



New Hampshire Department of Health and Human Services Fee-for-Service Medicaid Preferred Drug List (PDL)

Effective Date: January 1, 2026

TABLE OF CONTENTS

ANALGESICS – LONG-ACTING OPIOIDS***	5
ANALGESICS – ANTI-INFLAMMATORY – NON-SELECTIVE NSAIDS.....	5
ANALGESICS – ACUTE PAIN – NON-OPIOID	5
ANALGESICS – TRAMADOL AND TRAMADOL-LIKE DERIVATIVES	6
ANTIBIOTICS – SECOND GENERATION CEPHALOSPORINS	6
ANTIBIOTICS – THIRD GENERATION CEPHALOSPORINS.....	6
ANTIBIOTICS – MACROLIDES	7
ANTIBIOTICS – SECOND GENERATION QUINOLONES.....	7
ANTIBIOTICS – THIRD GENERATION QUINOLONES	7
ANTIBIOTICS – HERPETIC ANTIVIRALS	8
ANTIBIOTICS – INHALED.....	8
ANTIBIOTICS – VAGINAL.....	8
ANTICONVULSANTS – CARBAMAZEPINE DERIVATIVES	9
ANTICONVULSANTS – FIRST GENERATION	9
ANTICONVULSANTS – ACUTE TREATMENT	10
ANTICONVULSANTS – SECOND GENERATION	10
ANTIFUNGALS	11
ANTIPARKINSON’S AGENTS – DOPAMINE RECEPTOR AGONISTS	11
ANTIVIRALS – TREATMENT/PROPHYLAXIS OF INFLUENZA	11
ANTIVIRALS – ORAL TREATMENT OF COVID-19	11
ATOPIC DERMATITIS TREATMENTS	12
BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS AND COMBOS	12
BEHAVIORAL HEALTH – ALZHEIMER’S AGENTS	13
BEHAVIORAL HEALTH – NOVEL ANTIDEPRESSANTS.....	13
BEHAVIORAL HEALTH – ANXIOLYTICS	14
BEHAVIORAL HEALTH – SEROTONIN REUPTAKE INHIBITORS AND COMBOS	14

Proprietary & Confidential

All brand names are property of their respective owners.

© 2019–2026 Prime Therapeutics Management LLC, a Prime Therapeutics LLC company

BEHAVIORAL HEALTH – SEDATIVE HYPNOTICS	15
BEHAVIORAL HEALTH – ANTIHYPERKINESIS***	16
CARDIOVASCULAR – ACE INHIBITORS AND COMBINATIONS	17
CARDIOVASCULAR – ANGIOTENSIN II RECEPTOR BLOCKERS AND COMBINATIONS ..	18
CARDIOVASCULAR – ANTIANGINAL AND ANTI-ISCHEMIC	18
CARDIOVASCULAR – BETA-BLOCKERS AND COMBINATION.....	19
CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (DHP)	20
CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (NON-DHP) AND COMBINATIONS	20
CARDIOVASCULAR – CHOLESTEROL ABSORPTION INHIBITORS AND COMBINATIONS	20
CARDIOVASCULAR – STATINS AND COMBINATIONS	21
CARDIOVASCULAR – HIGH POTENCY STATINS AND COMBINATIONS	21
CARDIOVASCULAR – TRIGLYCERIDE LOWERING AGENTS.....	21
CARDIOVASCULAR – PCSK9 TARGETED THERAPIES**	21
CARDIOVASCULAR – PLATELET INHIBITORS.....	22
CARDIOVASCULAR – NIACIN DERIVATIVES	22
CARDIOVASCULAR – ORAL PULMONARY HYPERTENSION AGENTS	22
CENTRAL NERVOUS SYSTEM – TRIPTANS	23
CENTRAL NERVOUS SYSTEM – CALCITONIN GENE-RELATED PEPTIDE INHIBITORS – MIGRAINE AND CLUSTER HEADACHE PREVENTION.....	23
CENTRAL NERVOUS SYSTEM – CALCITONIN GENE-RELATED PEPTIDE INHIBITORS – MIGRAINE AND CLUSTER HEADACHE TREATMENT	23
CENTRAL NERVOUS SYSTEM – MULTIPLE SCLEROSIS	24
CENTRAL NERVOUS SYSTEM – MOVEMENT DISORDERS.....	25
DUCHENNE MUSCULAR DYSTROPHY TREATMENTS	25
ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS.....	25
ENDOCRINOLOGY – BIGUANIDES AND COMBOS.....	25
ENDOCRINOLOGY – DIPEPTIDYL PEPTIDASE-4 (DPP4) INHIBITORS AND COMBINATIONS	26
ENDOCRINOLOGY – GLUCAGON AGENTS	26
ENDOCRINOLOGY – GLUCAGON-LIKE PEPTIDE-1 (GLP-1) AGONISTS AND COMBINATIONS	27
ENDOCRINOLOGY – GROWTH HORMONE	27
ENDOCRINOLOGY – PITUITARY SUPPRESSIVE AGENTS - LHRH	27
ENDOCRINOLOGY – INSULINS	28
ENDOCRINOLOGY – MEGLITINIDES.....	30
ENDOCRINOLOGY – POTASSIUM BINDERS	30

ENDOCRINOLOGY – SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR AND COMBINATIONS	30
ENDOCRINOLOGY – THIAZOLIDINEDIONES AND COMBINATIONS	30
ENDOCRINOLOGY – SECOND GENERATION SULFONYLUREAS AND COMBINATIONS	31
GASTROINTESTINAL – ANTIEMETICS***	31
GASTROINTESTINAL – BOWEL DISORDERS/GI MOTILITY, CHRONIC	32
GASTROINTESTINAL – HEPATITIS C AGENTS	32
GASTROINTESTINAL – PROTON PUMP INHIBITORS AND COMBINATIONS***	33
GASTROINTESTINAL – ULCERATIVE COLITIS	34
GENITOURINARY/RENAL – ALPHA BLOCKERS FOR BENIGN PROSTATIC HYPERPLASIA	35
GENITOURINARY/RENAL – ANDROGEN HORMONE INHIBITORS	35
GENITOURINARY/RENAL – ELECTROLYTE DEPLETERS	35
GENITOURINARY/RENAL – URINARY ANTISPASMODICS	36
HEMATOLOGIC – ANTICOAGULANTS	36
HEMATOLOGIC – COLONY STIMULATING FACTORS	37
HEMATOLOGIC – HEMATOPOIETIC AGENTS	37
HEMATOLOGIC – SICKLE CELL GENE THERAPY	37
HIV/AIDS – ORAL PRODUCTS	38
IMMUNOLOGIC – SYSTEMIC IMMUNOMODULATORS	39
MISCELLANEOUS – PANCREATIC ENZYMES	41
MISCELLANEOUS – SKELETAL MUSCLE RELAXANTS	41
MISCELLANEOUS – SMOKING CESSATION	42
MISCELLANEOUS – TOPICAL ANDROGENIC AGENTS	43
OPHTHALMIC/GLAUCOMA – ALPHA 2 ADRENERGIC AGENTS	43
OPHTHALMIC/GLAUCOMA – BETA BLOCKER AGENTS	43
OPHTHALMIC/GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS	44
OPHTHALMIC/GLAUCOMA – PROSTAGLANDIN AGONISTS	44
OPHTHALMIC/GLAUCOMA – RHO KINASE INHIBITOR***	44
OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES	45
OPHTHALMIC/ANTIBIOTIC – QUINOLONES	45
OPHTHALMIC – NONSTEROIDAL ANTIINFLAMMATORY	45
OPHTHALMIC – ANTIINFLAMMATORY/IMMUNOMODULATORS	46
OPIATE DEPENDENCE TREATMENT**	46
OPIOID REVERSAL AGENTS	47
OSTEOPOROSIS – BISPHOSPHONATES	48
OSTEOPOROSIS – NASAL CALCITONINS	48
OTIC/ANTIBIOTIC – QUINOLONES AND COMBINATIONS	48

RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).....	49
RESPIRATORY – LEUKOTRIENE MODIFIERS	49
RESPIRATORY – SHORT ACTING BETA ADRENERGICS AND COMBINATIONS – INHALERS/NEBS	50
RESPIRATORY – LONG ACTING BETA ADRENERGICS AND COMBINATIONS – INHALERS/NEBS	50
RESPIRATORY – INHALED CORTICOSTEROIDS	51
RESPIRATORY – INHALED CORTICOSTEROIDS ADRENERGIC AND COMBINATIONS ...	51
RESPIRATORY – NASAL ANTIHISTAMINES AND COMBINATIONS.....	52
RESPIRATORY – NASAL CORTICOSTEROIDS AND COMBINATIONS***	52
RESPIRATORY – LOW SEDATING ANTIHISTAMINES.....	52
RESPIRATORY – IDIOPATHIC PULMONARY FIBROSIS	53
RESPIRATORY – ASTHMA IMMUNOMODULATORS**	53
SELF-INJECTION EPINEPHRINE***	53
EPINEPHRINE, SELF-ADMINISTERED, NASAL	53
SPINAL MUSCULAR ATROPHY	53
TOPICAL – ANTIPARASITICS	54
TOPICAL – STEROIDS	54
TOPICAL – TOPICAL AGENTS FOR PSORIASIS	56
TOPICAL – TOPICAL COMBINATION BENZOYL PEROXIDE AND CLINDAMYCIN PRODUCTS	56
TOPICAL – TOPICAL RETINOIDS	56
TOPICAL – TOPICAL ANTIVIRALS.....	57
TOPICAL – TOPICAL ANTIBIOTICS	57
UREA CYCLE DISORDERS, ORAL	57
UTERINE DISORDER TREATMENTS	57

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

ANALGESICS – LONG-ACTING OPIOIDS***

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> buprenorphine patch (generic for Butrans) Butrans fentanyl patch (12, 25, 50, 75, 100 mcg/hr) hydromorphone ER (generic for Exalgo) morphine ER (generic for Kadian, MS Contin) oxycodone ER (generic for Oxycontin) oxymorphone ER (generic for Opana ER) 	<ul style="list-style-type: none"> Belbuca fentanyl patch (37.5, 62.5, 87.5 mcg/hr) hydrocodone bitartrate ER (generic for Hysingla) hydrocodone bitartrate ER (generic for Zohydro ER) Hysingla ER morphine ER (generic for Avinza) MS Contin Oxycontin
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANALGESICS – ANTI-INFLAMMATORY – NON-SELECTIVE NSAIDS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> celecoxib (generic for Celebrex) meloxicam tab (generic for Mobic) 	<ul style="list-style-type: none"> Celebrex* meloxicam cap (generic for Vivlodex) naproxen/esomeprazole tab (generic for Vimovo)
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANALGESICS – ACUTE PAIN – NON-OPIOID

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Journavx*** 	

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

ANALGESICS – TRAMADOL AND TRAMADOL-LIKE DERIVATIVES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none">tramadol (generic for Ultram)tramadol/acetaminophen (generic for Ultracet)tramadol ER (generic for ConZip, Ryzolt ER, Ultram ER)**	<ul style="list-style-type: none">Conziptramadol solutiontramadol 25 mg, 75 mg, 100 mg tablets
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ANTIBIOTICS – SECOND GENERATION CEPHALOSPORINS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none">cefaclor caps. (generic for Ceclor)cefprozil susp./tabs (generic for Cefzil Susp/Tabs)cefuroxime (generic for Ceftin)	<ul style="list-style-type: none">cefaclor ER tablets, suspension (generic for Ceclor)
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ANTIBIOTICS – THIRD GENERATION CEPHALOSPORINS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none">cefdinir caps/susp. (generic for Omnicef cap/susp)cefixime caps/susp. (generic for Suprax)cefepodoxime tabs, susp. (generic for Vantin)	

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

ANTIBIOTICS – MACROLIDES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> azithromycin (generic for Zithromax)*** clarithromycin/ER/susp (generic for Biaxin/XL/susp)*** E.E.S. tablet erythromycin base tab (generic for E-Mycin) erythromycin ethylsuccinate (generic for E.E.S.) 	<ul style="list-style-type: none"> E.E.S. 200 suspension EryPed 200 susp EryPed 400 susp Ery-Tab Erythrocin erythromycin base cap Zithromax*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIBIOTICS – SECOND GENERATION QUINOLONES

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> ciprofloxacin (generic for Cipro) Cipro susp 	<ul style="list-style-type: none"> ciprofloxacin suspension Cipro* ofloxacin (generic for Floxin)
Qty limits apply	Trial and failure of 1 Preferred products required prior to Non-Preferred products.

ANTIBIOTICS – THIRD GENERATION QUINOLONES

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> levofloxacin (generic for Levaquin) moxifloxacin (generic for Avelox) 	<ul style="list-style-type: none"> Baxdela
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

ANTIBIOTICS – HERPETIC ANTIVIRALS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> acyclovir (generic for Zovirax) famciclovir (generic for Famvir) valacyclovir (generic for Valtrex) 	<ul style="list-style-type: none"> Valtrex*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIBIOTICS – INHALED

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Bethkis Kitabis Pak Tobi Podhaler tobramycin solution (generic for Tobi) 	<ul style="list-style-type: none"> Arikayce Cayston Tobi* tobramycin (generic for Bethkis) tobramycin pak (generic for Kitabis)
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIBIOTICS – VAGINAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Cleocin cream Clindesse metronidazole Nuessa 	<ul style="list-style-type: none"> Cleocin Ovules clindamycin Vandazole Xaciato
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

ANTICONVULSANTS – CARBAMAZEPINE DERIVATIVES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> carbamazepine chew/susp/tab/XR (generic for Tegretol/XR) Carbatrol oxcarbazepine ER (generic for Oxtellar XR) oxcarbazepine tab (generic for Trileptal) Tegretol XR Trileptal suspension 	<ul style="list-style-type: none"> carbamazepine ER (generic for Carbatrol) Equetro oxcarbazepine susp (generic for Trileptal Susp) Oxtellar XR Tegretol susp/tab* Trileptal tab*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

ANTICONVULSANTS – FIRST GENERATION

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Celontin Depakote Sprinkle Dilantin Infatab divalproex/ER (generic for Depakote/ER) ethosuximide cap/syrup (generic for Zarontin) felbamate (generic for Felbatol) phenytoin cap/susp/chew (generic for Dilantin/cap/susp/chew) phenytoin (generic for Phenytek) primidone (generic for Mysoline) valproic acid cap/syrup (generic for Depakene) 	<ul style="list-style-type: none"> Depakote* Depakote ER* Dilantin cap/susp* divalproex sprinkle Felbatol* methsuximide (generic for Celontin) Phenytek* Zarontin cap/syrup*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

ANTICONVULSANTS – ACUTE TREATMENT

NASAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> diazepam (generic for Diastat) Nayzilam Valtoco 	<ul style="list-style-type: none"> Libervant

ANTICONVULSANTS – SECOND GENERATION

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> clobazam (generic for Onfi) Epidiolex eslicarbazepine (generic for Aptiom) gabapentin (generic for Neurontin) lacosamide (generic for Vimpat) lamotrigine/ODT/XR (generic for Lamictal/ODT/XR) levetiracetam/ER (generic for Keppra/XR) perampanel (generic for Fycompa) pregabalin (generic for Lyrica) rufinamide susp/tab (generic for Banzel) Sabril tiagabine (generic for Gabitril) topiramate (generic for Topamax) topiramate ER (generic for Qudexy XR) Trokendi XR* zonisamide (generic for Zonegran) 	<ul style="list-style-type: none"> Aptiom* Banzel* Briviact Diacomit Elepsia XR Eprontia Fintepla Fycompa Gabarone Keppra tab/sol* Keppra XR* Lamictal dose pack, tab* Lamictal ODT, dose pack Lamictal XR, dose pack lamotrigine ODT dose pack lamotrigine tablet dose pack levetiracetam (generic for Spritam) Lyrica (requires additional clinical PA) Motpoly XR Neurontin* Onfi* Qudexy XR* Spritam Sympazan Topamax* Topamax sprinkle topiramate ER (generic for Trokendi XR) vigabatrin (generic for Sabril) Vigafyde solution Vimpat* Xcopri Zonisade

