLET OTC (ORAL)<br>OMEGA-3 ACID ETHYL ESTERS (ORAL)<br>OMEGA-3 OTC (ORAL)<br>PRALUENT PEN (SUBCUTANEOUS)<br>REPATHA SURECLICK (SUBCUTANEOUS) | COLESEVELAM POWDER PACK (AG) (ORAL)<br>COLESEVELAM POWDER PACK (ORAL)<br>COLESTID TABLET (ORAL)<br>COLESTIPOL GRANULES (ORAL)<br>COLESTIPOL TABLET (ORAL)<br>EVKEEZA (INTRAVEN)<br>FENOFIBRATE (ANTARA) (AG) (ORAL)<br>FENOFIBRATE (ANTARA) (ORAL)<br>FENOFIBRATE (FENOGLIDE) (ORAL)<br>FENOFIBRATE CAPSULE (LIPOFEN) (ORAL)<br>FENOFIBRIC ACID (FIBRICOR) (ORAL)<br>FENOFIBRIC ACID (TRILIPIX) (AG) (ORAL)<br>FENOFIBRIC ACID (TRILIPIX) (ORAL)<br>JUXTAPID (ORAL)<br>LEQVIO (SUBCUTANEOUS)<br>NEXLETOL (ORAL)<br>NEXLIZET (ORAL)<br>NIACIN (ORAL)<br>NIACIN CAPSULE ER OTC (ORAL)<br>NIACINAMIDE TABLET OTC (ORAL)<br>REDEMPLO SYRINGE (SUBCUTANEOUS)<br>RESTORA OTC (ORAL)<br>SLO-NIACIN OTC (ORAL)<br>TRYNGOLZA AUTOINJECTOR (SUBCUTANEOUS)<br>WELCHOL POWDER PACK (ORAL)<br>WELCHOL TABLET (ORAL)<br>ZETIA (ORAL) |

# Lipotropic, Other – Market Share

| Brand Name | Curr. Rx | Curr. MS |
|---|---|---|
| CHOLESTYRAMINE/ASPARTAME (ORAL) | 130 | 2.4% |
| CHOLESTYRAMINE/SUCROSE (ORAL) | 325 | 5.9% |
| COLESEVELAM (AG) (ORAL) | 37 | 0.7% |
| COLESEVELAM (ORAL) | 27 | 0.5% |
| EZETIMIBE (ORAL) | 1,544 | 28.0% |
| FENOFIBRATE CAPSULE (LOFIBRA) (ORAL) | 357 | 6.5% |
| FENOFIBRATE TABLET (LOFIBRA) (ORAL) | 1,063 | 19.3% |
| FENOFIBRATE TABLET (TRICOR) (ORAL) | 692 | 12.6% |
| GEMFIBROZIL (ORAL) | 609 | 11.1% |
| ICOSAPENT ETHYL (ORAL) | 43 | 0.8% |
| NIACIN ER (ORAL) | 12 | 0.2% |
| NIACIN TABLET OTC (ORAL) | 4 | 0.1% |
| OMEGA-3 ACID ETHYL ESTERS (ORAL) | 67 | 1.2% |
| OMEGA-3 OTC (ORAL) | 290 | 5.3% |
| PRALUENT PEN (SUBCUTANEOUS) | 3 | 0.1% |
| REPATHA SURECLICK (SUBCUTANEOUS) | 208 | 3.8% |
| REPATHA SYRINGE (SUBCUTANEOUS) | 29 | 0.5% |
| COLESEVELAM POWDER PACK (ORAL) | 3 | 0.1% |
| COLESTIPOL GRANULES (ORAL) | 1 | 0.0% |
| COLESTIPOL TABLET (ORAL) | 54 | 1.0% |
| FENOFIBRATE (FENOGLIDE) (ORAL) | 2 | 0.0% |
| FENOFIBRATE CAPSULE (LIPOFEN) (ORAL) | 3 | 0.1% |

