



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

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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	12
ATOPIC DERMATITIS TREATMENTS	13
BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS AND COMBOS	13
BEHAVIORAL HEALTH – ALZHEIMER’S AGENTS	15
BEHAVIORAL HEALTH – NOVEL ANTIDEPRESSANTS.....	15
BEHAVIORAL HEALTH – ANXIOLYTICS	16
BEHAVIORAL HEALTH – SEROTONIN REUPTAKE INHIBITORS AND COMBOS	16
BEHAVIORAL HEALTH – SEDATIVE HYPNOTICS	17

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BEHAVIORAL HEALTH – ANTIHYPERKINESIS***	18
CARDIOVASCULAR – ACE INHIBITORS AND COMBINATIONS	19
CARDIOVASCULAR – ANGIOTENSIN II RECEPTOR BLOCKERS AND COMBINATIONS ..	20
CARDIOVASCULAR – ANTIANGINAL AND ANTI-ISCHEMIC	20
CARDIOVASCULAR – BETA-BLOCKERS AND COMBINATION.....	21
CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (DHP)	22
CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (NON-DHP) AND COMBINATIONS	22
CARDIOVASCULAR – CHOLESTEROL ABSORPTION INHIBITORS AND COMBINATIONS	22
CARDIOVASCULAR – STATINS AND COMBINATIONS	23
CARDIOVASCULAR – HIGH POTENCY STATINS AND COMBINATIONS	23
CARDIOVASCULAR – TRIGLYCERIDE LOWERING AGENTS.....	23
CARDIOVASCULAR – PCSK9 TARGETED THERAPIES**	23
CARDIOVASCULAR – PLATELET INHIBITORS.....	24
CARDIOVASCULAR – NIACIN DERIVATIVES	24
CARDIOVASCULAR – ORAL PULMONARY HYPERTENSION AGENTS	24
CENTRAL NERVOUS SYSTEM – TRIPTANS	25
CENTRAL NERVOUS SYSTEM – CALCITONIN GENE-RELATED PEPTIDE INHIBITORS – MIGRAINE AND CLUSTER HEADACHE PREVENTION.....	25
CENTRAL NERVOUS SYSTEM – CALCITONIN GENE-RELATED PEPTIDE INHIBITORS – MIGRAINE AND CLUSTER HEADACHE TREATMENT	25
CENTRAL NERVOUS SYSTEM – MULTIPLE SCLEROSIS	26
CENTRAL NERVOUS SYSTEM – MOVEMENT DISORDERS.....	27
DUCHENNE MUSCULAR DYSTROPHY TREATMENTS	27
ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS.....	27
ENDOCRINOLOGY – BIGUANIDES AND COMBOS.....	27
ENDOCRINOLOGY – DIPEPTIDYL PEPTIDASE-4 (DPP4) INHIBITORS AND COMBINATIONS	28
ENDOCRINOLOGY – GLUCAGON AGENTS	28
ENDOCRINOLOGY – GLUCAGON-LIKE PEPTIDE-1 (GLP-1) AGONISTS AND COMBINATIONS	29
ENDOCRINOLOGY – GROWTH HORMONE	29
ENDOCRINOLOGY – PITUITARY SUPPRESSIVE AGENTS - LHRH	29
ENDOCRINOLOGY – INSULINS	30
ENDOCRINOLOGY – MEGLITINIDES.....	32
ENDOCRINOLOGY – POTASSIUM BINDERS	32
ENDOCRINOLOGY – SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR AND COMBINATIONS	32

ENDOCRINOLOGY – THIAZOLIDINEDIONES AND COMBINATIONS	32
ENDOCRINOLOGY – SECOND GENERATION SULFONYLUREAS AND COMBINATIONS	33
GASTROINTESTINAL – ANTIEMETICS***	33
GASTROINTESTINAL – BOWEL DISORDERS/GI MOTILITY, CHRONIC	34
GASTROINTESTINAL – HEPATITIS C AGENTS	34
GASTROINTESTINAL – PROTON PUMP INHIBITORS AND COMBINATIONS***	35
GASTROINTESTINAL – ULCERATIVE COLITIS	36
GENITOURINARY/RENAL – ALPHA BLOCKERS FOR BENIGN PROSTATIC HYPERPLASIA	37
GENITOURINARY/RENAL – ANDROGEN HORMONE INHIBITORS	37
GENITOURINARY/RENAL – ELECTROLYTE DEPLETERS	37
GENITOURINARY/RENAL – URINARY ANTISPASMODICS	38
HEMATOLOGIC – ANTICOAGULANTS	38
HEMATOLOGIC – COLONY STIMULATING FACTORS	39
HEMATOLOGIC – HEMATOPOIETIC AGENTS	39
HEMATOLOGIC – SICKLE CELL GENE THERAPY	39
HIV/AIDS – ORAL PRODUCTS	40
IMMUNOLOGIC – SYSTEMIC IMMUNOMODULATORS	41
MISCELLANEOUS – PANCREATIC ENZYMES	43
MISCELLANEOUS – SKELETAL MUSCLE RELAXANTS	43
MISCELLANEOUS – SMOKING CESSATION	44
MISCELLANEOUS – TOPICAL ANDROGENIC AGENTS	45
OPHTHALMIC/GLAUCOMA – ALPHA 2 ADRENERGIC AGENTS	45
OPHTHALMIC/GLAUCOMA – BETA BLOCKER AGENTS	45
OPHTHALMIC/GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS	46
OPHTHALMIC/GLAUCOMA – PROSTAGLANDIN AGONISTS	46
OPHTHALMIC/GLAUCOMA – RHO KINASE INHIBITOR***	46
OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES	47
OPHTHALMIC/ANTIBIOTIC – QUINOLONES	47
OPHTHALMIC – NONSTEROIDAL ANTIINFLAMMATORY	47
OPHTHALMIC – ANTIINFLAMMATORY/IMMUNOMODULATORS	48
OPIATE DEPENDENCE TREATMENT**	48
OPIOID REVERSAL AGENTS	49
OSTEOPOROSIS – BISPHOSPHONATES	50
OSTEOPOROSIS – NASAL CALCITONINS	50
OTIC/ANTIBIOTIC – QUINOLONES AND COMBINATIONS	50
RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	51

