

# Preferred Drug List

Prescribers may request an override for non-preferred drugs by calling the Prime Therapeutics State Government Solutions Help Desk at: Toll Free 1-800-424-7895 and choose the PDL option. This Preferred Drug List is subject to change without notice. New products in a reviewed drug class are considered **NON-PREFERRED** until the committee has reevaluated the evidence for the drug class. The effective implementation date stated for each drug class is the date claims will be edited at point-of-sale. For the most up-to-date Preferred Drug List visit <https://ar.primetherapeutics.com/provider-documents>

4/1/2025

ANALGESICS	ANALGESICS	ANALGESICS
<b>NARCOTIC AGONIST ANALGESICS</b> <b>LONG-ACTING OPIOIDS</b> ORIGINAL POSTED PREFERRED STATUS: 8/26/2005 ORIGINAL EDIT EFFECTIVE DATE: 10/26/2005 REVISED POSTED PREFERRED STATUS: 8/4/2008 REVISED EDIT EFFECTIVE DATE: 8/1/2008 RE-REVIEW POSTED PREFERRED STATUS: 10/14/2011 REVISED EDIT EFFECTIVE DATE: 1/10/2012 REVISED EDIT EFFECTIVE DATE: 05/13/2016 REVISED EDIT EFFECTIVE DATE: 04/01/2019 <b>UPDATED 1/1/2024</b> <u><b>PREFERRED</b></u> BUTRANS PATCH* (BUPRENORPHINE) <b>BRAND ONLY</b> MORPHINE LONG-ACTING TABLET* (generic for MS CONTIN) TRAMADOL ER TABLET* (generic for ULTRAM ER) XTAMPZA ER* CAPSULE (OXYCODONE)  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> BELBUCA FILMS (BUPRENORPHINE)* BUPRENORPHINE PATCH (generic for BUTRANS)* CONZIP CAPSULE (TRAMADOL ER) FENTANYL PATCH (generic for DURAGESIC)* HYDROCODONE ER CAPSULE (generic for ZOHYDRO ER)* HYDROCODONE ER TABLET (generic for HYSINGLA ER)* HYDROMORPHONE ER TABLET (generic for EXALGO ER)* HYSINGLA ER TABLET (HYDROCODONE ER) METHADONE TABLET, SOLUTION, INTESOL CONC* MORPHINE SULFATE ER CAPSULE (generic for AVINZA, KADIAN)* MS CONTIN TABLET (MORPHINE SULFATE)  <b>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</b>	<b>NARCOTIC AGONIST ANALGESICS</b> <b>LONG-ACTING OPIOIDS</b> ORIGINAL POSTED PREFERRED STATUS: 8/26/2005 ORIGINAL EDIT EFFECTIVE DATE: 10/26/2005 <b>UPDATED 1/1/2024</b>  <u><b>NON-PREFERRED – (continued)</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> NUCYNTA ER TABLET (TAPENTADOL)* OXYCODONE ER TABLET (generic for OXYCONTIN)* OXYCONTIN TABLET (OXYCODONE)* OXYMORPHONE ER TABLET (generic for OPANA ER)* TRAMADOL ER CAPSULE (generic for CONZIP)* TRAMADOL ER TABLET (generic for RYZOLT)*	<b>VOLTAGE-GATED SODIUM CHANNEL SELECTIVE INHIBITORS</b>  ORIGINAL POSTED PREFERRED STATUS: 2/10/2025  <u><b>PREFERRED</b></u> JOURNAVX TABLET (SUZETRIGINE)  <u><b>NON-PREFERRED</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> NONE

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ANALGESICS	ANALGESICS	ANALGESICS
NARCOTIC AGONIST ANALGESICS SHORT-ACTING OPIOIDS	NARCOTIC AGONIST ANALGESICS SHORT-ACTING OPIOIDS- <i>CONTINUED</i>	NONSTEROIDAL ANTIINFLAMMATORY AGENTS
ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17 UPDATED 7/1/2020 <b><u>PREFERRED</u></b> APAP/CODEINE ELIXIR APAP/CODEINE TABLET (300-15 mg, 300-30 mg, 300-60 mg) CODEINE TABLET (15 mg, 30 mg, 60 mg) HYDROMORPHONE TABLET (2 mg, 4 mg, 8 mg) HYDROCODONE/APAP SOLUTION (7.5-325 mg/15 ml) HYDROCODONE/APAP TABLET (5-325 mg, 7.5-325 mg, 10-325 mg) HYDROCODONE/IBUPROFEN (7.5-200 mg) MEPERIDINE SOLUTION MEPERIDINE TABLET (50 MG) MORPHINE CONC. SOLUTION (100 mg/5 ml) MORPHINE IR TABLET (15 mg, 30 mg) MORPHINE SOLUTION (10 mg/5 ml, 20 mg/5 ml) OXYCODONE/APAP SOLUTION (5-325 mg/5 ml) OXYCODONE/APAP TABLET (5-325 mg, 7.5-325 mg 10-325 mg) OXYCODONE SOLUTION (5 mg/5 ml) OXYCODONE TABLET TRAMADOL 50MG TABLET TRAMADOL/APAP TABLET <b><u>NON-PREFERRED –</u></b> <b><u>INCLUDE BUT NOT LIMITED TO</u></b> APAP/CODEINE (unit dose cups) APADAZ BENZHYDROCODONE-ACETAMINOPHEN BUTALBITAL/CAFFEINE/APAP W/CODEINE BUTALBITAL COMPOUND W/CODEINE BUTORPHANOL TARTRATE CAPITAL W-CODEINE <b><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></b>	ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17 UPDATED 7/1/2020 <b><u>NON-PREFERRED – (continued)</u></b> <b><u>INCLUDE BUT NOT LIMITED TO</u></b> CARISOPRODOL COMPOUND W/CODEINE DIHYDROCODEINE/APAP/CAFFEINE (TABLET, CAPSULE) DILAUDID TABLET, ORAL SOLUTION FIORICET/CODEINE, FIORINAL/CODEINE HYDROMORPHONE LIQUID, RECTAL SUPP HYDROCODONE/APAP TABLET (2.5-325, 5-300, 7.5-300, 10-300 mg) HYDROCODONE/APAP SOLUTION (unit dose cups) HYDROCODONE/IBUPROFEN (5-200mg, 10-200mg) MEPERIDINE TABLET (100 MG) NUCYNTA OPANA OXAYDO OXYCODONE/ASA OXYCODONE CAPSULE OXYCODONE CONCENTRATED ORAL SOLUTION OXYCODONE SOLUTION (unit dose cups) OXYCODONE/IBUPROFEN OXYCODONE/APAP TABLET (2.5-325mg) OXYMORPHONE PENTAZOCINE/NALOXONE PRIMLEV (5-300mg, 7.5-300mg, 10-300mg) REPREXAIN ROXYBOND TABLET ROXICODONE TABLET SEGLENTIS (TRAMADOL/CELECOXIB) TRAMADOL 25MG, 75 MG, 100 MG TABLET, 5MG/ML SOLUTION ZAMICET	ORIGINAL POSTED PREFERRED STATUS: 4/13/2007 ORIGINAL EDIT EFFECTIVE DATE: 6/18/2007 RE-REVIEW POSTED PREFERRED STATUS: 4/07/2011 REVISED EDIT EFFECTIVE DATE: 6/7/2011 UPDATED 1/1/2020 <b><u>PREFERRED</u></b> CELECOXIB CAPSULES (CELEBREX) DICLOFENAC SODIUM DR 25MG, 50MG, 75MG TABLETS DICLOFENAC SODIUM 1% TOPICAL GEL (VOLTAREN) IBUPROFEN 100MG/5ML SUSPENSION, 400MG, 600MG, 800MG TABLET (MOTRIN) INDOMETHACIN 25MG, 50MG CAPSULE (INDOCIN) KETOROLAC TABLET (TORADOL)* MELOXICAM 7.5MG, 15MG TABLET (MOBIC) NABUMETONE (RELAFEN) NAPROXEN 250MG, 375MG, 500MG TABLET (NAPROSYN) NAPROXEN 375MG, 500MG EC TABLET (EC-NAPROSYN) NAPROXEN SODIUM 275MG, 550MG TABLET (ANAPROX) NAPROXEN SODIUM CR 750 MG  <b><u>NON-PREFERRED –</u></b> <b><u>INCLUDE BUT NOT LIMITED TO</u></b> CELEBREX (CELECOXIB) COXANTO (OXAPROZIN) DICLOFENAC EPOLAMINE (FLECTOR, LICART) DICLOFENAC POTASSIUM (CAMBIA, CATAFLAM, ZIPSOR) DICLOFENAC SODIUM/MISOPROSTOL (ARTHRORTEC) DICLOFENAC SODIUM ER 100MG TABLETS (VOLTAREN XR) DICLOFENAC SUBMICRONIZED (ZORVOLEX) DICLOFENAC SODIUM 1.5% , 2% , AND 3% TOPICAL (PENNSAID, SOLARAZE) <b><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></b>

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ANALGESICS	ANALGESICS	ANALGESICS
NONSTEROIDAL	MEDICATION ASSISTED TREATMENT MEDICATIONS	MEDICATION ASSISTED TREATMENT MEDICATIONS
ANTIINFLAMMATORY AGENTS- <i>CONTINUED</i>		
<p>ORIGINAL POSTED PREFERRED STATUS: 4/13/2007  ORIGINAL EDIT EFFECTIVE DATE: 6/18/2007  RE-REVIEW POSTED PREFERRED STATUS: 4/07/2011  REVISED EDIT EFFECTIVE DATE: 6/7/2011  UPDATED 1/1/2020  <b><u>NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN</u></b>  <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p>	<p>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017  ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017  RE-REVIEW: 8/10/18  UPDATED (ORAL AGENTS) 10/1/2021  UPDATED (INJECTABLE AGENTS) 1/1/2023 &amp; 5/23/2023  UPDATED 9/1/2023  UPDATED (MAT INJECTABLES) 7/1/2024</p>	<p>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017  ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017  RE-REVIEW: 8/10/18  UPDATED (ORAL AGENTS) 10/1/2021  UPDATED (INJECTABLE AGENTS) 1/1/2023 &amp; 5/23/2023  UPDATED 9/1/2023  UPDATED (MAT INJECTABLES) 7/1/2024</p>
<p>DIFLUNISAL (DOLOBID)  ETODOLAC (LODINE)  FENOPROFEN (NALFON)  FENOPRON (FENOPROFEN)  FLURBIPROFEN (ANSAID)  IBUPROFEN/FAMOTIDINE (DUEXIS)  INDOMETHACIN 75MG SA CAPSULE  INDOMETHACIN 20MG, 25MG and 40MG CAPSULE (TIVORBEX)  INDOMETHACIN 25MG/5ML SUSPENSION (INDOCIN)  INDOMETHACIN 50MG SUPPOSITORY  KETOPROFEN CAPSULES  KETOROLAC NASAL SPRAY (SPRIX)  MECLOFENAMATE (MECLOMEN)  MEFENAMIC ACID (PONSTEL)  NABUMETONE DS (RELAFEN DS)  NAPROXEN/ESOMEPRAZOLE (VIMOVO)  NAPROXEN SUSPENSION (NAPROSYN)  NAPROXEN ER 375MG, 500MG TABLET (NAPRELAN)  OXAPROZIN (DAYPRO)  PIROXICAM (FELDENE)  QMIZ ODT (MELOXICAM)  SULINDAC (CLINORIL)  TOLMETIN (TOLECTIN)</p>	<p><b><u>PREFERRED OPIOID DEPENDENCE AGENTS</u></b>  BUPRENORPHINE SUBLINGUAL TABLETS  NALTREXONE  SUBOXONE FILM <b>BRAND ONLY</b>  ZUBSOLV SL TABLETS</p> <p><b><u>PREFERRED OPIATE OVERDOSE AGENTS/RESCUE MEDS</u></b>  KLOXXADO NASAL SPRAY  NALOXONE 0.4MG/ML VIAL  NALOXONE 2MG/2ML SYRINGE  NALOXONE 4MG NASAL SPRAY  NARCAN 4MG NASAL SPRAY  REXTOVY 4MG NASAL SPRAY  ZIMHI 5MG/0.5ML SYRINGE</p> <p><b><u>PREFERRED ALCOHOL DEPENDENCE AGENTS</u></b>  ACAMPROSATE DR  DISULFIRAM  NALTREXONE</p> <p><b><u>PREFERRED MAT INJECTABLES - NO PA REQUIRED FOR PHARMACY</u></b>  BRIXADI SQ SYRINGE (BUPRENORPHINE)  SUBLOCADE SQ INJECTION (BUPRENORPHINE)  VIVITROL IM (NALTREXONE)  <b>MAY BILL THROUGH PHARMACY OR MEDICAL BENEFITS</b></p>	<p><b><u>CONTINUED FROM PREVIOUS COLUMN</u></b>  <b><u>NON-PREFERRED OPIOID DEPENDENCE AGENTS</u></b>  <b><u>INCLUDE BUT NOT LIMITED TO</u></b>  BUPRENORPHINE/NALOXONE SLTAB * (generic for SUBOXONE TABS)  BUPRENORPHINE/NALOXONE SL FILM* (generic for SUBOXONE FILMS)</p> <p><b><u>NON-PREFERRED OPIATE OVERDOSE/RESCUE MEDS</u></b>  <b><u>INCLUDE BUT NOT LIMITED TO</u></b>  LIFEMS NALOXONE 2MG/2ML KIT  LUCEMYRA  NALMEFENE 2MG/2ML VIAL  NALOXONE 0.4MG/ML CARPUJECT  OPVEE NASAL SPRAY</p>

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4/1/2025

ANALGESICS	ANALGESICS	ANALGESICS
<b>ANTIMIGRAINE AGENTS</b> <b>Serotonin 5-HT1 Receptor Agonist (TRIPTANS)</b> <b>ORIGINAL POSTED PREFERRED STATUS: 12/8/2005</b> <b>ORIGINAL EDIT EFFECTIVE DATE: 2/7/2006</b> <b>REVISED POSTED PREFERRED STATUS: 7/25/2007</b> <b>REVISED EDIT EFFECTIVE DATE: 10/1/2007</b> <b>RE-REVIEW POSTED PREFERRED STATUS: 4/26/2010</b> <b>REVISED EDIT EFFECTIVE DATE: 7/1/2010</b> <b>RE-REVIEW POSTED PREFERRED STATUS: 1/1/2020</b> <b>RE-REVIEW POSTED PREFERRED STATUS: 7/1/2024</b> <u><b>PREFERRED</b></u> NARATRIPTAN (AMERGE) RIZATRIPTAN TABLET, ORALLY DISINTEGRATING (MAXALT, MAXALT MLT) SUMATRIPTAN TABLET (IMITREX) SUMATRIPTAN 4MG/0.5ML, 6MG/0.5ML KIT REFILL (IMITREX)* SUMATRIPTAN 6MG/0.5ML VIAL (IMITREX)* SUMATRIPTAN 5MG NASAL SPRAY (IMITREX)* SUMATRIPTAN 20MG NASAL SPRAY (IMITREX)* ZOLMITRIPTAN TABLET, ORALLY DISINTEGRATING (ZOMIG, ZOMIG ZMT) <u><b>NON-PREFERRED –INCLUDE BUT NOT LIMITED TO</b></u> AMLOTRIPTAN (AXERT) ELETRIPTAN (RELPA) FROVA FROVATRIPTAN (FROVA) IMITREX KIT, TABLET MAXALT MLT, TABLET RELPAX SUMATRIPTAN 4 MG/0.5 ML AND 6MG/0.5ML KIT SYRINGE (IMITREX)* SUMATRIPTAN/NAPROXEN (TREMEX) SYMBRAVO (MELOXICAM/RIZATRIPTAN) TOSYMRA NASAL SPRAY ZEMBRACE SYMTOUCH PEN ZOLMITRIPTAN 2.5 MG AND 5 MG NASAL SPRAY (ZOMIG) ZOMIG TABLET	<b>ANTIMIGRAINE AGENTS</b> <b>FOR PREVENTION</b> <b>ORIGINAL POSTED PREFERRED STATUS: 8/14/2019</b> <b>ORIGINAL EDIT EFFECTIVE DATE: 10/1/19</b> <b>UPDATED 1/1/2023</b> <b>UPDATED 1/1/2025</b>  <u><b>PREFERRED</b></u> AIMOVIG (ERENUMAB)* EMGALITY 120 MG (GALACANEZUMAB) PEN* EMGALITY 120 MG (GALACANEZUMAB) SYRINGE* NURTEC ODT (RIMEGEPANT)* QULIPTA (ATOGEPA) TABLET*  <u><b>NON-PREFERRED</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> AJOVY (FREMANEZUMAB) SYRINGE EMGALITY 100 MG (GALACANEZUMAB) PEN EMGALITY 100 MG (GALACANEZUMAB)SYRINGE	<b>ANTIMIGRAINE AGENTS</b> <b>FOR TREATMENT</b> <b>ORIGINAL POSTED PREFERRED STATUS: 1/1/2023</b> <b>UPDATED 1/1/2025</b>  <u><b>PREFERRED</b></u> NURTEC ODT (RIMEGEPANT)*  <u><b>NON-PREFERRED</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> DICLOFENAC POTASSIUM POWDER PACK (generic for CAMBIA) DIHYDROERGOTAMINE INJECTION (generic for D.H.E. 45) DIHYDROERGOTAMINE NASAL SPRAY (generic for MIGRANAL) ELYXYB SOLUTION (CELECOXIB) ERGOMAR SL TABLET (ERGOTAMINE) MIGRANAL NASAL SPRAY (DIHYDROERGOTAMINE) REYVOW TABLET (LASMIDITAN) TRUDHESA NASAL SPRAY (DIHYDROERGOTAMINE) UBRELVY TABLET (UBROGEPANT) ZAVZPRET NASAL SPRAY (ZAVEGEPANT)

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ANTI-INFECTIVES CEPHALOSPORINS	ANTI-INFECTIVES HEPATITIS C AGENTS	
<p><b>ORIGINAL POSTED PREFERRED STATUS: 4/1/2023</b></p> <p><b><u>PREFERRED</u></b>            CEFADROXIL CAPSULE AND SUSPENSION (GENERIC FOR DURICEF)            CEFDINIR CAPSULE AND SUSPENSION (GENERIC FOR OMNICEF)            CEFPODOXIME TABLET AND SUSPENSION (GENERIC FOR VANTIN)            CEFPROZIL TABLET AND SUSPENSION (GENERIC FOR CEFZIL)            CEFUROXIME TABLET (GENERIC FOR CEFTIN)            CEPHALEXIN CAPSULE AND SUSPENSION (GENERIC FOR KEFLEX)</p> <p><b><u>NON-PREFERRED - INCLUDE BUT NOT LIMITED TO</u></b>            CEFACLOR CAPSULE, ER TABLET, SUSPENSION (GENERIC FOR CECLOR)            CEFADROXIL TABLET (GENERIC FOR DURICEF)            CEFIXIME CAPSULE AND SUSPENSION (GENERIC FOR SUPRAX)            CEPHALEXIN TABLET (GENERIC FOR KEFLEX)            SUPRAX CHEW TABLET, CAPSULE, AND SUSPENSION (CEFIXIME)</p>	<p><b>ORIGINAL POSTED PREFERRED STATUS: 8/10/2016</b>  <b>ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016</b>  <b>RE-REVIEW POSTED PREFERRED STATUS: 2/14/18</b>  <b>REVISED EDIT EFFECTIVE DATE: 4/1/2018</b>  <b>UPDATED 4/1/2021</b></p> <p><b><u>PREFERRED</u></b>            MAVYRET* (GLECAPREVIR/PIBRENTASVIR )            RIBAVIRIN TABLETS OR CAPSULES 200MG*            SOFOSBUVIR/VELPATASVIR (GENERIC FOR EPCLUSA)*            ELBASVIR/GRAZOPREVIR (ZEPATIER)*</p> <p><b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b>            EPCLUSA (SOFOSBUVIR/VELPATASVIR)            HARVONI* (LEDIPASVIR/ SOFOSBUVIR)            LEDIPASVIR/ SOFOSBUVIR (GENERIC FOR HARVONI)            SOVALDI* (SOFOSBUVIR )            VIEKIRA PAK* (OMBITASVIR/ PARITAPREVIR/ RITONAVIR/ DASABUVIR )            VOSEVI* (SOFOSBUVIR/VELPATASVIR/VOXILAPREVIR)</p>	