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

PREFERRED	NON-PREFERRED
	<ul style="list-style-type: none"> Ztalmy
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

ANTIFUNGALS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> ciclopirox solution (generic for Penlac) itraconazole tavaborole (generic for Kerydin) terbinafine (generic of Lamisil) 	<ul style="list-style-type: none"> oxiconazole (generic for Oxistat) Oxistat Sporanox
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIPARKINSON'S AGENTS – DOPAMINE RECEPTOR AGONISTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> pramipexole/ER (generic for Mirapex/ER) ropinirole/ER (generic for Requip/XL) 	<ul style="list-style-type: none"> Inbrija Neupro
	Trial and failure of 1 Preferred products based on diagnosis required prior to Non-Preferred products

ANTIVIRALS – TREATMENT/PROPHYLAXIS OF INFLUENZA

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> amantadine (generic for Symmetrel) oseltamivir (generic for Tamiflu) 	<ul style="list-style-type: none"> Flumadine tablet Relenza*** rimantadine (generic for Flumadine) Tamiflu*** Xofluza***
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIVIRALS – ORAL TREATMENT OF COVID-19

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Paxlovid 	

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

ATOPIC DERMATITIS TREATMENTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> • Adbry • Dupixent • Ebglyss • Eucrisa • pimecrolimus (generic for Elidel) • tacrolimus (generic for Protopic) 	<ul style="list-style-type: none"> • Nemluvio • Opzelura • Vtama • Zoryve 0.15% cream
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS AND COMBOS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Abilify Asimtufii • Abilify Maintena • aripiprazole/ODT/solution (generic for Abilify/Discmelt/oral solution) • Aristada • Aristada Initio • asenapine (generic for Saphris) • clozapine (generic for Clozaril) • clozapine ODT (generic for Fazaclo) • Invega Sustenna/Trinza/Hafyera • lurasidone (generic for Latuda) • olanzapine/ODT/IM (generic for Zyprexa) • olanzapine/fluoxetine (generic for Symbyax) • paliperidone (generic for Invega) • Perseris • quetiapine/ER (generic for Seroquel/XR) • Risperdal Consta*** • risperidone/ODT (generic for Risperdal/MT) • risperidone IM • Uzedly • Vraylar • ziprasidone/IM (generic for Geodon) 	<ul style="list-style-type: none"> • Abilify* • Abilify MyCite • Caplyta • Clozaril* • Cobenfy • Erzofri • Fanapt • Geodon/IM* • Invega* • Latuda* • Lybalvi • Opipta • Rexulti • Risperdal* • Rykindo • Saphris* • Secuado Transdermal System • Seroquel/XR* • Versacloz • Zyprexa* • Zyprexa Relprevv
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

BEHAVIORAL HEALTH – ALZHEIMER’S AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> donepezil/ODT/23 mg (generic for Aricept/ODT/23 mg) Exelon patch galantamine tab (generic for Razadyne) memantine tab (generic for Namenda tab) memantine ER (generic for Namenda XR) rivastigmine capsule (generic for Exelon capsule) 	<ul style="list-style-type: none"> Adlarity Aricept* Aricept 23 mg* galantamine ER (generic for Razadyne ER) galantamine solution (generic for Razadyne) memantine/donepezil ER (generic for Namzaric) memantine dose pack/solution (generic for Namenda dose pack/solution) Namenda dose pack Namenda XR* Namzaric rivastigmine patch (generic for Exelon patch) Zunveyl
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

BEHAVIORAL HEALTH – NOVEL ANTIDEPRESSANTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> bupropion (generic for Wellbutrin) bupropion SR (generic for Wellbutrin SR) bupropion XL (generic for Forfivo XL) bupropion XL (generic for Wellbutrin XL) desvenlafaxine ER (generic for Pristiq) duloxetine (generic for Cymbalta, Irenka) mirtazapine (generic for Remeron) mirtazapine ODT (generic for Remeron Sol-Tabs) nefazodone (generic for Serzone) trazodone (generic for Desyrel) venlafaxine (generic for Effexor) venlafaxine ER (generic for Effexor XR) vilazodone (generic for Viibryd) 	<ul style="list-style-type: none"> Auvelity Cymbalta Drizalma Sprinkle Effexor XR* Emsam Fetzima Forfivo XL* Pristiq* Raldesy solution Remeron* Remeron Sol-Tabs* Spravato** (requires additional clinical PA) Trintellix Venlafaxine Besylate ER Viibryd* Wellbutrin SR* Zurzuva

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

PREFERRED	NON-PREFERRED
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

BEHAVIORAL HEALTH – ANXIOLYTICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> alprazolam/XR (generic for Xanax/XR) buspirone (generic for Buspar) chlordiazepoxide (generic for Librium) clonazepam (generic for Klonopin) clorazepate (generic for Tranxene) diazepam (generic for Valium) lorazepam (generic for Ativan) 	<ul style="list-style-type: none"> alprazolam intensol alprazolam ODT Bucapsol diazepam intensol diazepam vial Loreev XR Klonopin* oxazepam (generic for Serax) Xanax* Xanax XR*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

BEHAVIORAL HEALTH – SEROTONIN REUPTAKE INHIBITORS AND COMBOS

Note: Recipients < 12 years of age exempt from PDL in SSRI category.

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> citalopram tablet (generic for Celexa) escitalopram/soln (generic for Lexapro) fluoxetine/Weekly (generic for Prozac/Weekly/Sarafem) fluvoxamine paroxetine/ER (generic for Paxil/ CR) sertraline (generic for Zoloft) 	<ul style="list-style-type: none"> Celexa* citalopram capsule, solution fluoxetine capsule DR fluvoxamine ER (Luvox CR) Lexapro tab* paroxetine (generic for Brisdelle) paroxetine suspension Paxil/CR* Prozac* sertraline capsule sertraline concentrate Zoloft*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

BEHAVIORAL HEALTH – SEDATIVE HYPNOTICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> doxepin (generic for Silenor) estazolam (generic for Prosom) eszopiclone (generic for Lunesta) ramelteon (generic for Rozerem) temazepam (generic for Restoril) triazolam (generic for Halcion) zaleplon (generic for Sonata) zolpidem/ER (generic for Ambien/CR) 	<ul style="list-style-type: none"> Ambien/CR* Belsomra Dayvigo Doral Edluar flurazepam (generic for Dalmane) Halcion* Igalmi Quviviq Restoril* Rozerem* temazepam 22.5mg zolpidem capsule zolpidem SL (generic for Intermezzo)
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

BEHAVIORAL HEALTH – ANTIHYPERKINESIS***

****Criteria for approval:** < 21 years of age exempt from prior approval for preferred drugs.

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> Adderall (generic) amphetamine salt combo/XR (generic for Adderall/XR) amphetamine sulfate (generic for Evekeo) atomoxetine (generic for Strattera) clonidine ER (generic for Kapvay) Concerta Daytrana dexmethylphenidate/XR (generic for Focalin/XR) dextroamphetamine /ER (generic for Dexedrine/ER) guanfacine ER (generic for Intuniv) lisdexamfetamine chewable (generic for Vyvanse chewable) methamphetamine (generic for Desoxyn) methylphenidate CD (generic for Metadate CD) methylphenidate chewable (generic for Methylin chew) methylphenidate ER (generic for Concerta/Ritalin LA) methylphenidate solution (generic for Methylin soln.) methylphenidate/SR (generic for Ritalin/ SR) ProCentra Relexxii Vyvanse capsule 	<ul style="list-style-type: none"> Adderall XR Adzenys XR-ODT amphetamine salt combo ER (generic for Mydayis) Aptensio XR Azstarys Cotempla XR-ODT Dexedrine ER dextroamphetamine soln. (generic for ProCentra) Dyanavel XR Evekeo Focalin Focalin XR Intuniv Jornay PM lisdexamfetamine capsule (generic for Vyvanse capsule) Methylin solution methylphenidate ER (generic for Aptensio XR, Relexxi) methylphenidate patch (generic for Daytrana) Mydayis Onyda XR Qelbree QuilliChew ER Quillivant XR Ritalin Ritalin LA Strattera Vyvanse chewable Xelstrym Zenzedi
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