# Proposed PDL Drug Class:

*Movement Disorders*

# Movement Disorders

AUSTEDO (ORAL)
AUSTEDO XR (ORAL)
AUSTEDO XR TITRATION KIT (ORAL)
INGREZZA (ORAL)
INGREZZA INITIATION PACK (ORAL)
INGREZZA SPRINKLE (ORAL)
TETRABENAZINE (ORAL)

# PDL Recommendation

| Preferred | Non-Preferred |
| --- | --- |
| AUSTEDO (ORAL)<br>AUSTEDO XR (ORAL)<br>AUSTEDO XR TITRATION KIT (ORAL)<br>INGREZZA (ORAL)<br>INGREZZA INITIATION PACK (ORAL)<br>INGREZZA SPRINKLE (ORAL)<br>TETRABENAZINE (ORAL) | |

# Movement Disorders – Market Share

| Brand Name | Curr. Rx | Curr. MS |
|---|---|---|
| AUSTEDO (ORAL) | 62 | 24.3% |
| AUSTEDO XR (ORAL) | 24 | 9.4% |
| AUSTEDO XR TITRATION KIT (ORAL) | 2 | 0.8% |
| INGREZZA (ORAL) | 127 | 49.8% |
| INGREZZA INITIATION PACK (ORAL) | 2 | 0.8% |
| INGREZZA SPRINKLE (ORAL) | 3 | 1.2% |
| TETRABENAZINE (ORAL) | 35 | 13.7% |

# Proposed PDL Drug Class:

*Multiple Sclerosis Agents*

# Multiple Sclerosis Agents

AMPYRA (ORAL)
AUBAGIO (ORAL)
AVONEX (INTRAMUSC.)
AVONEX PEN (INTRAMUSC.)
BAFIERTAM CAPSULE DR (ORAL)
BETASERON KIT (SUBCUTANE.)
BRIUMVI (INTRAVEN.)
CLADRIBINE TABLET (ORAL)
COPAXONE 20 MG/ML (SUBCUTANE.)
COPAXONE 40 MG/ML (SUBCUTANE.)
DALFAMPRIDINE ER (ORAL)
DIMETHYL FUMARATE DR (ORAL)
DIMETHYL FUMARATE DR STARTER PACK (ORAL)
FINGOLIMOD (ORAL)
GILENYA (ORAL)
GLATIRAMER 20 MG/ML (SUBCUTANE.)
GLATIRAMER 40 MG/ML (SUBCUTANE.)
KESIMPTA (SUBCUTANE.)
KESIMPTA (SUBCUTANE.)
LEMTRADA (INTRAVEN.)
MAVENCLAD (ORAL)
MAYZENT DOSE PACK (ORAL)
MAYZENT TABLET (ORAL)
OCREVUS (INTRAVEN.)
OCREVUS ZUNOVO VIAL (SUBCUTANE.)
PLEGRIDY (INTRAMUSC.)
PLEGRIDY (SUBCUTANE.)
PONVORY STARTER PACK (ORAL)
PONVORY TABLET (ORAL)
REBIF (SUBCUTANE.)
REBIF REBIDOSE PEN INJCTR (SUBCUTANE.)
TASCENSO ODT (ORAL)
TECFIDERA (ORAL)
TERIFLUNOMIDE TABLET (ORAL)
TYRUKO (INTRAVENOUS)
TYSABRI (INTRAVEN.)
VUMERITY (ORAL)
ZEPOSIA CAPSULE (ORAL)
ZEPOSIA STARTER PACK (ORAL)