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ANTI-INFECTIVES	ANTI-INFECTIVES	ANTI-INFECTIVES
HUMAN IMMUNODEFICIENCY VIRUS (HIV) AGENTS	HUMAN IMMUNODEFICIENCY VIRUS (HIV) AGENTS	HUMAN IMMUNODEFICIENCY VIRUS (HIV) AGENTS
<p><b>ORIGINAL POSTED PREFERRED STATUS: 10/1/2023</b></p> <p><b><u>PREFERRED</u></b></p> <p>ABACAVIR TABLET &amp; SOLUTION (generic for ZIAGEN)</p> <p>ABACAVIR/LAMIVUDINE TABLET (generic for EPZICOM)</p> <p>ATAZANAVIR CAPSULE (generic for REYATAZ)</p> <p>BIKTARVY TABLET (BICTEGRAVIR/EMTRICITABINE/TENOFOVIR)</p> <p>CIMDUO TABLET (LAMIVUDINE/TENOFOVIR)</p> <p>COMPLERA TABLET (EMTRICITABINE/RILPIVIRINE/TENOFOVIR)</p> <p>DARUNAVIR ETHANOLATE 600MG, 800MG TABLETS (generic for PREZISTA)</p> <p>DELSTRIGO TABLET (DORAVIRINE/LAMIVUDINE/TENOFOVIR)</p> <p>DESCOVY TABLET (EMTRICITABINE/TENOFOVIR ALAFENAM)</p> <p>DOVATO TABLET (DOLUTEGRAVIR/LAMIVUDINE)</p> <p>EDURANT TABLET (RILPIVIRINE)</p> <p>EFAVIRENZ TABLET (generic for SUSTIVA)</p> <p>EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (generic for ATRIPLA)</p> <p>EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (generic for TRUVADA)</p> <p>EMTRIVA SOLUTION (EMTRICITABINE)</p> <p>EVOTAZ TABLET (ATAZANAVIR/COBICISTAT)</p> <p>FOSAMPRENAVIR TABLET (generic for LEXIVA)</p> <p>GENVOYA TAB (ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR)</p> <p>ISENTRESS POWDER, CHEW, TABLET, AND HD TABLET (RALTEGRAVIR)</p> <p>JULUCA TABLET (DOLUTEGRAVIR/RILPIVIRINE)</p> <p>LAMIVUDINE TABLET AND SOLUTION (generic for EPIVIR)</p> <p>LAMIVUDINE/ZIDOVUDINE TABLET (generic for COMBIVIR)</p> <p>LEXIVA SUSPENSION (FOSAMPRENAVIR)</p> <p>LOPINAVIR/RITONAVIR SOLUTION AND TABLET (generic for KALETRA)</p> <p>NEVIRAPINE TABLET, SUSPENSION, AND ER TABLET (generic for VIRAMUNE)</p> <p>NORVIR POWDER (RITONAVIR)</p> <p>ODEFSEY TABLET (EMTRICITABINE/RILPIVIRINE/TENOFOVIR)</p> <p>PIFELTRO TABLET (DORAVIRINE)</p> <p><b>PREFERRED AGENTS CONTINUED IN NEXT COLUMN</b></p>	<p><b>ORIGINAL POSTED PREFERRED STATUS: 10/1/2023</b></p> <p><b><u>PREFERRED - CONTINUED FROM PREVIOUS COLUMN</u></b></p> <p>PREZCOBIX TABLET (DARUNAVIR/COBICISTAT)</p> <p>PREZISTA SUSPENSION (DARUNAVIR)</p> <p>PREZISTA 75MG, 150NG TABLETS (DARUNAVIR)</p> <p>REYATAZ POWDER (ATAZANAVIR)</p> <p>RITONAVIR TABLET (generic for NORVIR)</p> <p>STRIBILD (ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR)</p> <p>SYMFI LO TAB (EFAVIRENZ/LAMIVUDINE/TENOFOVIR) <b>BRAND ONLY</b></p> <p>SYMFI TABLET (EFAVIRENZ/LAMIVUDINE/TENOFOVIR) <b>BRAND ONLY</b></p> <p>SYMTUZA TAB (DARUNAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR)</p> <p>TENOFOVIR DISOPROXIL FUMARATE TABLET (generic for VIREAD)</p> <p>TIVICAY PD TABLET FOR SUSPENSION (DOLUTEGRAVIR)</p> <p>TIVICAY TABLET (DOLUTEGRAVIR)</p> <p>TRIUMEQ PD TABLET FOR SUSPENSION (ABACAVIR/DOLUTEGRAVIR/LAMIVUDINE)</p> <p>TRIUMEQ TABLET (ABACAVIR/DOLUTEGRAVIR/LAMIVUDINE)</p> <p>TYBOST TABLET (COBICISTAT)</p> <p>ZIDOVUDINE TABLET AND SYRUP (generic for RETROVIR)</p> <p><b><u>NON-PREFERRED - INCLUDE BUT NOT LIMITED TO</u></b></p> <p>APTIVUS CAPSULE (TIPRANAVIR)</p> <p>ATRIPLA TABLET (EFAVIRENZ/EMTRICITABINE/TENOFOVIR)</p> <p>COMBIVIR TABLET (LAMIVUDINE/ZIDOVUDINE)</p> <p>DIDANOSINE CAPSULE (generic for VIDEX EC)</p> <p>EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (generic for SYMFI/SYMFI LO)</p> <p>EMTRICITABINE CAPSULE (generic for EMTRIVA)</p> <p>EMTRIVA CAPSULE (EMTRICITABINE)</p> <p>EPIVIR SOLUTION AND TABLET (LAMIVUDINE)</p> <p>EPZICOM TABLET (ABACAVIR/LAMIVUDINE)</p> <p>ETRAVIRINE TABLET (generic for INTELENCE)</p> <p><b>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</b></p>	<p><b>ORIGINAL POSTED PREFERRED STATUS: 10/1/2023</b></p> <p><b><u>NON-PREFERRED - CONTINUED FROM PREVIOUS COLUMN</u></b></p> <p>FUZEON VIAL (ENFUVIRTIDE)</p> <p>INTELENCE TABLET (ETRAVIRINE)</p> <p>KALETRA SOLUTION AND TABLET (LOPINAVIR/RITONAVIR)</p> <p>LEXIVA TABLET (FOSAMPRENAVIR)</p> <p>NORVIR TABLET (RITONAVIR)</p> <p>PREZISTA 600MG, 800MG TABLETS</p> <p>RETROVIR SYRUP (ZIDOVUDINE)</p> <p>REYATAZ CAPSULE (ATAZANAVIR)</p> <p>RUKOBIA TABLET (FOSTEMSAVIR TROMETHAMINE)</p> <p>STAVUDINE CAPSULE (generic for ZERIT)</p> <p>SUSTIVA CAPSULE (EFAVIRENZ)</p> <p>TEMIXYS TABLET (LAMIVUDINE/TENOFOVIR)</p> <p>TRIZIVIR TABLET (ABACAVIR/LAMIVUDINE/ZIDOVUDINE)</p> <p>TRUVADA TABLET (EMTRICITABINE/TENOFOVIR)</p> <p>VIRACEPT TABLET (NELFINAVIR)</p> <p>VIRAMUNE XR TABLET (NEVIRAPINE)</p> <p>VIREAD TABLET AND POWDER (TENOFVIR)</p> <p>ZIAGEN SOLUTION AND TABLET (ABACAVIR)</p> <p>ZIDOVUDINE CAPSULE (generic for RETROVIR)</p> <p><b><u>NON-PREFERRED –WITH CRITERIA</u></b></p> <p>APRETUDE VIAL* (CABOTEGRAVIR)</p> <p>CABENUVA VIAL* (CABOTEGRAVIR/RILPIVIRINE)</p> <p>MARAVIROC TABLET* (generic for SELZENTRY)</p> <p>SELZENTRY SOLUTION AND TABLET* (MARAVIROC)</p> <p>SUNLENCA TABLET AND VIAL* (LENACAPAVIR SODIUM)</p>

[\\*Please refer to the PDL Criteria Overview for more detail](#)

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

# Preferred Drug List

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BIOLOGIC AND IMMUNOLOGIC AGENTS	BIOLOGIC AND IMMUNOLOGIC AGENTS	
TARGETED IMMUNE MODULATORS	TARGETED IMMUNE MODULATORS-CONTINUED	
<p><b>ORIGINAL POSTED PREFERRED STATUS: 4/14/2006</b>  <b>REVISED EDIT EFFECTIVE DATE: 1/1/18</b>  <b>UPDATED 01/01/2021</b></p> <p><b><u>PREFERRED</u></b></p> <p>ENBREL* (ETANERCEPT )  HUMIRA *(ADALIMUMAB )  OTEZLA* (APREMILAST)</p> <p><b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ABRILADA (ADALIMUMAB-AFZB)  ACTEMRA (TOCILIZUMAB)  ADALIMUMAB-AACF (generic for IDACIO)  ADALIMUMAB-AATY (generic for YUFLYMA)  ADALIMUMAB-ADAZ (generic for HYRIMOZ)  ADALIMUMAB-ADBM (generic for CYLTEZO)  ADALIMUMAB-FKJP (generic for HULIO)  ADALIMUMAB-RYVK (generic for SIMLANDI)  AMJEVITA (ADALIMUMAB-ATTO)  ARCALYST (RILONACEPT)  BIMZELX (BIMEKIZUMAB-BKZX)  CIMZIA (CERTOLIZUMAB)  COSENTYX (SECUKINUMAB)  CYLTEZO (ADALIMUMAB-ADBM)  ENSPRYNG (SATRALIZUMAB)  ENTYVIO PEN (VEDOLIZUMAB)  HADLIMA (ADALIMUMAB-BWWD)  HULIO (ADALIMUMAB-FKJP)  HYRIMOZ (ADALIMUMAB-ADAZ)  IDACIO (ADALIMUMAB-AACF)  ILARIS (CANAKINUMAB)  ILUMYA (TIDRAKIZUMAB -ASMM )</p> <p><b><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></b></p>	<p><b><u>NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN</u></b>  <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>KEVZARA (SARILUMAB)  KINERET (ANAKINRA)  LITFULO (RITLECITINIB)  OLUMIANT (BARICITINIB)  OMVOH (MIRIKIZUMAB-MRKZ)  ORENCIA (ABATACEPT)  OTULFI (USTEKINUMAB-AAUZ)  PYZCHIVA (USTEKINUMAB-TTWE)  RINVOQ (UPADACITINIB)  SELARSDI (USTEKINUMAB-AEKN)  SILIQ (BRODALUMAB )  SIMLANDI (ADALIMUMAB-RYVK)  SIMPONI (GOLIMUMAB)  SKYRIZI (RISANKIZUMAB-RZAA)  SOTYKTU (DEUCRAVACITINIB)  SPEVIGO (SPESOLIMAB-SBZO)  STELARA (USTEKINUMAB)  STEQEYMA (USTEKINUMAB-STBA)  TALTZ (IXEKIZUMAB)  TREMIFYA (GUSELKUMAB)  TYENNE (TOCILIZUMAB-AAZG)  USTEKINUMAB-TTWE (generic for PYZCHIVA)  VELSIPITY (ETRASIMOD)  XELJANZ, XELJANZ XR (TOFACITINIB)  YESINTEK (USTEKINUMAB-KFCE)  YUFLYMA (ADALIMUMAB-AATY)  YUSIMRY (ADALIMUMAB-AQVH)  ZYMFENTRA (INFLIXIMAB-DYYB)</p>	

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# Preferred Drug List

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BIOLOGIC AND IMMUNOLOGIC AGENTS	BIOLOGIC AND IMMUNOLOGIC AGENTS	BIOLOGIC AND IMMUNOLOGIC AGENTS
<b>IMMUNOMODULATORS FOR ASTHMA</b> <b>ORIGINAL POSTED PREFERRED STATUS: 01/01/2021</b> <b>UPDATED 10/1/2023</b>  <u><b>PREFERRED</b></u> DUPIXENT* (DUPILUMAB) FASENRA PEN AND SYRINGE* (BENRALIZUMAB) XOLAIR AUTOINJECTOR* (OMALIZUMAB) XOLAIR SYRINGE* (OMALIZUMAB)  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> NUCALA AUTOINJECT, SYRINGE, VIAL* (MEPOLIZUMAB) TEZSPIRE* (TEZEPELUMAB-EKKO) XOLAIR VIAL* (OMALIZUMAB)	<b>IMMUNE GLOBULINS</b> <b>ORIGINAL POSTED PREFERRED STATUS: 4/1/2022</b>  <u><b>PREFERRED</b></u> GAMMAGARD LIQUID VIAL* GAMUNEX-C VIAL* HIZENTRA *  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> ALYGLO VIAL ASCENIV VIAL BIVIGAM VIAL CUTAQUIG VIAL CUVITRU VIAL CYTOGAM VIAL FLEBOGAMMA DIF VIAL GAMASTAN S-D VIAL GAMASTAN VIAL GAMMAGARD S-D VIAL GAMMAKED VIAL GAMMAPLEX VIAL HYPERRHO S-D SYRINGE HYQVIA VIAL HYQVIA IG COMPONENT VIAL MICRHOGAM ULTRA FILTERED PLUS SYRINGE OCTAGAM VIAL PANZYGA VIAL PRIVIGEN VIAL RHOGAM ULTRA FILTERED SYRINGE RHOPHYLAC SYRINGE WINRHO SDF VIAL XEMBIFY VIAL	<b>MULTIPLE SCLEROSIS</b> <b>ORIGINAL POSTED PREFERRED STATUS: 7/28/2011</b> <b>RE-REVIEW: 1/1/2023</b> <b>UPDATED: 10/1/2024</b> <u><b>PREFERRED</b></u> AMPYRA ER TABLET (DALFAMPRIDINE ER) AVONEX INJ (INTERFERON BETA - 1A) COPAXONE <b>20MG INJ</b> (GLATIRAMER) <b>BRAND ONLY</b> DALFAMPRIDINE ER TABLET (generic for AMPYRA ER) DIMETHYL FUMARATE CAPSULE (generic for TECFIDERA) FINGOLIMOD CAPSULE (generic for GILENYA) KESIMPTA PEN* (OFATUMUMAB) TERIFLUNOMIDE (generic for AUBAGIO) <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> AUBAGIO TABLET (TERIFLUNOMIDE) BAFIERTAM CAPSULE (MONOMETHYL FUMARATE) BETASERON INJECTION (INTERFERON BETA - 1B) COPAXONE <b>40MG INJ</b> (GLATIRAMER) <b>BRAND AND GENERIC</b> EXTAVIA INJECTION (INTERFERON BETA - 1B KIT) GILENYA CAPSULE (FINGOLIMOD) GLATIRAMER 20MG and 40 MG INJ-(generic for COPAXONE and GLATOPA) GLATOPA INJECTION (GLATIRAMER) MAVENCLAD TABLET (CLADRIBINE) MAYZENT TABLET (SIPONIMOD) PLEGRIDY PEN AND SYRINGE (PEGOMTERFERPM BETA - 1A) PONVORY TABLET (PONESIMOD) REBIF/REBIF REBIDOSE (INTERFERON BETA - 1A/ALBUMIN) TASCENSO ODT (FINGOLIMOD) TECFIDERA CAPSULE (DIMETHYL FUMARATE ) VUMERITY CAPSULE (DIROXIMEL FUMARATE) ZEPOSIA CAPSULE (OZANIMOD)

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## Preferred Drug List

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BLOOD MODIFIERS ANTHYPERURICEMICS	BLOOD MODIFIERS COLONY STIMULATING FACTORS	BLOOD MODIFIERS ERYTHROPOIESIS STIMULATING AGENTS
<p>ORIGINAL POSTED PREFERRED STATUS: 2/16/18 ORIGINAL EDIT EFFECTIVE DATE: 4/1/18 UPDATED 4/1/2021</p> <p><b><u>PREFERRED</u></b></p> <p>ALLOPURINOL (GENERIC FOR ZYLOPRIM) COLCHICINE TABLET (GENERIC FOR COLCRYS) PROBENECID PROBENECID/COLCHICINE</p> <p><b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b></p> <p>COLCHICINE CAPSULE-(GENERIC FOR MITIGARE) FEBUXOSTAT (GENERIC FOR ULORIC) GLOPERBA SOLUTION MITIGARE ULORIC ZYLOPRIM</p>	<p>ORIGINAL POSTED PREFERRED STATUS: 5/10/18 ORIGINAL EDIT EFFECTIVE DATE: 7/1/18 UPDATED 7/1/2021 UPDATED 1/1/2024</p> <p><b><u>PREFERRED</u></b></p> <p>FYLNETRA SYRINGE (PEGFILGRASTIM-PBBK) NEUPOGEN DISP SYRINGE (FILGRASTIM) NEUPOGEN VIAL (FILGRASTIM)</p> <p><b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b></p> <p>FULPHILA SYRINGE (PEGFILGRASTIM-JMDB) GRANIX SYRINGE/VIAL (TBO-FILGRASTIM) LEUKINE VIAL (SARGRAMOSTIM) NEULASTA SYRINGE (PEGFILGRASTIM) NEULASTA ONPRO KIT (PEGFILGRASTIM) NIVESTYM SYRINGE/VIAL (FILGRASTIM-AAFI) NYVEPRIA SYRINGE (PEGFILGRASTIM-APGF) RELEUKO SYRINGE/VIAL (FILGRASTIM-AYOW) ROLVEDON SYRINGE (EFLAPEGRASTIM-XNST) STIMUFEND (PEGFILGRASTIM-FPGK) UDENYCA SYRINGE/AUTOINJECTOR (PEGFILGRASTIM-CBQV) ZARXIO SYRINGE (FILGRASTIM-SNDZ) ZIEXTENZIO SYRINGE (PEGFILGRASTIM-BMEZ)</p>	<p>ORIGINAL POSTED PREFERRED STATUS: 5/10/18 ORIGINAL EDIT EFFECTIVE DATE: 7/1/18 UPDATED 4/1/2024</p> <p><b><u>PREFERRED</u></b></p> <p>ARANESP* (DARBEPOETIN ALFA IN POLYSORBATE) SYRINGE EPOGEN* (EPOETIN ALFA) VIAL RETACRIT* (EPOETIN ALFA) VIAL</p> <p><b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ARANESP (DARBEPOETIN ALFA IN POLYSORBATE ) VIAL MIRCERA (METHOXY PEG-EPOETIN BETA) SYRINGE PROCRIT (EPOETIN ALFA) VIAL REBLOZYL (LUSPATERCEPT) VIAL</p>

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## Preferred Drug List

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BLOOD MODIFIERS	BLOOD MODIFIERS	BLOOD MODIFIERS
PHOSPHATE BINDERS FOR CKD	THROMBOPOIESIS STIMULATING PROTEINS	UREA CYCLE DISORDER AGENTS
ORIGINAL POSTED PREFERRED STATUS: 5/10/18 ORIGINAL EDIT EFFECTIVE DATE: 7/1/18 UPDATED 7/1/2021 <b><u>PREFERRED</u></b> CALCIUM ACETATE CAPSULE CALCIUM ACETATE TABLET SEVELAMER CARBONATE TABLET (generic for RENVELA)  <b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b> AURYXIA FERRIC CITRATE (generic for AURYXIA) FOSRENOL CHEWABLE TABLET LANTHANUM CARBONATE CHEWABLE TABLET PHOSLYRA RENVELA POWDER PACK, TABLET SEVELAMER CARBONATE POWDER PACK (generic for RENVELA) SEVELAMER HCL TABLETS (generic for RENAGEL) VELPHORO XPHOZAH	ORIGINAL POSTED PREFERRED STATUS: 1/1/2021  <b><u>PREFERRED</u></b> PROMACTA* (eltrombopag olamine)  <b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b> ALVAIZ (eltrombopag choline) DOPTLET TABLETS (avatrombopag maleate) MULPLETA TABLETS (lusutrombopag) PROMACTA SUSPENSION (eltrombopag olamine) TAVALISSE TABLETS (fostatinib disodium)	ORIGINAL POSTED PREFERRED STATUS: 4/1/2024  <b><u>PREFERRED</u></b> CARBAGLU* (CARGLUMIC ACID) TABLETS <b>BRAND ONLY</b> PHEBURANE* (SODIUM PHENYLBUTYRATE) PELLETS  <b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b> BUPHENYL* (SODIUM PHENYLBUTYRATE) POWDER BUPHENYL* (SODIUM PHENYLBUTYRATE) TABLET CARGLUMIC ACID* TABLETS (generic for CARBAGLU) OLPRUVA* (SODIUM PHENYLBUTYRATE) PELLETS RAVICTI* (GLYCEROL PHENYLBUTYRATE) LIQUID SODIUM PHENYLBUTYRATE POWDER* (generic for BUPHENYL) SODIUM PHENYLBUTYRATE TABLET* (generic for BUPHENYL)