RESPIRATORY – LEUKOTRIENE MODIFIERS	51
RESPIRATORY – SHORT ACTING BETA ADRENERGICS AND COMBINATIONS – INHALERS/NEBS	52
RESPIRATORY – LONG ACTING BETA ADRENERGICS AND COMBINATIONS – INHALERS/NEBS	52
RESPIRATORY – INHALED CORTICOSTEROIDS	53
RESPIRATORY – INHALED CORTICOSTEROIDS ADRENERGIC AND COMBINATIONS ...	53
RESPIRATORY – NASAL ANTIHISTAMINES AND COMBINATIONS	54
RESPIRATORY – NASAL CORTICOSTEROIDS AND COMBINATIONS***	54
RESPIRATORY – LOW SEDATING ANTIHISTAMINES	54
RESPIRATORY – IDIOPATHIC PULMONARY FIBROSIS	55
RESPIRATORY – ASTHMA IMMUNOMODULATORS**	55
SELF-INJECTION EPINEPHRINE***	55
EPINEPHRINE, SELF-ADMINISTERED, NASAL	55
SPINAL MUSCULAR ATROPHY	55
TOPICAL – ANTIPARASITICS	56
TOPICAL – STEROIDS	56
TOPICAL – TOPICAL AGENTS FOR PSORIASIS	58
TOPICAL – TOPICAL COMBINATION BENZOYL PEROXIDE AND CLINDAMYCIN PRODUCTS	58
TOPICAL – TOPICAL RETINOIDS	58
TOPICAL – TOPICAL ANTIVIRALS	59
TOPICAL – TOPICAL ANTIBIOTICS	59
UREA CYCLE DISORDERS, ORAL	59
UTERINE DISORDER TREATMENTS	59

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** 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**
- 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)	- 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
- celecoxib (generic for Celebrex) - meloxicam tab (generic for Mobic)	- Celebrex* - meloxicam cap (generic for Vivlodex) - naproxen/esomeprazole tab (generic for Vimovo) - Vyscoxa - Zybic
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANALGESICS – ACUTE PAIN – NON-OPIOID

PREFERRED	NON-PREFERRED
Journavx***	

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ANALGESICS – TRAMADOL AND TRAMADOL-LIKE DERIVATIVES

PREFERRED	NON-PREFERRED
- tramadol (generic for Ultram) - tramadol/acetaminophen (generic for Ultracet) - tramadol ER (generic for Ultram ER)**	- Conzip - tapentadol - tapentadol ER - tramadol solution - tramadol 25 mg, 75 mg, 100 mg tablets - tramadol ER (generic for Conzip, Ryzolt ER)
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ANTIBIOTICS – SECOND GENERATION CEPHALOSPORINS

PREFERRED	NON-PREFERRED
- cefaclor caps. (generic for Ceclor) - cefprozil susp./tabs (generic for Cefzil Susp/Tabs) - cefuroxime (generic for Ceftin)	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
- cefdinir caps/susp. (generic for Omnicef cap/susp) - cefixime caps/susp/tabs (generic for Suprax) - cefepodoxime tabs, susp. (generic for Vantin)	

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ANTIBIOTICS – MACROLIDES

PREFERRED	NON-PREFERRED
- azithromycin (generic for Zithromax)*** - clarithromycin/ER/susp (generic for Biaxin/XL/susp)*** - erythromycin base tab (generic for E-Mycin) - erythromycin ethylsuccinate susp (generic for E.E.S.)	- E.E.S. 200 suspension - E.E.S. tablet - 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***
- ciprofloxacin (generic for Cipro) - Cipro susp	- 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***
- levofloxacin (generic for Levaquin) - moxifloxacin (generic for Avelox)	Baxdela
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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ANTIBIOTICS – HERPETIC ANTIVIRALS

PREFERRED	NON-PREFERRED
- acyclovir (generic for Zovirax) - famciclovir (generic for Famvir) - valacyclovir (generic for Valtrex)	Valtrex*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIBIOTICS – INHALED

PREFERRED	NON-PREFERRED
- Bethkis - Kitabis Pak - Tobi Podhaler - tobramycin solution (generic for Tobi)	- 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
- Cleocin cream - Cleocin Ovules - metronidazole - Nuessa - Xaciat	- clindamycin - Clindesse - Vandazole
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ANTICONSULSANTS – CARBAMAZEPINE DERIVATIVES

PREFERRED	NON-PREFERRED
- carbamazepine 100 mg chewable - carbamazepine susp/tab/XR (generic for Tegretol/XR) - carbamazepine ER (generic for Carbatrol) - oxcarbazepine susp (generic for Trileptal Susp) - oxcarbazepine tab (generic for Trileptal) - Tegretol XR	- carbamazepine 200 mg chewable - Carbatrol - Equetro - oxcarbazepine ER (generic for Oxtellar XR) - Oxtellar XR - Tegretol susp/tab* - Trileptal susp/tab*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

