

Preferred Drug List

Prescribers may request an override for non-preferred drugs by calling the Magellan Medicaid Administration (MMA) 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://arkansas.magellanrx.com/provider/documents>

7/1/2024

ANALGESICS	ANALGESICS	ANALGESICS
<p>NARCOTIC AGONIST ANALGESICS LONG-ACTING OPIOIDS</p> <p>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 UPDATED 1/1/2024</p> <p><u>PREFERRED</u></p> <p>BUTRANS PATCH* (BUPRENORPHINE) BRAND ONLY MORPHINE LONG-ACTING TABLET* (generic for MS CONTIN) TRAMADOL ER TABLET* (generic for ULTRAM ER) XTAMPZA ER* CAPSULE (OXYCODONE)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></p> <p>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)*</p> <p><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></p>	<p>NARCOTIC AGONIST ANALGESICS LONG-ACTING OPIOIDS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/26/2005 ORIGINAL EDIT EFFECTIVE DATE: 10/26/2005 UPDATED 1/1/2024</p> <p><u>NON-PREFERRED – (continued)</u> <u>INCLUDE BUT NOT LIMITED TO</u></p> <p>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)*</p>	<p>ANALGESICS</p>

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

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7/1/2024

ANALGESICS	ANALGESICS	ANALGESICS
<p style="text-align: center;">NARCOTIC AGONIST ANALGESICS SHORT-ACTING OPIOIDS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17 UPDATED 7/1/2020 <u>PREFERRED</u></p> <p>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</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u></p> <p>APAP/CODEINE (unit dose cups) APADAZ BENZHYDROCODONE-ACETAMINOPHEN BUTALBITAL/CAFFEINE/APAP W/CODEINE BUTALBITAL COMPOUND W/CODEINE BUTORPHANOL TARTRATE</p> <p><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></p>	<p style="text-align: center;">NARCOTIC AGONIST ANALGESICS SHORT-ACTING OPIOIDS- <i>CONTINUED</i></p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17 UPDATED 7/1/2020 <u>NON-PREFERRED – (continued)</u> <u>INCLUDE BUT NOT LIMITED TO</u></p> <p>CAPITAL W-CODEINE CARISOPRODOL COMPOUND W/CODEINE DIHYDROCODEINE/APAP/CAFFEINE (TABLET, CAPSULE) 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/IBUPROFEN OXYCODONE/APAP TABLET (2.5-325mg) OXYMORPHONE PENTAZOCINE/NALOXONE PRIMLEV (5-300mg, 7.5-300mg, 10-300mg) REPREXAIN SEGLENTIS (TRAMADOL/CELECOXIB) TRAMADOL 25MG, 100 MG ZAMICET</p>	<p style="text-align: center;">NONSTEROIDAL ANTIINFLAMMATORY AGENTS</p> <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</p> <p><u>PREFERRED</u></p> <p>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</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u></p> <p>COXANTO (OXAPROZIN) DICLOFENAC EPOLAMINE (FLECTOR, LICART) DICLOFENAC POTASSIUM (CAMBIA, CATAFLAM, ZIPSOR) DICLOFENAC SODIUM/MISOPROSTOL (ARTHROTEC) DICLOFENAC SODIUM ER 100MG TABLETS (VOLTAREN XR) DICLOFENAC SUBMICRONIZED (ZORVOLEX) DICLOFENAC SODIUM 1.5%, 2%, AND 3% TOPICAL (PENNSAID, SOLARAZE) DIFLUNISAL (DOLOBID)</p> <p><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></p>

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7/1/2024

ANALGESICS	ANALGESICS	ANALGESICS
<p style="text-align: center;">NONSTEROIDAL ANTIINFLAMMATORY AGENTS- <i>CONTINUED</i></p>	<p style="text-align: center;">MEDICATION ASSISTED TREATMENT MEDICATIONS</p>	<p style="text-align: center;">MEDICATION ASSISTED TREATMENT MEDICATIONS</p>
<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</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 & 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 & 5/23/2023 UPDATED 9/1/2023 UPDATED (MAT INJECTABLES) 7/1/2024</p>
<p><u>NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN INCLUDE BUT NOT LIMITED TO</u></p>	<p><u>PREFERRED OPIOID DEPENDENCE AGENTS</u></p>	<p><u>CONTINUED FROM PREVIOUS COLUMN</u></p>
<p>ETODOLAC (LODINE) FENOPROFEN (NALFON) 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>BUPRENORPHINE SUBLINGUAL TABLETS NALTREXONE SUBOXONE FILM BRAND ONLY ZUBSOLV SL TABLETS</p>	<p><u>NON-PREFERRED OPIOID DEPENDENCE AGENTS INCLUDE BUT NOT LIMITED TO</u> BUPRENORPHINE/NALOXONE SLTAB * (generic for SUBOXONE TABS) BUPRENORPHINE/NALOXONE SL FILM* (generic for SUBOXONE FILMS)</p>
	<p><u>PREFERRED OPIATE OVERDOSE AGENTS/RESCUE MEDS</u></p>	<p><u>NON-PREFERRED OPIATE OVERDOSE/RESCUE MEDS INCLUDE BUT NOT LIMITED TO</u></p>
	<p>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>LIFEMS NALOXONE 2MG/2ML KIT LUCEMYRA NALMEFENE 2MG/2ML VIAL NALOXONE 0.4MG/ML CARPUJECT OPVEE NASAL SPRAY</p>
	<p><u>PREFERRED ALCOHOL DEPENDENCE AGENTS</u></p>	
	<p><u>PREFERRED MAT INJECTABLES - NO PA REQUIRED FOR PHARMACY</u></p>	
	<p>BRIXADI SQ SYRINGE (BUPRENORPHINE) SUBLOCADE SQ INJECTION (BUPRENORPHINE) VIVITROL IM (NALTREXONE) MAY BILL THROUGH PHARMACY OR MEDICAL BENEFITS</p>	