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CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS
ANTICOAGULANTS	ANTIHYPERTENSIVES HMG-CoA REDUCTASE INHIBITORS	ANTIHYPERTENSIVES EXCLUDING STATINS
ORIGINAL POSTED PREFERRED STATUS: 2/16/18 ORIGINAL EDIT EFFECTIVE DATE: 4/1/18 UPDATED 4/1/2021	RE-REVIEW POSTED PREFERRED STATUS: 5/27/2014 REVISED EDIT EFFECTIVE DATE: 5/30/2014 UPDATED 7/1/2021	ORIGINAL POSTED PREFERRED STATUS: 5/10/18 ORIGINAL EDIT EFFECTIVE DATE: 7/1/18 UPDATED 1/1/2024
<b><u>PREFERRED</u></b>	<b><u>PREFERRED</u></b>	<b><u>PREFERRED FIBRIC ACIDS</u></b>
ELIQUIS (APIXIBAN )	ATORVASTATIN (generic for LIPITOR)	FENOFIBRATE TABLET 48MG, 145MG (generic for TRICOR)
ENOXAPARIN- VIAL, SYRINGE (GENERIC FOR LOVENOX)	LOVASTATIN (generic for MEVACOR)	FENOFIBRATE TABLET 54MG, 160MG (generic for LOFIBRA)
PRADAXA - <b>BRAND ONLY</b>	PRAVASTATIN (generic for PRAVACHOL)	GEMFIBROZIL 600MG (generic for LOPID)
WARFARIN (GENERIC FOR COUMADIN)	ROSUVASTATIN (generic for CRESTOR)	<b><u>PREFERRED BILE ACID SEQUESTRANTS</u></b>
XARELTO (RIVAROXABAN) - <b>BRAND ONLY</b>	SIMVASTATIN (generic for ZOCOR)	CHOLESTYRAMINE LIGHT (generic for QUESTRAN LIGHT, PREVALITE)
<b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b>	<b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b>	CHOLESTYRAMINE (generic for QUESTRAN)
ARIXTRA (FONDAPARINUX)	ALTOPREV (LOVASTATIN ER)	COLESTIPOL GRANULES, PACKET, TABLET (generic for COLESTID)
COUMADIN	ATORVALIQ SUSPENSION (ATORVASTATIN)	<b><u>PREFERRED CHOLESTEROL ABSORPTION INHIBITOR</u></b>
DABIGATRAN CAPSULE (generic for PRADAXA)	ATORVASTATIN/AMLODIPINE (generic for CADUET)	EZETIMIBE TABLET (generic for ZETIA)
DALTEPARIN (generic for FRAGMIN)	CADUET (ATORVASTATIN/AMLODIPINE)	<b><u>PREFERRED NIACIN</u></b>
FRAGMIN	CRESTOR (ROSUVASTATIN)	NIACIN ER TABLET (generic for NIASPAN ER)
LOVENOX	FLUVASTATIN (generic for LESCOL)	<b><u>PREFERRED OMEGA-3 FATTY ACIDS</u></b>
PRADAXA PELLET PACK	LESCOL XL (FLUVASTATIN ER)	OMEGA-3 ACID ETHYL ESTERS CAPSULE (generic for LOVAZA)*
RIVAROXABAN 2.5 MG TABLET (generic for XARELTO)	LIPITOR (ATORVASTATIN)	<b><u>PREFERRED PCSK9 INHIBITORS</u></b>
SAVAYSA (EDOXABAN)	LIVALO (PITAVASTATIN)	PRALUENT PEN (ALIROCUMAB)*
XARELTO SUSPENSION	PITAVASTATIN (generic for LIVALO)	REPATHA SYRINGE, AUTOINJECTOR, PUSHTRONEX (EVOLOCUMAB)*
	SIMVASTATIN/EZETIMIBE (generic for VYTORIN)	<b><u>NON-PREFERRED FIBRIC ACIDS</u></b>
	VYTORIN (SIMVASTATIN/EZETIMIBE)	FENOFIBRATE CAPSULE (generic for LOFIBRA, ANTARA, LIPOFEN, TRICOR)
	ZOCOR (SIMVASTATIN)	FENOFIBRATE TABLET (generic for FENOGLIDE)
		FENOFIBRIC ACID CAPSULE (generic for TRILIPIX)
		<b><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></b>

[\\*Please refer to the PDL Criteria Overview for more detail](#)

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY



## Preferred Drug List

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CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS
ANTIHYPERTENSIVES EXCLUDING STATINS	ANTIHYPERTENSIVE AGENTS ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	ANTIHYPERTENSIVE AGENTS ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
ORIGINAL POSTED PREFERRED STATUS: 5/10/18 UPDATED 1/1/2024	ORIGINAL POSTED PREFERRED STATUS: 11/16/2005 ORIGINAL EDIT EFFECTIVE DATE: 11/16/2005 REVISED POSTED PREFERRED STATUS: 11/21/2007 REVISED EDIT EFFECTIVE DATE: 1/23/2008 RE-REVIEW POSTED PREFERRED STATUS: 6/17/2010 REVISED EDIT EFFECTIVE DATE: 8/17/2010 RE-REVIEW POSTED PREFERRED STATUS: 11/10/17 REVISED EDIT EFFECTIVE DATE: 1/1/18 UPDATED: 01/01/2021	CONTINUED
<b><u>NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN</u></b>	<b><u>PREFERRED</u></b>	<b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b>
FENOFIBRIC ACID TABLET (generic for FIBRICOR) FENOGLIDE (FENOFIBRATE) LIPOFEN (FENOFIBRATE) LOPID (GEMFIBROZIL) TRICOR (FENOFIBRATE) TRILIPIX (FENOFIBRIC ACID)	BENAZEPRIL (LOTENSIN) BENAZEPRIL/AMLODIPINE (LOTREL) BENAZEPRIL/HCTZ (LOTENSIN HCT) ENALAPRIL (VASOTEC) ENALAPRIL/HCTZ (VASERETIC) FOSINOPRIL (MONOPRIL) FOSINOPRIL/HCTZ (MONOPRIL HCT) LISINOPRIL (PRINIVIL, ZESTRIL) LISINOPRIL/HCTZ (PRINZIDE, ZESTORETIC) QUINAPRIL (ACCUPRIL) QUINAPRIL/HCTZ (ACCURETIC) RAMIPRIL CAPSULES (ALTACE CAPSULES)	ACCUPRIL ACCUPRETIC ALTACE CAPTOPRIL* (CAPOTEN) CAPTOPRIL/HCTZ (CAPOZIDE)) ENALAPRIL SOLUTION (EPANED) EPANED LOTENSIN LOTENSIN HCT LOTREL MOEXIPRIL (UNIVASC) MOEXIPRIL/HCTZ (UNIRETIC) PERINDOPRIL (ACEON) QBRELIS TARKA TRANDOLAPRIL (MAVIK) TRANDOLAPRIL/VERAPAMIL (TARKA) VASOTEC ZESTORETIC ZESTRIL
<b><u>NONPREFERRED BILE ACID SEQUESTRANTS</u></b> COLESEVELAM POWDER PACK, TABLET (generic for WELCHOL) COLESTID TABLET AND PACKET (COLESTIPOL) PREVALITE POWDER (CHOLESTYRAMINE) QUESTRAN POWDER (CHOLESTYRAMINE) QUESTRAN LIGHT POWDER (CHOLESTYRAMINE) WELCHOL POWDER PACK, TABLET (COLESEVELAM)		
<b><u>NONPREFERRED CHOLESTEROL ABSORPTION INHIBITOR</u></b> ZETIA TABLET (EZETIMIBE)		
<b><u>NONPREFERRED ACL INHIBITOR &amp; COMBO</u></b> NEXLETOL TABLET (BEMPEDOIC ACID)* NEXLIZET TABLET (BEMPEDOIC ACID/EZETIMIBE)*		
<b><u>NONPREFERRED APOLIPOPROTEIN B SYNTHESIS INHIBITOR</u></b> JUXTAPID CAPSULE (LOMITAPIDE)*		
<b><u>NONPREFERRED OMEGA-3 FATTY ACIDS</u></b> ICOSAPENT ETHYL CAPSULE (generic for VASCEPA)* LOVAZA CAPSULE (OMEGA-3 ACID ETHYL ESTERS)* VASCEPA CAPSULE (ICOSAPENT ETHYL)*		
<b><u>NONPREFERRED PCSK9-DIRECTED SIRNA</u></b> LEQVIO SYRINGE (INCLISIRAN)*	<b><u>NON-PREFERRED – NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</u></b>	

[\\*Please refer to the PDL Criteria Overview for more detail](#)

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY



## Preferred Drug List

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CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS
ANTIHYPERTENSIVE AGENTS	ANTIHYPERTENSIVE AGENTS	ANTIHYPERTENSIVE AGENTS
ANGIOTENSIN II RECEPTOR ANTAGONISTS	ANGIOTENSIN II RECEPTOR ANTAGONISTS	BETA ADRENERGIC BLOCKERS
ORIGINAL POSTED PREFERRED STATUS: 12/20/2005	ORIGINAL POSTED PREFERRED STATUS: 12/20/2005	ORIGINAL POSTED PREFERRED STATUS: 7/18/2005
ORIGINAL EDIT EFFECTIVE DATE: 2/21/2006	<b>CONTINUED</b>	RE-REVIEW POSTED PREFERRED STATUS: 10/17/2007
REVISED POSTED PREFERRED STATUS: 8/12/2011	<b>NON-PREFERRED –</b>	RE-REVIEW POSTED PREFERRED STATUS: 11/15/2018
REVISED EDIT EFFECTIVE DATE: 10/12/2011	<b>INCLUDE BUT NOT LIMITED TO</b>	RE-REVIEW POSTED PREFERRED STATUS: 1/1/2022
RE-REVIEW POSTED PREFERRED STATUS: 3/6/2013	ATACAND/ATACAND HCT	<b>PREFERRED</b>
REVISED EDIT EFFECTIVE DATE: 5/7/2013	AVAPRO/AVALIDE	ACEBUTOLOL (generic for SECTRAL)
REVISED EDIT EFFECTIVE DATE: 02/15/2016	AZOR	ATENOLOL (generic for TENORMIN)
RE-REVIEW POSTED PREFERRED STATUS: 11/10/17	BENICAR/BENICAR HCT	ATENOLOL/CHLORTHALIDONE (generic for TENORETIC)
REVISED EDIT EFFECTIVE DATE: 1/1/18	CANDESARTAN (ATACAND)	BISOPROLOL (generic for ZEBETA)
UPDATED: 01/01/2021	CANDESARTAN/HCTZ (ATANCAND HCT)	BISOPROLOL/HCTZ (generic for ZIAC)
<b>PREFERRED</b>	COZAAR	CARVEDILOL (generic for COREG)
ENTRESTO*	DIOVAN/DIOVAN HCT	LABETALOL 100MG, 200MG, 300MG (generic for NORMODYNE)
IRBESARTAN (AVAPRO)	EDARBI/EDARBYCLOR	METOPROLOL SUCCINATE (generic for TOPROL XL)
IRBESARTAN/HCTZ (AVALIDE)	EPROSARTAN (TEVETEN)	METOPROLOL TARTRATE (generic for LOPRESSOR)
LOSARTAN (COZAAR)	EXFORGE HCT	NEBIVOLOL (generic for BYSTOLIC)
LOSARTAN/HCTZ (HYZAAR)	HYZAAR	PROPRANOLOL IMMEDIATE RELEASE (generic for INDERAL)
OLMESARTAN (BENICAR)	MICARDIS/MICARDIS HCT	SOTALOL tablets (generic for BETAPACE)
OLMESARTAN/AMLODIPINE (AZOR)	OLMESARTAN/HCTZ (BENICAR HCT)	
VALSARTAN (DIOVAN)	OLMESARTAN/AMLODIPINE/HCTZ (TRIBENZOR)	
VALSARTAN/HCTZ (DIOVAN HCT)	TELMISARTAN (MICARDIS)	
VALSARTAN/AMLODIPINE (EXFORGE)	TELMISARTAN/AMLODIPINE (TWINSTA)	
VALSARTAN/AMLODIPINE/HCTZ (EXFORGE HCT)	TELMISARTAN/HCTZ (MICARDIS HCT)	
<b>NON-PREFERRED –</b>		<b>NON-PREFERRED –</b>
<b>NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</b>		<b>NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</b>

\*Please refer to the [PDL Criteria Overview](#) for more detail

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# Preferred Drug List

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CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS
<b>ANTIHYPERTENSIVE AGENTS</b> <b>BETA ADRENERGIC BLOCKERS</b> <b>CONTINUED</b> ORIGINAL POSTED PREFERRED STATUS: 7/18/2005 RE-REVIEW POSTED PREFERRED STATUS: 1/1/2022  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> BETAPACE BETAXOLOL (generic for KERLONE) BYSTOLIC CARVEDILOL ER (generic for COREG CR) COREG CR CORGARD HEMANGEOL (propranolol) SOLUTION INDERAL LA KAPSPARGO (metoprolol succinate) SPRINKLE LABETALOL 400MG (generic for NORMODYNE) LOPRESSOR METOPROLOL /HCTZ (generic for LOPRESSOR HCT) PINDOLOL (generic for VISKEN) PROPRANOLOL ER capsule (generic for INDERAL LA, INNOPRAN XL) PROPRANOLOL/HCTZ (generic for INDERIDE) SOTYLIZE* solution TENORETIC TENORMIN TIMOLOL MALEATE TOPROL XL ZIAC	<b>ANTIHYPERTENSIVE AGENTS</b> <b>CALCIUM CHANNEL BLOCKERS</b> ORIGINAL POSTED PREFERRED STATUS: 5/12/2005 UPDATED 01/01/2021  <u><b>PREFERRED</b></u> AMLODIPINE (NORVASC) AMLODIPINE/VALSARTAN (EXFORGE) AMLODIPINE./BENAZEPRIL (LOTREL) AMLODIPINE/OLMESARTAN (AZOR) AMLODIPINE/VALSARTAN/HCT (EXFORGE HCT) DILTIAZEM ER CAPSULE (DILACOR XR, TIAZAC) DILTIAZEM TABLET NIFEDIPINE IR (PROCARDIA) NIFEDIPINE CC, ER (ADALAT CC, PROCARDIA XL) VERAPAMIL TABLET VERAPAMIL ER TABLETS (CALAN SR)  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> AMLODIPINE/ATORVASTATIN (CADUET) AMLODIPINE/OLMESARTAN/HCTZ (TRIBENZOR) AMLODIPINE SOLUTION (NORLIQVA) DILTIAZEM CD, ER, LA, XR, OR XT (CARDIZEM) FELODIPINE ER (PLENDIL) ISRADIPINE (DYNACIRC) ISRADIPINE CR (DYNACIRC CR) LEVAMLODIPINE (CONJUPRI) NICARDIPINE (CARDENE), NICARDIPINE ER (CARDENE SR) NIMODIPINE NISOLDIPINE ER (SULAR ER) NORVASC PROCARDIA XL VERAPAMIL ER CAPSULES (VERELAN) VERAPAMIL ER PM CAPSULES (VERELAN PM)	<b>ANTIHYPERTENSIVE AGENTS</b> <b>DIRECT RENIN INHIBITORS</b> ORIGINAL POSTED PREFERRED STATUS: 6/17/2010 ORIGINAL EDIT EFFECTIVE DATE: 8/17/2010 UPDATED: 01/01/2021  <u><b>PREFERRED</b></u> NONE  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> ALISKIREN (TEKTURNA) TEKTURNA TEKTURNA HCT

\*Please refer to the PDL Criteria Overview for more detail

# Preferred Drug List

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CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS
PLATELET AGGREGATION INHIBITORS	PULMONARY HYPERTENSION TREATMENTS ORAL/ INHALED/ INJECTED	PULMONARY HYPERTENSION TREATMENTS ORAL/ INHALED/ INJECTED
<p>ORIGINAL POSTED PREFERRED STATUS: 5/10/18 ORIGINAL EDIT EFFECTIVE DATE: 7/1/18 UPDATED 7/1/2021</p> <p><b><u>PREFERRED</u></b></p> <p>ASPIRIN/DIPYRIDAMOLE (generic for AGGRENOX) BRILINTA (ticagrelor) CLOPIDOGREL (generic for PLAVIX) DIPYRIDAMOLE PRASUGREL (generic for EFFIENT)</p> <p><b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b></p> <p>EFFIENT PLAVIX ZONTIVITY</p>	<p>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017 ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017 RE-REVIEW POSTED PREFERRED STATUS: 10/1/2019 RE-REVIEW POSTED PREFERRED STATUS: 1/1/2023</p> <p><b><u>PREFERRED</u></b></p> <p>AMBRISENTAN TABLETS (generic for LETAIRIS)* REMODULIN (TREPROSTINIL) VIALS* - <b>BRAND ONLY</b> SILDENAFIL TABLETS (REVATIO)* SILDENAFIL VIAL* TADALAFIL TABLETS (ADCIROA)* TRACLEER (BOSENTAN) TABLET* - <b>BRAND ONLY</b> VELETTRI (EPOPROSTENOL)*-<b>BRAND ONLY</b></p> <p><b><u>NON-PREFERRED – NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</u></b></p>	<p>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017 RE-REVIEW POSTED PREFERRED STATUS: 1/1/2023</p> <p><b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ADCIROA TABLETS ADEMPAS TABLETS (RIOCIGUAT) BOSENTAN TABLETS (generic for TRACLEER) EPOPROSTENOL VIALS (generic for FLOLAN and VELETTRI) FLOLAN VIALS LETAIRIS TABLETS LIQREV SUSPENSION (SILDENAFIL) OPSUMIT (MACITENTAN) OPSYNVI (MACITENTAN/TADALAFIL) ORENITRAM ER (TREPROSTINIL) TABLETS REVATIO SUSPENSION REVATIO TABLETS SILDENAFIL SUSPENSION (generic for REVATIO) TADLIQ (TADALAFIL) SUSPENSION TRACLEER SUSPENSION TREPROSTINIL VIAL TYVASO DPI AND TYVASO VIAL UPTRAVI (SELEXIPAG) INJECTION AND TABLETS VENTAVIS INHALATION (ILOPROST) WINREVAIR VIALS</p>

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY



# Preferred Drug List

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CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
ALZHEIMER'S AGENTS	ANTICONSULSANTS	ANTICONSULSANTS (continued)
<b>ORIGINAL POSTED PREFERRED STATUS: 10/1/2021</b>	<b>ORIGINAL POSTED PREFERRED STATUS: 4/1/2022</b>	<b>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO (continued)</b>
<b>PREFERRED</b>	<b>PREFERRED</b>	
DONEPEZIL 5, 10 mg tablet (generic for ARICEPT)	CARBAMAZEPINE 100 MG CHEW TABLET (generic for TEGRETOL)	APTOM (ESLICARBAZEPINE)
EXELON PATCH- <b>BRAND ONLY</b>	CARBAMAZEPINE TABLET (generic for TEGRETOL)	BANZEL SUSPENSION (RUFINAMIDE) <b>BRAND PREFERRED OVER GENERIC WHEN APPROVED</b>
MEMANTINE tablet (generic for NAMENDA)	CLOBAZAM SUSPENSION (generic for ONFI)*	BANZEL TABLET (RUFINAMIDE) <b>BRAND PREFERRED OVER GENERIC WHEN APPROVED</b>
	CLOBAZAM TABLET (generic for ONFI)	BRIVIACT SOLUTION (BRIVARACETAM)
	DIVALPROEX DR TABLET (generic for DEPAKOTE DR)	BRIVIACT TABLET (BRIVARACETAM)
	DIVALPROEX ER TABLET (generic for DEPAKOTE ER)	CARBAMAZEPINE 200 MG CHEW TABLET (generic for TEGRETOL)
	EPITOL TABLET	CARBAMAZEPINE ER CAPSULE (generic for CARBATROL)
	ETHOSUXIMIDE CAPSULE (generic for ZARONTIN)	CARBAMAZEPINE ER SUSPENSION (generic for TEGRETOL)
	GABAPENTIN CAPSULE/TABLET (generic for NEURONTIN)	CARBAMAZEPINE ER TABLET (generic for TEGRETOL XR)
	LACOSAMIDE TABLETS and SOLUTION (generic for VIMPAT)	CARBATROL ER CAPSULE
	LAMOTRIGINE TABLETS (generic for LAMICTAL)	CELONTIN CAPSULE
	LEVETIRACETAM SOLUTION (generic for KEPPRA)*	DEPAKOTE DR TABLET
	LEVETIRACETAM TABLET (generic for KEPPRA)	DEPAKOTE ER TABLET
	OXCARBAZEPINE TABLET (generic for TRILEPTAL)	DEPAKOTE SPRINKLE CAPSULE
	PHENYTOIN CAPSULE (generic for DILANTIN)	DIACOMIT CAPSULE, POWDER PACKET
	PREGABALIN CAPSULE (generic for LYRICA)	DILANTIN CAPSULE
	PRIMIDONE TABLET (generic for MYOLINE)	DILANTIN INFATAB TABLET
	QUDEXY XR CAPSULE-- <b>BRAND ONLY</b>	DILANTIN SUSPENSION
	ROWEPPRA TABLET	DIVALPROEX SPRINKLE CAPSULE
	SABRIL TABLET --- <b>BRAND ONLY</b>	ELEPSIA XR TABLET
	TEGRETOL SUSPENSION --- <b>BRAND ONLY</b> *	EPIDIOLEX SOLUTION*
	TOPIRAMATE TABLET (generic for TOPAMAX)	EPRONTIA SOUTION
	TRILEPTAL SUSPENSION---- <b>BRAND ONLY</b> *	EQUETRO CAPSULE
	VALPROIC ACID CAPSULE (generic for DEPAKENE)	ETHOSUXIMIDE SOLUTION (generic for ZARONTIN)
	VALPROIC ACID SOLUTION (generic for DEPAKENE)*	FELBAMATE SUSPENSION (generic for FELBATOL)
	VIGABATRIN POWDER PAK (generic for SABRIL)	FELBAMATE TABLET (generic for FELBATOL)
	ZONISAMIDE CAPSULE (generic for ZONEGRAN)	FELBATOL SUSPENSION/TABLET
		FINTEPLA SOLUTION*
		FYCOMPA SUSPENSION
		FYCOMPA TABLET
		GABARONE TABLET
		GABITRIL TABLET
	<b>NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</b>	