CARDIOVASCULAR – ACE INHIBITORS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> amlodipine/benazepril (generic for Lotrel) benazepril (generic for Lotensin) benazepril/HCTZ (generic for Lotensin HCT) captopril (generic for Capoten) enalapril (generic for Vasotec) enalapril solution (generic for Epaned) enalapril/HCTZ (generic for Vaseretic) fosinopril lisinopril (generic for Prinivil and Zestril) lisinopril/HCTZ (generic for Prinzide and Zestoretic) quinapril (generic for Accupril) quinapril/HCTZ (generic for Accuretic) ramipril (generic for Altace) trandolapril (generic for Mavik) 	<ul style="list-style-type: none"> Accupril* Accuretic* Altace* captopril/HCTZ (generic for Capozide) Epaned* (non-preferred for adults only) fosinopril/HCTZ Lotensin*/HCT Lotrel* moexipril perindopril (generic for Aceon) Qbrelis trandolapril/verapamil (generic for Tarka) Zestoretic* Zestril*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

CARDIOVASCULAR – ANGIOTENSIN II RECEPTOR BLOCKERS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> amlodipine/olmesartan (generic for Azor) amlodipine/olmesartan/HCTZ (generic for Tribenzor) amlodipine/valsartan (generic for Exforge) amlodipine/valsartan/HCTZ (generic for Tribenzor) candesartan (generic for Atacand) candesartan/HCTZ (generic for Atacand HCT) irbesartan (generic for Avapro) irbesartan/HCTZ (generic for Avalide) losartan (generic for Cozaar) losartan/HCTZ (generic for Hyzaar) olmesartan (generic for Benicar) olmesartan/HCTZ (generic for Benicar HCT) sacubitril/valsartan (generic for Entresto) telmisartan (generic for Micardis) telmisartan/amlodipine (generic for Twynsta) telmisartan /HCTZ (generic for Micardis HCT) valsartan (generic for Diovan) valsartan/HCTZ (generic for Diovan HCT) 	<ul style="list-style-type: none"> Arbli suspension Atacand*/HCT Avalide* Avapro* Azor* Benicar*/HCT* Cozaar* Diovan Diovan HCT* Edarbi Edarbyclor Entresto Entresto Sprinkle eprosartan (generic for Teveten) Exforge/HCT* Hyzaar* Micardis/HCT* Tribenzor* valsartan solution
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – ANTIANGINAL AND ANTI-ISCHEMIC

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> ranolazine ER 	

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

CARDIOVASCULAR – BETA-BLOCKERS AND COMBINATION

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • acebutolol (generic for Sectral) • atenolol (generic for Tenormin) • atenolol/chlorthalidone (generic for Tenoretic) • betaxolol (generic for Kerlone) • bisoprolol (generic for Zebeta) • bisoprolol /HCTZ (generic for Ziac) • carvedilol (generic for Coreg) • Hemangeol • labetalol (generic for Normodyne and Trandate) • metoprolol (generic for Lopressor) • metoprolol succinate (generic for Toprol XL) • nadolol (generic for Corgard) • nebivolol (generic for Bystolic) • propranolol (generic for Inderal) • propranolol ER (generic for Inderal LA) • sotalol (generic for Betapace) • sotalol AF (generic for Betapace AF) 	<ul style="list-style-type: none"> • Betapace* • Betapace AF* • Bystolic* • carvedilol ER (generic for Coreg CR) • Inderal LA* • Inderal XL* • InnoPran XL • Kapspargo Sprinkle • Lopressor* • metoprolol/HCTZ (generic for Lopressor HCT) • pindolol (generic for Viskin) • propranolol/HCTZ • Sotylize • Tenoretic* • Tenormin* • timolol (generic for Blocadren) • Toprol XL*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (DHP)

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> amlodipine (generic for Norvasc) felodipine ER (generic for Plendil) levamlodipine (generic for Conjupri) nifedipine IR (generic for Procardia) nifedipine ER (generic for Procardia XL) 	<ul style="list-style-type: none"> isradipine (generic for DynaCirc) Katerzia nicardipine (generic for Cardene) nimodipine (generic for Nimotop) nisoldipine Norliqva Norvasc* Nymalize Procardia XL* Sular
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (NON-DHP) AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> diltiazem ER (generic for Cardizem CD) diltiazem HCL (generic for Cardizem) diltiazem SR (generic for Cardizem SR) diltiazem XR (generic for Dilacor XR) verapamil (generic for Calan, Isoptin and Verelan) verapamil ER tablet 	<ul style="list-style-type: none"> diltiazem LA (generic for Cardizem LA) Matzim LA verapamil 360mg capsule verapamil ER capsule (generic for Calan SR and Isoptin SR) verapamil ER PM (generic for Verelan PM) Verelan PM
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – CHOLESTEROL ABSORPTION INHIBITORS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> ezetimibe (generic for Zetia) ezetimibe/simvastatin (generic for Vytorin) 	<ul style="list-style-type: none"> Vytorin* Zetia*
	Trial and failure of 2 high potency statins Preferred products required prior to Non-Preferred products.

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

CARDIOVASCULAR – STATINS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> lovastatin (generic for Mevacor) pravastatin (generic for Pravachol) 	<ul style="list-style-type: none"> Altoprev fluvastatin/ER (generic for Lescol/XL) Lescol XL Zypitamag*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – HIGH POTENCY STATINS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> atorvastatin (generic for Lipitor) ezetimibe/simvastatin (generic for Vytorin) rosuvastatin (generic for Crestor) simvastatin (generic for Zocor) 	<ul style="list-style-type: none"> amlodipine/atorvastatin (generic for Caduet) Atorvaliq Caduet Crestor Lipitor* Livalo pitavastatin (generic for Livalo) Vytorin* Zocor*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – TRIGLYCERIDE LOWERING AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> fenofibrate (generic for Antara, Lofibra, Lipofen, Tricor, Triglide) fenofibric acid (generic for Trilipix) gemfibrozil (generic for Lopid) icosapent ethyl (generic for Vascepa) omega-3 ethyl ester (generic for Lovaza) 	<ul style="list-style-type: none"> fenofibrate (generic for Fenoglide) fenofibric acid (generic for Fibracor) Fibracor Lipofen* Lopid* Tricor*
	Trial and failure of 2 high potency statins required prior to Non-Preferred products.

CARDIOVASCULAR – PCSK9 TARGETED THERAPIES**

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Praluent 	<ul style="list-style-type: none"> Leqvio

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Repatha 	
	Trial and failure of 1 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – PLATELET INHIBITORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> aspirin/dipyridamole (generic for Aggrenox) Brilinta clopidogrel (generic for Plavix) dipyridamole (generic for Persantine) prasugrel (generic for Effient) ticagrelor (generic for Brilinta) 	<ul style="list-style-type: none"> Effient* Plavix*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – NIACIN DERIVATIVES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> niacin ER 	

CARDIOVASCULAR – ORAL PULMONARY HYPERTENSION AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> ambrisentan (generic for Letairis) bosentan (generic for Tracleer) sildenafil (generic for Revatio)** tadalafil (generic for Adcirca)** 	<ul style="list-style-type: none"> Adcirca** Adempas Letairis* Opsumit Opsynvi** Orenitram ER Revatio** Tadliq** Tracleer* Uptravi
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

CENTRAL NERVOUS SYSTEM – TRIPTANS

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> • eletriptan (generic for Relpax) • frovatriptan (generic for Frova) • naratriptan (generic for Amerge) • rizatriptan/ODT (generic for Maxalt/MLT) • sumatriptan (generic for Imitrex) • zolmitriptan (generic for Zomig) 	<ul style="list-style-type: none"> • almotriptan (generic for Axert) • Frova* • Imitrex* • Maxalt tablet/MLT* • Relpax* • Reyvow • sumatriptan kit • sumatriptan/naproxen (generic for Treximet) • Symbravo • Tosymra • Zembrace SymTouch • zolmitriptan spray • Zomig*
Qty. limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products

