

**West Virginia Bureau for Medical Services**  
**Preferred Drug List Changes**  
**P&T Meeting Date: January 26, 2022**  
**PDL Changes Effective Date: April 1, 2022**



The following changes will be made to the Preferred Drug List (PDL), effective April 1st, 2022, pending recommendation and/or approval by the P&T Committee, BMS, and Secretary of DHHR.

For a comprehensive PDL, refer to <http://www.medicaid.ms.gov/providers/pharmacy/preferred-drug-list/>.

<b>NEW PREFERRED DRUGS</b>	
<b>THERAPEUTIC CLASS</b>	<b>RECOMMENDED for PREFERRED STATUS</b>
Antipsychotics, Atypical	Invega Hafyera (paliperidone)
VMAT Inhibitors	Austedo tablet (deutetrabenazine)
VMAT Inhibitors	Ingrezza capsule (valbenazine)
VMAT Inhibitors	tetrabenazine tablet

<b>NEW NON-PREFERRED DRUGS</b>	
<b>THERAPEUTIC CLASS</b>	<b>RECOMMENDED for NON-PREFERRED STATUS</b>
Acne Agents, Topical	Winlevi cream (clascoterone)
Analgesics, Narcotic LA	fentanyl transdermal patches (25/50/75/100 mcg/hr)
Analgesics, Narcotic LA	belbucca film
Angiotensin Modulators	enalapril solution
Antidepressants, SSRI	paroxetine suspension
Antimigraine Agents, Acute	Trudhesa spray (dihydroergotamine)
Antimigraine Agents, Acute	sumatriptan/naproxen
Antimigraine Agents, Acute	Cafergot (ergotamine/caffeine)
Antimigraine Agents, Acute	D.H.E. 45 Ampule (dihydroergotamine)
Antimigraine Agents, Acute	dihydroergotamine injection, nasal spray
Antimigraine Agents, Acute	Migergot Rectal Suppository (ergotamine/caffeine)
Antimigraine Agents, Acute	Mirgranal Spray (dihydroergotamine)
Antimigraine Agents, Prophylaxis	Qulipta (atogepant)
Antipsychotics, Atypical	Lybalvi (olanzapine and samidrophan)

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**NEW NON-PREFERRED DRUGS**

<b>THERAPEUTIC CLASS</b>	<b>RECOMMENDED for NON-PREFERRED STATUS</b>
Beta Blockers	nebivolol
Immunomodulators, Atopic Dermatitis	Opzelura cream (ruxolitinib)
Immunosuppressives, Oral	everolimus tablet
NSAIDS	famotidine/ibuprofen
Ophthalmics, Anti-Inflammatories	difluprednate
Tetracyclines	Nuzyra (omadacycline)
VMAT Inhibitors	xenazine tablet

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