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# Preferred Drug List

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CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<b>ANTICONSULSANTS (continued)</b> <b><u>NON-PREFERRED –</u></b> <b><u>INCLUDE BUT NOT LIMITED TO (continued)</u></b> KEPPRA SOLUTION KEPPRA TABLET KEPPRA XR TABLET LAMICTAL ODT LAMICTAL AND LAMICTAL XR TABLET LAMOTRIGINE ODT (generic for LAMICTAL ODT) LAMOTRIGINE ER TABLET (generic for LAMICTAL XR) LEVETIRACETAM TABLET (generic for SPRITAM) LEVETIRACETAM ER TABLET (generic for KEPPRA XR) METHSUXIMIDE CAPSULE (generic for CELONTIN) MOTPOLY XR MYSOLINE ONFI SUSPENSION, TABLET OXCARBAZEPINE ER TABLET (generic for OXTELLAR XR) OXCARBAZEPINE SUSPENSION (generic for TRILEPTAL) OXTELLAR XR TABLET - <b>Brand PFD over Generic when approved</b> PHENOBARBITAL ELIXIR PHENOBARBITAL TABLET PHENYTEK CAPSULE PHENYTOIN CHEW TABLET (generic for DILANTIN INFATAB) PHENYTOIN ER CAPSULE (generic for PHENYTEK) PHENYTOIN SUSPENSION (generic for DILANTIN) RUFINAMIDE SUSPENSION (generic for BANZEL) RUFINAMIDE TABLET (generic for BANZEL) SABRIL POWDER PACK SPRITAM TABLET SYMPANZAN FILM TEGRETOL TABLET TEGRETOL XR TABLET TIAGABINE TABLET (generic for GABITRIL)	<b>ANTICONSULSANTS (continued)</b> <b><u>NON-PREFERRED –</u></b> <b><u>INCLUDE BUT NOT LIMITED TO (continued)</u></b> TOPAMAX SPRINKLE TOPAMAX TABLET TOPIRAMATE ER CAPSULE (generic for QUDEXY and TROKENDI XR) TOPIRAMATE SPRINKLE (generic for TOPAMAX) TRILEPTAL TABLET TROKENDI XR CAPSULE VIGABATRIN TABLET (generic for SABRIL) VIGAFYDE SOLUTION (VIGABATRIN) VIMPAT SOLUTION VIMPAT TABLET XCOPRI TABLET ZARONTIN CAPSULE ZARONTIN SOLUTION ZONISADE SUSPENSION	<b>ANTICONSULSANTS FOR SEIZURE RESCUE</b> <b>ORIGINAL POSTED PREFERRED STATUS: 4/1/2022</b>  <b><u>PREFERRED</u></b> DIASTAT-ACUDIAL- DIASTAT-RECTAL-GEL- DIAZEPAM RECTAL GEL SYSTEM (generic for DIASTAT ACUDIAL) DIAZEPAM RECTAL GEL KIT (generic for DIASTAT) NAYZILAM NASAL SPRAY VALTOCO NASAL SPRAY  <b><u>NON-PREFERRED –</u></b> <b><u>INCLUDE BUT NOT LIMITED TO</u></b> LIBERVANT BUCCAL FILM

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# Preferred Drug List

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CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<p><b>ANTIDEPRESSANTS</b> SSRIs, SSNRIs, SNRIs</p> <p>ORIGINAL POSTED PREFERRED STATUS: 2/7/2007 ORIGINAL EDIT EFFECTIVE DATE: 4/10/2007 RE-REVIEW POSTED PREFERRED STATUS: 10/8/2009 REVISED EDIT EFFECTIVE DATE: 1/1/2010 RE-REVIEW POSTED PREFERRED STATUS: 5/2/2011 REVISED EDIT EFFECTIVE DATE: 7/1/2011 RE-REVIEW POSTED PREFERRED STATUS: 5/6/2014 REVISED EDIT EFFECTIVE DATE: 6/5/2014 RE-REVIEW POSTED PREFERRED STATUS: 11/15/18 UPDATED: 10/1/2023</p> <p><b><u>PREFERRED</u></b></p> <p>BUPROPION EXTENDED RELEASE (generic for WELLBUTRIN XL)* BUPROPION REGULAR RELEASE (generic for WELLBUTRIN)* BUPROPION SUSTAINED RELEASE (generic for WELLBUTRIN SR)* CITALOPRAM TABLET and SOLUTION (generic for CELEXA)* DESVENLAFAXINE SUCCINATE ER (generic for PRISTIQ)* DULOXETINE (generic for CYMBALTA)* ESCITALOPRAM TABLET AND SOLUTION (generic for LEXAPRO)* FLUOXETINE 10MG, 20MG, 40MG CAPSULE, 20MG/5ML SOLN (generic for PROZAC)* FLUOXETINE/OLANZAPINE (generic for SYMBYAX)* FLUVOXAMINE (generic for LUVOX)* MIRTAZAPINE 7.5MG, 15MG, 30MG, 45MG TABLET (generic for REMERON)* PAROXETINE HCL TABLET (generic for PAXIL)* SERTRALINE (generic for ZOLOFT)* TRAZODONE 50MG, 100MG, 150MG TABLET (generic for DESYREL)* VENLAFAXINE ER CAPSULES (generic for EFFEXOR XR)* VENLAFAXINE REGULAR RELEASE TABLET (generic for EFFEXOR)*</p> <p><b><u>NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</u></b></p>	<p><b>ANTIDEPRESSANTS</b> SSRIs, SSNRIs, SNRIs</p> <p>UPDATED: 10/1/2023</p> <p><b><u>NON-PREFERRED --</u></b> <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>APLENZIN (BUPROPION HYDROBROMIDE ER) AUVELITY (DEXTROMETHORPHAN/BUPROPION) BUPROPION HCL ER TABLET (generic for FORFIVO XL)* CELEXA (CITALOPRAM) CITALOPRAM CAPSULE (generic for CELEXA) DESVENLAFAXINE EXTENDED-RELEASE TABLET DULOXETINE 40MG DR CAPSULE (generic for IRENKA DR) EFFEXOR XR CAPSULE (VENLAFAXINE) EMSAM PATCH (SELEGILINE) FETZIMA CAPSULE (LEVOMILNACIPRAN) FLUOXETINE 10MG, 15MG, 20MG, 60MG TABLET (generic for PROZAC) FLUOXETINE 90MG WEEKLY CAPSULE (generic for PROZAC) FLUVOXAMINE EXTENDED RELEASE (generic for LUVOX CR) FORFIVO XL TABLET (BUPROPION) LEXAPRO TABLET (ESCITALOPRAM) MARPLAN (ISOCARBOXAZID) MIRTAZAPINE ODT TABLET (generic for REMERON SOLTAB)* NARDIL (PHENELZINE) NEFAZODONE (generic for SERZONE)* PAROXETINE CR TABLET; SUSPENSION (generic for PAXIL)* PAROXETINE MESYLATE (generic for BRISDELLE) PAXIL IR TABLET, CR TABLET, AND SUSPENSION PEXEVA (PAROXETINE MESYLATE) PHENELZINE (generic for NARDIL)</p> <p><b><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></b></p>	<p><b>ANTIDEPRESSANTS</b> SSRIs, SSNRIs, SNRIs</p> <p>UPDATED: 10/1/2023</p> <p><b><u>NON-PREFERRED -- (continued)</u></b> <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>PRISTIQ ER TABLET (DESVENLAFAXINE) PROZAC CAPSULE (FLUOXETINE) RALDESY SOLUTION (TRAZODONE) REMERON SOLTAB AND TABLET (MIRTAZAPINE) SAVELLA (MILNACIPRAN) SERTRALINE CAPSULE (generic for ZOLOFT) SPRAVATO NASAL SPRAY (ESKETAMINE)* - <b>MANUAL REVIEW</b> TRANLYCYPROMINE (generic for PARNATE) TRAZODONE 300MG TABLET TRINTELLIX (VORTIOXETINE HBR) VENLAFAXINE ER TABLET (generic for EFFEXOR) VIIBRYD (VILAZODONE) VILAZODONE (generic for VIIBRYD) WELLBUTRIN SR AND XL (BUPROPION) ZOLOFT TABLET AND ORAL CONC (SERTRALINE) ZURZUVAE (ZURANOLONE) - <b>MANUAL REVIEW</b></p>

\*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

# Preferred Drug List

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CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<b>ANTI-PARKINSON'S AGENTS</b> <b>ORIGINAL POSTED PREFERRED STATUS: 1/1/2022</b>  <u><b>PREFERRED</b></u> AMANTADINE capsule (generic for SYMMETREL) AMANTADINE syrup (generic for SYMMETREL) BENZTROPINE tablets (generic for COGENTIN) CARBIDOPA/LEVODOPA ER tablets (generic for SINEMET ER) CARBIDOPA/LEVODOPA tablets (generic for SINEMET) PRAMIPEXOLE tablets (generic for MIRAPEX) ROPINIROLE tablets (generic for REQUIP) TRIHEXYPHENIDYL tablets  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> AMANTADINE tablets (generic for SYMMETREL) APOKYN tablets ( APOMORPHINE) AZILECT tablets BROMOCRIPTINE capsules/tablets CARBIDOPA tablets (generic for Lodsyn) CARBIDOPA/LEVODOPA ODT CARBIDOPA/LEVODOPA/ENTACAPONE tablets (generic for STALEVO) COMTAN tablets CREXONT ER capsules DUOPA SUSPENSION ENTACAPONE tablets GOCOVORI capsule INBRIJA* capsule KYNMOBI * film LODOSYN tablets MIRAPEX ER tablets  <u><b>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</b></u>	<b>ANTI-PARKINSON'S AGENTS</b> <b>ORIGINAL POSTED PREFERRED STATUS: 1/1/2022</b>  <u><b>NON-PREFERRED – (continued)</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> NEUPRO patch NOURIANZ* tablets ONGENTYS* capsule OSMOLEX ER tablets PARLODEL capsules/tablets PRAMIPEXOLE ER (generic for MIRAPEX ER) RASAGILINE tablets (generic for AZILECT) ROPINIROLE ER tablets (generic for REQUIP XL) RYTARY CAPSULE SELEGILINE capsule/tablet SINEMET tablets STALEVO tablets TASMAR tablets TOLCAPONE tablets (generic for TASMAR) XADAGO tablets ZELAPAR ODT	

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CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<b>ATTENTION DEFICIT DISORDER/HYPERACTIVITY DISORDER</b> <b>Amphetamine Salts, Amphetamine-Like Drugs,</b> <b>Norepinephrine Reuptake Inhibitors, Alpha-2 Agonist</b>	<b>ATTENTION DEFICIT DISORDER/HYPERACTIVITY DISORDER</b> <b>Amphetamine Salts, Amphetamine-Like Drugs,</b> <b>Norepinephrine Reuptake Inhibitors, Alpha-2 Agonist</b>	<b>ATTENTION DEFICIT DISORDER/HYPERACTIVITY DISORDER</b> <b>Amphetamine Salts, Amphetamine-Like Drugs,</b> <b>Norepinephrine Reuptake Inhibitors, Alpha-2 Agonist</b>
<b>ORIGINAL POSTED PREFERRED STATUS: 5/7/2007</b> <b>UPDATED 01/01/2021</b> <b>UPDATED 10/1/2023</b>	<b>ORIGINAL POSTED PREFERRED STATUS: 5/7/2007</b> <b>UPDATED 01/01/2021</b> <b>UPDATED 10/1/2023</b>	<b>ORIGINAL POSTED PREFERRED STATUS: 5/7/2007</b> <b>UPDATED 01/01/2021</b> <b>UPDATED 10/1/2023</b>
<b><u>PREFERRED</u></b> ADDERALL XR* AMPHETAMINE SALTS ER CAPSULE* (generic for ADDERALL XR) AMPHETAMINE SALTS TABLET* (generic for ADDERALL) ATOMOXETINE* (generic for STRATTERA)* CLONIDINE IR* (generic for CATAPRES)* CLONIDINE ER* (generic for KAPVAY ER) CONCERTA* DAYTRANA PATCH* (METHYLPHENIDATE) <b>BRAND ONLY</b> DEXMETHYLPHENIDATE ER CAPSULE* (generic for FOCALIN XR) DEXMETHYLPHENIDATE IR TABLET* (generic for FOCALIN) DEXTROAMPHETAMINE 5MG, 10MG TABLET* (generic for Zenedi) FOCALIN* (DEXMETHYLPHENIDATE) FOCALIN XR* (DEXMETHYLPHENIDATE) GUANFACINE IR TABLET* (generic for TENEX) GUANFACINE ER TABLET* (generic for INTUNIV) METHYLPHENIDATE TABLET *(generic for METHYLIN, RITALIN) METHYLPHENIDATE ER TABLET *(generic for CONCERTA) VYVANSE CAPSULES * (LISDEXAMFETAMINE) <b>BRAND ONLY</b> VYVANSE CHEW TABLETS * (LISDEXAMFETAMINE) <b>BRAND ONLY</b>	<b><u>NON-PREFERRED –</u></b> <b><u>INCLUDE BUT NOT LIMITED TO</u></b> ADHANSIA XR (METHYLPHENIDATE) ADZENYS ER SUSPENSION, ADZENYS XR ODT (AMPHETAMINE) AMPHETAMINE/DEXTROAMPHETAMINE ER CAPSULE (generic for MYDAYIS) AMPHETAMINE SUSPENSION (generic for ADZENYS ER) APTENSIO XR CAPSULE (METHYLPHENIDATE) AZSTARYS CAPSULE (SERDEXMETHYLPHENIDATE/DEXMETHYLPHENIDATE) CLONIDINE ER SUSPENSION AND TABLET (generic for NEXICLON XR) COTEMPLA XR -ODT (METHYLPHENIDATE) DESOXYN (METHAMPHETAMINE) DEXEDRINE SPANSULE (DEXTROAMPHETAMINE) DEXTROAMPHETAMINE CAPSULE (generic for DEXEDRINE) DEXTROAMPHETAMINE SOLUTION (generic for PROCENTRA) DEXTROAMPHETAMINE 2.5MG TABLET (generic for Zenedi) DYANAVAL XR SUSPENSION (AMPHETAMINE) DYANAVAL XR TABLET (AMPHETAMINE) EVEKEO SUSPENSION, EVEKEO ODT (AMPHETAMINE) INTUNIV ER TABLET (GUANFACINE) JORNAY PM (METHYLPHENIDATE) LISDEXAMFETAMINE CAPS AND CHEW TABS (generic for VYVANSE) METHAMPHETAMINE TABLET (generic for DESOXYN) METHYLIN SOLUTION (METHYLPHENIDATE) METHYLPHENIDATE CHEWABLE TABLET (generic for METHYLIN)	<b><u>NON-PREFERRED – (continued)</u></b> <b><u>INCLUDE BUT NOT LIMITED TO</u></b> METHYLPHENIDATE ER CAPS (generic for METADATE CD, RITALIN LA, APTENSIO XR) METHYLPHENIDATE ER TABLET (generic for METADATE ER, RITALIN SR) METHYLPHENIDATE ER TABLET (generic for RELEXII) METHYLPHENIDATE PATCH (generic for DAYTRANA) METHYLPHENIDATE SOLUTION (generic for METHYLIN) MYDAYIS ER CAPSULE (AMPHETAMINE/DEXAMPHETAMINE SALTS) ONYDA XR SUSPENSION (CLONIDINE ER) PROCENTRA SOLUTION (DEXTROAMPHETAMINE) QELBREE CAPSULE (VILOXAZINE) QUILLICHEW ER CHEW TABLET (METHYLPHENIDATE) QUILLIVANT XR SUSPENSION (METHYLPHENIDATE) RITALIN IR TABLET (METHYLPHENIDATE) RITALIN LA CAPSULE (METHYLPHENIDATE) STRATTERA CAPSULE (ATOMOXETINE) XELSTRYM PATCH (DEXTROAMPHETAMINE) ZENZEDI TABLET (DEXTROAMPHETAMINE)
<b><u>NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</u></b>	<b><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></b>	

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# Preferred Drug List

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CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<p><b>NARCOLEPSY AGENTS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/10/18 ORIGINAL EDIT EFFECTIVE DATE: 7/1/18 UPDATED: 10/1/2023</p> <p><b>PREFERRED</b></p> <p>ARMODAFINIL* (generic for NUVIGIL) XYREM SOLUTION* (SODIUM OXYBATE) <b>BRAND ONLY</b></p> <p><b>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</b></p> <p>LUMRYZ ER SUSPENSION (SODIUM OXYBATE) WHEN REBATE ELIGIBLE MODAFINIL (generic for PROVIGIL) NUVIGIL (ARMODAFINIL) PROVIGIL (MODAFINIL) SODIUM OXYBATE SOLUTION (generic for XYREM) SUNOSI TABLET (SOLRIAMFETOL) WAKIX TABLET (PITOLISANT) XYWAV SOLUTION (CALCIUM, MAGNESIUM, POTASSIUM, SODIUM OXYBATES)</p>	<p><b>NEUROPATHIC PAIN AGENTS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 4/3/2008 ORIGINAL EDIT EFFECTIVE DATE: 6/5/2008 RE-REVIEW POSTED PREFERRED STATUS: 10/14/2011 REVISED EDIT EFFECTIVE DATE: 12/13/2011 REVISED EDIT EFFECTIVE DATE: 1/1/2022</p> <p><b>PREFERRED</b></p> <p>DULOXETINE* (generic for CYMBALTA) GABAPENTIN capsules* (generic for NEURONTIN) GABAPENTIN tablets* (generic for NEURONTIN) PREGABALIN* (generic for LYRICA)</p> <p><b>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</b></p> <p>CYMBALTA GABAPENTIN 250MG/5ML SOLUTION (generic for NEURONTIN)* GABAPENTIN ER TABLET (generic for GRALISE) GABARONE tablet GRALISE tablet HORIZANT tablet LIDOCAINE PATCH (generic for LIDODERM)* LYRICA LYRICA CR LYRICA SOLUTION NEURONTIN capsules NEURONTIN solution NEURONTIN tablets PREGABALIN solution (generic for LYRICA) PREGABALIN ER (generic for LYRICA CR) SAVELLA (milnacipran) ZTILDO (lidocaine) patch</p>	<p><b>LONG ACTING INJECTABLE ANTIPSYCHOTICS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/11/17 ORIGINAL EDIT EFFECTIVE DATE: 10/1/17 UPDATE EFFECTIVE 10/1/2020 UPDATED 10/1/2023 UPDATED 1/1/2025</p> <p><b>PREFERRED</b></p> <p>ABILIFY ASIMTUFI* (ARIPIRAZOLE ER) ABILIFY MAINTENA* (ARIPIRAZOLE ER) ARISTADA* AND ARISTADA INITIO* (ARIPIRAZOLE LAUROXIL ER) FLUPHENAZINE DECANOATE* (generic for PROLIXIN DECANOATE) HALOPERIDOL DECANOATE* (generic for HALDOL DECANOATE) INVEGA HAFYERA* (PALIPERIDONE PALMITATE) INVEGA SUSTENNA* (PALIPERIDONE PALMITATE) INVEGA TRINZA* (PALIPERIDONE PALMITATE) PERSERIS ER* (RISPERIDONE) RISPERDAL CONSTA* (RISPERIDONE MICROSPHERES) <b>BRAND ONLY</b> UZEDY ER* (RISPERIDONE)</p> <p><b>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</b></p> <p>ERZOFRI (PALIPERIDONE PALMITATE) RISPERIDONE ER (generic for RISPERDAL CONSTA) RYKINDO ER (RISPERIDONE) ZYPREXA RELPREVV (OLANZAPINE)</p>