# PDL Recommendation

| Preferred | Non-Preferred |
|---|---|
| AVONEX (INTRAMUSC.)<br>AVONEX PEN (INTRAMUSC.)<br>DALFAMPRIDINE ER (ORAL)<br>DIMETHYL FUMARATE DR (ORAL)<br>FINGOLIMOD (ORAL)<br>GLATIRAMER 20 MG/ML (SUBCUTANE.)<br>GLATIRAMER 40 MG/ML (SUBCUTANE.)<br>KESIMPTA (SUBCUTANE.)<br>TERIFLUNOMIDE TABLET (ORAL) | AMPYRA (ORAL)<br>AUBAGIO (ORAL)<br>BAFIERTAM CAPSULE DR (ORAL)<br>BETASERON KIT (SUBCUTANE.)<br>BRIUMVI (INTRAVEN.)<br>CLADRIBINE TABLET (ORAL)<br>COPAXONE 20 MG/ML (SUBCUTANE.)<br>COPAXONE 40 MG/ML (SUBCUTANE.)<br>DIMETHYL FUMARATE DR STARTER PACK (ORAL)<br>GILENYA (ORAL)<br>LEMTRADA (INTRAVEN.)<br>MAVENCLAD (ORAL)<br>MAYZENT DOSE PACK (ORAL)<br>MAYZENT TABLET (ORAL)<br>OCREVUS (INTRAVEN.)<br>OCREVUS ZUNOVO VIAL (SUBCUTANE.)<br>PLEGRIDY (INTRAMUSC.)<br>PLEGRIDY (SUBCUTANE.)<br>PONVORY STARTER PACK (ORAL)<br>PONVORY TABLET (ORAL)<br>REBIF (SUBCUTANE.)<br>REBIF REBIDOSE PEN INJCTR (SUBCUTANE.)<br>TASCENSO ODT (ORAL)<br>TECFIDERA (ORAL)<br>TYRUKO (INTRAVENOUS)<br>TYSABRI (INTRAVEN.)<br>VUMERITY (ORAL)<br>ZEPOSIA CAPSULE (ORAL)<br>ZEPOSIA STARTER PACK (ORAL) |

# Multiple Sclerosis Agents – Market Share

| Brand Name | Curr. Rx | Curr. MS |
|---|---|---|
| AVONEX (INTRAMUSC.) | 1 | 0.4% |
| AVONEX PEN (INTRAMUSC.) | 4 | 1.5% |
| DALFAMPRIDINE ER (ORAL) | 23 | 8.4% |
| DIMETHYL FUMARATE DR (ORAL) | 54 | 19.7% |
| FINGOLIMOD (ORAL) | 20 | 7.3% |
| GLATIRAMER 20 MG/ML (SUBCUTANE.) | 5 | 1.8% |
| GLATIRAMER 40 MG/ML (SUBCUTANE.) | 24 | 8.8% |
| KESIMPTA (SUBCUTANE.) | 62 | 22.6% |
| TERIFLUNOMIDE TABLET (ORAL) | 56 | 20.4% |
| BAFIERTAM CAPSULE DR (ORAL) | 2 | 0.7% |
| DIMETHYL FUMARATE DR STARTER PACK (ORAL) | 1 | 0.4% |
| MAVENCLAD (ORAL) | 5 | 1.8% |
| OCREVUS (INTRAVEN.) | 1 | 0.4% |
| REBIF (SUBCUTANE.) | 4 | 1.5% |
| REBIF REBIDOSE PEN INJCTR (SUBCUTANE.) | 1 | 0.4% |
| TYSABRI (INTRAVEN.) | 1 | 0.4% |
| VUMERITY (ORAL) | 10 | 3.6% |

# Proposed PDL Drug Class:

*Ophthalmics, Dry Eye Agents*

# Ophthalmic, Dry Eye Agents

EYSUVIS (OPHTHALMIC)
RESTASIS (OPHTHALMIC)
XIIDRA (OPHTHALMIC)
CEQUA (OPHTHALMIC)
CYCLOSPORINE (AG) (OPHTHALMIC)
CYCLOSPORINE (OPHTHALMIC)
MIEBO (OPHTHALMIC)
RESTASIS MULTIDOSE (OPHTHALMIC)
TRYPTYR (OPHTHALMIC)
TYRVAYA SPRAY (NASAL)
VEVYE (OPHTHALMIC)