CENTRAL NERVOUS SYSTEM – CALCITONIN GENE-RELATED PEPTIDE INHIBITORS – MIGRAINE AND CLUSTER HEADACHE PREVENTION

PREFERRED**/**	NON-PREFERRED**/**
<ul style="list-style-type: none"> • Ajovy • Emgality 120 mg • Nurtec ODT • Qulipta 	<ul style="list-style-type: none"> • Aimovig • Emgality 100 mg • Vyepti
Qty. limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products

CENTRAL NERVOUS SYSTEM – CALCITONIN GENE-RELATED PEPTIDE INHIBITORS – MIGRAINE AND CLUSTER HEADACHE TREATMENT

PREFERRED**/**	NON-PREFERRED**/**
<ul style="list-style-type: none"> • Nurtec ODT • Ubrelvy 	<ul style="list-style-type: none"> • Zavzpret
Qty. limits apply	

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

CENTRAL NERVOUS SYSTEM – MULTIPLE SCLEROSIS

DISEASE MODIFYING THERAPY

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> • Avonex • Betaseron • Copaxone • dimethyl fumarate DR (generic for Tecfidera) • fingolimod (generic for Gilenya) • Kesimpta • teriflunomide (generic for Aubagio) 	<ul style="list-style-type: none"> • Aubagio* • Bafiertam • Briumvi • Gilenya* • glatiramer (generic for Copaxone) • Glatopa • Lemtrada • Mavenclad • Mayzent • Ocrevus • Ocrevus Zunovo • Plegridy/IM • Ponvory • Rebif • Tascenso ODT • Tecfidera* • Tysabri • Vumerity • Zeposia
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

OTHER

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> • dalfampridine ER (generic for Ampyra) 	<ul style="list-style-type: none"> • Ampyra*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

CENTRAL NERVOUS SYSTEM – MOVEMENT DISORDERS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> Austedo Austedo XR Ingrezza Ingrezza Sprinkle 	<ul style="list-style-type: none"> tetrabenazine (generic for Xenazine) Xenazine
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

DUCHENNE MUSCULAR DYSTROPHY TREATMENTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> Amondys 45 Elevidys Exondys 51 Viltepso Vyondys 53 	

ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> acarbose (generic for Precose) miglitol (generic for Glyset) 	<ul style="list-style-type: none"> Precose*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ENDOCRINOLOGY – BIGUANIDES AND COMBOS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> metformin solution (generic for Riomet) metformin (generic for Glucophage) metformin/glipizide (generic for Metaglip) metformin/glyburide (generic for Glucovance) metformin XL (generic for Glucophage XR) 	<ul style="list-style-type: none"> metformin 625 mg metformin ER (generic for Fortamet) metformin ER (generic for Glumetza) Riomet*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

ENDOCRINOLOGY – DIPEPTIDYL PEPTIDASE-4 (DPP4) INHIBITORS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Glyxambi Janumet Janumet XR Januvia Jentadueto saxagliptin (generic for Onglyza) Tradjenta 	<ul style="list-style-type: none"> alogliptin (generic for Nesina) alogliptin/pioglitazone (generic for Oseni) alogliptin/metformin (generic for Kazano) Brynovin solution Jentadueto XR Kazano Nesina Oseni Qtern saxagliptin/metformin (generic for Kombiglyze XR) sitagliptin (generic for Zituvio) sitagliptin/metformin (generic for Zituvimet) sitagliptin/metformin XR (generic for Zituvimet XR) Steglujan Trijardy XR Zituvimet Zituvimet XR Zituvio
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – GLUCAGON AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Baqsimi Nasal Powder Glucagon emergency kit (human recombinant injection, Amphtastar, Eli Lilly) glucagon injection Proglycem suspension (oral) Zegalogue 	<ul style="list-style-type: none"> diazoxide suspension Glucagon Emergency Kit (Fresenius Kabi) Gvoke HypoPen, PFS
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

ENDOCRINOLOGY – GLUCAGON-LIKE PEPTIDE-1 (GLP-1) AGONISTS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Byetta exenatide (generic for Byetta) Ozempic Trulicity Victoza 	<ul style="list-style-type: none"> Bydureon BCise liraglutide (generic for Victoza) Mounjaro Rybelsus Soliqua Symlin Pens Xultophy
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ENDOCRINOLOGY – GROWTH HORMONE

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> Genotropin Norditropin Sogroya 	<ul style="list-style-type: none"> Humatrope Ngenla Nutropin AQ Omnitrope Serostim Skytrofa Zomacton
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ENDOCRINOLOGY – PITUITARY SUPPRESSIVE AGENTS - LHRH

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Camcevi Eligard Fensolvi leuprolide acetate Lupron Depot Lutrate Synarel Trelstar 	<ul style="list-style-type: none"> Supprelin LA Kit Triptodur
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

ENDOCRINOLOGY – INSULINS

RAPID ACTING

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> insulin aspart vial/cartridge/pen (generic for Novolog) insulin lispro vial/kwikpen (generic for Humalog vial/cartridge/pen) 	<ul style="list-style-type: none"> Admelog Afrezza Apidra vial/SoloSTAR Fiasp FlexTouch/vial/Penfill Humalog vial Humalog cartridge Humalog Junior KwikPen (100 units/mL) Humalog KwikPen (100 units/mL, 200 units/mL) Humalog Tempo Pen Lyumjev Lyumjev Tempo Pen Merilog Novolog vial/cartridge/FlexPen
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

SHORT ACTING

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Humulin R Humulin R 500 KwikPen/ vial 	<ul style="list-style-type: none"> Novolin R
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

INTERMEDIATE ACTING

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Humulin N 	<ul style="list-style-type: none"> Humulin N KwikPen Novolin N
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

LONG ACTING

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> insulin degludec (generic for Tresiba) insulin glargine insulin glargine-yfgn Lantus SoloSTAR Lantus vial 	<ul style="list-style-type: none"> Basaglar KwikPen Basaglar Tempo Pen Levemir vial Rezvoglar Kwikpen Semglee Toujeo Solostar/Max Solostar Tresiba FlexTouch pen Tresiba vial
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

PREMIXED COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Humulin 70/30 KwikPen Humulin 70/30 vial insulin aspart protamine vial/pen (generic for Novolog Mix 70/30) insulin lispro protamine pen (generic for Humalog Mix 75/25) 	<ul style="list-style-type: none"> Humalog Mix 75/25 vial and KwikPen Humalog Mix 50/50 KwikPen Novolin 70/30 Novolog Mix 70/30 Novolog Mix 70/30 FlexPen
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

ENDOCRINOLOGY – MEGLITINIDES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> nateglinide (generic for Starlix) repaglinide (generic for Prandin) 	

ENDOCRINOLOGY – POTASSIUM BINDERS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Lokelma sodium polystyrene sulfonate 	<ul style="list-style-type: none"> Kionex suspension Lokelma Unit Dose Veltassa
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ENDOCRINOLOGY – SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Farxiga Glyxambi Jardiance Synjardy Xigduo XR 	<ul style="list-style-type: none"> dapagliflozin (generic for Farxiga) dapagliflozin/metformin ER (generic for Xigduo XR) Inpefa Invokamet Invokana Invokamet XR Segluromet Steglatro Steglujan Synjardy XR Trijardy XR
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – THIAZOLIDINEDIONES AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> pioglitazone (generic for Actos) pioglitazone/metformin (generic for Actoplus Met) 	<ul style="list-style-type: none"> Actos* Actoplus Met * Duetact pioglitazone/glimepiride (generic for Duetact)

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

PREFERRED	NON-PREFERRED
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – SECOND GENERATION SULFONYLUREAS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> glimepiride (generic for Amaryl) glipizide (generic for Glucotrol) glipizide ER (generic for Glucotrol XL) glyburide (generic for Micronase, DiaBeta) glyburide micronized (generic for Glynase) 	<ul style="list-style-type: none"> Glucotrol XL*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

GASTROINTESTINAL – ANTIEMETICS***

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> aprepitant/ pack (generic for Emend/pack) Bonjesta doxylamine succ/pyridoxine HCL (generic for Diclegis) granisetron tab (generic for Kytril) ondansetron (generic for Zofran) 	<ul style="list-style-type: none"> Akynzeo Aponvie Cinvanti Diclegis* Emend*/pack Sancuso Sustol
Qty. limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

GASTROINTESTINAL – BOWEL DISORDERS/GI MOTILITY, CHRONIC

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> • Linzess • lubiprostone (generic for Amitiza) • Movantik 	<ul style="list-style-type: none"> • alosetron • Amitiza* • Ibsrela • Lotronex • Motegrity • prucalopride (generic for Motegrity) • Symproic • Viberzi
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

GASTROINTESTINAL – HEPATITIS C AGENTS

PEGYLATED INTERFERON ALPHA PRODUCTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> • Pegasys syringe/vial 	

RIBAVIRIN PRODUCTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> • ribavirin 	

DIRECT ACTING ANTIVIRAL PRODUCTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> • ledipasvir/sofosbuvir (generic for Harvoni) • Mavyret • Mavyret Pellet Pack • sofosbuvir/velpatasvir (generic for Epclusa) 	<ul style="list-style-type: none"> • Epclusa • Epclusa Pellet Pack • Harvoni • Harvoni Pellet Pack • Sovaldi • Sovaldi Pellet Pack • Vosevi • Zepatier
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

GASTROINTESTINAL – PROTON PUMP INHIBITORS AND COMBINATIONS***

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Dexilant esomeprazole (generic for Nexium) (RX) lansoprazole/solutab (generic for Prevacid/SoluTab) (RX) omeprazole (generic for Prilosec) (RX) pantoprazole tab (generic for Protonix) Protonix suspension rabeprazole (generic for AcipHex) 	<ul style="list-style-type: none"> dexlansoprazole (generic for Dexilant) Konvomep Nexium (RX)* Nexium suspension omeprazole/sodium bicarbonate (generic for Zegerid) pantoprazole suspension (generic for Protonix) Prevacid capsules (RX)/SoluTab* Prilosec suspension (RX) Protonix*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

GASTROINTESTINAL – ULCERATIVE COLITIS

ORAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> balsalazide (generic for Colazal) mesalamine (generic for Lialda) mesalamine ER (generic for Apriso) Pentasa sulfasalazine (generic for Azulfidine) 	<ul style="list-style-type: none"> Azulfidine* budesonide ER (generic for Uceris) Dipentum Lialda mesalamine (generic for Asacol HD, Pentasa) mesalamine DR (generic for Delzicol)
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

RECTAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> mesalamine enema (generic for Rowasa) mesalamine kit (generic for Rowasa kit) mesalamine supp. (generic for Canasa supp.) 	<ul style="list-style-type: none"> budesonide (generic for Uceris) Canasa Rowasa* SfRowasa
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

GENITOURINARY/RENAL – ALPHA BLOCKERS FOR BENIGN PROSTATIC HYPERPLASIA

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> alfuzosin (generic for Uroxatral) silodosin (generic for Rapaflo) tamsulosin (generic for Flomax) 	<ul style="list-style-type: none"> dutasteride/tamsulosin (generic for Jalyn) Rapaflo*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

GENITOURINARY/RENAL – ANDROGEN HORMONE INHIBITORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> dutasteride (generic for Avodart) finasteride (generic for Proscar) 	<ul style="list-style-type: none"> Proscar*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

GENITOURINARY/RENAL – ELECTROLYTE DEPLETERS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> calcium acetate (generic for PhosLo) ferric citrate (generic for Auryxia) lanthanum (generic for Fosrenol) sevelamer (generic for Renvela) sevelamer HCL (generic for Renagel) 	<ul style="list-style-type: none"> Auryxia Calphron Fosrenol* MagneBind 400 Renvela Renvela Powder Pack Velphoro Xphozah
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

GENITOURINARY/RENAL – URINARY ANTISPASMODICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> darifenacin ER (generic for Enablex) fesoterodine (generic for Toviaz) Myrbetriq oxybutynin /ER (generic for Ditropan/XL) solifenacin (generic for Vesicare) tolterodine (generic for Detrol) trospium (generic for Sanctura) 	<ul style="list-style-type: none"> Detrol/LA* flavoxate Gemtesa mirabegron ER (generic for Myrbetriq) Myrbetriq granules oxybutynin 2.5 mg Oxytrol tolterodine ER (generic for Detrol LA) Toviaz Trospium ER (Sanctura XR) Vesicare/LS*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

HEMATOLOGIC – ANTICOAGULANTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> dabigatran (generic for Pradaxa) Eliquis enoxaparin (generic for Lovenox) fondaparinux (generic for Arixtra) warfarin (generic for Coumadin) Xarelto Xarelto dose pack Xarelto suspension 	<ul style="list-style-type: none"> Arixtra* Fragmin* Lovenox* Pradaxa Pradaxa Pellet Pack rivaroxaban (generic for Xarelto) Savaysa
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

HEMATOLOGIC – COLONY STIMULATING FACTORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Fulphila*** Neupogen syringe/vial 	<ul style="list-style-type: none"> Fylmetra Granix*** Leukine*** Neulasta Neulasta Onpro Nivestym Nypozi Nyvepria Releuko Rolvedon Ryzneuta Stimufend Udenyca Zarxio Ziextenzo
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

HEMATOLOGIC – HEMATOPOIETIC AGENTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> Aranesp*** Retacrit*** 	<ul style="list-style-type: none"> Epogen*** Mircera*** Procrit*** Reblozyl Retacrit (Vifor)
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products

HEMATOLOGIC – SICKLE CELL GENE THERAPY

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> Casgevy 	<ul style="list-style-type: none"> Lyfgenia

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

HIV/AIDS – ORAL PRODUCTS

PREFERRED		NON-PREFERRED
<ul style="list-style-type: none"> • abacavir • abacavir/lamivudine • Aptivus • atazanavir • Biktarvy • Cimduo • Complera • darunavir • Delstrigo • Descovy • Dovato • Edurant • efavirenz • efavirenz/emtricitabine/tenofovir disoproxil fumarate (generic for Atripla) • efavirenz/lamivudine/tenofovir disoproxil fumarate (generic for Symfi) • efavirenz/lamivudine/tenofovir disoproxil fumarate (generic for Symfi lo) • emtricitabine (generic for Emtriva) • emtricitabine/rilpivirine/tenofovir disoproxil fumarate (generic for Complera) • emtricitabine/tenofovir disoproxil fumarate (generic for Truvada) • Emtriva • Epivir • etravirine (generic for Intelence) • Evotaz • fosamprenavir • Genvoya • Intelence • Isentress • Isentress HD • Juluca • Kaletra • lamivudine 	<ul style="list-style-type: none"> • lopinavir/ritonavir • maraviroc (generic for Selzentry) • nevirapine ER • nevirapine • Norvir • Odefsey • Pifeltro • Prezcobix • Prezista • Retrovir • Reyataz • ritonavir • Rukobia • Selzentry solution • stavudine • Stribild • Sunlenca tablet • Symfi • Symfi lo • Symtuza • tenofovir disoproxil fumarate • Tivicay/PD Susp • Triumeq/PD Susp • Truvada • Tybost • Viracept • Viread • Vocabria • Yeztugo tablet • Ziagen • zidovudine 	<ul style="list-style-type: none"> • Selzentry tablet*

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

PREFERRED		NON-PREFERRED
• lamivudine/zidovudine		

IMMUNOLOGIC – SYSTEMIC IMMUNOMODULATORS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> adalimumab-adaz Enbrel Hadlima Humira infliximab (generic for Remicade) Otezla Rinvoq/LQ Taltz Xeljanz 	<ul style="list-style-type: none"> Abrilada Actemra/ACTPen adalimumab-aacf kit adalimumab-aaty kit adalimumab-adbm kit adalimumab-fjkg kit adalimumab-ryvk kit Amjevita Arcalyst Avsola Bimzelx Cibinqo Cimzia Cosentyx Cyltezo Entyvio Hulio Hyrimoz Idacio Ilaris Ilumya Imuldosa Inflectra Kevzara Kineret Leqselvi Litfulo Olumiant OmvoH Orencia Otulfi Pyzchiva Remicade Renflexis Selarsdi

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

PREFERRED**	NON-PREFERRED**
	<ul style="list-style-type: none"> • Simlandi • Simponi/Aria • Skyrizi • Sotyktu • Spevigo • Stelara • Steqeyma • Tofidence • Tremfya • Tyenne • ustekinumab • ustekinumab-aekn • ustekinumab-ttwe • Velsipity • Xeljanz solution • Xeljanz XR • Yesintek • Yuflyma • Yusimry • Zymfentra
	Trial and failure of 1 or more Preferred products based on diagnosis required prior to Non-Preferred products

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

MISCELLANEOUS – PANCREATIC ENZYMES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Creon Zenpep 	<ul style="list-style-type: none"> Pertzye Viokace
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

MISCELLANEOUS – SKELETAL MUSCLE RELAXANTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> baclofen tablets carisoprodol (generic for Soma)** chlorzoxazone (generic for Parafon Forte) cyclobenzaprine (generic for Flexeril) metaxalone (generic for Skelaxin) methocarbamol (generic for Robaxin) orphenadrine citrate (generic for Norflex) tizanidine (generic for Zanaflex) 	<ul style="list-style-type: none"> Amrix baclofen solution baclofen suspension carisoprodol 250 mg carisoprodol compound cyclobenzaprine ER (generic for Amrix) Dantrium* dantrolene sodium (generic for Dantrium) Fexmid Fleqsuvy Lorzone Lyvispah Norgesic Norgesic Forte Ozobax orphenadrine compound Soma** Tanlor Zanaflex*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

MISCELLANEOUS – SMOKING CESSATION

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none">• bupropion SR (generic for Zyban)• Chantix• nicotine gum/lozenges/patch• varenicline (generic for Chantix)	<ul style="list-style-type: none">• Nicotrol NS
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

MISCELLANEOUS – TOPICAL ANDROGENIC AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> AndroGel Pump testosterone gel packet (generic for AndroGel) testosterone gel pump (generic for Vogelxo) testosterone pump (generic for Axiron) 	<ul style="list-style-type: none"> Testim* testosterone gel (generic for Foresta, Vogelxo) testosterone gel packet (generic for Vogelxo) testosterone gel pump (generic for AndroGel) Vogelxo*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

OPHTHALMIC/GLAUCOMA – ALPHA 2 ADRENERGIC AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Alphagan P apraclonidine (generic for Iopidine) brimonidine 0.2% Simbrinza 	<ul style="list-style-type: none"> brimonidine/P (generic for Alphagan/P) Iopidine*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPHTHALMIC/GLAUCOMA – BETA BLOCKER AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> carteolol (generic for Ocupress) Combigan dorzolamide/timolol/PF (generic for Cosopt*/PF) Istalol levobunolol (generic for Betagan) timolol (generic for Timoptic) 	<ul style="list-style-type: none"> betaxolol (generic for Betoptic) Betimol Betoptic S brimonidine/timolol (generic for Combigan) Cosopt*/PF timolol (generic for Timoptic Ocudose) timolol (generic for Betimol, Istalol) Timoptic Ocudose
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

OPHTHALMIC/GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Azopt dorzolamide/PF (generic for Trusopt) dorzolamide/timolol/PF (generic for Cosopt*/PF) Simbrinza 	<ul style="list-style-type: none"> brinzolamide (generic for Azopt) Cosopt*/PF
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPHTHALMIC/GLAUCOMA – PROSTAGLANDIN AGONISTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> latanoprost/PF (generic for Xalatan) tafluprost (generic for Zioptan) Travatan Z 	<ul style="list-style-type: none"> bimatoprost (generic for Lumigan) Iyuzeh Lumigan travoprost (generic for Travatan) Vyzulta Xalatan*/*** Xelpros Zioptan*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPHTHALMIC/GLAUCOMA – RHO KINASE INHIBITOR***

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> Rhopressa Rocklatan 	

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Alrex azelastine (generic for Optivar) cromolyn sodium olopatadine (generic for Patanol/Pataday) 	<ul style="list-style-type: none"> bepotastine (generic for Bepreve) Bepreve epinastine (generic for Elestat) loteprednol (generic for Alrex) Zerviate
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPHTHALMIC/ANTIBIOTIC – QUINOLONES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> ciprofloxacin (generic for Ciloxan) levofloxacin moxifloxacin (generic for Moxeza) ofloxacin 	<ul style="list-style-type: none"> Besivance Ciloxan* gatifloxacin (generic for Zymaxid) moxifloxacin (generic for Vigamox) Ocuflox Vigamox
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPHTHALMIC – NONSTEROIDAL ANTIINFLAMMATORY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Acular LS bromfenac (generic for Xibrom, BromSite) diclofenac drops (generic for Voltaren ophth drops) flurbiprofen (generic for Ocufen) Prolensa 	<ul style="list-style-type: none"> Acular Acuvail bromfenac (generic for Prolensa) BromSite Ilevro ketorolac 0.5% (generic for Acular) ketorolac 0.4% (generic for Acular LS) Nevanac
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

OPHTHALMIC – ANTIINFLAMMATORY/IMMUNOMODULATORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Restasis Restasis Multi-dose Xiidra 	<ul style="list-style-type: none"> Cequa cyclosporine (generic for Restasis) Eysuvis Miebo Tryptyr Verkazia Vevye
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPIATE DEPENDENCE TREATMENT**

BUPRENORPHINE – CONTAINING ORAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> buprenorphine (generic for Subutex)** buprenorphine/naloxone (generic for Suboxone) Zubsolv 	<ul style="list-style-type: none"> Suboxone
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

BUPRENORPHINE – CONTAINING INJECTABLE

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Brixadi Sublocade 	

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

OPIOID REVERSAL AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none">• Kloxado spray• naloxone spray• naloxone vial/syringe• Narcan spray• Narcan spray OTC• Opvee spray• Rextovy• Zimhi• Zurnai	

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

OSTEOPOROSIS – BISPHOSPHONATES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> alendronate (generic for Fosamax) ibandronate (generic for Boniva) 	<ul style="list-style-type: none"> Actonel* alendronate solution Atelvia* Binosto Fosamax*/D risedronate (generic for Actonel) risedronate DR (generic for Atelvia)
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

OSTEOPOROSIS – NASAL CALCITONINS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> calcitonin salmon (generic for Miacalcin) 	

OTIC/ANTIBIOTIC – QUINOLONES AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> ciprofloxacin (generic for Cetraxal) ciprofloxacin/dexamethasone (generic for Ciprodex otic) ofloxacin otic (generic for Floxin otic) 	<ul style="list-style-type: none"> Cipro HC otic ciprofloxacin/fluocinolone (generic for Otovel)
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> Anoro Ellipta Atrovent HFA Combivent Respimat Incruse Ellipta ipratropium/albuterol (generic for DuoNeb) ipratropium nebulizer roflumilast (generic for Daliresp) Spiriva HandiHaler Spiriva Respimat Stiolto Respimat Tudorza Pressair umeclidinium/vilanterol (generic Anoro Ellipta) 	<ul style="list-style-type: none"> Bevespi Aerosphere Daliresp* Duaklir Pressair Ohtuvayre tiotropium (generic for Spiriva) Yupelri
Qty limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

RESPIRATORY – LEUKOTRIENE MODIFIERS

Note: Recipients ≤ 10 years of age will be exempt from the PDL in the LTRA category.

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> montelukast (generic for Singulair) zafirlukast (generic for Accolate) 	<ul style="list-style-type: none"> Accolate* Singulair* zileuton ER (generic for Zyflo CR) Zyflo
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

RESPIRATORY – SHORT ACTING BETA ADRENERGICS AND COMBINATIONS – INHALERS/NEBS

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none">albuterol sulfate HFA (generic for ProAir HFA, Proventil HFA)albuterol neb (generic for Proventil/Ventolin neb)albuterol/ipratropium (generic for DuoNeb)levalbuterol (generic for Xopenex)ProAir RespiClickVentolin HFA*Xopenex HFA*	<ul style="list-style-type: none">albuterol sulfate HFA (generic for Ventolin HFA)levalbuterol neb solution concentrateProAir Digihaler
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

RESPIRATORY – LONG ACTING BETA ADRENERGICS AND COMBINATIONS – INHALERS/NEBS

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none">arformoterol (generic for Brovana)Serevent Diskus	<ul style="list-style-type: none">Brovana*formoterol (generic for Perforomist)Perforomist*Striverdi RespimatTrelegy Ellipta
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

RESPIRATORY – INHALED CORTICOSTEROIDS

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> Alvesco Arnuity Ellipta Asmanex Asmanex HFA budesonide (generic for Pulmicort) fluticasone (generic for Flovent Diskus and HFA) Pulmicort Flexhaler QVAR RediHaler 	<ul style="list-style-type: none"> fluticasone furoate (generic for Arnuity Ellipta) Pulmicort respules*
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

RESPIRATORY – INHALED CORTICOSTEROIDS ADRENERGIC AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Advair Diskus Advair HFA AirDuo RespiClick* Breo Ellipta Dulera Symbicort 	<ul style="list-style-type: none"> AirDuo Digihaler Airsupra HFA ArmonAir Digihaler Breztri Aerosphere budesonide/formoterol fumarate (generic for Symbicort) fluticasone/salmeterol (generic for Advair Diskus) fluticasone/salmeterol (generic for AirDuo RespiClick) fluticasone/salmeterol HFA (generic for Advair HFA) fluticasone/vilanterol (generic for Breo Ellipta) Trelegy Ellipta
Qty limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

RESPIRATORY – NASAL ANTIHISTAMINES AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> azelastine (generic for Astelin/Astepro) Dymista olopatadine (generic for Patanase) 	<ul style="list-style-type: none"> azelastine/fluticasone (generic for Dymista) Ryaltris Xhance
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

RESPIRATORY – NASAL CORTICOSTEROIDS AND COMBINATIONS***

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Dymista flunisolide (generic for Nasarel) fluticasone (generic for Flonase) mometasone (generic for Nasonex) 	<ul style="list-style-type: none"> azelastine/fluticasone (generic for Dymista) Omnaris Qnasl
Qty limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products

RESPIRATORY – LOW SEDATING ANTIHISTAMINES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> cetirizine caps/tabs/syrup/chew (generic for Zyrtec OTC/chew) desloratadine (generic for Clarinex) fexofenadine (OTC) levocetirizine tab/solution (generic for Xyzal OTC) loratadine (OTC) (generic for Claritin OTC) loratadine syrup (OTC) (generic for Claritin Syrup OTC) loratadine Dis (OTC) (generic for Claritin Dis OTC) 	<ul style="list-style-type: none"> Clarinex* desloratadine ODT (generic for Clarinex ODT)
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

RESPIRATORY – IDIOPATHIC PULMONARY FIBROSIS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Ofev • pirfenidone (generic for Esbriet) 	<ul style="list-style-type: none"> • Esbriet*
	Trial and failure of 1 Preferred product required prior to Non-Preferred product

RESPIRATORY – ASTHMA IMMUNOMODULATORS**

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Fasenra • Nucala • Xolair 	<ul style="list-style-type: none"> • Cinqair • Tezspire
	Trial and failure of 1 Preferred product required prior to Non-Preferred product

SELF-INJECTION EPINEPHRINE***

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • epinephrine (generic for Adrenaclick, EpiPen, EpiPen Jr.) • EpiPen • EpiPen Jr. 	<ul style="list-style-type: none"> • Auvi-Q
Qty. limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products

EPINEPHRINE, SELF-ADMINISTERED, NASAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Neffy 	

SPINAL MUSCULAR ATROPHY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Evrysdi • Spinraza • Zolgensma 	

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

TOPICAL – ANTIPARASITICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> malathion Natroba permethrin (OTC/RX) 	<ul style="list-style-type: none"> Crotan Eurax Ovide Sklice spinosad (generic for Natroba)
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

TOPICAL – STEROIDS

VERY HIGH POTENCY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> clobetasol foam (generic for Olux-E foam) clobetasol cream/emollient/soln/gel/oint (generic for Temovate cream/soln/gel/oint) clobetasol lotion/shampoo/spray (generic for Clobex ltn./shamp.) halobetasol propionate cream, ointment (generic for Halac, Ultravate, Halonate) 	<ul style="list-style-type: none"> Clobex Clodan kit halobetasol propionate foam Lexette Olux* Tovet Kit Ultravate*
	Trial and failure of 2 Preferred product required prior to Non-Preferred products

HIGH POTENCY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> betamethasone dipropionate/propylene gly lotion betamethasone dipropionate lotion, ointment desoximetasone ointment fluocinonide cream, gel, ointment, solution triamcinolone acetonide cream, ointment 	<ul style="list-style-type: none"> amcinonide cream ApexiCon E betamethasone dipropionate/propylene gly cream, ointment betamethasone dipropionate cream, gel (augmented generic for Diprolene AF) betamethasone valerate cream, lotion, ointment desoximetasone cream, gel, spray diflorasone diacetate cream, ointment Diprolene* fluocinonide emollient halocinonide cream, solution

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

PREFERRED	NON-PREFERRED
	<ul style="list-style-type: none"> • Halog* • Kenalog aerosol • Topicort* • triamcinolone acetonide aerosol, lotion
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

MEDIUM POTENCY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • fluticasone propionate cream, ointment • hydrocortisone butyrate solution • hydrocortisone valerate cream, ointment • mometasone furoate cream, ointment, solution 	<ul style="list-style-type: none"> • Beser • Beser Kit • betamethasone valerate foam (generic for Luxiq) • clocortolone cream (generic for Cloderm) • fluocinolone acetonide cream, ointment, solution (generic for Synalar) • flurandrenolide lotion, ointment (generic for Cordran) • fluticasone propionate lotion • hydrocortisone butyrate cream, lotion, ointment • Pandel • prednicarbate ointment • Synalar*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

LOW POTENCY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • alclometasone dipropionate • desonide • fluocinolone (generic for Derma Smoothe) • hydrocortisone acetate (OTC/RX) cream/lotion/ointment 	<ul style="list-style-type: none"> • Capex shampoo • Derma-Smoothe FS* • hydrocortisone solution • Hydroxym gel • Texacort
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

TOPICAL – TOPICAL AGENTS FOR PSORIASIS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> betamethasone/calcipotriene ointment calcipotriene cream calcitriol (generic for Vectical) 	<ul style="list-style-type: none"> betamethasone/calcipotriene suspension (generic for Taclonex) calcipotriene foam/ointment/solution (generic for Dovonex) Enstilar Sorilux Taclonex* Vectical Zoryve 0.3% cream Zoryve foam
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

TOPICAL – TOPICAL COMBINATION BENZOYL PEROXIDE AND CLINDAMYCIN PRODUCTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> clindamycin/benzoyl peroxide (generic for BenzaClin, Duac, Acanya) 	<ul style="list-style-type: none"> clindamycin/benzoyl peroxide (generic for Onexton)
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

TOPICAL – TOPICAL RETINOIDS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> adapalene (generic for Differin, Plixda) adapalene/benzoyl peroxide (generic for Epiduo, Epiduo Forte) clindamycin/tretinoin (generic for Veltin) tazarotene cream, gel (generic for Tazorac) tretinoin gel tretinoin cream (generic for Atralin, Avita, Retin-A/Micro) 	<ul style="list-style-type: none"> Aklief Differin cream/gel/lotion Epiduo Forte Fabior tazarotene foam (generic for Fabior)
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

TOPICAL – TOPICAL ANTIVIRALS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> acyclovir (generic for Zovirax oint/cream) Denavir 	<ul style="list-style-type: none"> penciclovir (generic for Denavir)
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

TOPICAL – TOPICAL ANTIBIOTICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> mupirocin oint/cream (generic for Bactroban oint/cream) 	<ul style="list-style-type: none"> Centany
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

UREA CYCLE DISORDERS, ORAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Buphenyl powder Buphenyl tablet Carbaglu Pheburane Ravicti 	<ul style="list-style-type: none"> carglumic acid Olpruva sodium phenylbutyrate powder sodium phenylbutyrate tablet
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

UTERINE DISORDER TREATMENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Myfembree Oriahnn Orilissa 	