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CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<b>ORAL ANTIPSYCHOTICS</b> <b>ORIGINAL POSTED PREFERRED STATUS: 05/22/2019</b> <b>ORIGINAL EDIT EFFECTIVE DATE: 7/1/19</b> <b>UPDATE EFFECTIVE 7/1/2022</b> <b>UPDATED: 1/1/2025</b> <b>PREFERRED</b> ARIPIRAZOLE TABLET (generic for ABILFY)* CHLORPROMAZINE TABLET* CLOZAPINE TABLET* FLUPHENAZINE TABLET * HALOPERIDOL LACTATE CONC* HALOPERIDOL TABLET* LOXAPINE TABLET* LURASIDONE TABLET (generic for LATUDA)* OLANZAPINE TABLET (generic for ZYREXA)* OLANZAPINE ODT (generic for ZYREXA ZYDIS)* OLANZAPINE/FLUOXETINE CAPSULE (generic for SYMBYAX)* PALIPERIDONE TABLET (generic for INVEGA)* PERPHENAZINE TABLET* QUETIAPINE TABLET (generic for SEROQUEL)* RISPERIDONE TABLET (generic for RISPERDAL)* RISPERIDONE ODT (generic for RISPERDAL M-TAB)* RISPERIDONE SOLUTION (generic for RISPERDAL SOLUTION)* THIORIDAZINE TABLET* VRAYLAR CAPSULE (CARIPRAZINE)* ZIPRASIDONE CAPSULE (generic for GEODON)*  <b>NON-PREFERRED</b> <b>INCLUDE BUT NOT LIMITED TO</b> ABILIFY MYCITE TABLET (ARIPIRAZOLE)* ABILIFY TABLET/DISC MELT/SOLUTION* ARIPIRAZOLE ODT/SOLUTION (generic for ABILIFY)* ASENAPINE SL TABLET (generic for SAPHRIS)* <b>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</b>	<b>ORAL ANTIPSYCHOTICS-CONTINUED</b> <b>ORIGINAL POSTED PREFERRED STATUS: 05/22/2019</b> <b>ORIGINAL EDIT EFFECTIVE DATE: 7/1/19</b> <b>UPDATE EFFECTIVE 7/1/2022</b> <b>UPDATED: 1/1/2025</b> <b>NON-PREFERRED</b> <b>INCLUDE BUT NOT LIMITED TO</b> CAPLYTA CAPSULE (LUMATEPERONE)* CHLORPROMAZINE ORAL CONCENTRATE* CLOZAPINE ODT TABLET (generic for FAZACLO)* CLOZARIL TABLET (CLOZAPINE)* COBENFY CAPSULE (XANOMELINE/TROSPIMUM)* FANAPT TABLET (ILOPERIDONE) * FLUPHENAZINE ELIXIR/SOLUTION* GEODON CAPSULE (ZIPRASIDONE)* INVEGA TABLET (PALIPERIDONE)* LATUDA (LURASIDONE) TABLET* LYBALVI TABLET (OLANZAPINE/SAMIDORPHAN)* MOLINDONE TABLET* NUPLAZID CAPSULE AND TABLET (PIMAVANSERIN)* OPIZA FILM (ARIPIRAZOLE)* PERPHENAZINE/AMITRIPTYLINE TABLET* PIMOZIDE TABLET* QUETIAPINE ER TABLET* (generic for SEROQUEL XR) REXULTI TABLET (Brexipiprazole) * RISPERDAL M-TAB/SOLUTION/TABLET (RISPERIDONE)* SAPHRIS SL TABLET (ASENAPINE)* SECUADO TRANSDERMAL PATCH (ASENAPINE)* SEROQUEL IR/ XR TABLET (QUETIAPINE)* THIOTHIXENE CAPSULE* TRIFLUOPERAZINE TABLET * VERSACLOZ (CLOZAPINE ODT)* ZYREXA ZYDIS (OLANZAPINE) *	<b>NON-BENZODIAZEPINE SEDATIVE HYPNOTICS</b>  <b>ORIGINAL POSTED PREFERRED STATUS: 3/7/2006</b> <b>ORIGINAL EDIT EFFECTIVE DATE: 5/9/2006</b> <b>REVISED POSTED PREFERRED STATUS: 12/15/2008</b> <b>REVISED EDIT EFFECTIVE DATE: 3/1/2009</b> <b>RE-REVIEW POSTED PREFERRED STATUS: 11/28/2011</b> <b>REVISED EDIT EFFECTIVE DATE: 2/28/2012</b> <b>REVISED EDIT EFFECTIVE DATE: 1/1/2022</b>  <b>PREFERRED</b> ESZOPICLONE (generic for LUNESTA) ZALEPLON ( generic for SONATA)* ZOLPIDEM TABLET (generic for AMBIEN)*  <b>NON-PREFERRED –</b> <b>INCLUDE BUT NOT LIMITED TO</b> AMBIEN AMBIEN CR BELSOMRA (SUVOREXANT) DAYVIGO (LEMBorexant) DOXEPIN (SILENOR) HETLIOZ* capsules (TASIMelteon) EDLUAR (ZOLPIDEM SL) LUNESTA QUVIVIQ (DARIDOREXANT) RAMELTEON (generic for ROZEREM) ROZEREM SILENOR (doxepin) TASIMelteon (GENERIC FOR HETLIOZ) ZOLPIDEM CR TABLET (generic for AMBIEN CR) ZOLPIDEM SL TABLET (generic for INTERMEZZO) ZOLPIDEM 7.5MG CAPSULE

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CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<b>BENZODIAZEPINE SEDATIVE HYPNOTICS</b>	<b>SKELETAL MUSCLE RELAXANTS</b>	<b>VESICULAR MONOAMINE TRANSPORTER 2 INHIBITORS</b>
<b>ORIGINAL POSTED PREFERRED STATUS: 1/1/2022</b>	<b>ORIGINAL POSTED PREFERRED STATUS: 1/18/2006</b>	<b>ORIGINAL POSTED PREFERRED STATUS: 1/1/2024</b>
<b><u>PREFERRED</u></b>	<b><u>PREFERRED</u></b>	<b><u>PREFERRED</u></b>
TEMAZEPAM 15mg AND 30mg (generic for RESTORIL)	BACLOFEN 5MG, 10MG, 20MG tablets (generic for LIORESAL)*	AUSTEDO TABLET (DEUTETRABENAZINE)*
TRIAZOLAM (generic for HALCION)	CHLORZOXAZONE 500MG tablet (generic for PARAFON)	AUSTEDO XR TABLET (DEUTETRABENAZINE)*
<b><u>NON-PREFERRED –</u></b>	CYCLOBENZAPRINE tablet (generic for FLEXERIL)	AUSTEDO XR TITRATION PACK (DEUTETRABENAZINE)*
<b><u>INCLUDE BUT NOT LIMITED TO</u></b>	METHOCARBAMOL tablet (generic for ROBAXIN)	INGREZZA CAPSULE (VALBENAZINE)*
ESTAZOLAM (generic for PROSOM)	METAXOLONE 400MG, 800MG tablet (generic for SKELAXIN)	INGREZZA INITIATION PACK (VALBENAZINE)*
FLURAZEPAM (generic for DALMANE)	TIZANIDINE tablet (generic for ZANAFLEX)*	INGREZZA SPRINKLE (VALBENAZINE)*
HALCION	<b><u>NON-PREFERRED –</u></b>	TETRABENAZINE TABLET (generic for XENAZINE)*
RESTORIL	<b><u>INCLUDE BUT NOT LIMITED TO</u></b>	<b><u>NON-PREFERRED –</u></b>
TEMAZEPAM* 7.5mg AND 22.5mg (generic for RESTORIL)	AMRIX ER capsule	<b><u>INCLUDE BUT NOT LIMITED TO</u></b>
	BACLOFEN SUSPENSION (generic for FLEQSUVY)	XENAZINE TABLET (TETRABENAZINE)*
	BACLOFEN SUSPENSION (generic for OZOBAX)	
	BACLOFEN 15MG TABLET	
	CARISOPRODOL (generic for SOMA)	
	CARISOPRODOL/ASA (generic for SOMA COMPOUND)	
	CARISOPRODOL/ASA/CODEINE (generic for SOMA COMPOUND W/ COD)	
	CHLORZOXAZONE 375MG, 750MG (LORZONE)	
	CYCLOBENZAPRINE 7.5MG TABLET (generic for FEXMID)	
	CYCLOBENZAPRINE ER CAPSULE (AMRIX)	
	DANTRIUM capsule	
	DANTROLENE capsule (DANTRIUM capsule)	
	FLEQSUVY (BACLOFEN SUSPENSION)	
	LYVISPAH (BACLOFEN GRANULES)	
	METAXALONE 640MG tablet	
	NORGESIC FORTE tablet	
	ORPHENADRINE CITRATE tablet (generic for NORFLEX)	
	ORPHENADRINE/ASPIRIN/CAFFEINE tablet (generic for NORGESIC FORTE)	
	TANLOR 1000MG tablet	
	TIZANIDINE capsule (ZANAFLEX)	

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# Preferred Drug List

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DERMATOLOGY	DERMATOLOGY	DERMATOLOGY
TOPICAL ANTIFUNGALS	TOPICAL ANTIFUNGALS	TOPICAL ANTIPARASITICS
<p>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017</p> <p>ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017</p> <p>UPDATED 4/1/2020</p> <p><b>PREFERRED</b></p> <p>TOLNAFTATE 1% TOPICAL CREAM OTC</p> <p>TOLNAFTATE 1% TOPICAL POWDER OTC</p> <p>TOLNAFTATE 1% TOPICAL SOLUTION OTC</p> <p>CLOTRIMAZOLE RX CREAM</p> <p>CLOTRIMAZOLE-BETAMETHASONE RX CREAM</p> <p>KETOCONAZOLE 2% RX SHAMPOO</p> <p>NYSTATIN (OINTMENT, CREAM, POWDER)</p> <p>NYSTATIN-TRIAMCINOLONE OINTMENT</p> <p><b>NON-PREFERRED –</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>BUTENAFINE (MENTAX)</p> <p>CICLOPIROX SHAMPOO, SOLUTION, SUSPENSION (LOPROX)</p> <p>CLOTRIMAZOLE SOLUTION RX</p> <p>CLOTRIMAZOLE / BETAMETHASONE LOTION</p> <p>ECONAZOLE CREAM</p> <p>ECONAZOLE FOAM (ECOZA)</p> <p>KETOCONAZOLE CREAM</p> <p>KETOCONAZOLE FOAM (EXTINA)</p> <p>KLAYESTA POWDER</p> <p>LULICONAZOLE CREAM (LUZU)</p> <p>OXICONAZOLE (OXISTAT)</p> <p>SERTAICONAZOLE (ERTACZO)</p> <p>SULCONAZOLE (EXELDERM)</p> <p>MICONAZOLE /ZINC OXIDE/PETROLATUM (VUSION)</p> <p>MICONAZOLE CREAM</p> <p>NAFTIFINE (NAFTIN)</p> <p>NYSTATIN/EMOLLIENT (PEDIADERM AF)</p> <p>NYSTATIN / TRIAMCINOLONE CREAM</p>	<p>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017</p> <p>ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017</p> <p><b>PREFERRED</b></p> <p>NONE</p> <p><b>NON-PREFERRED – ONYCHOMYCOSIS</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>CICLOPIROX (PENLAC NAIL LACQUER)</p> <p>EFINACONAZOLE (JUBLIA)</p> <p>TAVABOROLE (KERYDIN)</p>	<p>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017</p> <p>ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017</p> <p>UPDATED 1/1/2023</p> <p><b>PREFERRED</b></p> <p>PIP BUTOXIDE/PYRETHRINS/PERMETHRIN KIT OTC</p> <p>[LICE SOLUTION, COMPLETE LICE TREATMENT]</p> <p>PIPERONYL BUTOXIDE/PYRETHRINS SHAMPOO OTC</p> <p>[LICE KILLING SHAMPOO, LICE TREATMENT]</p> <p>PERMETHRIN 1% LIQUID OTC</p> <p>PERMETHRIN 5% CREAM (ELIMITE)</p> <p>NATROBA 0.9% (SPINOSAD) <b>BRAND ONLY</b></p> <p><b>NON-PREFERRED –INCLUDE BUT NOT LIMITED TO</b></p> <p>CROTON (CROTAMITON ) 10% LOTION</p> <p>ELIMITE (PERMETHRIN) 5% CREAM</p> <p>EURAX (CROTAMITON ) 10% CREAM/ LOTION</p> <p>IVERMECTIN (generic for SKLICE)</p> <p>LINDANE</p> <p>MALATHION (generic for OVIDE)</p> <p>OVIDE 0.5% LOTION</p> <p>SKLICE 0.5% LOTION</p> <p>SPINOSAD (NATROBA)-GENERIC ONLY</p> <p>VANALICE GEL</p>

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DERMATOLOGY TOPICAL STEROIDS Class 1 (Superpotent)	DERMATOLOGY TOPICAL STEROIDS Class 2 (Potent)	DERMATOLOGY TOPICAL STEROIDS Class 3 (Upper-Mid)
<p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17 UPDATED 7/1/2020</p> <p><b>PREFERRED CLASS 1 (SUPERPOTENT)</b></p> <p>CLOBETASOL PROP 0.05% CREAM (15, 30, 45, 60 gm) CLOBETASOL PROP 0.05% CREAM-EMOLLIENT (15, 30, 60 gm) CLOBETASOL PROP. 0.05% OINT (15, 30, 45, 60 gm) CLOBETASOL 0.05% SOLUTION (50ML) FLUOCINONIDE 0.1% CREAM (30,60,120 gm) HALOBETASOL PROP 0.05% CREAM (15gm, 50gm)</p> <p><b>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</b></p> <p>BETAMETHASONE DP/PROP GLYC (AUG) 0.05% GEL BETAMETHASONE DP/PROP GLYC (AUG) 0.05% LOTION BETAMETHASONE DP/PROP GLYC (AUG) 0.05% OINT (Diprolene) CLOBETASOL PROPIONATE 0.05% EMOLL FOAM (e.g., OLUX-E) CLOBETASOL PROPIONATE 0.05% FOAM (e.g., OLUX) CLOBETASOL PROPIONATE 0.05% GEL CLOBETASOL PROPIONATE 0.05% LOTION CLOBETASOL PROPIONATE 0.05% SHAMPOO CLOBETASOL PROPIONATE 0.05% SPRAY (CLOBEX) DESOXIMETASONE 0.25% SPRAY TOPICAL (TOPICORT) DIFLORASONE DIACETATE 0.05% OINTMENT HALOBETASOL PROP 0.05% FOAM (LEXETTE) HALOBETASOL PROP 0.01% LOTION (BRYHALI) HALOBETASOL PROP 0.01% LOTION HALOBETASOL PROP 0.05% OINT (15gm, 50gm)</p>	<p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17 UPDATED 7/1/2020</p> <p><b>PREFERRED CLASS 2 (POTENT)</b></p> <p>BETAMETHASONE DP/PROP GLYC (AUG) 0.05% CREAM (15gm, 50gm) FLUOCINONIDE 0.05% CREAM (15gm, 30gm, 60gm) FLUOCINONIDE 0.05% OINTMENT (15gm, 30gm,60gm) TRIAMCINOLONE 0.5% OINTMENT (15 gm)</p> <p><b>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</b></p> <p>AMCINONIDE 0.1% OINTMENT CLOBETASOL 0.025% CREAM DESOXIMETASONE 0.05% GEL DESOXIMETASONE 0.25% CREAM, OINTMENT DIFLORASONE 0.05% CREAM FLUOCINONIDE 0.05% GEL, SOLUTION HALCINONIDE (HALOG) 0.1% CREAM, OINTMENT</p>	<p>ORIGINAL POSTED PREFERRED STATUS:5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17 UPDATED 7/1/2020</p> <p><b>PREFERRED CLASS 3 (UPPER-MID STRENGTH)</b></p> <p>BETAMETHASONE DP 0.05% LOT (not augmented) 60ml BETAMETHASONE VAL 0.1% OINTMENT (15gm, 45gm) MOMETASONE 0.1% OINT (15, 45gm) TRIAMCINOLONE 0.5% CREAM (15gm) TRIAMCINOLONE 0.1% OINTMENT (15gm,80gm)</p> <p><b>NON-PREFERRED INCLUDE BUT NOT LIMITED TO</b></p> <p>AMCINONIDE 0.1% CREAM AMCINONIDE 0.1% LOTION BETAMETHASONE DIPROPIONATE 0.05% CREAM (not augmented) BETAMETHASONE DIPROPIONATE 0.05% OINTMENT (not augmented) BETAMETHASONE DIPROPIONATE 0.05% SPRAY EMULSION (not aug.) BETAMETHASONE VALERATE 0.12% FOAM FLUOCINONIDE 0.05% EMOLLIENT CREAM FLUTICASONE PROPIONATE 0.005% OINTMENT TRIAMCINOLONE 0.1% OINTMENT (454 gm)</p>

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DERMATOLOGY TOPICAL STEROIDS Class 4 (Mid)	DERMATOLOGY TOPICAL STEROIDS Class 5 (Lower-Mid)	DERMATOLOGY TOPICAL STEROIDS Class 6 (Mild)
<p>ORIGINAL POSTED PREFERRED STATUS:5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17 UPDATED 7/1/2020</p> <p><b><u>PREFERRED CLASS 4 (MID-STRENGTH)</u></b></p> <p>FLUOCINOLONE 0.025% OINT (15gm, 60gm, 120gm) MOMETASONE 0.1% CREAM (15, 45gm) MOMETASONE FUROATE 0.1% SOLN, LOTION (30ml, 60ml) TRIAMCINOLONE 0.1% CREAM (15gm, 28.4gm, 30gm, 45gm, 80gm, 85.2gm)</p> <p><b><u>NON-PREFERRED</u></b> <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>CLOCORTOLONE PIVALATE 0.1% CREAM AND CREAM PUMP DESOXIMETASONE 0.05% CREAM DESOXIMETASONE 0.05% OINTMENT FLURANDRENOLIDE 0.05% OINTMENT HYDROCORTISONE VALERATE 0.2% OINTMENT TRIAMCINOLONE ACETONIDE 0.1% AEROSOL SPRAY TRIAMCINOLONE 0.1% CREAM (454gm)</p>	<p>ORIGINAL POSTED PREFERRED STATUS:5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17 UPDATED 7/1/2020</p> <p><b><u>PREFERRED CLASS 5 (LOWER-MID STRENGTH)</u></b></p> <p>BETAMETHASONE VAL 0.1% CREAM (15gm, 45gm) FLUOCINOLONE 0.01% CREAM (15, 60gm) FLUOCINOLONE 0.025% CREAM (15gm, 60gm, 120gm) FLUTICASONE PROP 0.05% CREAM (15gm, 30gm, 60gm) TRIAMCINOLONE 0.025% LOTION, OINTMENT (60ml, 15gm, 80gm) TRIAMCINOLONE 0.1% LOTION (60ml)</p> <p><b><u>NON-PREFERRED</u></b> <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>BETAMETHASONE VALERATE 0.1% LOTION DESONIDE 0.05% LOTION DESONIDE 0.05% OINTMENT FLUOCINOLONE SHAMPOO FLURANDRENOLIDE 0.05% CREAM FLURANDRENOLIDE 0.05% LOTION FLURANDRENOLIDE 4 MCG/SQ. CM TAPE, SMALL AND LARGE SIZE FLUTICASONE PROPIONATE 0.05% LOTION HYDROCORTISONE BUTYRATE 0.1% CREAM HYDROCORTISONE BUTYRATE 0.1% CREAM EMOLLIENT HYDROCORTISONE BUTYRATE 0.1% OINTMENT HYDROCORTISONE BUTYRATE 0.1% SOLUTION HYDROCORTISONE PROBUTATE 0.1% CREAM HYDROCORTISONE VALERATE 0.2% CREAM PREDNICARBATE 0.1% CREAM EMOLLIENT PREDNICARBATE 0.1% OINTMENT TRIAMCINOLONE 0.025% OINTMENT (453.6 gm, 430 gm) TRIAMCINOLONE 0.05% OINTMENT (430 gm)</p>	<p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17 UPDATED 7/1/2020</p> <p><b><u>PREFERRED CLASS 6 (MILD)</u></b></p> <p>DESONIDE 0.05% CREAM FLUOCINOLONE 0.01% SOLUTION (60ml) TRIAMCINOLONE 0.025% CREAM (15 gm, 60 gm, 80 gm)</p> <p><b><u>NON-PREFERRED</u></b> <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ALCLOMETASONE DIPROPIONATE 0.05% CREAM ALCLOMETASONE DIPR 0.05% OINTMENT DESONIDE 0.05% GEL FLUOCINOLONE SCALP OIL 0.01% TRIAMCINOLONE 0.025% CREAM (453.6 GM, 454 GM)</p>

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4/1/2025

DERMATOLOGY	DERMATOLOGY	DERMATOLOGY
TOPICAL STEROIDS	ATOPIC DERMATITIS AGENTS (TOPICALS & BIOLOGICS)	HEMORRHOIDAL AGENTS
<b>Class 7 (Least Potent)</b>	<b>ORIGINAL POSTED PREFERRED STATUS: 10/1/2023</b>	<b>ORIGINAL POSTED PREFERRED STATUS: 10/1/2021</b>
<b>ORIGINAL POSTED PREFERRED STATUS: 5/12/17</b>		
<b>ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</b>		
<b>UPDATED 7/1/2020</b>		
<b><u>PREFERRED CLASS 7 (LEAST POTENT)</u></b>	<b><u>PREFERRED</u></b>	<b><u>PREFERRED</u></b>
HYDROCORTISONE ACETATE 0.5% (covered OTC) 28.4gm	TACROLIMUS OINTMENT (generic for PROTOPIC)	HYDROCORTISONE 1% cream
HYDROCORTISONE 0.5% CREAM (covered OTC) 28.4gm, 28.35gm		HYDROCORTISONE 2.5% cream
HYDROCORTISONE 0.5% OINTMENT (covered OTC) 28.35gm	<b><u>PREFERRED WITH CRITERIA (MANUAL REVIEW)</u></b>	HYDROCORTISONE-PRAMOXINE 1%-1% cream
HYDROCORTISONE 1% CREAM (28.35gm, 28.4gm)	ADBRY SYRINGE AND AUTOINJECTOR* (TRALOKINUMAB-LDRM)	PROCTOFOAM HC 1%-1%
HYDROCORTISONE 1% OINTMENT (28.35gm, 28.4gm)	DUPIXENT SYRINGE AND PEN* (DUPILUMAB)	PROCTO-MED HC 2.5% cream
HYDROCORTISONE 2.5% CREAM (20gm, 28gm, 28.35gm, 30gm)		PROCTO-SOL HC 2.5% cream
HYDROCORTISONE 2.5% OINTMENT (20gm, 28.35gm, 28.4gm)	<b><u>NON-PREFERRED –</u></b>	<b><u>NON-PREFERRED –</u></b>
<b><u>NON-PREFERRED –</u></b>	<b><u>INCLUDE BUT NOT LIMITED TO</u></b>	<b><u>INCLUDE BUT NOT LIMITED TO</u></b>
<b><u>INCLUDE BUT NOT LIMITED TO</u></b>	CIBINQO (ABROCITINIB)*	ANU-SOL HC 2.5% cream
HYDROCORTISONE 1% CREAM (453.6 GM)	EBGLYSS (LEBRIKIZUMAB-LBKZ)*	PROCTOZONE HC 2.5% cream
HYDROCORTISONE 1% OINTMENT (453.6 GM)	ELIDEL CREAM (PIMECROLIMUS)	
HYDROCORTISONE 1% OINTMENT IN ABSORBASE	EUCRISA OINTMENT (CRISABOROLE)	
HYDROCORTISONE 2.5% CREAM (453.6 GM)	NEMLUVIO INJECTION (NEMOLIZUMAB-ILTO)*	
HYDROCORTISONE 2.5% LOTION	OPZELURA CREAM (RUXOLITINIB)*	
HYDROCORTISONE 2.5% OINTMENT (453.6 GM, 454 GM)	PIMECROLIMUS CREAM (generic for ELIDEL)	
HYDROCORTISONE 2.5% SOLUTION	PROTOPIC OINTMENT (TACROLIMUS)	
	RINVOQ (UPADACITINIB)*	
	ZORYVE (ROFLUMILAST)	