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7/1/2024

ANALGESICS
ANTIMIGRAINE AGENTS
Serotonin 5-HT1 Receptor Agonist (TRIPTANS)
ORIGINAL POSTED PREFERRED STATUS: 12/8/2005
ORIGINAL EDIT EFFECTIVE DATE: 2/7/2006
REVISED POSTED PREFERRED STATUS: 7/25/2007
REVISED EDIT EFFECTIVE DATE: 10/1/2007
RE-REVIEW POSTED PREFERRED STATUS: 4/26/2010
REVISED EDIT EFFECTIVE DATE: 7/1/2010
RE-REVIEW POSTED PREFERRED STATUS: 1/1/2020
RE-REVIEW POSTED PREFERRED STATUS: 7/1/2024
<u>PREFERRED</u>
NARATRIPTAN (AMERGE)
RIZATRIPTAN TABLET, ORALLY DISINTEGRATING (MAXALT, MAXALT MLT)
SUMATRIPTAN TABLET (IMITREX)
SUMATRIPTAN 4MG/0.5ML KIT REFILL (IMITREX)*
SUMATRIPTAN 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>NON-PREFERRED –INCLUDE BUT NOT LIMITED TO</u>
AMLOTRIPTAN (AXERT)
ELETRIPTAN (RELPAK)
FROVA
FROVATRIPTAN (FROVA)
IMITREX KIT, TABLET
MAXALT MLT, TABLET
RELPAK
SUMATRIPTAN 4 MG/0.5 ML AND 6MG/0.5ML KIT SYRINGE (IMITREX)*
SUMATRIPTAN/NAPROXEN (TREMIMET)
TOSYMRA NASAL SPRAY
ZEMBRACE SYMTOUCH PEN
ZOLMITRIPTAN 2.5 MG AND 5 MG NASAL SPRAY (ZOMIG)
ZOMIG TABLET

ANALGESICS
ANTIMIGRAINE AGENTS
FOR PREVENTION
ORIGINAL POSTED PREFERRED STATUS: 8/14/2019
ORIGINAL EDIT EFFECTIVE DATE: 10/1/19
UPDATED 1/1/2023
<u>PREFERRED</u>
AIMOVIG (ERENUMAB)*
EMGALITY 120 MG (GALACANEZUMAB) PEN*
EMGALITY 120 MG (GALACANEZUMAB) SYRINGE*
NURTEC ODT*
<u>NON-PREFERRED</u>
<u>INCLUDE BUT NOT LIMITED TO</u>
AJOVY (FREMANEZUMAB) SYRINGE
EMGALITY 100 MG (GALACANEZUMAB) PEN
EMGALITY 100 MG (GALACANEZUMAB)SYRINGE
QULIPTA (ATOGEPAANT) TABLETS

ANALGESICS
ANTIMIGRAINE AGENTS
FOR TREATMENT
ORIGINAL POSTED PREFERRED STATUS: 1/1/2023
<u>PREFERRED</u>
NURTEC ODT*
<u>NON-PREFERRED</u>
<u>INCLUDE BUT NOT LIMITED TO</u>
DIHYDROERGOTAMINE NASAL SPRAY (generic for MIGRANAL*)
DIHYDROERGOTAMINE INJECTION
ELYXYB (CELECOXIB)
MIGRANAL NASAL SPRAY
REYVOW (LASMIDITAN) TABLETS
TRUDHESA (DIHYDROERGOTAMINE) NASAL SPRAY
UBRELVY (UBROGEPANT) TABLETS
ZAVZPRET NASAL SPRAY (ZAVEGEPANT)

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ANTI-INFECTIVES	ANTI-INFECTIVES	
<p style="text-align: center;">CEPHALOSPORINS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 4/1/2023</p> <p><u>PREFERRED</u> 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><u>NON-PREFERRED - INCLUDE BUT NOT LIMITED TO</u> 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 style="text-align: center;">HEPATITIS C AGENTS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/10/2016 ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016 RE-REVIEW POSTED PREFERRED STATUS: 2/14/18 REVISED EDIT EFFECTIVE DATE: 4/1/2018 UPDATED 4/1/2021</p> <p><u>PREFERRED</u> MAVYRET* (GLECAPREVIR/PIBRENTASVIR) RIBAVIRIN TABLETS OR CAPSULES 200MG* SOFOSBUVIR/VELPATASVIR (GENERIC FOR EPCLUSA)* ELBASVIR/GRAZOPREVIR (ZEPATIER)*</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> 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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7/1/2024

ANTI-INFECTIVES

HUMAN IMMUNODEFICIENCY VIRUS (HIV) AGENTS

ORIGINAL POSTED PREFERRED STATUS: 10/1/2023

PREFERRED

ABACAVIR TABLET & SOLUTION (generic for ZIAGEN)
 ABACAVIR/LAMIVUDINE TABLET (generic for EPZICOM)
 ATAZANAVIR CAPSULE (generic for REYATAZ)
 BIKTARVY TABLET (BICTEGRAVIR/EMTRICITABINE/TENOFOVIR)
 CIMDUO TABLET (LAMIVUDINE/TENOFOVIR)
 COMPLERA TABLET (EMTRICITABINE/RILPIVIRINE/TENOFOVIR)
 DARUNAVIR ETHANOLATE 600MG, 800MG TABLETS (generic for PREZISTA)
 DELSTRIGO TABLET (DORAVIRINE/LAMIVUDINE/TENOFOVIR)
 DESCOVY TABLET (EMTRICITABINE/TENOFOVIR ALAFENAM)
 DOVATO TABLET (DOLUTEGRAVIR/LAMIVUDINE)
 EDURANT TABLET (RILPIVIRINE)
 EFAVIRENZ TABLET (generic for SUSTIVA)
 EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (generic for ATRIPLA)
 EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (generic for TRUVADA)
 EMTRIVA SOLUTION (EMTRICITABINE)
 EVOTAZ TABLET (ATAZANAVIR/COBICISTAT)
 FOSAMPRENAVIR TABLET (generic for LEXIVA)
 GENVOYA TAB (ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR)
 ISENTRESS POWDER, CHEW, TABLET, AND HD TABLET (RALTEGRAVIR)
 JULUCA TABLET (DOLUTEGRAVIR/RILPIVIRINE)
 LAMIVUDINE TABLET AND SOLUTION (generic for EPIVIR)
 LAMIVUDINE/ZIDOVUDINE TABLET (generic for COMBIVIR)
 LEXIVA SUSPENSION (FOSAMPRENAVIR)
 LOPINAVIR/RITONAVIR SOLUTION AND TABLET (generic for KALETRA)
 NEVIRAPINE TABLET, SUSPENSION, AND ER TABLET (generic for VIRAMUNE)
 NORVIR POWDER (RITONAVIR)
 ODEFSEY TABLET (EMTRICITABINE/RILPIVIRINE/TENOFOVIR)
 PIFELTRO TABLET (DORAVIRINE)