ANTICONSULSANTS – FIRST GENERATION

PREFERRED	NON-PREFERRED
- 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)	- 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

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ANTICONVULSANTS – ACUTE TREATMENT

NASAL

PREFERRED	NON-PREFERRED
- diazepam (generic for Diastat) - Nayzilam - Valtoco	

ANTICONVULSANTS – SECOND GENERATION

PREFERRED	NON-PREFERRED
- 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 tablet (generic for Fycompa) - pregabalin (generic for Lyrica) - rufinamide susp/tab (generic for Banzel) - topiramate (generic for Topamax) - topiramate ER (generic for Qudexy XR) - Trokendi XR* - vigabatrin (generic for Sabril) - zonisamide (generic for Zonegran)	- Aptiom* - Banzel* - brivaracetam (generic for Briviact) - 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* - perampanel suspension (generic for Fycompa) - Sabril - Spritam - Subvenite suspension - Sympazan - tiagabine (generic for Gabitril) - Topamax* - Topamax sprinkle - topiramate ER (generic for Trokendi XR) - topiramate sprinkle 50 mg

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PREFERRED	NON-PREFERRED
	• Vigadrone • Vigafyde solution • Vimpat* • Xcopri • Zonisade • Ztalmy
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

ANTIFUNGALS

PREFERRED**	NON-PREFERRED**
• ciclopirox solution (generic for Penlac) • itraconazole • tavaborole (generic for Kerydin) • terbinafine (generic of Lamisil)	• 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
• pramipexole/ER (generic for Mirapex/ER) • ropinirole/ER (generic for Requip/XL)	• 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
• amantadine (generic for Symmetrel) • oseltamivir (generic for Tamiflu)	• Flumadine tablet • Relenza*** • rimantadine (generic for Flumadine) • Tamiflu*** • Xofluza***
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ANTIVIRALS – ORAL TREATMENT OF COVID-19

PREFERRED	NON-PREFERRED
• Paxlovid	

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ATOPIC DERMATITIS TREATMENTS

PREFERRED**	NON-PREFERRED**
- Adbry - Dupixent - Ebglyss - Eucrisa - pimecrolimus (generic for Elidel) - Rhapsido - tacrolimus (generic for Protopic)	- Anzupgo - Nemluvio - Opzelura - Vtama - Zoryve 0.05% cream - 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
- 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)	- Abilify* - Caplyta - Clozaril* - Cobenfy - Erzofri - Fanapt - Geodon/IM* - Invega* - Latuda* - Lybalvi - Opipza - Rexulti - Risperdal* - Rykindo - Saphris* - Secuado Transdermal System - Seroquel/XR* - Versacloz - Zyprexa/IM* - Zyprexa Relprevv - Zyprexa Zydis
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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BEHAVIORAL HEALTH – ALZHEIMER’S AGENTS

PREFERRED	NON-PREFERRED
- 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)	- 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 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
- 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)	- Auvelity - Drizalma Sprinkle - Effexor XR* - Emsam - Exxua - Fetzima - Pristiq* - Raldesy solution - Remeron* - Remeron Sol-Tabs* - Spravato** (requires additional clinical PA) - Trintellix - Venlafaxine Besylate ER - Viibryd* - Wellbutrin SR* - Zurzuva
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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BEHAVIORAL HEALTH – ANXIOLYTICS

PREFERRED	NON-PREFERRED
- 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)	- 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
- 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)	- Celexa* - citalopram capsule, solution - escitalopram 15 mg capsule - fluoxetine capsule DR - fluvoxamine ER (Luvox CR) - Lexapro tab* - paroxetine (generic for Brisdelle) - paroxetine suspension - Paxil/CR* - sertraline capsule - sertraline concentrate - Zoloft*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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BEHAVIORAL HEALTH – SEDATIVE HYPNOTICS

PREFERRED	NON-PREFERRED
• 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)	• 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

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BEHAVIORAL HEALTH – ANTIHYPERKINESIS***

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

PREFERRED**	NON-PREFERRED**
- 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 - 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 patch (generic for Daytrana) - methylphenidate solution (generic for Methylin soln.) - methylphenidate/SR (generic for Ritalin/ SR) - Relexxii - Vyvanse capsule	- Adderall XR - Adzenys XR-ODT - amphetamine ER ODT (generic for Adzenys XR-ODT) - amphetamine salt combo ER (generic for Mydayis) - Aptensio XR - Arynta solution - 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) - Mydayis - Onyda XR - ProCentra - Qelbree - QuilliChew ER - Quillivant XR - Ritalin - Vyvanse chewable - Xelstryl - Zenzedi
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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*** 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
- 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)	- 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.