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ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS
<b>ANTIDIABETIC AGENTS</b> <b>Alpha Glucosidase Inhibitors</b>  <b>NEW CLASS EFFECTIVE: 10/1/2020</b> <b>UPDATE EFFECTIVE: 4/1/2025</b>  <u><b>PREFERRED</b></u> ACARBOSE (GENERIC FOR PRECOSE)  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> MIGLITOL (generic for GLYSET) PRECOSE (ACARBOSE)	<b>ANTIDIABETIC AGENTS</b> <b>Amylin Analogues</b>  <b>ORIGINAL POSTED PREFERRED STATUS: 8/11/17</b> <b>ORIGINAL EDIT EFFECTIVE DATE: 10/1/17</b> <b>UPDATE EFFECTIVE: 10/1/2020</b> <b>UPDATE EFFECTIVE: 4/1/2025</b> <u><b>PREFERRED</b></u> NONE  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> SYMLIN (PRAMLINTIDE)	<b>ANTIDIABETIC AGENTS</b> <b>DPP-4 Enzyme Inhibitors</b>  <b>ORIGINAL POSTED PREFERRED STATUS: 8/11/17</b> <b>ORIGINAL EDIT EFFECTIVE DATE: 10/1/17</b> <b>UPDATE EFFECTIVE: 10/1/2020</b> <b>UPDATE EFFECTIVE: 4/1/2025</b> <u><b>PREFERRED</b></u> JANUMET* (SITAGLIPTIN/METFORMIN) JANUVIA* (SITAGLIPTIN) SAXAGLIPTIN* (generic for ONGLYZA) TRADJENTA* (LINAGLIPTIN)  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> ALOGLIPTIN (generic for NESINA) ALOGLIPTIN/METFORMIN (generic for KAZANO) ALOGLIPTIN/PIOGLITAZONE (generic for OSENI) GLYXAMBI (LINAGLIPTIN/EMPAGLIFLOZIN) JANUMET XR (SITAGLIPTIN/METFORMIN ER) JENTADUETO, JENTADUETO XR (LINAGLIPTIN/METFORMIN) KAZANO (ALOGLIPTIN/METFORMIN) NESINA (ALOGLIPTIN) ONGLYZA (SAXAGLIPTIN) OSENI (ALOGLIPTIN/PIOGLITAZONE) QTERN (SAXAGLIPTIN/DAPAGLIFLOZIN) SAXAGLIPTIN/METFORMIN ER (generic for KOMBIGLYZE XR) SITAGLIPTAN (generic for ZITUVIO) SITAGLIPTAN/METFORMIN (generic for ZITUVIMET) STEGLUJAN (SITAGLIPTIN/ERTUGLIFLOZIN) TRIJARDY XR (LINAGLIPTIN/EMPAGLIFLOZIN/METFORMIN ER) ZITUVIMET, ZITUVIMET XR (SITAGLIPTAN/METFORMIN) ZITUVIO (SITAGLIPTAN)

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ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS
<b>ANTIDIABETIC AGENTS</b> <b>GLP-1 Receptor Agonists</b>	<b>ANTIDIABETIC AGENTS</b> <b>Meglitinides</b>	<b>ANTIDIABETIC AGENTS</b> <b>METFORMINS</b> <b>NEW CLASS EFFECTIVE 10/1/2020</b>
ORIGINAL POSTED PREFERRED STATUS: 8/11/17 ORIGINAL EDIT EFFECTIVE DATE: 10/1/17 UPDATE EFFECTIVE: 10/1/2020	ORIGINAL POSTED PREFERRED STATUS: 9/29/2006 ORIGINAL EDIT EFFECTIVE DATE: 11/28/2006 REVISED POSTED PREFERRED STATUS: 11/12/2008 REVISED EDIT EFFECTIVE DATE: 1/1/2009 RE-REVIEW POSTED PREFERRED STATUS: 9/7/2011 REVISED EDIT EFFECTIVE DATE: 1/1/2012 REVISED POSTED PREFERRED STATUS: 8/11/2017 REVISED EDIT EFFECTIVE DATE: 10/1/2017 UPDATE EFFECTIVE 10/1/2020 UPDATE EFFECTIVE 4/1/2025	UPDATE EFFECTIVE 4/1/2025
<b><u>PREFERRED</u></b> <del>BYDUREON PEN &amp; VIAL* (EXENATIDE ER) - OFF MARKET</del> BYETTA* (EXENATIDE) VICTOZA* (LIRAGLUTIDE) - <b>BRAND ONLY</b>	<b><u>PREFERRED</u></b> NATEGLINIDE (generic for STARLIX) REPAGLINIDE (generic for PRANDIN)	<b><u>PREFERRED</u></b> METFORMIN 500 MG (generic for GLUCOPHAGE) METFORMIN 850 MG (generic for GLUCOPHAGE) METFORMIN 1000 MG (generic for GLUCOPHAGE) METFORMIN ER 500 MG (generic for GLUCOPHAGE XR) METFORMIN ER 750 MG (generic for GLUCOPHAGE XR)
<b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b> ADLYXIN (LIXISENATIDE) BYDUREON BCISE (EXENATIDE ER) EXENATIDE (BYETTA) LIRAGLUTIDE (generic for VICTOZA) MOUNJARO (TIRZEPATIDE) OZEMPIC (SEMAGLUTIDE) RYBELSUS TABLET (SEMAGLUTIDE) SOLIQUA (LIXISENATIDE/INSULIN GLARGINE) TRULICITY (DULAGLUTIDE)	<b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b> NONE	<b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b> GLUMETZA (METFORMIN ER) METFORMIN 625 MG, 750 MG TABLET METFORMIN ER GASTRIC 500MG AND 1000MG (generic for GLUMETZA) METFORMIN ER OSMOTIC 500MG AND 1000MG (generic for FORTAMET) METFORMIN SOLUTION (generic for RIOMET) RIOMET SOLUTION (METFORMIN)

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4/1/2025

ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS
<b>ANTIDIABETIC AGENTS</b> <b>SGLT2 Inhibitors</b>  ORIGINAL POSTED PREFERRED STATUS: 8/11/17 ORIGINAL EDIT EFFECTIVE DATE: 10/1/17 UPDATE EFFECTIVE 10/1/2020 UPDATE EFFECTIVE 4/1/2025  <u><b>PREFERRED</b></u> FARXIGA* (DAPAGLIFLOZIN) <b>BRAND ONLY</b> JARDIANCE* (EMPAGLIFLOZIN) SYNJARDY* (EMPAGLIFLOZIN/METFORMIN) XIGDUO* XR (DAPAGLIFLOZIN/METFORMIN ER) <b>BRAND ONLY</b>  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> DAPAGLIFLOZIN (generic for FARXIGA) DAPAGLIFLOZIN/METFORMIN ER (generic for XIGDUO XR) INPEFA (SOTAGLIFLOZIN) INVOKAMET (CANAGLIFLOZIN/METFORMIN) INVOKAMET XR (CANAGLIFLOZIN/METFORMIN) INVOKANA (CANAGLIFLOZIN) SEGLUROMET (ERTUGLIFLOZIN/METFORMIN) STEGLATRO (ERTUGLIFLOZIN) SYNJARDY XR (EMPAGLIFLOZIN/METFORMIN ER)	<b>ANTIDIABETIC AGENTS</b> <b>Sulfonylurea</b>  ORIGINAL POSTED PREFERRED STATUS: 9/29/2006 ORIGINAL EDIT EFFECTIVE DATE: 11/28/2006 REVISED POSTED PREFERRED STATUS: 11/12/2008 REVISED EDIT EFFECTIVE DATE: 1/1/2009 RE-REVIEW POSTED PREFERRED STATUS: 9/7/2011 REVISED EDIT EFFECTIVE DATE: 1/1/2012 UPDATE EFFECTIVE: 10/1/2020 UPDATE EFFECTIVE 4/1/2025 <u><b>PREFERRED</b></u> GLIMEPIRIDE 1 MG, 2 MG, 4 MG (generic for AMARYL) GLIMEPIRIDE/PIOGLITAZONE (generic for DUETACT) GLIPIZIDE (generic for GLUCOTROL) GLIPIZIDE ER (generic for GLUCOTROL XL) GLIPIZIDE/METFORMIN (generic for METAGLIP) GLYBURIDE (generic for DIABETA) GLYBURIDE/METFORMIN (generic for GLUCOVANCE) GLYBURIDE MICRONIZED (generic for GLYNASE/MICRONASE)  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> DUETACT (PIOGLITAZONE/GLIMEPIRIDE) GLIMEPIRIDE 3 MG GLUCOTROL XL (GLIPIZIDE ER)	<b>ANTIDIABETIC AGENTS</b> <b>Thiazolidinediones</b>  ORIGINAL POSTED PREFERRED STATUS: 9/29/2006 ORIGINAL EDIT EFFECTIVE DATE: 11/28/2006 REVISED POSTED PREFERRED STATUS: 11/12/2008 REVISED EDIT EFFECTIVE DATE: 1/1/2009 RE-REVIEW POSTED PREFERRED STATUS: 9/7/2011 REVISED EDIT EFFECTIVE DATE: 1/1/2012 UPDATE EFFECTIVE: 10/1/2020 UPDATE EFFECTIVE 4/1/2025 <u><b>PREFERRED</b></u> PIOGLITAZONE* (generic for ACTOS) PIOGLITAZONE/GLIMEPIRIDE (generic for DUETACT) PIOGLITAZONE/METFORMIN (generic for ACTOPLUS MET)  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> ACTOS (PIOGLITAZONE) ACTOPLUS MET (PIOGLITAZONE/METFORMIN) DUETACT (PIOGLITAZONE/GLIMEPIRIDE)

# Preferred Drug List

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ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS
<b>ANTIDIABETIC AGENTS</b> <b>INSULINS</b> ORIGINAL POSTED PREFERRED STATUS: 11/10/17 ORIGINAL EDIT EFFECTIVE DATE: 1/1/18 UPDATE EFFECTIVE 10/1/2020  <u><b>PREFERRED RAPID ACTING INSULIN</b></u> APIDRA SOLOSTAR PEN/VIAL HUMALOG CARTRIDGE/KWIKPEN/VIAL <b>BRAND ONLY</b> HUMALOG JR KWIKPEN <b>BRAND ONLY</b> INSULIN ASPART CARTRIDGE/VIAL/FLEXPEN (GENERIC FOR NOVOLOG) NOVOLOG CARTRIDGE/FLEXPEN/VIAL  <u><b>PREFERRED RAPID COMBINATION INSULIN</b></u> HUMALOG MIX KWIKPEN <b>BRAND ONLY</b> HUMALOG MIX VIAL (INSULIN LISPRO/INSULIN PROTAMINE) INSULIN ASPART MIX PEN/VIAL (GENERIC FOR NOVOLOG MIX) NOVOLOG MIX FLEXPEN NOVOLOG MIX VIAL  <u><b>PREFERRED REGULAR INSULIN</b></u> HUMULIN R U-100 (OTC) HUMULIN R U-500 KWIKPEN HUMULIN R U-500 VIAL NOVOLIN R U-100 VIAL (OTC)  <u><b>PREFERRED INTERMEDIATE ACTING INSULIN</b></u> HUMULIN N U-100 VIAL (OTC) NOVOLIN N U-100 VIAL (OTC)  <u><b>PREFERRED REGULAR/INTERMEDIATE COMBINATION INSULIN</b></u> HUMULIN 70/30 KWIKPEN (OTC) HUMULIN 70/30 VIAL (OTC)	<b>ANTIDIABETIC AGENTS</b> <b>INSULINS</b> ORIGINAL POSTED PREFERRED STATUS: 11/10/17 ORIGINAL EDIT EFFECTIVE DATE: 1/1/18 UPDATE EFFECTIVE 10/1/2020  <u><b>PREFERRED LONG ACTING</b></u> LANTUS SOLOSTAR PEN LANTUS VIAL LEVEMIR FLEXTOUCH LEVEMIR VIAL  <b>NON-PREFERRED –</b> <b>INCLUDE BUT NOT LIMITED TO</b> <u><b>NON-PREFERRED RAPID ACTING INSULIN</b></u> ADMELOG SOLOSTAR PEN/VIAL (INSULIN LISPRO) AFREZZA INHALATION POWDER (HUMAN INSULIN) FIASP FLEXTOUCH PEN/PENFILL/ VIAL (INSULIN ASPART) HUMALOG U-200 KWIKPEN HUMALOG TEMPO PENS INSULIN LISPRO KWIKPEN/VIAL (GENERIC FOR HUMALOG) INSULIN LISPRO JR KWIKPEN (GENERIC FOR HUMALOG) LYUMJEV PEN/VIAL/TEMPO PEN (INSULIN LISPRO AA-BC)  <u><b>NON-PREFERRED RAPID COMBINATION</b></u> INSULIN LISPRO MIX (GENERIC FOR HUMALOG MIX)  <u><b>NON- PREFERRED REGULAR INSULIN</b></u> NOVOLIN R U-100 FLEXPEN (OTC)	<b>ANTIDIABETIC AGENTS</b> <b>INSULINS</b> ORIGINAL POSTED PREFERRED STATUS: 11/10/17 ORIGINAL EDIT EFFECTIVE DATE: 1/1/18 UPDATE EFFECTIVE 10/1/2020  <b>NON-PREFERRED –</b> <b>INCLUDE BUT NOT LIMITED TO</b>  <u><b>NON-PREFERRED INTERMEDIATE ACTING INSULIN</b></u> HUMULIN N U-100 KWIKPEN NOVOLIN N U-100 FLEXPEN  <u><b>NON- PREFERRED REGULAR/INTERMEDIATE COMBINATION</b></u> NOVOLIN 70/30 FLEXPEN (OTC) NOVOLIN 70/30 VIAL (OTC)  <u><b>NON- PREFERRED LONG ACTING</b></u> BASAGLAR KWIKPEN (INSULIN GLARGINE) INSULIN DEGLUDEC (generic for TRESIBA) INSULIN GLARGINE MAX SOLOSTAR (generic for TOUJEO) INSULIN GLARGINE SOLOSTAR (generic for TOUJEO) REZVOGLAR PEN (INSULIN GLARGINE-AGLR) SEMGLEE PEN/VIAL (INSULIN GLARGINE-YFGN) SOLIQUA (INSULIN GLARGINE/LIXISENATIDE) TOUJEO SOLOSTAR PEN (INSULIN GLARGINE) TOUJEO MAX SOLOSTAR PEN (INSULIN GLARGINE) TRESIBA U-100 FLEXTOUCH (INSULIN DEGLUDEC) TRESIBA U-200 FLEXTOUCH (INSULIN DEGLUDEC) TRESIBA VIAL (INSULIN DEGLUDEC) XULTOPHY (INSULIN DEGLUDEC/LIRAGLUTIDE)

[\\*Please refer to the PDL Criteria Overview for more detail](#)

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

# Preferred Drug List

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ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS
<b>ANTI-HYPOGLYCEMIC AGENTS</b> <b>ORIGINAL POSTED PREFERRED STATUS: 04/01/2020</b> <b>UPDATED 7/1/2023</b> <b>UPDATED 4/1/2025</b> <u><b>PREFERRED</b></u> BAQSIMI INTRANASAL POWDER (GLUCAGON) GVOKE PREFILLED SYRINGE AND AUTOINJECTOR (GLUCAGON)* PROGLYCEM ORAL SUSPENSION (DIAZOXIDE) <b>BRAND ONLY</b> ZEGALOGUE PREFILLED SYRINGE & AUTOINJECTOR (DASIGLUCAGON)  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> DIAZOXIDE ORAL SUSPENSION (GENERIC FOR PROGLYCEM) GLUCAGON 1MG EMERGENCY KIT GVOKE VIAL (GLUCAGON)	<b>ANAPHYLAXIS AGENTS</b> <b>EPINEPHRINE, SELF-ADMINISTERED</b>  <b>ORIGINAL POSTED PREFERRED STATUS: 11/14/2016</b> <b>ORIGINAL EDIT EFFECTIVE DATE: 1/1/17</b> <b>REVISED POSTED PREFERRED STATUS: 11/10/17</b> <b>REVISED EDIT EFFECTIVE DATE: 1/1/18</b>  <u><b>PREFERRED</b></u> EPIPEN & EPIPEN Jr. <b>BRAND ONLY</b> EPINEPHRINE 0.15MG AND 0.3MG (AUTHORIZED GENERIC FOR EPIPEN AND EPIPEN JR)  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> AUVI-Q 0.1MG, 0.15MG, 0.3MG EPINEPHRINE 0.15MG AND 0.3MG (GENERIC FOR ADRENAClick) EPINEPHRINE 0.15MG AND 0.3MG (NON-AUTHORIZED GENERIC FOR EPIPEN AND EPIPEN JR) NEFFY 1 MG/0.1 ML, 2 MG/0.1 ML NASAL SPRAY SYMJEPI 0.15MG AND 0.3MG	<b>ANDROGENIC AGENTS</b> <b>ORIGINAL POSTED PREFERRED STATUS: 4/1/2020</b>  <u><b>PREFERRED</b></u> TESTOSTERONE CYPIONATE (INTRAMUSC)* TESTOSTERONE ENANTHATE (INTRAMUSC)* TESTOSTERONE GEL PUMP (GENERIC FOR ANDROGEL)*  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u>  TESTOSTERONE CYPIONATE (AZMIRO) TESTOSTERONE CYPIONATE (DEPO-TESTOSTERONE) <b>BRAND ONLY</b> TESTOSTERONE ENANTHATE (XYOSTED AUTOINJECTOR) TESTOSTERONE GEL PACKET (ANDROGEL, VOLGELXO) TESTOSTERONE GEL PUMP (ANDROGEL) <b>BRAND ONLY</b> TESTOSTERONE GEL PUMP (VOLGELXO) TESTOSTERONE GEL TUBE (TESTIM, VOLGELXO) TESTOSTERONE NASAL GEL (NATESTO) TESTOSTERONE PUMP (GENERIC - AXIRON) TESTOSTERONE UNDECANOATE (AVEED) TESTOSTERONE UNDECANOATE (TLANDO) TESTOSTERONE UNDECANOATE (UNDECATREX)

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ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS
<b>BONE RESORPTIVE AGENTS</b> ORIGINAL POSTED PREFERRED STATUS: 8/14/2019 ORIGINAL EDIT EFFECTIVE DATE: 10/1/19  <u><b>PREFERRED</b></u> ALENDRONATE  <u><b>NON-PREFERRED</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> ABALOPARATIDE (TYMLOS) ALENDRONATE Plus D (FOSAMAX + D) ALENDRONATE ORAL SOLUTION (FOSAMAX) ALENDRONATE EFFERVESCENT TABLET (BINOSTO) CALCITONIN-SALMON (MIACALCIN/FORTICAL) DENOSUMAB (PROLIA) IBANDRONATE (BONIVA) TABLET IBANDRONATE (BONIVA) INJECTION RALOXIFENE (EVISTA) RISEDRONATE (ACTONEL) RISEDRONATE (ATELVIA) ROMOSUZUMAB-AQQG (EVENITY) INJECTION TERIPARATIDE (FORTEO)	<b>DUCHENNE MUSCULAR DYSTROPHY AGENTS</b> ORIGINAL POSTED PREFERRED STATUS: 2/12/2025 ORIGINAL EDIT EFFECTIVE DATE: 4/1/2025  <u><b>PREFERRED</b></u> EMFLAZA SUSPENSION* <b>BRAND ONLY</b> EMFLAZA TABLET* <b>BRAND ONLY</b>  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> AGAMREE SUSPENSION (VAMOROLONE) DEFLAZACORT SUSPENSION ( generic for EMFLAZA) DEFLAZACORT TABLET (generic for EMFLAZA) DUVYZAT SUSPENSION (GIVINOSTAT)	<b>ESTROGEN REPLACEMENT AGENTS</b> ORIGINAL POSTED PREFERRED STATUS: 2/14/2006 ORIGINAL EDIT EFFECTIVE DATE: 4/17/2006 RE-REVIEW POSTED PREFERRED STATUS: 5/12/2008 REVISED EDIT EFFECTIVE DATE: 7/11/2008 UPDATED 4/1/2021 <u><b>PREFERRED</b></u> CLIMARA PRO (ESTRADIOL/LEVONORGESTREL) ESTRADIOL TABLET (GENERIC FOR ESTRACE) ESTRADIOL TRANSDERMAL (GENERIC FOR ALORA, CLIMARA) PREMARIN (ESTROGENS, CONJUGATED) PREMPRO (ESTROGENS, CONJUGATED/MEDROXYPROGESTERONE) <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> ANGELIQ* (ESTRADIOL/DROSPIRENONE) ACTIVELLA (ESTRADIOL/NORETHINDRONE ACETATE) ALORA /CLIMARA PATCH (ESTRADIOL) AMABELZ (ESTRADIOL/NORETHINDRONE ACETATE) BIJUVA (ESTRADIOL/PROGESTERONE) COMBIPATCH (ESTRADIOL/NORETHINDRONE ACETATE) DIVIGEL/ELESTRIN GEL (ESTRADIOL TOPICAL GEL) DOTTI /LYLLANA/MENOSTAR/MINIVELLE/VIVELLE DOT PATCH (ESTRADIOL) DUAVEE (ESTROGENS, CONJUGATED/BAZEDOXIFENE) ESTRADIOLGEL (generic for DIVIGEL/ESTROGEL) ESTRADIOL/NORETHINDRONE ACETATE* (GENERIC FOR ACTIVELLA) ETHINYL ESTRADIOL/NORETHINDRONE* (GENERIC FOR JINTELLI) EVAMIST (ESTRADIOL SPRAY ) MENEST TABLET (ESTERIFIED ESTROGENS) PREFEST* (ESTRADIOL/NORGESTIMATE ) PREMPHASE* (ESTROGENS, CONJUGATED/MEDROXYPROGESTERONE)