# PDL Recommendation

| Preferred | Non-Preferred |
| --- | --- |
| EYSUVIS (OPHTHALMIC)<br>RESTASIS (OPHTHALMIC)<br>XIIDRA (OPHTHALMIC) | CEQUA (OPHTHALMIC)<br>CYCLOSPORINE (AG) (OPHTHALMIC)<br>CYCLOSPORINE (OPHTHALMIC)<br>MIEBO (OPHTHALMIC)<br>RESTASIS MULTIDOSE (OPHTHALMIC)<br>TRYPTYR (OPHTHALMIC)<br>TYRVAYA SPRAY (NASAL)<br>VERKAZIA (OPHTHALMIC)<br>VEVYE (OPHTHALMIC) |

# Ophthalmic, Dry Eye Agents – Market Share

| Brand Name | Curr. Rx | Curr. MS |
|---|---|---|
| EYSUVIS (OPHTHALMIC) | - | 0.0% |
| RESTASIS (OPHTHALMIC) | 15 | 1.9% |
| XIIDRA (OPHTHALMIC) | 42 | 5.2% |
| CEQUA (OPHTHALMIC) | 9 | 1.1% |
| CYCLOSPORINE (AG) (OPHTHALMIC) | 586 | 72.4% |
| CYCLOSPORINE (OPHTHALMIC) | 96 | 11.9% |
| MIEBO (OPHTHALMIC) | 31 | 3.8% |
| RESTASIS MULTIDOSE (OPHTHALMIC) | - | 0.0% |
| TRYPTYR (OPHTHALMIC) | - | 0.0% |
| TYRVAYA SPRAY (NASAL) | 9 | 1.1% |
| VEVYE (OPHTHALMIC) | 2 | 0.2% |

# Proposed PDL Drug Class:

*PAH Agents, Oral and Inhaled*

# PAH Agents, Oral and Inhaled

ADEMPAS (ORAL)
AMBRISENTAN (ORAL)
BOSENTAN TAB SUSP (ORAL)
BOSENTAN TABLET (ORAL)
LETAIRIS (ORAL)
OPSUMIT (ORAL)
OPSYNVI TABLET (ORAL)
ORENITRAM ER (ORAL)
ORENITRAM TITRATION KIT (ORAL)
REVATIO TABLET (ORAL)
SILDENAFIL SUSPENSION (ORAL)
SILDENAFIL TABLET (ORAL)
TADALAFIL (ADCIRCA) (ORAL)
TADLIQ SUSPENSION (ORAL)
TRACLEER SUSPENSION (ORAL)
TRACLEER TABLET (ORAL)
TYVASO (INHALATION)
TYVASO DPI (INHALATION)
UPTRAVI (ORAL)
UPTRAVI TABLET DOSE PACK (ORAL)
YUTREPIA CAP W/DEV (INHALATION)

# PDL Recommendation

| Preferred | Non-Preferred |
|---|---|
| AMBRISENTAN (ORAL)<br>SILDENAFIL SUSPENSION (ORAL)<br>SILDENAFIL TABLET (ORAL)<br>TADALAFIL (ADCIRCA) (ORAL)<br>YUTREPIA CAP W/DEV (INHALATION) | ADEMPAS (ORAL)<br>BOSENTAN TAB SUSP (ORAL)<br>BOSENTAN TABLET (ORAL)<br>LETAIRIS (ORAL)<br>OPSUMIT (ORAL)<br>OPSYNVI TABLET (ORAL)<br>ORENITRAM ER (ORAL)<br>ORENITRAM TITRATION KIT (ORAL)<br>REVATIO TABLET (ORAL)<br>TADLIQ SUSPENSION (ORAL)<br>TRACLEER SUSPENSION (ORAL)<br>TRACLEER TABLET (ORAL)<br>TYVASO (INHALATION)<br>TYVASO DPI (INHALATION)<br>UPTRAVI (ORAL)<br>UPTRAVI TABLET DOSE PACK (ORAL) |