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CARDIOVASCULAR – ANGIOTENSIN II RECEPTOR BLOCKERS AND COMBINATIONS

PREFERRED	NON-PREFERRED
- amlodipine/olmesartan (generic for Azor) - amlodipine/olmesartan/HCTZ (generic for Tribenzor) - amlodipine/valsartan (generic for Exforge) - 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)	- amlodipine/valsartan/HCTZ (generic for Tribenzor) - Arbli suspension - Atacand*/HCT - Avalide* - Avapro* - Azor* - Benicar*/HCT* - Cozaar* - Diovan - Diovan HCT* - Edarbi - Edarbyclor - Entresto - Entresto Sprinkle - 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
ranolazine ER	

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CARDIOVASCULAR – BETA-BLOCKERS AND COMBINATION

PREFERRED	NON-PREFERRED
• 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)	• Betapace* • Betapace AF* • Bystolic* • carvedilol ER (generic for Coreg CR) • Inderal LA* • Inderal XL* • InnoPran XL • Kapsargo Sprinkle • Lopressor* • metoprolol/HCTZ (generic for Lopressor HCT) • pindolol (generic for Viskin) • Sotylize • Tenoretic* • Tenormin* • timolol (generic for Blocadren) • Toprol XL*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

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CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (DHP)

PREFERRED	NON-PREFERRED
- amlodipine (generic for Norvasc) - felodipine ER (generic for Plendil) - nifedipine IR (generic for Procardia) - nifedipine ER (generic for Procardia XL)	- isradipine (generic for DynaCirc) - Katerzia - nicardipine (generic for Cardene) - nimodipine (generic for Nimotop) - nisoldipine - Norliqva - Norvasc* - Nymalize - Procardia XL* - Sdamlo solution - 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
- 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	- Cardamyst - 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)
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – CHOLESTEROL ABSORPTION INHIBITORS AND COMBINATIONS

PREFERRED	NON-PREFERRED
- ezetimibe (generic for Zetia) - ezetimibe/simvastatin (generic for Vytorin)	- Vytorin* - Zetia*
	Trial and failure of 2 high potency statins Preferred products required prior to Non-Preferred products.

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CARDIOVASCULAR – STATINS AND COMBINATIONS

PREFERRED	NON-PREFERRED
- lovastatin (generic for Mevacor) - pravastatin (generic for Pravachol)	- 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
- atorvastatin (generic for Lipitor) - ezetimibe/simvastatin (generic for Vytorin) - rosuvastatin (generic for Crestor) - simvastatin (generic for Zocor)	- 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
- fenofibrate (generic for Antara, Lofibra, Tricor, Triglide) - fenofibric acid (generic for Trilipix) - gemfibrozil (generic for Lopid) - icosapent ethyl (generic for Vascepa) - omega-3 ethyl ester (generic for Lovaza)	- fenofibrate (generic for Fenoglide, Lipofen) - fenofibric acid (generic for Fibracor) - Fibracor - Lipofen* - Lopid*
	Trial and failure of 2 high potency statins required prior to Non-Preferred products.

CARDIOVASCULAR – PCSK9 TARGETED THERAPIES**

PREFERRED	NON-PREFERRED
- Praluent - Repatha	Leqvio

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

CARDIOVASCULAR – PLATELET INHIBITORS

PREFERRED	NON-PREFERRED
- aspirin/dipyridamole (generic for Aggrenox) - clopidogrel (generic for Plavix) - dipyridamole (generic for Persantine) - prasugrel (generic for Effient) - ticagrelor (generic for Brilinta)	- Brilinta* - Effient* - Plavix*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – NIACIN DERIVATIVES

PREFERRED	NON-PREFERRED
niacin ER	

CARDIOVASCULAR – ORAL PULMONARY HYPERTENSION AGENTS

PREFERRED	NON-PREFERRED
- ambrisentan (generic for Letairis) - bosentan (generic for Tracleer) - sildenafil (generic for Revatio)** - tadalafil (generic for Adcirca)**	- Adcirca** - Adempas - Letairis* - Opsumit - Opsynvi** - Orenitram ER - Revatio** - Tadliq** - Tracleer* - Uptravi
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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CENTRAL NERVOUS SYSTEM – TRIPTANS

PREFERRED***	NON-PREFERRED***
• 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)	• 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**/**
• Ajovy • Emgality 120 mg • Nurtec ODT • Qulipta	• 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**/**
• Nurtec ODT • Ubrelvy	• Zavzpret
Qty. limits apply	

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CENTRAL NERVOUS SYSTEM – MULTIPLE SCLEROSIS

DISEASE MODIFYING THERAPY

PREFERRED***	NON-PREFERRED***
- Avonex - Betaseron - dimethyl fumarate DR (generic for Tecfidera) - fingolimod (generic for Gilenya) - glatiramer (generic for Copaxone) - Kesimpta - teriflunomide (generic for Aubagio)	- Aubagio* - Bafiertam - Briumvi - cladribine (generic for Mavenclad) - Copaxone - Gilenya* - Glatopa - Lemtrada - Mavenclad - Mayzent - Ocrevus - Ocrevus Zunovo - Plegridy/IM - Ponvory - Rebif - Tascenso ODT - Tecfidera* - Tyruko - Tysabri - Vumerity - Zeposia
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

OTHER

PREFERRED***	NON-PREFERRED***
dalfampridine ER (generic for Ampyra)	Ampyra*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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CENTRAL NERVOUS SYSTEM – MOVEMENT DISORDERS

PREFERRED**	NON-PREFERRED**
- Austedo - Austedo XR - Ingrezza - Ingrezza Sprinkle	- 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**
- Amondys 45 - Elevidys - Exondys 51 - Viltepso - Vyondys 53	

ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS

PREFERRED	NON-PREFERRED
- acarbose (generic for Precose) - miglitol (generic for Glyset)	Precose*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ENDOCRINOLOGY – BIGUANIDES AND COMBOS

PREFERRED	NON-PREFERRED
- 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)	- metformin 625 mg - metformin 750 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.