[\\*Please refer to the PDL Criteria Overview for more detail](#)

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS
<b>GNRH RECEPTOR ANTAGONISTS (UTERINE DISORDERS)</b> ORIGINAL POSTED PREFERRED STATUS: 2/12/2025 ORIGINAL EDIT EFFECTIVE DATE: 4/1/2025  <u><b>PREFERRED</b></u> MYFEMBREE* (RELUGOLIX, ESTRADIOL, NORETHINDRONE ACETATE) ORIAHNN* (ELAGOLIX, ESTRADIOL NORETHINDRONE, & ELAGOLIX) ORLISSA* (ELAGOLIX)  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> NONE	<b>GROWTH HORMONES</b> ORIGINAL POSTED PREFERRED STATUS: 8/10/2016 ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016 RE-REVIEW POSTED PREFERRED STATUS: 10/1/2020 RE-REVIEW POSTED PREFERRED STATUS: 1/1/2023  <u><b>PREFERRED</b></u> GENOTROPIN (SOMATROPIN)* NORDITROPIN (SOMATROPIN)*  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> HUMATROPE (SOMATROPIN) NGENLA (SOMATROGON-GHLA) NUTROPIN AQ (SOMATROPIN) OMNITROPE (SOMATROPIN) SKYTROFA (SOMATROPIN)	<b>PANCREATIC ENZYMES</b> ORIGINAL POSTED PREFERRED STATUS: 8/10/2016 ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016 RE-REVIEW POSTED PREFERRED STATUS: 1/1/2020 RE-REVIEW POSTED PREFERRED STATUS: 1/1/2023  <u><b>PREFERRED</b></u> CREON ZENPEP  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> PANCREAZE PERTZYE VIOKACE

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ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	GASTROINTESTINAL
PITUITARY SUPPRESSIVE AGENTS	VAGINAL HORMONES	ANTIEMETICS
ORIGINAL POSTED PREFERRED STATUS: 7/1/2023	ORIGINAL POSTED PREFERRED STATUS: 10/1/2024	5-HT3 & NK1 Receptor Antagonists
<b><u>PREFERRED</u></b> LUPANETA* LUPRON DEPOT* 3.75MG, 7.5MG, AND 11.25MG 3-MONTH FENSOLVI* 45MG LUPRON DEPOT-PED* 7.5MG, 11.25MG, 15MG, 11.25 3-MONTH, 30MG 3-MONTH, AND 45MG 6-MONTH SYNAREL NASAL SPRAY*	<b><u>PREFERRED</u></b> ESTRADIOL CREAM (generic for ESTRACE) PREMARIN CREAM (ESTROGENS, CONJUGATED) <b><u>NON-PREFERRED –</u></b> <b><u>INCLUDE BUT NOT LIMITED TO</u></b> ESTRACE CREAM (ESTRADIOL) ESTRADIOL TABLET (generic for VAGIFEM AND YUVAFEM) ESTRING VAGINAL RING (ESTRADIOL) FEMRING VAGINAL RING (ESTRADIOL) IMVEXXY VAGINAL INSERT (ESTRADIOL) VAGIFEM VAGINAL TABLET (ESTRADIOL) YUVAFEM VAGINAL TABLET (ESTRADIOL)	ORIGINAL POSTED PREFERRED STATUS: 8/10/2006 ORIGINAL EDIT EFFECTIVE DATE: 10/10/2006 RE-REVIEW POSTED PREFERRED STATUS: 7/14/2009 REVISED EDIT EFFECTIVE DATE: 9/14/2009 UPDATED 8/18/2015 UPDATED 4/1/2025 <b><u>PREFERRED</u></b> ONDANSETRON 4MG, 8MG ORAL DISINTEGRATING TABLET (generic for ZOFRAN)* ONDANSETRON 4MG, 8MG TABLET (generic for ZOFRAN)* ONDANSETRON 4MG/2ML PRESERVATIVE FREE VIAL* ONDANSETRON 40MG/20ML VIAL (generic for ZOFRAN)*  <b><u>NON-PREFERRED –</u></b> <b><u>INCLUDE BUT NOT LIMITED TO</u></b> AKYNZEO (NETUPITANT-PALONOSETRON) APREPITANT (generic for EMEND) EMEND (APREPITANT) GRANISETRON (generic for KYTRIL) ONDANSETRON 16MG ORAL DISINTEGRATING TABLET ONDANSETRON 4MG/2ML AMPULE/SYRINGE (generic for ZOFRAN) ONDANSETRON 4MG/5ML SOLUTION (generic for ZOFRAN) SANCUSO PATCH (GRANISETRON)
<b><u>NON-PREFERRED –</u></b> <b><u>INCLUDE BUT NOT LIMITED TO</u></b> TRIPTODUR 22.5MG 6-MONTH		

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GASTROINTESTINAL	GASTROINTESTINAL	GASTROINTESTINAL
<p><b>ORIGINAL POSTED PREFERRED STATUS: 11/15/18</b>  <b>ORIGINAL EDIT EFFECTIVE DATE: 1/1/19</b>  <b>REVISED EDIT EFFECTIVE DATE: 7/1/2022</b></p> <p><b><u>PREFERRED</u></b></p> <p>GAVILYTE-C  GAVILYTE-G  GAVILYTE-N  GOLYTELY SOLUTION  MOVIPREP- <b>BRAND ONLY</b>  PEG-3350 AND ELECTROLYTE SOLUTION  PEG-3350 WITH FLAVOR PACKS SOLUTION</p> <p><b><u>NON-PREFERRED</u></b>  <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>CLENPIQ  OSMOPREP  PREPOPIK  PEG-3350 with electrolytes powder pack (generic for MOVIPREP®)  PLENVU  SOD SULF-POTASS SULF-MAG SULF (generic for SUPREP)  SUFLAVE  SUPREP  SUTAB</p>	<p><b>CHRONIC GI MOTILITY AGENTS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 2/16/18</b>  <b>ORIGINAL EDIT EFFECTIVE DATE: 4/1/18</b>  <b>UPDATED 4/1/2021</b></p> <p><b><u>PREFERRED</u></b></p> <p>LINZESS* (LINACLOTIDE)  LUBIPROSTONE* (GENERIC FOR AMITIZA)  MOVANTIK* (NALOXEGOL)</p> <p><b><u>NON-PREFERRED –</u></b>  <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ALOSETRON (GENERIC FOR LOTRONEX)  AMITIZA (LUBIPROSTONE)  IBSRELA (TENAPANOR)  LOTRONEX (ALOSETRON)  MOTEGRITY (PRUCALOPRIDE)  PRUCALOPRIDE (GENERIC FOR MOTEGRITY)  RELISTOR (METHYLNALTREXONE)  SYMPROIC (NALDEMEDINE)  TRULANCE (PLECANATIDE )  VIBERZI (ELUXADOLINE)  ZELNORM (TEGASEROD)</p>	<p><b>PROTON PUMP INHIBITORS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 3/18/2005</b>  <b>ORIGINAL EDIT EFFECTIVE DATE: 5/18/2005</b>  <b>RE-REVIEW POSTED PREFERRED STATUS: 7/1/2019</b>  <b>RE-REVIEW POSTED PREFERRED STATUS: 7/1/2022</b></p> <p><b><u>PREFERRED</u></b></p> <p>OMEPRAZOLE CAPSULE* (generic for PRILOSEC)  PANTOPRAZOLE TABLET* (generic for PROTONIX)</p> <p><b><u>NON-PREFERRED –</u></b>  <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ACIPHEX TABLET  DEXILANT CAPSULE  DEXLANSOPRAZOLE (generic for DEXILANT)  ESOMEPRAZOLE CAPSULE (generic for NEXIUM)  ESOMEPRAZOLE SUSPENSION (generic for NEXIUM)  ESOMEPRAZOLE/NAPROXEN (generic for VIMOVO)  ESOMEPRAZOLE STRONTIUM DR CAPSULE  KONVOMEK SUSPENSION (OMEPRAZOLE/SODIUM BICARBONATE)  LANSOPRAZOLE CAPSULE (PREVACID CAPSULE)  LANSOPRAZOLE SOLUTAB (PREVACID SOLUTAB)*  NEXIUM CAPSULE  OMEPRAZOLE/SODIUM BICARB CAPS/PACKET (generic ro ZEGERID)  RABEPRAZOLE TABLET (ACIPHEX)  ZEGERID CAPSULES AND PACKET  VIMOVO TABLET</p> <p><b><u>NON-PREFERRED –WITH CRITERIA</u></b></p> <p>NEXIUM PACKET* - <b>BRAND ONLY</b>  PROTONIX SUSPENSION *- <b>BRAND ONLY</b></p>

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY



# Preferred Drug List

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GASTROINTESTINAL	GENITOURINARY AND RENAL AGENTS	GENITOURINARY AND RENAL AGENTS
<p><b>ULCERATIVE COLITIS AGENTS (excluding biologics)</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 2/12/2025</b></p> <p><b>ORIGINAL EDIT EFFECTIVE DATE: 4/1/2025</b></p> <p><b><u>PREFERRED</u></b></p> <p>APRISO CAPSULE (MESALAMINE ER) - <b>BRAND ONLY</b></p> <p>BUDESONIDE ER TABLET* (generic for UCERIS)</p> <p>MESALAMINE SUPPOSITORY (generic for CANASA)</p> <p>PENTASA CAPSULE (MESALAMINE ER) - <b>BRAND ONLY</b></p> <p>SULFASALAZINE TABLET (generic for AZULFIDINE)</p> <p>SULFASALAZINE DR TABLET (generic for AZULFIDINE EN-tab)</p> <p><b><u>NON-PREFERRED –</u></b></p> <p><b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>AZULFIDINE TABLET, AZULFIDINE EN-TAB (SULFASALAZINE)</p> <p>BALSALAZIDE (generic for COLAZAL)</p> <p>BUDESONIDE FOAM (generic for UCERIS)</p> <p>CANASA SUPPOSITORY (MESALAMINE)</p> <p>COLAZAL CAPSULE (BALSALAZIDE)</p> <p>DELZICOL CAPSULE (MESALAMINE DR)</p> <p>DIPENTUM CAPSULE (OLSALAZINE)</p> <p>LIALDA TABLET (MESALAMINE DR)</p> <p>MESALAMINE DR TABLET (generic for ASACOL HD)</p> <p>MESALAMINE DR CAPSULE (generic for DELZICOL)</p> <p>MESALAMINE DR TABLET (generic for LIALDA)</p> <p>MESALAMINE ENEMA (generic for ROWASA, sROWASA)</p> <p>MESALAMINE ER CAPSULE (generic for APRISO)</p> <p>MESALAMINE ER CAPSULE (generic for PENTASA)</p> <p>ROWASA KIT, sROWASA ENEMA (MESALAMINE)</p> <p>UCERIS FOAM, TABLET (BUDESONIDE)</p>	<p><b>BENIGN PROSTATIC HYPERPLASIA</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 10/1/2021</b></p> <p><b><u>PREFERRED</u></b></p> <p>ALFUZOSIN ER tablet (generic for UROXATRAL)</p> <p>DOXAZOSIN tablet (generic for CARDURA)</p> <p>DUTASTERIDE capsule (generic for AVODART)</p> <p>FINASTERIDE tablet (generic for PROSCAR)</p> <p>TAMSULOSIN capsule (generic for FLOMAX)</p> <p>TERAZOSIN tablet (generic for HYTRIN)</p> <p><b><u>NON-PREFERRED –</u></b></p> <p><b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>AVODART capsule</p> <p>CARDURA tablet</p> <p>CARDURA XL tablet</p> <p>CIALIS tablet</p> <p>DUTASTERIDE/ TAMSULOSIN capsule (generic for JALYN)</p> <p>ENTADFI (FINASTERIDE/TADALAFIL) capsule</p> <p>FLOMAX capsule</p> <p>JALYN capsule</p> <p>PROSCAR capsule</p> <p>RAPAFLO capsule</p> <p>SILODOSIN capsule (generic for RAPAFLO)</p> <p>TADALAFIL tablet (generic for CIALIS)</p>	<p><b>OVERACTIVE BLADDER AGENTS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 6/16/2006</b></p> <p><b>ORIGINAL EDIT EFFECTIVE DATE: 8/15/2006</b></p> <p><b>REVISED POSTED PREFERRED STATUS: 5/14/2009</b></p> <p><b>REVISED EDIT EFFECTIVE DATE: 7/14/2009</b></p> <p><b>RE-REVIEW POSTED PREFERRED STATUS: 2/16/2012</b></p> <p><b>REVISED EDIT EFFECTIVE DATE: 5/8/2012</b></p> <p><b>RE-REVIEW POSTED PREFERRED STATUS: 5/21/2014</b></p> <p><b>REVISED EDIT EFFECTIVE DATE: 5/30/2014</b></p> <p><b>RE-REVIEW: 11/09/16</b></p> <p><b>REVISED EDIT EFFECTIVE DATE: 4/1/2020</b></p> <p><b>UPDATED: 1/1/2025</b></p> <p><b><u>PREFERRED</u></b></p> <p>FESOTERODINE ER TABLET (generic for TOVIAZ)</p> <p>MYRBETRIQ TABLET - <b>BRAND ONLY</b></p> <p>OXYBUTYNIN 5MG/5ML SYRUP, 5MG TABLET (DITROPAN)</p> <p>OXYBUTYNIN ER TABLET (DITROPAN XL)*</p> <p>SOLIFENACIN TABLET (VESICARE)</p> <p><b><u>NON-PREFERRED –</u></b></p> <p><b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>DARIFENACIN ER TABLET (ENABLEX)</p> <p>DETROL, DETROL LA TABLET</p> <p>FLAVOXATE TABLET (URISPAS)</p> <p>GEMTESA TABLET</p> <p>MIRABEGRON ER TABLET (MYRBETRIQ)</p> <p>MYRBETRIQ ER GRANULES</p> <p>OXYBUTYNIN 2.5MG TABLET</p> <p>OXYTROL PATCH</p> <p>TOLTERODINE TAB, TOLTERODINE ER CAP (DETROL, DETROL LA)</p> <p>TOVIAZ TABLET</p> <p>TROSPIMUM TAB, TROSPIMUM ER CAP (SANCTURA, SANCTURA XR)</p> <p>VESICARE TABLET, VESICARE LS SUSPENSION</p>

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GENITOURINARY AND RENAL AGENTS	OPHTHALMOLOGY	OPHTHALMOLOGY
<b>CYSTINE-DEPLETING AGENTS</b>  <b>ORIGINAL POSTED PREFERRED STATUS: 8/10/18</b> <b>ORIGINAL EDIT EFFECTIVE DATE: 10/1/18</b> <b>REVISED POSTED PREFERRED STATUS: 7/1/2022</b>  <u><b>PREFERRED</b></u> CUPRIMINE CAPSULES - <b>BRAND ONLY</b> DEPEN TABLETS - <b>BRAND ONLY</b> POTASSIUM CITRATE THIOLA TABLETS - <b>BRAND ONLY</b> THIOLA EC TABLETS - <b>BRAND ONLY</b>  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> PENICILLAMINE CAPSULES (generic for CUPRIMINE) PENICILLAMINE TABLETS (generic for DEPEN) TIOPRONIN TABLETS (generic for THIOLA) TIOPRONIN DR TABLETS (generic for THIOLA EC) UROCIT-K ER TABLETS	<b>OPHTHALMIC ANTIBIOTICS</b>  <b>ORIGINAL POSTED PREFERRED STATUS: 5/12/17</b> <b>ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</b> <b>UPDATED 4/1/2024</b>  <u><b>PREFERRED</b></u> BACITRACIN/ POLYMYXIN B OINTMENT (generic for POLYCIN) CILOXAN (CIPROFLOXACIN) 0.3% OINTMENT CIPROFLOXACIN 0.3% SOLUTION (generic for CILOXAN) ERYTHROMYCIN 0.5% OINTMENT GENTAMICIN 0.3% SOLUTION MOXIFLOXACIN 0.5% SOLUTION (generic for VIGAMOX) POLYMYXIN B /TRIMETHOPRIM DROPS (generic for POLYTRIM) TOBRAMYCIN 0.3% DROPS (generic for TOBREX)  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> AZASITE (AZITHROMYCIN) 1% SOLUTION BACITRACIN 500 UNITS/GM OINTMENT BESIVANCE (BESIFLOXACIN) 0.6% DROPS GATIFLOXACIN 0.5% SOLUTION (generic for ZYMAXID) MOXIFLOXACIN 0.5% SOLUTION (generic for MOXEZA) NATACYN (NATAMYCIN) 5% DROPS NEOMYCIN/POLYMYXIN B/ BACITRACIN OINTMENT NEOMYCIN/POLYMYXIN B/ GRAMICIDIN DROPS OCUFLOX (OFLOXACIN) 0.3% SOLUTION OFLOXACIN 0.3% SOLUTION (generic for OCUFLOX) POLYCIN (BACITRACIN/POLYMYXIN B) OINTMENT SULFACETAMIDE 10% OINTMENT/SOLUTION TOBREX (TOBRAMYCIN) 0.3% OINTMENT VIGAMOX (MOXIFLOXACIN) 0.5% SOLUTION ZYMAXID (GATIFLOXACIN) 0.5% SOLUTION	<b>OPHTHALMIC ANTIBIOTICS-STEROID COMBINATIONS</b>  <b>ORIGINAL POSTED PREFERRED STATUS: 5/12/17</b> <b>ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</b> <b>UPDATED 7/1/2020</b>  <u><b>PREFERRED</b></u> DEXAMETHASONE/NEOMYCIN SULFATE/POLYMYXIN B SULFATE TOBRADEX (DEXAMETHASONE/TOBRAMYCIN) DEXAMETHASONE/TOBRAMYCIN SUSPENSION (GENERIC) PREDNISOLONE SODIUM PHOSPHATE/SULFACETAMIDE SODIUM SOLUTION  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> BLEPHAMIDE, BLEPHAMIDE S.O.P. (PREDNISOLONE ACETATE/ SULFACETAMIDE SODIUM) SUSPENSION & OINTMENT HYDROCORTISONE/NEOMYCIN SULFATE/BACITRACIN ZINC/ POLYMYXIN B SULFATES HYDROCORTISONE/NEOMYCIN SULFATE/POLYMYXIN B SULFATE PRED-G, PRED-G S.O.P. (PREDNISOLONE ACETATE/ GENTAMICIN SULFATE) MAXITROL (NEOMYCIN/POLYMYXIN B/DEXAMETHASONE) SUSPENSION & OINTMENT TOBRADEX ST (DEXAMETHASONE/TOBRAMYCIN) ZYLET(LOTEPREDNOL/TOBRAMYCIN)  <u><b>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</b></u>