# PAH Agents, Oral and Inhaled – Market Share

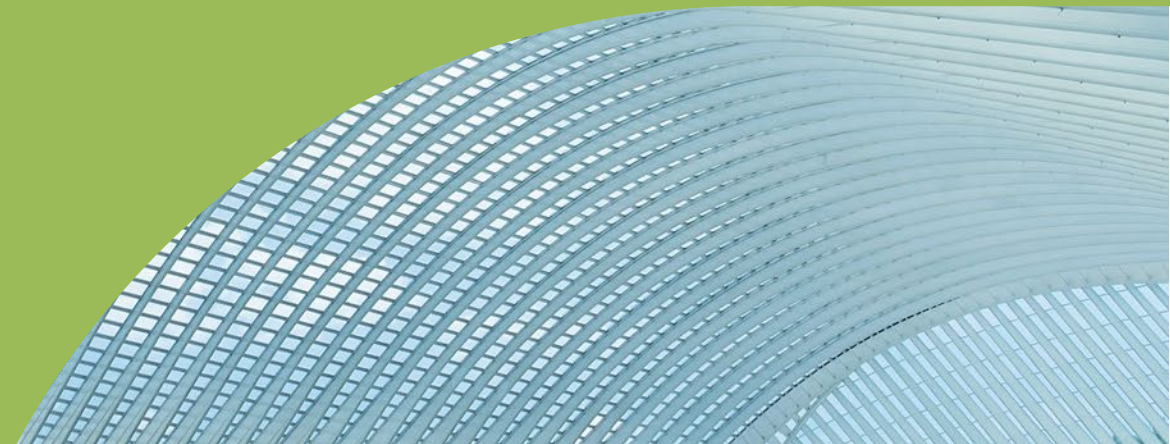
| Brand Name | Curr. Rx | Curr. MS |
|---|---|---|
| AMBRISENTAN (ORAL) | 106 | 15.8% |
| SILDENAFIL SUSPENSION (ORAL) | 73 | 10.9% |
| SILDENAFIL TABLET (ORAL) | 182 | 27.2% |
| TADALAFIL (ADCIRCA) (ORAL) | 108 | 16.1% |
| YUTREPIA CAP W/DEV (INHALATION) | - | 0.0% |
| ADEMPAS (ORAL) | 16 | 2.4% |
| BOSENTAN TAB SUSP (ORAL) | - | 0.0% |
| BOSENTAN TABLET (ORAL) | - | 0.0% |
| LETAIRIS (ORAL) | - | 0.0% |
| OPSUMIT (ORAL) | 80 | 12.0% |
| OPSYNVI TABLET (ORAL) | 11 | 1.6% |
| ORENITRAM ER (ORAL) | 10 | 1.5% |
| ORENITRAM TITRATION KIT (ORAL) | - | 0.0% |
| REVATIO TABLET (ORAL) | - | 0.0% |
| TADLIQ SUSPENSION (ORAL) | 24 | 3.6% |
| TRACLEER SUSPENSION (ORAL) | - | 0.0% |
| TRACLEER TABLET (ORAL) | - | 0.0% |
| TYVASO (INHALATION) | 12 | 1.8% |
| TYVASO DPI (INHALATION) | 3 | 0.4% |
| UPTRAVI (ORAL) | 38 | 5.7% |
| UPTRAVI TABLET DOSE PACK (ORAL) | 4 | 0.6% |

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# New Mexico P&T Board Meeting

April 13, 2026



# PUBLIC COMMENTS

# VOTING

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# New Mexico P&T/DUR Committee Meeting Adjourned

Next Meeting July ___, 2026