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

PREFERRED	NON-PREFERRED
- Glyxambi - Janumet - Janumet XR - Januvia - Jentadueto - linagliptin/metformin (generic for Jentadueto) - saxagliptin (generic for Onglyza) - Tradjenta - Trijardy XR	- alogliptin (generic for Nesina) - alogliptin/pioglitazone (generic for Oseni) - alogliptin/metformin (generic for Kazano) - Brynovin solution - Jentadueto XR - Kazano - Nesina - saxagliptin/metformin (generic for Kombiglyze XR) - sitagliptin (generic for Zituvio) - sitagliptin/metformin (generic for Zituvimet) - sitagliptin/metformin XR (generic for Zituvimet XR) - Steglujan - Zituvimet - Zituvimet XR - Zituvio
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – GLUCAGON AGENTS

PREFERRED	NON-PREFERRED
- Baqsimi Nasal Powder - Glucagon emergency kit (human recombinant injection, Amphtastar, Lupin, Mylan) - glucagon injection - Proglycem suspension (oral) - Zegalogue	- diazoxide suspension - Glucagon Emergency Kit (Fresenius Kabi) - Gvoke HypoPen, PFS
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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

PREFERRED	NON-PREFERRED
• exenatide (generic for Byetta) • Ozempic • Trulicity • Victoza	• 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**
• Genotropin • Norditropin • Sogroya	• 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
• Camcevi • Eligard • Fensolvi • leuprolide acetate • Lupron Depot • Lutrate • Synarel • Trelstar	• Supprelin LA Kit • Triptodur
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ENDOCRINOLOGY – INSULINS

RAPID ACTING

PREFERRED	NON-PREFERRED
- Humalog vial - Humalog cartridge - Humalog Junior KwikPen (100 units/mL) - Humalog KwikPen (100 units/mL) - Humalog Tempo Pen - insulin lispro vial/kwikpen (generic for Humalog vial/cartridge/pen)	- Admelog - Afrezza - Apidra vial/SoloSTAR - Fiasp FlexTouch/vial/Penfill - Humalog KwikPen (200 units/mL) - insulin aspart vial/cartridge/pen (generic for Novolog) - Kirsty vial, 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
- Humulin R - Humulin R 500 KwikPen/vial	Novolin R
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

INTERMEDIATE ACTING

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

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LONG ACTING

PREFERRED	NON-PREFERRED
- insulin degludec (generic for Tresiba) - insulin glargine - insulin glargine-yfgn - Lantus SoloSTAR - Lantus vial - Toujeo Max Solostar	- Basaglar KwikPen - Basaglar Tempo Pen - insulin glargine (generic for Toujeo Solostar/Max Solostar) - Rezvoglar Kwikpen - Semglee - Toujeo Solostar - Tresiba FlexTouch pen - Tresiba vial
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

PREMIXED COMBINATIONS

PREFERRED	NON-PREFERRED
- Humalog Mix 75/25 vial and KwikPen - Humalog Mix 50/50 KwikPen - Humulin 70/30 KwikPen - Humulin 70/30 vial - insulin lispro protamine pen (generic for Humalog Mix 75/25)	- insulin aspart protamine vial/pen (generic for Novolog Mix 70/30) - 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.

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ENDOCRINOLOGY – MEGLITINIDES

PREFERRED	NON-PREFERRED
- nateglinide (generic for Starlix) - repaglinide (generic for Prandin)	

ENDOCRINOLOGY – POTASSIUM BINDERS

PREFERRED	NON-PREFERRED
- Lokelma - sodium polystyrene sulfonate	- 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
- dapagliflozin (generic for Farxiga) - Glyxambi - Jardiance - Synjardy - Trijardy XR - Xigduo XR	- dapagliflozin/metformin ER (generic for Xigduo XR) - Farxiga - Inpefa - Invokamet - Invokana - Invokamet XR - Segluromet - Steglatro - Steglujan - Synjardy XR
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – THIAZOLIDINEDIONES AND COMBINATIONS

PREFERRED	NON-PREFERRED
- pioglitazone (generic for Actos) - pioglitazone/metformin (generic for Actoplus Met)	- Actos* - Actoplus Met * - Duetact - pioglitazone/glimepiride (generic for Duetact)

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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
- glimepiride (generic for Amaryl) - glipizide (generic for Glucotrol) - glipizide ER (generic for Glucotrol XL) - glyburide (generic for Micronase, DiaBeta) - glyburide micronized (generic for Glynase)	

GASTROINTESTINAL – ANTIEMETICS***

PREFERRED	NON-PREFERRED
- aprepitant/pack (generic for Emend/pack) - Bonjesta - Diclegis - granisetron tab (generic for Kytril) - ondansetron (generic for Zofran)	- Akynzeo - Aponvie - Cinvanti - doxylamine succ/vit B6 (generic for Diclegis) - Emend*/pack - Granisol solution - ondansetron ODT 16 mg - Sancuso - Sustol
Qty. limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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GASTROINTESTINAL – BOWEL DISORDERS/GI MOTILITY, CHRONIC

PREFERRED**	NON-PREFERRED**
• Linzess • lubiprostone (generic for Amitiza) • Movantik • prucalopride (generic for Motegrity)	• alosetron • Ibsrela • Lotronex • 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**
• Pegasys syringe/vial	

RIBAVIRIN PRODUCTS

PREFERRED**	NON-PREFERRED**
• ribavirin	

DIRECT ACTING ANTIVIRAL PRODUCTS

PREFERRED**	NON-PREFERRED**
• ledipasvir/sofosbuvir (generic for Harvoni) • Mavyret • Mavyret Pellet Pack • sofosbuvir/velpatasvir (generic for Epclusa)	• 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.