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OPHTHALMOLOGY GLAUCOMA AGENTS	OPHTHALMOLOGY GLAUCOMA AGENTS- CONTINUED	OPHTHALMOLOGY ANTI-INFLAMMATORY/IMMUNOMODULATORS
<p><b>ORIGINAL POSTED PREFERRED STATUS: 5/12/17</b> <b>ORIGINAL EDIT EFFECTIVE DATE: 7/1/17-UPDATED 7/1/2020</b></p> <p><b><u>PREFERRED</u></b></p> <p>ALPHAGAN P 0.15%- <b>BRAND ONLY</b></p> <p>CARTEOLOL DROPS</p> <p>COMBIGAN (BRIMONIDINE/TIMOLOL) <b>BRAND ONLY</b></p> <p>DORZOLAMIDE</p> <p>DORZOLAMIDE/TIMOLOL (generic)</p> <p>LATANOPROST</p> <p>LEVOBUNOLOL</p> <p>LUMIGAN 0.01% 2.5ML, 5ML ( BIMATOPROST)</p> <p>RHOPRESSA 0.02% DROPS (NETARSUDIL)</p> <p>ROCKLATAN (NETARSUDIL MESYLAT/LATANOPROST)</p> <p>TIMOLOL (GENERIC TIMOPTIC DROPS)</p> <p>TRAVATAN Z -<b>BRAND ONLY</b></p>	<p><b><u>NON-PREFERRED –</u></b> <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ALPHAGAN P (BRIMONIDINE) 0.1%</p> <p>APRACLOPIDINE 0.5% AND 1%</p> <p>BETAXOLOL 0.25% AND 0.5%</p> <p>BETIMOL (TIMOLOL) 0.5%</p> <p>BIMATOPROST 0.03%</p> <p>BRIMONIDINE 0.1%, 0.15%, 0.2% (GENERIC FOR ALPHAGAN/ALPHAGAN P)</p> <p>BRIMONIDINE/TIMOLOL (generic for COMBIGAN)</p> <p>BRINZOLAMIDE 1% (GENERIC FOR AZOPT)</p> <p>COSOPT PF (DORZOLAMIDE/TIMOLOL)</p> <p>DORZOLAMIDE 2%/TIMOLOL 0.5% (GENERIC FOR COSOPT PF)</p> <p>ECHOTHIOPHATE (PHOSPHOLINE IODIDE) KIT</p> <p>ISTALOL (TIMOLOL LA)</p> <p>IYUZEH (LATANOPROST) 0.005%</p> <p>METIPRANOLOL 0.3%</p> <p>PILOCARPINE 1%, 2%, 4%</p> <p>SIMBRINZA (BROMONIDINE/BRINZOLAMIDE)</p> <p>TAFLUPROST 0.0015% (GENERIC FOR ZIOPTAN)</p> <p>TIMOLOL 0.5% (GENERIC FOR BETIMOL)</p> <p>TIMOLOL MALEATE 0.5% (GENERIC FOR ISTALOL)</p> <p>TIMOLOL GEL FORMING SOLN 0.25%, 0.5% (GENERIC FOR TIMOPTIC-XE)</p> <p>TIMOLOL PF OCUDOSE 0.25%, 0.5% (GENERIC FOR TIMOPTIC OCUDOSE)</p> <p>TIMOPTIC-XE 0.25%, 0.5% GEL</p> <p>TIMOPTIC 0.25%, 0.5% OCUDOSE</p> <p>TRAVOPROST 0.004% (GENERIC FOR TRAVATAN Z)</p> <p>VYZULTA 0.024 % (LATANOPROSTENE)</p> <p>XALATAN 0.005% (LATANOPROST)</p> <p>XELPROS (LATANOPROST)</p> <p>ZIOPTAN (TAFLUPROST)</p>	<p><b>NEW PDL CATEGORY STARTING 4/1/20</b></p> <p><b><u>PREFERRED</u></b></p> <p>RESTASIS<sup>®</sup> <b>BRAND ONLY</b></p> <p><b><u>NON-PREFERRED –</u></b> <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>CEQUA<sup>®</sup></p> <p>CYCLOSPORINE EYE EMULSION (generic for RESTASIS)</p> <p>MIEBO<sup>®</sup> (PERFLUOROHEXYLOCTANE)</p> <p>RESTASIS MULTIDOSE <sup>®</sup></p> <p>TYRVAYA (VARENICLINE)</p> <p>VERKAZIA<sup>®</sup> (CYCLOSPORIN EMULSION)</p> <p>VEVYE<sup>®</sup> (CYCLOSPORINE)</p> <p>XIDRA<sup>®</sup> (LIFITEGRAST)</p>

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OPHTHALMOLOGY ALLERGIC CONJUNCTIVITIS	OPHTHALMOLOGY ANTI-INFLAMMATORY AGENTS	OPHTHALMOLOGY ANTI-INFLAMMATORY AGENTS - <i>CONTINUED</i>
<p><b>IMPLEMENTED 1/12/2012</b> <b>UPDATED AND ADDED TO PDL 7/1/2020</b></p> <p><b><u>PREFERRED</u></b></p> <p>AZELASTINE 0.05% DROPS CROMOLYN 4% DROPS KETOTIFEN FUMARATE 0.025% DROPS OLOPATADINE 0.1% DROPS (PATANOL) OLOPATADINE 0.2% DROPS (PATADAY)</p> <p><b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ALCAFTADINE 0.025% DROPS (LASTACFT) BEPOSTATINE 1.5% DROPS (BEPREVE) CETIRIZINE 0.24% DROPS ZERVATE) EPINASTINE 0.05% DROPS (ELESTAT) LOTEPREDNOL 0.2% DROPS (ALREX) LODAXAMIDE 0.1% DROPS (ALOMIDE) NEDOCROMIL 2% DROPS (ALOCRIL) OLOPATADINE 0.7% DROPS (PAZEO) OLOPATADINE 0.7% DROPS (PATANOL)</p> <p><b><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></b></p>	<p><b>IMPLEMENTED 1/12/2010</b> <b>UPDATED AND ADDED TO PDL 7/1/2020</b></p> <p><b><u>PREFERRED</u></b></p> <p>BROMFENAC 0.09% EYE DROPS (BROMDAY) DEXAMETHASONE SODIUM PHOSPHATE 0.1% (DECADRON) DICLOFENAC 0.1% EYE DROPS (VOLTAREN) FLUOROMETHOLONE 0.1% (FML LIQUIFILM) FLUOROMETHOLONE 0.25% (FML FORTE) FLURBIPROFEN 0.03% (OCUFEN) KETOROLAC 0.5% EYE DROPS (ACULAR) PREDNISOLONE ACETATE 1% (PRED FORTE) PREDNISOLONE SODIUM 1% (AK-PRED)</p> <p><b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b></p> <p>BROMFENAC 0.07% (PROLENSA) BROMFENAC 0.075% (BROMSITE) DEXAMETHASONE 0.1% SUSPENSION (MAXIDEX) DIFLUPEDNATE 0.05% (DUREZOL) FLUOROMETHOLONE 0.1% (FLAREX) FLUOROMETHOLONE 0.1% OINTMENT (FML S.O.P.) KETOROLAC 0.45% (ACUVAIL) KETOROLAC 0.4% (ACULAR LS) LOTEPREDNOL ETABONATE 0.25% (EYSUVIS) LOTEPREDNOL ETABONATE 0.38% GEL (LOTEMAX SM) LOTEPREDNOL ETABONATE 0.5% EYE DROP/12PS (LOTEMAX) LOTEPREDNOL ETABONATE 0.5% EYE GEL (LOTEMAX)</p>	<p><b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b></p> <p>LOTEPREDNOL ETABOLATE 0.5% OINTMENT (LOTEMAX) LOTEPREDNOL ETABOLATE 1% SUSPENSION (INVELTYS) NEPAFENAC 0.1% (NEVANAC) NEPAFENAC 0.3% (ILEVRO) PREDNISOLONE ACETATE 0.12% EYE DROPS (PRED MILD)</p>

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OTICS	RESPIRATORY AGENTS	RESPIRATORY AGENTS
<p><b>ANTI-INFECTIVE &amp; OTIC ANTIBIOTIC/CORTICOSTEROID COMBINATIONS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/10/2016 ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016 RE-REVIEW POSTED PREFERRED STATUS: 10/1/2019 UPDATED 4/1/2024</p> <p><b><u>PREFERRED</u></b></p> <p>ACETIC ACID 2% OTIC SOLUTION CIPRODEX SUSPENSION (CIPROFLOXACIN/DEXAMETHASONE) CIPROFLOXACIN/DEXAMETHASONE SUSPENSION (generic for CIPRODEX) NEOMYCIN/POLYMYXIN/HC SOLN/SUSP (generic for CORTISPORIN) OFLOXACIN 0.3% SOLUTION (generic for FLOXIN)</p> <p><b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b></p> <p>CIPRO HC SUSPENSION (CIPROFLOXACIN/HYDROCORTISONE) CORTISPORIN-TC SUSPENSION (NEOMYCIN/COLIST/HC/THONZONIUM) CIPROFLOXACIN OTIC SOLUTION (generic for CETRAXAL) CIPROFLOXACIN/FLUOCINOLONE SOLUTION (generic for OTOVEL) OTOVEL 0.3%-0.025% SOLUTION (CIPROFLOXACIN/FLUOCINOLONE)</p>	<p><b>ANTIHISTAMINES -- NON-SEDATING-ORAL</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 1/25/2005 ORIGINAL EDIT EFFECTIVE DATE: 3/25/2005 RE-REVIEW POSTED PREFERRED STATUS: 11/2007 RE-REVIEW POSTED PREFERRED STATUS: 10/26/2010 REVISED EDIT EFFECTIVE DATE 12/28/2010 RE-REVIEW POSTED PREFERRED STATUS: 2/14/18 REVISED EDIT EFFECTIVE DATE: 4/1/2018 UPDATED: 4/1/2025</p> <p><b><u>PREFERRED</u></b></p> <p>CETIRIZINE 1MG/ML SOL, 10MG SWALLOW TAB (generic for ZYRTEC) LORATADINE (generic for CLARITIN)</p> <p><b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b></p> <p>CETIRIZINE 5MG SWALLOW TABLET (generic for ZYRTEC) CETIRIZINE 5MG, 10MG CHEWABLE TABLET (generic for ZYRTEC) CLARINEX (DES Loratadine) DES Loratadine (generic for CLARINEX) FEXOFENADINE 180MG TABLET (generic for ALLEGRA) LEVOCETIRIZINE (generic for XYZAL)</p>	<p><b>INTRANASAL RHINITIS AGENTS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 9/29/2006 ORIGINAL EDIT EFFECTIVE DATE: 11/28/2006 REVISED POSTED PREFERRED STATUS: 6/25/2009 REVISED EDIT EFFECTIVE DATE: 8/24/2009 RE-REVIEW POSTED PREFERRED STATUS: 5/17/2012 RE-REVIEW EDIT EFFECTIVE DATE: 7/16/2012 REVISED EDIT EFFECTIVE DATE: 4/1/2020 UPDATED: 4/1/2025</p> <p><b><u>PREFERRED</u></b></p> <p>AZELASTINE 137 MCG (generic for ASTELIN) AZELASTINE 205.5 MCG (generic for ASTEPRO) FLUTICASONE 50 MCG (generic for FLONASE) <b>RX ONLY</b> IPRATROPIUM 21 MCG AND 42 MCG (generic for ATROVENT) MOMETASONE (generic for NASONEX)*</p> <p><b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b></p> <p>AZELASTINE/FLUTICASONE (generic for DYMISTA) BUDESONIDE (generic for RHINOCORT) DYMISTA (AZELASTINE/FLUTICASONE) FLUNISOLIDE (generic for NASAREL, NASALIDE) OLOPATADINE (generic for PATANASE) OMNARIS (CICLESONIDE) QNASL , QNASL CHILDRENS (BECLOMETHASONE ) RYALTIRS (MOMETASONE/OLOPATADINE ) XHANCE (FLUTICASONE) ZETONNA (CICLESONIDE)</p>

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RESPIRATORY AGENTS	RESPIRATORY AGENTS	RESPIRATORY AGENTS
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>  ORIGINAL POSTED PREFERRED STATUS: 5/11/2009 ORIGINAL EDIT EFFECTIVE DATE: 8/11/2009 RE-REVIEW POSTED PREFERRED STATUS: 4/1/2023  <u><b>PREFERRED</b></u> MONTELUKAST* (generic for SINGULAIR)  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> ACCOLATE (ZAFIRLUKAST) SINGULAIR (MONTELUKAST) ZAFIRLUKAST (generic for ACCOLATE) ZILEUTON ER (generic for ZYFLO CR) ZYFLO (ZILEUTON)	<b>BRONCHODILATORS, SHORT-ACTING BETA AGONISTS</b> Quick Relief Medications  ORIGINAL POSTED PREFERRED STATUS: 3/30/2007 ORIGINAL EDIT EFFECTIVE DATE: 5/29/2007 RE-REVIEW POSTED PREFERRED STATUS: 11/09/2016 RE-REVIEW EDIT EFFECTIVE DATE: 1/01/2017 UPDATED: 10/1/2023  <u><b>PREFERRED</b></u> ALBUTEROL NEBULIZATION SOLUTIONS (ALL STRENGTHS) PROAIR HFA - <b>BRAND ONLY</b> PROAIR RESPICLICK - <b>BRAND ONLY</b> PROVENTIL HFA - <b>BRAND ONLY</b> VENTOLIN HFA - <b>BRAND ONLY</b> XOPENEX HFA - <b>BRAND ONLY</b>  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> ALBUTEROL INHALER HFA - <b>ALL GENERICS</b> LEVALBUTEROL HFA INHALER (generic for XOPENEX HFA) PROAIR DIGIHALER (ALBUTEROL) XOPENEX (LEVALBUTEROL SOLUTION)	<b>BRONCHODILATORS, SHORT-ACTING ANTICHOLINERGICS AND COMBINATION PRODUCTS</b> Quick Relief Medications  ORIGINAL POSTED PREFERRED STATUS: 3/30/2007 ORIGINAL EDIT EFFECTIVE DATE: 5/29/2007 RE-REVIEW POSTED PREFERRED STATUS: 11/09/2016 RE-REVIEW EDIT EFFECTIVE DATE: 1/01/2017 RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2020 RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2023  <u><b>PREFERRED</b></u> ATROVENT HFA* (IPRATROPIUM HFA) COMBIVENT RESPIMAT* (IPRATROPIUM/ALBUTEROL) IPRATROPIUM INHALATION SOLUTION* (generic for ATROVENT) IPRATROPIUM/ALBUTEROL (generic for DUONEB INHALATION SOLN)  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> NONE

# Preferred Drug List

Prescribers may request an override for non-preferred drugs by calling the Prime Therapeutics State Government Solutions Help Desk at: Toll Free 1-800-424-7895 and choose the PDL option. This Preferred Drug List is subject to change without notice. New products in a reviewed drug class are considered NON-PREFERRED until the committee has reevaluated the evidence for the drug class. The effective implementation date stated for each drug class is the date claims will be edited at point-of-sale. For the most up-to-date Preferred Drug List visit <https://ar.primetherapeutics.com/provider-documents>

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RESPIRATORY AGENTS	RESPIRATORY AGENTS	RESPIRATORY AGENTS
<p><b>BRONCHODILATORS, LONG-ACTING BETA AGONISTS (LABA)</b></p> <p>Controller Medications for Asthma/COPD</p> <p>ORIGINAL POSTED PREFERRED STATUS: 3/30/2007</p> <p>ORIGINAL EDIT EFFECTIVE DATE: 5/29/2007</p> <p>RE-REVIEW POSTED PREFERRED STATUS: 5/11/2009</p> <p>RE-REVIEW EDIT EFFECTIVE DATE: 8/11/2009</p> <p>RE-REVIEW POSTED PREFERRED STATUS: 7/21/2014</p> <p>RE-REVIEW EDIT EFFECTIVE DATE: 9/23/2014</p> <p>RE-REVIEW POSTED PREFERRED STATUS: 11/09/2016</p> <p>RE-REVIEW EDIT EFFECTIVE DATE: 1/01/2017</p> <p>RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2020</p> <p>RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2023</p> <p><b><u>PREFERRED</u></b></p> <p>SEREVENT DISKUS* (SALMETEROL INHALER)</p> <p><b><u>NON-PREFERRED –</u></b></p> <p><b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ARFOMOTEROL (generic for BROVANA)</p> <p>BROVANA (ARFOMOTEROL)</p> <p>FORMOTEROL INHALATION SOLUTION (generic for PERFOROMIST)</p> <p>PERFOROMIST</p> <p>STRIVERDI RESPIMAT (OLODATEROL)</p>	<p><b>BRONCHODILATORS, LONG-ACTING ANTICHOLINERGICS (LAMA)</b></p> <p>Controller Medications for Asthma/COPD</p> <p>REVISED POSTED PREFERRED STATUS: 1/1/2020</p> <p>RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2023</p> <p><b><u>PREFERRED</u></b></p> <p>SPIRIVA HANDIHALER* (TIOTROPIUM INHALER) BRAND ONLY</p> <p><b><u>NON-PREFERRED –</u></b></p> <p><b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>INCRUSE ELLIPTA (UMECLIDINIUM BROMIDE) INHALER</p> <p>LONHALA MAGNAIR (GLYCOPYRROLATE) SOLUTION</p> <p>SPIRIVA RESPIMAT (TIOTROPIUM) INHALER</p> <p>TIOTROPIUM BROMIDE (generic for SPIRIVA HANDIHALER)</p> <p>TUDORZA PRESSAIR (ACLDINIUM) INHALER</p> <p>YUPELRI (REVEFENACIN) SOLUTION</p>	<p><b>BRONCHODILATORS, COMBINATION AGONISTS (LAMA/LABA)</b></p> <p>Controller Medications for Asthma/COPD</p> <p>ORIGINAL POSTED PREFERRED STATUS: 3/30/2007</p> <p>REVISED POSTED PREFERRED STATUS: 1/1/2020</p> <p>RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2023</p> <p><b><u>PREFERRED</u></b></p> <p>ANORO ELLIPTA* (UMECLIDINIUM/VILANTEROL INHALER)</p> <p>BEVESPI AEROSPHERE* (FORMOTEROL/GLYCOPYRROLATE )</p> <p>STIOLTO RESPIMAT* (TIOTROPIUM/OLODATEROL)</p> <p><b><u>NON-PREFERRED –</u></b></p> <p><b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>DUAKLIR PRESSAIR (ACLDINIUM/FORMOTEROL)</p>



# Preferred Drug List

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RESPIRATORY AGENTS	RESPIRATORY AGENTS	RESPIRATORY AGENTS
<b>INHALED CORTICOSTEROIDS</b> <b>(ICS)</b> <b>Controller Medications for Asthma/COPD</b>  ORIGINAL POSTED PREFERRED STATUS: 5/12/2006 ORIGINAL EDIT EFFECTIVE DATE: 7/11/2006 REVISED POSTED PREFERRED STATUS: 11/9/2016 REVISED EDIT EFFECTIVE DATE: 1/1/17 RE-REVIEWED: 2/14/18 REVISED EDIT EFFECTIVE DATE: 1/1/2020 RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2023 RE-REVIEW EDIT EFFECTIVE DATE: 7/1/2024  <u><b>PREFERRED</b></u> ALVESCO HFA (CICLESONIDE)* ARNUITY ELLIPTA (FLUTICASONE) ASMANEX HFA (MOMETASONE) ASMANEX TWISTHALER (MOMETASONE) BUDESONIDE AMPULE* <b>GENERIC ONLY</b> PULMICORT FLEXHALER (BUDESONIDE) QVAR REDHALER (BECLOMETHASONE)  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> ARMONAIR RESPICLICK (FLUTICASONE PROPRIONATE)-dc'ed 6/1/2024 FLUTICASONE DISKUS (generic for FLOVENT DISKUS) PULMICORT RESPULES* - <b>BRAND ONLY</b>  <u><b>NON-PREFERRED –WITH CRITERIA</b></u> FLUTICASONE HFA (generic for FLOVENT HFA)*	<b>INHALED CORTICOSTEROIDS AND LONG ACTING BETA AGONISTS</b> <b>(ICS/LABA)</b> <b>Controller Medications for Asthma/COPD</b>  RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2023 RE-REVIEW EDIT EFFECTIVE DATE: 7/1/2024  <u><b>PREFERRED</b></u> ADVAIR DISKUS- (FLUTICASONE/SALMETEROL)*- <b>BRAND ONLY</b> ADVAIR HFA- (FLUTICASONE/SALMETEROL)* - <b>BRAND ONLY</b> AIRDUO RESPICLICK (FLUTICASONE/SALMETEROL )*- <b>BRAND ONLY</b> DULERA HFA (MOMETASONE/FORMOTEROL)* SYMBICORT HFA (BUDESONIDE/FORMOTEROL)*- <b>BRAND ONLY</b>  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> AIRDUO-DIGIHALER (FLUTICASONE/SALMETEROL) -dc'ed 6/1/2024 AIRSUPRA (BUDESONIDE/ALBUTEROL) BREO ELLIPTA (FLUTICASONE/VILANTEROL) BREYNA (BUDESONIDE/FORMOTEROL) BUDESONIDE/FORMOTEROL (generic for SYMBICORT)- <b>GENERIC ONLY</b> FLUTICASONE/SALMETEROL (generic for ADVAIR) - <b>GENERIC ONLY</b> FLUTICASONE/SALMETEROL (generic for ADVAIR HFA) - <b>GENERIC ONLY</b> FLUTICASONE/SALMETEROL (generic for AIRDUO RESPICLICK) - <b>GENERIC ONLY</b> FLUTICASONE/VILANTEROL (generic for BREO ELLIPTA) WIXELA (FLUTICASONE/SALMETEROL)  <u><b>NON-PREFERRED –ICS/LABA/LAMA</b></u> BREZTRI (BUDESONIDE/GLYCOPYROLLATE/FORMOTEROL) TRELEGY (FLUTICASONE/UMECLIDINIUM/VILANTEROL )  <u><b>NON-PREFERRED PDE4 INHIBITORS</b></u> DALIRESP (ROFLUMILAST) ROFLUMILAST (generic for DALIRESP)	<b>INHALED ANTIBIOTICS</b> <b>CF AGENTS</b>  ORIGINAL POSTED PREFERRED STATUS: 8/10/2016 ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016 REVISED EDIT EFFECTIVE DATE: 1/1/2020 REVISED EDIT EFFECTIVE DATE: 1/1/2023  <u><b>PREFERRED</b></u> BETHKIS*- <b>BRAND ONLY</b> KITABIS PAK* - <b>BRAND ONLY</b> TOBRAMYCIN (generic fo TOBI)*  <u><b>NON-PREFERRED –</b></u> <u><b>INCLUDE BUT NOT LIMITED TO</b></u> ARIKAYCE (AMIKACIN LIPOSOME) AZTREONAM (generic for CAYSTON) CAYSTON TOBI TOBI PODHALER TOBRAMYCIN (generic fo BETHKIS) TOBRAMYCIN (generic fo KITABIS)

\*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY