

## **Highlight of changes to the Preferred Drug List (PDL) effective July 2019**

### **Androgenic Drugs - Topical**

Testosterone gel packets and pumps (generic for Vogelxo) are now preferred over brand name Androgel. The same clinical criteria for hypogonadism are still in effect.

### **NEW CLASS: Antimigraine, Other: Calcitonin Gene-Related Peptide Inhibitors**

Emgality is preferred; Aimovig and Ajoovy are non-preferred. Please refer to the Class Criteria column – Idaho Medicaid is following the American Headache Society's recommendations for coverage.

### **Proton Pump Inhibitors**

Lansoprazole capsules are now preferred in addition to omeprazole RX capsules and pantoprazole tablets. Prior authorization is now required for long-term therapy greater than 60 days.