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GASTROINTESTINAL – PROTON PUMP INHIBITORS AND COMBINATIONS***

PREFERRED	NON-PREFERRED
- 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)	- 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.

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GASTROINTESTINAL – ULCERATIVE COLITIS

ORAL

PREFERRED	NON-PREFERRED
- balsalazide (generic for Colazal) - mesalamine (generic for Lialda) - mesalamine ER (generic for Apriso) - Pentasa - sulfasalazine (generic for Azulfidine)	- 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
- mesalamine enema (generic for Rowasa) - mesalamine kit (generic for Rowasa kit) - mesalamine supp. (generic for Canasa supp.)	- budesonide (generic for Uceris) - Canasa - Rowasa* - SfRowasa
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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GENITOURINARY/RENAL – ALPHA BLOCKERS FOR BENIGN PROSTATIC HYPERPLASIA

PREFERRED	NON-PREFERRED
- alfuzosin (generic for Uroxatral) - silodosin (generic for Rapaflo) - tamsulosin (generic for Flomax)	dutasteride/tamsulosin (generic for Jalyn)
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

GENITOURINARY/RENAL – ANDROGEN HORMONE INHIBITORS

PREFERRED	NON-PREFERRED
- dutasteride (generic for Avodart) - finasteride (generic for Proscar)	Proscar*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

GENITOURINARY/RENAL – ELECTROLYTE DEPLETERS

PREFERRED	NON-PREFERRED
- calcium acetate (generic for PhosLo) - ferric citrate (generic for Auryxia) - Fosrenol chewable tablet - lanthanum powder pack (generic for Fosrenol) - sevelamer (generic for Renvela) - sevelamer HCL (generic for Renagel)	- Auryxia - Calphron - Fosrenol Powder Pack - lanthanum chewable tablet - MagneBind 400 - Renvela - Renvela Powder Pack - Velphoro - Xphozah
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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GENITOURINARY/RENAL – URINARY ANTISPASMODICS

PREFERRED	NON-PREFERRED
• fesoterodine (generic for Toviaz) • Myrbetriq • oxybutynin /ER (generic for Ditropan/XL) • solifenacin (generic for Vesicare) • tolterodine (generic for Detrol) • trospium (generic for Sanctura)	• darifenacin ER (generic for Enablex) • 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) •
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

HEMATOLOGIC – ANTICOAGULANTS

PREFERRED	NON-PREFERRED
• dabigatran (generic for Pradaxa) • Eliquis • enoxaparin (generic for Lovenox) • fondaparinux (generic for Arixtra) • warfarin (generic for Coumadin) • Xarelto • Xarelto dose pack • Xarelto suspension	• 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

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HEMATOLOGIC – COLONY STIMULATING FACTORS

PREFERRED	NON-PREFERRED
- Fulphila*** - Neupogen syringe/vial	- 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**
- Aranesp*** - Retacrit***	- 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**
Casgevy	Lyfgenia

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HIV/AIDS – ORAL PRODUCTS

PREFERRED		NON-PREFERRED
• 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 • Idvynso • Intelence • Isentress • Isentress HD • Juluca • Kaletra	• lopinavir/ritonavir • maraviroc (generic for Selzentry) • nevirapine ER • nevirapine • Norvir • Odefsey • Pifeltro • Prezcobix • Prezista • Retrovir • Reyataz • rilpivirine • ritonavir • Rukobia • Selzentry solution • stavudine • Stribild • Sunlenca tablet • Symfi • Symtuza • tenofovir disoproxil fumarate • Tivicay/PD Susp • Triumeq/PD Susp • Truvada • Tybost • Viracept • Viread • Vocabria • Yeztugo tablet • Ziagen • zidovudine	• Selzentry tablet*

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PREFERRED		NON-PREFERRED
• lamivudine		
• lamivudine/zidovudine		

IMMUNOLOGIC – SYSTEMIC IMMUNOMODULATORS

PREFERRED**	NON-PREFERRED**
• adalimumab-adaz • Hadlima • Humira • infliximab (generic for Remicade) • Otezla • Pyzchiva • Rinvoq/LQ • Starjemza • Taltz • Tyenne • Xeljanz	• Abrilada • Actemra/ACTPen • adalimumab-aacf kit • adalimumab-aaty kit • adalimumab-adbm kit • adalimumab-fjkg kit • adalimumab-ryvk kit • Amjevita • Arcalyst • Avsola • Avtozma • Bimzelx • Cibirgo • Cimzia • Cosentyx • Cyltezo • Enbrel • Entyvio • Hulio • Hyrimoz • Icotyde • Ilaris • Ilumya • Imuldosa • Inflectra • Kevzara • Kineret • Leqselvi • Litfulo • Olumiant • Omvoh • Orencia • Otezla XR • Otulfi

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PREFERRED**	NON-PREFERRED**
	• Remicade • Renflexis • Selarsdi • Simlandi • Simponi/Aria • Skyrizi • Sotyktu • Spevigo • Stelara • Steqeyma • Tofidence • Tremfya • ustekinumab • ustekinumab-aaaz • 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

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MISCELLANEOUS – PANCREATIC ENZYMES

PREFERRED	NON-PREFERRED
- Creon - Zenpep	- Pertzye - Viokace
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

MISCELLANEOUS – SKELETAL MUSCLE RELAXANTS

PREFERRED	NON-PREFERRED
- 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)	- Amrix - Atmeksi suspension - baclofen solution - baclofen suspension - carisoprodol 250 mg - carisoprodol compound - cyclobenzaprine ER (generic for Amrix) - Dantrium* - dantrolene sodium (generic for Dantrium) - Fexmid - Fleqsuvy - metaxalone 640 mg - Norgesic - Norgesic Forte - Ontralfy solution - orphenadrine compound - Ozobax - Soma** - Tanlor - Zanaflex*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

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MISCELLANEOUS – SMOKING CESSATION

PREFERRED	NON-PREFERRED
• bupropion SR (generic for Zyban) • Chantix • nicotine gum/lozenges/patch • varenicline (generic for Chantix)	• Nicotrol NS
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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MISCELLANEOUS – TOPICAL ANDROGENIC AGENTS

PREFERRED	NON-PREFERRED
- testosterone gel packet (generic for Androgel) - testosterone gel pump (generic for Androgel)	- Testim - testosterone gel (generic for Foresta, Vogelxo) - testosterone gel packet (generic for Vogelxo) - testosterone gel pump (generic for Vogelxo) - testosterone pump (generic for Axiron) - Vogelxo*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

OPHTHALMIC/GLAUCOMA – ALPHA 2 ADRENERGIC AGENTS

PREFERRED	NON-PREFERRED
- Alphagan P - brimonidine 0.2% - Simbrinza	- apraclonidine (generic for Iopidine) - 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
- carteolol (generic for Ocupress) - Combigan - dorzolamide/timolol/PF (generic for Cosopt*/PF) - Istalol - levobunolol (generic for Betagan) - timolol (generic for Timoptic)	- 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

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OPHTHALMIC/GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS

PREFERRED	NON-PREFERRED
- Azopt - dorzolamide/PF (generic for Trusopt) - dorzolamide/timolol/PF (generic for Cosopt*/PF) - Simbrinza	- 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
- latanoprost/PF (generic for Xalatan) - tafluprost (generic for Zioptan) - Travatan Z	- bimatoprost (generic for Lumigan) - Iyuzeh - Lumigan - travoprost (generic for Travatan) - Vyzulta - Xalatan*/*** - Zioptan*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPHTHALMIC/GLAUCOMA – RHO KINASE INHIBITOR***

PREFERRED**	NON-PREFERRED**
- Rhopressa - Rocklatan	

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OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES

PREFERRED	NON-PREFERRED
- Alrex - azelastine (generic for Optivar) - cromolyn sodium - olopatadine (generic for Patanol/Pataday)	- 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
- ciprofloxacin (generic for Ciloxan) - levofloxacin - moxifloxacin (generic for Moxeza) - ofloxacin	- besifloxacin (generic for Besivance) - 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
- Acular LS - bromfenac (generic for Xibrom) - diclofenac drops (generic for Voltaren oph drops) - flurbiprofen (generic for Ocufen) - Prolensa	- Acular - Acuvail - bromfenac (generic for Bromsite, 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

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OPHTHALMIC – ANTIINFLAMMATORY/IMMUNOMODULATORS

PREFERRED	NON-PREFERRED
- Restasis - Xiidra	- Cequa - cyclosporine (generic for Restasis) - Eysuvis - Miebo - Restasis Multi-dose - 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
- buprenorphine (generic for Subutex)** - buprenorphine/naloxone (generic for Suboxone) - Zubsolv	Suboxone
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

BUPRENORPHINE – CONTAINING INJECTABLE

PREFERRED	NON-PREFERRED
- Brixadi - Sublocade	

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OPIOID REVERSAL AGENTS

PREFERRED	NON-PREFERRED
• Kloxxado spray • naloxone spray • naloxone vial/syringe • Narcan spray OTC • Opvee spray • Rextovy • Zimhi • Zurnai	

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OSTEOPOROSIS – BISPHOSPHONATES

PREFERRED	NON-PREFERRED
- alendronate (generic for Fosamax) - ibandronate (generic for Boniva)	- 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
calcitonin salmon (generic for Miacalcin)	

OTIC/ANTIBIOTIC – QUINOLONES AND COMBINATIONS

PREFERRED	NON-PREFERRED
- ciprofloxacin (generic for Cetraxal) - ciprofloxacin/dexamethasone (generic for Ciprodex otic) - ofloxacin otic (generic for Floxin otic)	- Cipro HC otic - ciprofloxacin/hydrocortisone (generic Cipro HC)
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

PREFERRED***	NON-PREFERRED***
- 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	- Bevespi Aerosphere - Daliresp* - Duaklir Pressair - ipratropium HFA (generic for Atrovent HFA) - Ohtuvayre - tiotropium (generic for Spiriva) - Tudorza Pressair - umeclidinium/vilanterol (generic Anoro Ellipta) - 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
- montelukast (generic for Singulair) - zafirlukast (generic for Accolate)	- Singulair* - zileuton ER (generic for Zylflo CR) - Zylflo
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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

PREFERRED***	NON-PREFERRED***
- 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 RespiClick - Ventolin HFA* - Xopenex HFA*	- albuterol sulfate HFA (generic for Ventolin HFA) - levalbuterol neb solution concentrate
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***
- arformoterol (generic for Brovana) - Serevent Diskus	- Brovana* - formoterol (generic for Perforomist) - Perforomist* - Striverdi Respimat - Trelegy Ellipta
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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RESPIRATORY – INHALED CORTICOSTEROIDS

PREFERRED***	NON-PREFERRED***
• Arnuity Ellipta • Asmanex • Asmanex HFA • budesonide (generic for Pulmicort) • fluticasone (generic for Flovent Diskus and HFA) • Pulmicort Flexhaler • QVAR RediHaler	• Alvesco • beclomethasone HFA • 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
• Advair Diskus • Advair HFA • Breo Ellipta • Dulera • Symbicort	• Airsupra HFA • 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.

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RESPIRATORY – NASAL ANTIHISTAMINES AND COMBINATIONS

PREFERRED	NON-PREFERRED
• azelastine (generic for Astelin) • azelastine/fluticasone (generic for Dymista) • olopatadine (generic for Patanase)	• Dymista • Ryaltris • Xhance
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

RESPIRATORY – NASAL CORTICOSTEROIDS AND COMBINATIONS***

PREFERRED	NON-PREFERRED
• azelastine/fluticasone (generic for Dymista) • fluticasone (generic for Flonase) • mometasone (generic for Nasonex)	• Dymista • flunisolide (generic for Nasarel) • 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
• 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)	• cetirizine 5mg/5mL cup (OTC) • Clarinex* • desloratadine ODT (generic for Clarinex ODT) • desloratadine solution
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

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RESPIRATORY – IDIOPATHIC PULMONARY FIBROSIS

PREFERRED	NON-PREFERRED
• Ofev • pirfenidone (generic for Esbriet)	• Esbriet* • Jascayd
	Trial and failure of 1 Preferred product required prior to Non-Preferred product

RESPIRATORY – ASTHMA IMMUNOMODULATORS**

PREFERRED	NON-PREFERRED
• Fasenra • Nucala • Tezspire • Xolair	• Cinqair • Exdensus
	Trial and failure of 1 Preferred product required prior to Non-Preferred product

SELF-INJECTION EPINEPHRINE***

PREFERRED	NON-PREFERRED
• Auvi-Q • epinephrine (generic for Adrenaclick, EpiPen, EpiPen Jr.) • EpiPen • EpiPen Jr.	
Qty. limits apply	

EPINEPHRINE, SELF-ADMINISTERED, NASAL

PREFERRED	NON-PREFERRED
• Neffy	

SPINAL MUSCULAR ATROPHY

PREFERRED	NON-PREFERRED
• Evrysdi • Itvisma • Spinraza/HD • Zolgensma	•

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TOPICAL – ANTIPARASITICS

PREFERRED	NON-PREFERRED
- malathion - Natroba - permethrin (OTC/RX) - spinosad (generic for Natroba)	- Crotan - Eurax - Ovide - Pruradik lotion
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

TOPICAL – STEROIDS

VERY HIGH POTENCY

PREFERRED	NON-PREFERRED
- 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)	- Clobex - Clodan kit - halobetasol propionate foam, lotion - Lexette - Tovet Kit - Ultravate*
	Trial and failure of 2 Preferred product required prior to Non-Preferred products

HIGH POTENCY

PREFERRED	NON-PREFERRED
- betamethasone dipropionate/propylene gly lotion - betamethasone dipropionate lotion, ointment - desoximetasone ointment - fluocinonide cream, gel, ointment, solution - triamcinolone acetonide cream, ointment	- amcinonide cream, ointment - 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 - Halog*

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PREFERRED	NON-PREFERRED
	- 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
- fluticasone propionate cream, ointment - hydrocortisone valerate cream - mometasone furoate cream, ointment, solution	- 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, solution - hydrocortisone valerate ointment - Pandel - Synalar*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

LOW POTENCY

PREFERRED	NON-PREFERRED
- alclometasone dipropionate - desonide - fluocinolone (generic for Derma Smoothe) - hydrocortisone acetate (OTC/RX) cream/lotion/ointment	- Capex shampoo - Derma-Smoothe FS* - hydrocortisone gel, 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
- betamethasone/calcipotriene ointment - calcipotriene cream	- betamethasone/calcipotriene suspension (generic for Taclonex) - calcipotriene foam/ointment/solution (generic for Dovonex) - calcitriol (generic for Vectical) 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
clindamycin/benzoyl peroxide (generic for BenzaClin, Duac, Acanya)	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
- adapalene (generic for Differin, Plixda) - adapalene/benzoyl peroxide (generic for Epiduo, Epiduo Forte) - tazarotene cream, gel (generic for Tazorac) - tretinoin gel (generic for Avita, Retin-A) - tretinoin cream (generic for Atralin, Avita, Retin-A)	- Aklief - clindamycin/tretinoin (generic for Veltin) - Differin cream/gel/lotion - Epiduo Forte - Fabior - tazarotene foam (generic for Fabior) - tretinoin gel (generic for Atralin) - tretinoin microspheres gel (generic for Retin-A micro) - Twynéo
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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*** Indicates when quantity limits apply.

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

TOPICAL – TOPICAL ANTIVIRALS

PREFERRED	NON-PREFERRED
- acyclovir (generic for Zovirax oint/cream) - Denavir	penciclovir (generic for Denavir)
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

TOPICAL – TOPICAL ANTIBIOTICS

PREFERRED	NON-PREFERRED
mupirocin oint/cream (generic for Bactroban oint/cream)	Centany
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

UREA CYCLE DISORDERS, ORAL

PREFERRED	NON-PREFERRED
- Buphenyl powder - Buphenyl tablet - Carbaglu - glycerol phenylbutyrate (generic Ravicti) - Pheburane	- carglumic acid - Olpruva - Ravicti - sodium phenylbutyrate powder (generic Buphenyl) - sodium phenylbutyrate tablet (generic Buphenyl)
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

UTERINE DISORDER TREATMENTS

PREFERRED	NON-PREFERRED
- Myfembree - Oriahnn - Orilissa	