PREFERRED AGENTS CONTINUED IN NEXT COLUMN

ANTI-INFECTIVES

HUMAN IMMUNODEFICIENCY VIRUS (HIV) AGENTS

ORIGINAL POSTED PREFERRED STATUS: 10/1/2023

PREFERRED - CONTINUED FROM PREVIOUS COLUMN

PREZCOBIX TABLET (DARUNAVIR/COBICISTAT)
 PREZISTA SUSPENSION (DARUNAVIR)
 PREZISTA 75MG, 150NG TABLETS (DARUNAVIR)
 REYATAZ POWDER (ATAZANAVIR)
 RITONAVIR TABLET (generic for NORVIR)
 STRIBILD (ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR)
 SYMFI LO TAB (EFAVIRENZ/LAMIVUDINE/TENOFOVIR) **BRAND ONLY**
 SYMFI TABLET (EFAVIRENZ/LAMIVUDINE/TENOFOVIR) **BRAND ONLY**
 SYMTUZA TAB (DARUNAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR)
 TENOFOVIR DISOPROXIL FUMARATE TABLET (generic for VIREAD)
 TIVICAY PD TABLET FOR SUSPENSION (DOLUTEGRAVIR)
 TIVICAY TABLET (DOLUTEGRAVIR)
 TRIUMEQ PD TABLET FOR SUSPENSION (ABACAVIR/DOLUTEGRAVIR/LAMIVUDINE)
 TRIUMEQ TABLET (ABACAVIR/DOLUTEGRAVIR/LAMIVUDINE)
 TYBOST TABLET (COBICISTAT)
 ZIDOVUDINE TABLET AND SYRUP (generic for RETROVIR)

NON-PREFERRED - INCLUDE BUT NOT LIMITED TO

APTIVUS CAPSULE (TIPRANAVIR)
 ATRIPLA TABLET (EFAVIRENZ/EMTRICITABINE/TENOFOVIR)
 COMBIVIR TABLET (LAMIVUDINE/ZIDOVUDINE)
 DIDANOSINE CAPSULE (generic for VIDEX EC)
 EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (generic for SYMFI/SYMFI LO)
 EMTRICITABINE CAPSULE (generic for EMTRIVA)
 EMTRIVA CAPSULE (EMTRICITABINE)
 EPIVIR SOLUTION AND TABLET (LAMIVUDINE)
 EPZICOM TABLET (ABACAVIR/LAMIVUDINE)
 ETRAVIRINE TABLET (generic for INTELENCE)

NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN

ANTI-INFECTIVES

HUMAN IMMUNODEFICIENCY VIRUS (HIV) AGENTS

ORIGINAL POSTED PREFERRED STATUS: 10/1/2023

NON-PREFERRED - CONTINUED FROM PREVIOUS COLUMN

FUZEON VIAL (ENFUVRTIDE)
 INTELENCE TABLET (ETRAVIRINE)
 KALETRA SOLUTION AND TABLET (LOPINAVIR/RITONAVIR)
 LEXIVA TABLET (FOSAMPRENAVIR)
 NORVIR TABLET (RITONAVIR)
 PREZISTA 600MG, 800MG TABLETS
 RETROVIR SYRUP (ZIDOVUDINE)
 REYATAZ CAPSULE (ATAZANAVIR)
 RUKOBIA TABLET (FOSTEMSAVIR TROMETHAMINE)
 STAVUDINE CAPSULE (generic for ZERIT)
 SUSTIVA CAPSULE (EFAVIRENZ)
 TEMIXYS TABLET (LAMIVUDINE/TENOFOVIR)
 TRIZIVIR TABLET (ABACAVIR/LAMIVUDINE/ZIDOVUDINE)
 TRUVADA TABLET (EMTRICITABINE/TENOFOVIR)
 VIRACEPT TABLET (NELFINAVIR)
 VIRAMUNE XR TABLET (NEVIRAPINE)
 VIREAD TABLET AND POWDER (TENOFVIR)
 ZIAGEN SOLUTION AND TABLET (ABACAVIR)
 ZIDOVUDINE CAPSULE (generic for RETROVIR)

NON-PREFERRED -WITH CRITERIA

APRETUDE VIAL* (CABOTEGRAVIR)
 CABENUVA VIAL* (CABOTEGRAVIR/RILPIVIRINE)
 MARAVIROC TABLET* (generic for SELZENTRY)
 SELZENTRY SOLUTION AND TABLET* (MARAVIROC)
 SUNLENCA TABLET AND VIAL* (LENACAPAVIR SODIUM)

Preferred Drug List

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7/1/2024

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

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Preferred Drug List

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7/1/2024

BIOLOGIC AND IMMUNOLOGIC AGENTS	BIOLOGIC AND IMMUNOLOGIC AGENTS	BIOLOGIC AND IMMUNOLOGIC AGENTS
<p align="center">IMMUNOMODULATORS FOR ASTHMA</p> <p>ORIGINAL POSTED PREFERRED STATUS: 01/01/2021 UPDATED 10/1/2023</p> <p><u>PREFERRED</u> DUPIXENT* (DUPILUMAB) FASENRA PEN AND SYRINGE* (BENRALIZUMAB) XOLAIR AUTOINJECTOR* (OMALIZUMAB) XOLAIR SYRINGE* (OMALIZUMAB)</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> NUCALA AUTOINJECT, SYRINGE, VIAL* (MEPOLIZUMAB) TEZSPIRE* (TEZEPELUMAB-EKKO) XOLAIR VIAL* (OMALIZUMAB)</p>	<p align="center">IMMUNE GLOBULINS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 4/1/2022</p> <p><u>PREFERRED</u> GAMMAGARD LIQUID VIAL* GAMUNEX-C VIAL* HIZENTRA *</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> 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</p>	<p align="center">MULTIPLE SCLEROSIS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 7/28/2011 RE-REVIEW: 1/1/2023</p> <p><u>PREFERRED</u> AVONEX INJ (INTERFERON BETA - 1A) COPAXONE 20MG INJ (GLATIRAMER) BRAND ONLY DIMETHYL FUMARATE CAPSULE (generic for TECFIDERA)</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> AUBAGIO TABLET (TERIFLUNOMIDE) BAFIERTAM CAPSULE (MONOMETHYL FUMARATE) BETASERON INJECTION (INTERFERON BETA - 1B) COPAXONE 40MG INJ (GLATIRAMER) BRAND AND GENERIC EXTAVIA INJECTION(INTERFERON BETA - 1B KIT) FINGOLIMOD CAPSULE (generic for GILENYA) GILENYA CAPSULE (FINGOLIMOD) GLATIRAMER 20MG and 40 MG INJ-(generic for COPAXONE and GLATOPIA) GLATOPIA INJECTION (GLATIRAMER) KESIMPTA PEN (OFATUMUMAB) MAVENCLAD TABLET (CLADRIBINE) MAYZENT TABLET (SIPONIMOD) PLEGRIDY PEN AND SYRINGE PONVORY TABLET (PONESIMOD) REBIF INJ (INTERFERON BETA - 1A/ALBUMIN) TASCENSO ODT (FINGOLIMOD) TECFIDERA CAPSULE (DIMETHYL FUMARATE) TERIFLUNOMIDE (generic for AUBAGIO) VUMERITY CAPSULE (DIROXIMEL FUMARATE) ZEPOSIA CAPSULE (OZANIMOD)</p>

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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7/1/2024

BLOOD MODIFIERS	BLOOD MODIFIERS	BLOOD MODIFIERS
<p style="text-align: center;">ANTIHYPERURICEMICS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 2/16/18 ORIGINAL EDIT EFFECTIVE DATE: 4/1/18 UPDATED 4/1/2021</p> <p><u>PREFERRED</u></p> <p>ALLOPURINOL (GENERIC FOR ZYLOPRIM) COLCHICINE TABLET* (GENERIC FOR COLCRYS) PROBENECID PROBENECID/COLCHICINE</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></p> <p>COLCHICINE CAPSULE-(GENERIC FOR MITIGARE) FEBUXOSTAT (GENERIC FOR ULORIC) GLOPERBA SOLUTION MITIGARE ULORIC ZYLOPRIM</p>	<p style="text-align: center;">COLONY STIMULATING FACTORS</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><u>PREFERRED</u></p> <p>FYLNETRA SYRINGE (PEGFILGRASTIM-PBBK) NEUPOGEN DISP SYRINGE (FILGRASTIM) NEUPOGEN VIAL (FILGRASTIM)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></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 style="text-align: center;">ERYTHROPOIESIS STIMULATING AGENTS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/10/18 ORIGINAL EDIT EFFECTIVE DATE: 7/1/18 UPDATED 4/1/2024</p> <p><u>PREFERRED</u></p> <p>ARANESP* (DARBEPOETIN ALFA IN POLYSORBATE) SYRINGE EPOGEN* (EPOETIN ALFA) VIAL RETACRIT* (EPOETIN ALFA) VIAL</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></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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7/1/2024

BLOOD MODIFIERS	BLOOD MODIFIERS	BLOOD MODIFIERS
<p style="text-align: center;">PHOSPHATE BINDERS FOR CKD</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/10/18 ORIGINAL EDIT EFFECTIVE DATE: 7/1/18 UPDATED 7/1/2021</p> <p><u>PREFERRED</u></p> <p>CALCIUM ACETATE CAPSULE CALCIUM ACETATE TABLET RENVELA TABLET SEVELAMER CARBONATE TABLET (generic for RENVELA)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></p> <p>AURYXIA FOSRENOL CHEWABLE TABLET LANTHANUM CARBONATE CHEWABLE TABLET PHOSLYRA RENVELA POWDER PACK SEVELAMER CARBONATE POWDER PACK (generic for RENVELA) SEVELAMER HCL TABLETS (generic for RENAGEL) VELPHORO XPHOZAH</p> <p>NOTE: BRAND NAME RENVELA WILL STILL BE LISTED AS A PREFERRED OPTION UNTIL 9/1/2024 TO ALLOW TIME FOR PHARMACIES TO USE THE REMAINDER OF ON-HAND STOCK.</p>	<p style="text-align: center;">THROMBOPOIESIS STIMULATING PROTEINS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 1/1/2021</p> <p><u>PREFERRED</u></p> <p>PROMACTA* (eltrombopag olamine)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></p> <p>ALVAIZ (eltrombopag choline) DOPTELET TABLETS (avatrombopag maleate) MULPLETA TABLETS (lusutrombopag) PROMACTA SUSPENSION (eltrombopag olamine) TAVALISSE TABLETS (fostamatinib disodium)</p>	<p style="text-align: center;">UREA CYCLE DISORDER AGENTS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 4/1/2024</p> <p><u>PREFERRED</u></p> <p>CARBAGLU* (CARGLUMIC ACID) TABLETS BRAND ONLY PHEBURANE* (SODIUM PHENYLBUTYRATE) PELLETS</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></p> <p>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)</p>

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7/1/2024

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

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7/1/2024

CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS
<p>ANTHYPERLIPIDEMICS EXCLUDING STATINS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/10/18 UPDATED 1/1/2024</p> <p><u>NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN</u></p> <p>FENOFIBRIC ACID TABLET (generic for FIBRICOR) FENOGLIDE (FENOFIBRATE) LIPOFEN (FENOFIBRATE) LOPID (GEMFIBROZIL) TRICOR (FENOFIBRATE) TRILIPIX (FENOFIBRIC ACID)</p> <p><u>NONPREFERRED BILE ACID SEQUESTRANTS</u></p> <p>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)</p> <p><u>NONPREFERRED CHOLESTEROL ABSORPTION INHIBITOR</u></p> <p>ZETIA TABLET (EZETIMIBE)</p> <p><u>NONPREFERRED ACL INHIBITOR & COMBO</u></p> <p>NEXLETOL TABLET (BEMPEDOIC ACID)* NEXLIZET TABLET (BEMPEDOIC ACID/EZETIMIBE)*</p> <p><u>NONPREFERRED APOLIPOPROTEIN B SYNTHESIS INHIBITOR</u></p> <p>JUXTAPID CAPSULE (LOMITAPIDE)*</p> <p><u>NONPREFERRED OMEGA-3 FATTY ACIDS</u></p> <p>ICOSAPENT ETHYL CAPSULE (generic for VASCEPA)* LOVAZA CAPSULE (OMEGA-3 ACID ETHYL ESTERS)* VASCEPA CAPSULE (ICOSAPENT ETHYL)*</p> <p><u>NONPREFERRED PCSK9-DIRECTED SIRNA</u></p> <p>LEQVIO SYRINGE (INCLISIRAN)*</p>	<p>ANTHYPERTENSIVE AGENTS ANGIOTENSIN-CONVERTING ENZYME INHIBITORS</p> <p>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</p> <p><u>PREFERRED</u></p> <p>BENAZEPRIL (LOTENSIN) BENAZEPRIL/AMLODIPINE (LOTREL) BENAZEPRIL/HCTZ (LOTENSIN HCT) ENALAPRIL (VASOTEC) ENALAPRIL/HCTZ (VASERETIC) FOSINOPRIL (MONOPRIL) FOSINOPRIL/HCTZ (MONOPRIL HCT) LISINAPRIL (PRINIVIL, ZESTRIL) LISINAPRIL/HCTZ (PRINZIDE, ZESTORETIC) QUINAPRIL (ACCUPRIL) QUINAPRIL/HCTZ (ACCURETIC) RAMIPRIL CAPSULES (ALTACE CAPSULES)</p> <p><u>NON-PREFERRED – NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</u></p>	<p>ANTHYPERTENSIVE AGENTS ANGIOTENSIN-CONVERTING ENZYME INHIBITORS</p> <p><i>CONTINUED</i></p> <p>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</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></p> <p>CAPTAPRIL* (CAPOTEN) CAPTOPRIL/HCTZ (CAPOZIDE)) ENALAPRIL SOLUTION (EPANED) LISINAPRIL SOLUTION (QBRELIS) MOEXIPRIL (UNIVASC) MOEXIPRIL/HCTZ (UNIRETIC) PERINDOPRIL (ACEON) TRANDOLAPRIL (MAVIK) TRANDOLAPRIL/VERAPAMIL (TARKA)</p>

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7/1/2024

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

*Please refer to the PDL Criteria Overview for more detail

Preferred Drug List

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7/1/2024

CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS
<p style="text-align: center;">ANTIHYPERTENSIVE AGENTS BETA ADRENERGIC BLOCKERS <i>CONTINUED</i></p> <p>ORIGINAL POSTED PREFERRED STATUS: 7/18/2005 RE-REVIEW POSTED PREFERRED STATUS: 1/1/2022</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u></p> <p>BETAPACE BETAXOLOL (generic for KERLONE) CARVEDILOL ER (generic for COREG CR) COREG CR CORGARD HEMANGEOL (propranolol) SOLUTION INDERAL LA KAPSPARGO (metoprolol succinate) SPRINKLE 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</p>	<p style="text-align: center;">ANTIHYPERTENSIVE AGENTS CALCIUM CHANNEL BLOCKERS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/2005 UPDATED 01/01/2021</p> <p><u>PREFERRED</u></p> <p>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)</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u></p> <p>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) VERAPAMIL ER CAPSULES (VERELAN) VERAPAMIL ER PM CAPSULES (VERELAN PM)</p>	<p style="text-align: center;">ANTIHYPERTENSIVE AGENTS DIRECT RENIN INHIBITORS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 6/17/2010 ORIGINAL EDIT EFFECTIVE DATE: 8/17/2010 UPDATED: 01/01/2021</p> <p><u>PREFERRED</u></p> <p>NONE</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u></p> <p>ALISKIREN (TEKTURNA) ALISKIREN/HCTZ (TEKTURNA HCT)</p>

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7/1/2024

CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS
<p align="center">PLATELET AGGREGATION INHIBITORS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/10/18 ORIGINAL EDIT EFFECTIVE DATE: 7/1/18 UPDATED 7/1/2021</p> <p><u>PREFERRED</u> ASPIRIN/DIPYRIDAMOLE (generic for AGGRENOX) BRILINTA (ticagrelor) CLOPIDOGREL (generic for PLAVIX) DIPYRIDAMOLE PRASUGREL (generic for EFFIENT)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> EFFIENT PLAVIX ZONTIVITY</p>	<p align="center">PULMONARY HYPERTENSION TREATMENTS ORAL/ INHALED/ INJECTED</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><u>PREFERRED</u> AMBRISENTAN TABLETS (generic for LETAIRIS)* REMODULIN (TREPROSTINIL) VIALS* - BRAND ONLY SILDENAFIL TABLETS (REVATIO)* SILDENAFIL VIAL* TADALAFIL TABLETS (ADCIRCA)* TRACLEER (BOSENTAN) TABLET* - BRAND ONLY VELETRI (EPOPROSTENOL)*-BRAND ONLY</p> <p><u>NON-PREFERRED – NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</u></p>	<p align="center">PULMONARY HYPERTENSION TREATMENTS ORAL/ INHALED/ INJECTED</p> <p>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017 RE-REVIEW POSTED PREFERRED STATUS: 1/1/2023</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> ADCIRCA TABLETS ADEMPAS TABLETS (RIOCIGUAT) BOSENTAN TABLETS (generic for TRACLEER) EPOPROSTENOL VIALS (generic for FLOLAN and VELETR)) 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

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7/1/2024

CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<p style="text-align: center;">ALZHEIMER'S AGENTS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 10/1/2021</p> <p><u>PREFERRED</u></p> <p>DONEPEZIL 5, 10 mg tablet (generic for ARICEPT)</p> <p>EXELON PATCH- BRAND ONLY</p> <p>MEMANTINE tablet (generic for NAMENDA)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></p> <p>ADLARITY (donepezil patch)</p> <p>ARICEPT tablet</p> <p>DONEPEZIL ODT (generic for ARICEPT ODT)</p> <p>DONEPEZIL 23mg tablet (generic for ARICEPT)</p> <p>GALANTAMINE tablet (generic for RAZADYNE)</p> <p>GALANTAMINE ER tablet (generic for RAZADYNE ER)</p> <p>GALANTAMINE solution (generic for RAZADYNE solution)</p> <p>MEMANTINE solution (generic for NAMENDA solution)</p> <p>MEMANTINE tablet (generic for NAMENDA XR)</p> <p>NAMZARIC capsule (memantine/donepezil)</p> <p>RAZADYNE ER capsule</p> <p>RIVASTIGMINE patch (generic for EXELON patch)</p> <p>RIVASTIGMINE capsule (generic for EXELON capsule)</p>	<p style="text-align: center;">ANTICONSULSANTS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 4/1/2022</p> <p><u>PREFERRED</u></p> <p>CARBAMAZEPINE CHEW TABLET (generic for TEGRETOL)</p> <p>CARBAMAZEPINE TABLET (generic for TEGRETOL)</p> <p>CLOBAZAM SUSPENSION (generic for ONFI)*</p> <p>CLOBAZAM TABLET (generic for ONFI)</p> <p>DIVALPROEX DR TABLET (generic for DEPAKOTE DR)</p> <p>DIVALPROEX ER TABLET (generic for DEPAKOTE ER)</p> <p>EPITOL TABLET</p> <p>ETHOSUXIMIDE CAPSULE (generic for ZARONTIN)</p> <p>GABAPENTIN CAPSULE/TABLET (generic for NEURONTIN)</p> <p>LACOSAMIDE TABLETS and SOLUTION (generic for VIMPAT)</p> <p>LAMOTRIGINE TABLETS (generic for LAMICTAL)</p> <p>LEVETIRACETAM SOLUTION (generic for KEPPRA)*</p> <p>LEVETIRACETAM TABLET (generic for KEPPRA)</p> <p>OXCARBAZEPINE SUSPENSION (generic for TRILEPTAL)</p> <p>OXCARBAZEPINE TABLET (generic for TRILEPTAL)</p> <p>PHENYTOIN CAPSULE (generic for DILANTIN)</p> <p>PREGABALIN CAPSULE (generic for LYRICA)</p> <p>PRIMIDONE TABLET (generic for MYOLINE)</p> <p>QUDEXY XR CAPSULE-- BRAND ONLY</p> <p>ROWEEPR TABLET</p> <p>SABRIL TABLET --- BRAND ONLY</p> <p>TEGRETOL SUSPENSION - BRAND ONLY*</p> <p>TOPIRAMATE TABLET (generic for TOPAMAX)</p> <p>TRILEPTAL SUSPENSION</p> <p>VALPROIC ACID CAPSULE (generic for DEPAKENE)</p> <p>VALPROIC ACID SOLUTION (generic for DEPAKENE)*</p> <p>VIGABATRIN POWDER PAK (generic for SABRIL)</p> <p>ZONISAMIDE CAPSULE (generic for ZONEGRAN)</p> <p><u>NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</u></p>	<p style="text-align: center;">ANTICONSULSANTS (continued)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO (continued)</u></p> <p>APTOM (ESLICARBAZEPINE)</p> <p>BANZEL SUSPENSION (RUFINAMIDE) <small>BRAND PREFERRED OVER GENERIC WHEN APPROVED</small></p> <p>BANZEL TABLET (RUFINAMIDE) <small>BRAND PREFERRED OVER GENERIC WHEN APPROVED</small></p> <p>BRIVIACT SOLUTION (BRIVARACETAM)</p> <p>BRIVIACT TABLET (BRIVARACETAM)</p> <p>CARBAMAZEPINE ER CAPSULE (generic for CARBATROL)</p> <p>CARBAMAZEPINE ER SUSPENSION (generic for TEGERETOL)</p> <p>CARBAMAZEPINE ER TABLET (generic for TEGERETOL XR)</p> <p>CARBATROL ER CAPSULE</p> <p>CELONTIN CAPSULE</p> <p>DEPAKOTE DR TABLET</p> <p>DEPAKOTE ER TABLET</p> <p>DEPAKOTE SPRINKLE CAPSULE</p> <p>DIACOMIT CAPSULE</p> <p>DIACOMIT POWDER PACKET</p> <p>DILANTIN CAPSULE</p> <p>DILANTIN INFATAB TABLET</p> <p>DILANTIN SUSPENSION</p> <p>DIVALPROEX SPRINKLE CAPSULE</p> <p>ELEPSIA XR TABLET</p> <p>EPIDIOLEX SOLUTION*</p> <p>EPRONTIA SOUTION</p> <p>EQUETRO CAPSULE</p> <p>ETHOSUXIMIDE SOLUTION (generic for ZARONTIN)</p> <p>FELBAMATE SUSPENSION (generic for FELBATOL)</p> <p>FELBAMATE TABLET (generic for FELBATOL)</p> <p>FELBATOL SUSPENSION/TABLET</p> <p>FINTEPLA SOLUTION*</p> <p>FYCOMPA SUSPENSION</p> <p>FYCOMPA TABLET</p> <p>GABITRIL TABLET</p> <p>KEPPRA SOLUTION</p>

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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7/1/2024

CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<p style="text-align: center;">ANTICONVULSANTS (continued)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO (continued)</u></p> <p>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 ER TABLET (generic for KEPPRA XR) METHSUXIMIDE CAPSULE (generic for CELONTIN) MOTPOLY XR MYSOLINE ONFI SUSPENSION ONFI TABLET OXTELLAR XR TABLET 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) TOPAMAX SPRINKLE TOPAMAX TABLET</p>	<p style="text-align: center;">ANTICONVULSANTS (continued)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO (continued)</u></p> <p>TOPIRAMATE ER CAPSULE (generic for QUDEXY and TROKENDI XR) TOPIRAMATE SPRINKLE (generic for TOPAMAX) TRILEPTAL TABLET TROKENDI XR CAPSULE VIGABATRIN TABLET (generic for SABRIL) VIMPAT SOLUTION VIMPAT TABLET XCOPRI TABLET ZARONTIN CAPSULE ZARONTIN SOLUTION ZONISADE SUSPENSION</p>	<p style="text-align: center;">ANTICONVULSANTS FOR SEIZURE RESCUE</p> <p>ORIGINAL POSTED PREFERRED STATUS: 4/1/2022</p> <p><u>PREFERRED</u></p> <p>DIASTAT ACUDIAL - BRAND ONLY DIASTAT RECTAL GEL - BRAND ONLY DIAZEPAM RECTAL GEL SYSTEM (generic for DIASTAT ACUDIAL) DIAZEPAM RECTAL GEL KIT (generic for DIASTAT) NAYZILAM NASAL SPRAY VALTOCO NASAL SPRAY</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></p> <p>LIBERVANT BUCCAL FILM</p>

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7/1/2024

CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<p style="text-align: center;">ANTIDEPRESSANTS 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><u>PREFERRED</u></p> <p>BUPROPION EXTENDED RELEASE (generic for WELLBUTRIN XL)* BUPROPION REGULAR RELEASE (generic for WELLBUTRIN)* BUPROPION SUSTAINED RELEASE (generic for WELLBUTRIN SR)* CITALOPRAM TABLET (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><u>NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</u></p>	<p style="text-align: center;">ANTIDEPRESSANTS SSRIs, SSNRIs, SNRIs</p> <p>UPDATED: 10/1/2023</p> <p><u>NON-PREFERRED --</u> <u>INCLUDE BUT NOT LIMITED TO</u></p> <p>APLENZIN (BUPROPION HYDROBROMIDE ER) AUVELITY (DEXTROMETHORPHAN/BUPROPION) BUPROPION HCL ER TABLET (generic for FORFIVO XL)* CELEXA (CITALOPRAM) CITALOPRAM CAPSULE (generic for CELEXA) CITALOPRAM SOLUTION (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><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></p>	<p style="text-align: center;">ANTIDEPRESSANTS SSRIs, SSNRIs, SNRIs</p> <p>UPDATED: 10/1/2023</p> <p><u>NON-PREFERRED -- (continued)</u> <u>INCLUDE BUT NOT LIMITED TO</u></p> <p>PRISTIQ ER TABLET (DESVENLAFAXINE) PROZAC CAPSULE (FLUOXETINE) REMERON SOLTAB AND TABLET (MIRTAZAPINE) SAVELLA (MILNACIPRAN) SERTRALINE CAPSULE (generic for ZOLOFT) SPRAVATO NASAL SPRAY (ESKETAMINE)* - MANUAL REVIEW 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) - MANUAL REVIEW</p>

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7/1/2024

CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<p align="center">ANTI-PARKINSON'S AGENTS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 1/1/2022</p> <p><u>PREFERRED</u></p> <p>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</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></p> <p>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 DUOPA SUSPENSION ENTACAPONE tablets GOCOVORI capsule INBRIJA* capsule KYNMOBI * film LODOSYN tablets MIRAPEX ER tablets</p> <p><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></p>	<p align="center">ANTI-PARKINSON'S AGENTS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 1/1/2022</p> <p><u>NON-PREFERRED – (continued)</u> <u>INCLUDE BUT NOT LIMITED TO</u></p> <p>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</p>	

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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7/1/2024

CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<p>ATTENTION DEFICIT DISORDER/HYPERACTIVITY DISORDER Amphetamine Salts, Amphetamine-Like Drugs, Norepinephrine Reuptake Inhibitors, Alpha-2 Agonist</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/7/2007 UPDATED 01/01/2021 UPDATED 10/1/2023</p> <p><u>PREFERRED</u> 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) BRAND ONLY 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) BRAND ONLY VYVANSE CHEW TABLETS * (LISDEXAMFETAMINE) BRAND ONLY</p> <p>NOTE: BRAND NAME ADDERALL XR AND CONCERTA WILL STILL BE LISTED AS PREFERRED OPTIONS UNTIL 9/1/2024 TO ALLOW TIME FOR PHARMACIES TO USE THE REMAINDER OF ON-HAND STOCK.</p> <p><u>NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</u></p>	<p>ATTENTION DEFICIT DISORDER/HYPERACTIVITY DISORDER Amphetamine Salts, Amphetamine-Like Drugs, Norepinephrine Reuptake Inhibitors, Alpha-2 Agonist</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/7/2007 UPDATED 01/01/2021 UPDATED 10/1/2023</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> 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) DYANAVEL XR SUSPENSION (AMPHETAMINE) DYANAVEL 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)</p> <p><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></p>	<p>ATTENTION DEFICIT DISORDER/HYPERACTIVITY DISORDER Amphetamine Salts, Amphetamine-Like Drugs, Norepinephrine Reuptake Inhibitors, Alpha-2 Agonist</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/7/2007 UPDATED 01/01/2021 UPDATED 10/1/2023</p> <p><u>NON-PREFERRED – (continued)</u> <u>INCLUDE BUT NOT LIMITED TO</u> 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) 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)</p>

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7/1/2024

CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<p style="text-align: center;">NARCOLEPSY AGENTS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/10/18 ORIGINAL EDIT EFFECTIVE DATE: 7/1/18 UPDATED: 10/1/2023</p> <p><u>PREFERRED</u> NUVIGIL* (ARMODAFINIL) BRAND ONLY XYREM SOLUTION* (SODIUM OXYBATE) BRAND ONLY</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> ARMODAFINIL (generic for NUVIGIL) LUMRYZ ER SUSPENSION (SODIUM OXYBATE) WHEN REBATE ELIGIBLE MODAFINIL (generic for PROVIGIL) PROVIGIL (MODAFINIL) SODIUM OXYBATE SOLUTION (generic for XYREM) SUNOSI TABLET (SOLRIAMFETOL) WAKIX TABLET (PITOLISANT) XYWAV SOLUTION (CALCIUM, MAGNESIUM, POTASSIUM, SODIUM OXYBATES)</p>	<p style="text-align: center;">NEUROPATHIC PAIN AGENTS</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><u>PREFERRED</u> DULOXETINE* (generic for CYMBALTA) GABAPENTIN capsules* (generic for NEURONTIN) GABAPENTIN tablets* (generic for NEURONTIN) PREGABALIN* (generic for LYRICA)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> CYMBALTA GABAPENTIN 250MG/5ML SOLUTION (generic for NEURONTIN)* GABAPENTIN ER TABLET (generic for GRALISE) 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 style="text-align: center;">LONG ACTING INJECTABLE ANTIPSYCHOTICS</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</p> <p><u>PREFERRED</u> ABILIFY ASIMTUFII* (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) BRAND ONLY</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> RISPERIDONE ER* (generic for RISPERDAL CONSTA) RYKINDO ER* (RISPERIDONE) UZEDY ER* (RISPERIDONE) ZYPREXA RELPREVV* (OLANZAPINE)</p>

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7/1/2024

CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<p style="text-align: center;">ORAL ANTIPSYCHOTICS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 05/22/2019 ORIGINAL EDIT EFFECTIVE DATE: 7/1/19 UPDATE EFFECTIVE 7/1/2022 PREFERRED</p> <p>ARIPIRAZOLE TABLETS* (generic for ABILFY) CHLORPROMAZINE TABLETS * CLOZAPINE TABLETS* FLUPHENAZINE TABLETS * HALOPERIDOL LACTATE CONC* HALOPERIDOL TABLETS* LOXAPINE TABLETS* LURASIDONE (generic for LATUDA)* OLANZAPINE TABLETS* (generic for ZYREXA) OLANZAPINE ODT* (generic for ZYREXA ZYDIS) OLANZAPINE/FLUOXETINE CAPSULE* (generic for SYMBYAX) PALIPERIDONE TABLETS* (generic for INVEGA) PERPHENAZINE TABLETS* QUETIAPINE TABLETS* (generic for SEROQUEL) RISPERIDONE TABLETS* (generic for RISPERDAL) RISPERIDONE ODT* (generic for RISPERDAL M-TAB) RISPERIDONE SOLUTION* (generic for RISPERDAL SOLUTION) THIORIDAZINE TABLETS* ZIPRASIDONE CAPSULES* (generic for GEODON)</p> <p>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</p>	<p style="text-align: center;">ORAL ANTIPSYCHOTICS-CONTINUED</p> <p>ORIGINAL POSTED PREFERRED STATUS: 05/22/2019 ORIGINAL EDIT EFFECTIVE DATE: 7/1/19 UPDATE EFFECTIVE 7/1/2022 NON-PREFERRED INCLUDE BUT NOT LIMITED TO</p> <p>ABILIFY MYCITE * ABILIFY TABLETS/DISCMELT/SOLUTION* AMITRIPTYLINE/PERPHENAZINE TABLETS* ARIPIRAZOLE ODT/SOLUTION* ASENAPINE SL (generic for SAPHRIS)* CAPLYTA (LUMATEPERONE)* CLOZAPINE ODT* FANAPT (ILOPERIDONE) TABLETS* FAZACLOZ (CLOZAPINE) ODT* FLUPHENAZINE ELIXIR/SOLUTION* GEODON CAPSULE LATUDA (LURASIDONE) TABLETS* LYBALVI (OLANZAPINE/SAMIDORPHAN)* MOLINDONE TABLETS* NUPLAZID CAPSULES AND TABLETS (PIMAVANSERIN)* PIMOZIDE TABLETS* QUETIAPINE ER TABLETS* (generic for SEROQUEL XR) REXULTI (BREXPIPIRAZOLE) TABLETS * RISPERDAL M-TAB/SOLUTION/TABLETS* SAPHRIS SL TABLETS (ASENAPINE)* SECUADO TRANSDERMAL (ASENAPINE) SEROQUEL XR TABLETS THIOTHIXENE TABLETS* TRIFLUOPERAZINE TABLETS * VERSACLOZ (CLOZAPINE ODT)* VRAYLAR (CARIPRAZINE)* ZYREXA ZYDIS *</p>	<p style="text-align: center;">NON-BENZODIAZEPINE SEDATIVE HYPNOTICS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 3/7/2006 ORIGINAL EDIT EFFECTIVE DATE: 5/9/2006 REVISED POSTED PREFERRED STATUS: 12/15/2008 REVISED EDIT EFFECTIVE DATE: 3/1/2009 RE-REVIEW POSTED PREFERRED STATUS: 11/28/2011 REVISED EDIT EFFECTIVE DATE: 2/28/2012 REVISED EDIT EFFECTIVE DATE: 1/1/2022</p> <p>PREFERRED</p> <p>ESZOPICLONE (generic for LUNESTA) ZALEPLON (generic for SONATA)* ZOLPIDEM TABLET (generic for AMBIEN)*</p> <p>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</p> <p>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</p>

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7/1/2024

CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<p>BENZODIAZEPINE SEDATIVE HYPNOTICS ORIGINAL POSTED PREFERRED STATUS: 1/1/2022</p> <p><u>PREFERRED</u> TEMAZEPAM 15mg AND 30mg (generic for RESTORIL) TRIAZOLAM (generic for HALCION)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> ESTAZOLAM (generic for PROSOM) FLURAZEPAM (generic for DALMANE) HALCION RESTORIL TEMAZEPAM* 7.5mg AND 22.5mg (generic for RESTORIL)</p>	<p>SKELETAL MUSCLE RELAXANTS ORIGINAL POSTED PREFERRED STATUS: 1/18/2006 ORIGINAL EDIT EFFECTIVE DATE: 3/20/2006 UPDATED 10/1/2021</p> <p><u>PREFERRED</u> BACLOFEN 5MG, 10MG, 20MG tablets (generic for LIORESAL)* CHLORZOXAZONE 500MG tablet (generic for PARAFON) CYCLOBENZAPRINE tablet (generic for FLEXERIL) METHOCARBAMOL tablet (generic for ROBAXIN) METAXOLONE tablet (generic for SKELAXIN) TIZANIDINE tablet (generic for ZANAFLEX)*</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> AMRIX ER capsule BACLOFEN SUSPENSION (generic for FLEQSUVY) 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) NORGESIC FORTE tablet ORPHENADRINE CITRATE tablet (generic for NORFLEX) ORPHENADRINE/ASPIRIN/CAFFEINE tablet (generic for NORGESIC FORTE) TIZANIDINE capsule (ZANAFLEX)</p>	<p>VESICULAR MONOAMINE TRANSPORTER 2 INHIBITORS ORIGINAL POSTED PREFERRED STATUS: 1/1/2024</p> <p><u>PREFERRED</u> AUSTEDO TABLET (DEUTETRABENAZINE)* AUSTEDO XR TABLET (DEUTETRABENAZINE)* INGREZZA CAPSULE (VALBENAZINE)* TETRABENAZINE TABLET (generic for XENAZINE)*</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> XENAZINE TABLET (TETRABENAZINE)*</p>

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7/1/2024

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

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7/1/2024

DERMATOLOGY	DERMATOLOGY	DERMATOLOGY
<p style="text-align: center;">TOPICAL STEROIDS Class 1 (Superpotent)</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17 UPDATED 7/1/2020</p> <p><u>PREFERRED CLASS 1 (SUPERPOTENT)</u> 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><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> 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 style="text-align: center;">TOPICAL STEROIDS Class 2 (Potent)</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17 UPDATED 7/1/2020</p> <p><u>PREFERRED CLASS 2 (POTENT)</u> 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><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> AMCINONIDE 0.1% OINTMENT 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 style="text-align: center;">TOPICAL STEROIDS Class 3 (Upper-Mid)</p> <p>ORIGINAL POSTED PREFERRED STATUS:5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17 UPDATED 7/1/2020</p> <p><u>PREFERRED CLASS 3 (UPPER-MID STRENGTH)</u> 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><u>NON-PREFERRED</u> <u>INCLUDE BUT NOT LIMITED TO</u> 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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7/1/2024

DERMATOLOGY	DERMATOLOGY	DERMATOLOGY
<p style="text-align: center;">TOPICAL STEROIDS Class 4 (Mid)</p>	<p style="text-align: center;">TOPICAL STEROIDS Class 5 (Lower-Mid)</p>	<p style="text-align: center;">TOPICAL STEROIDS Class 6 (Mild)</p>
<p>ORIGINAL POSTED PREFERRED STATUS:5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17 UPDATED 7/1/2020</p>	<p>ORIGINAL POSTED PREFERRED STATUS:5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17 UPDATED 7/1/2020</p>	<p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17 UPDATED 7/1/2020</p>
<p><u>PREFERRED CLASS 4 (MID-STRENGTH)</u></p>	<p><u>PREFERRED CLASS 5 (LOWER-MID STRENGTH)</u></p>	<p><u>PREFERRED CLASS 6 (MILD)</u></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>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>DESONIDE 0.05% CREAM FLUOCINOLONE 0.01% SOLUTION (60ml) TRIAMCINOLONE 0.025% CREAM (15 gm, 60 gm, 80 gm)</p>
<p><u>NON-PREFERRED</u> <u>INCLUDE BUT NOT LIMITED TO</u></p>	<p><u>NON-PREFERRED</u> <u>INCLUDE BUT NOT LIMITED TO</u></p>	<p><u>NON-PREFERRED</u> <u>INCLUDE BUT NOT LIMITED TO</u></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>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>ALCLOMETASONE DIPROPIONATE 0.05% CREAM ALCLOMETASONE DIPR 0.05% OINTMENT DESONIDE 0.05% GEL FLUOCINOLONE 0.01% SOLUTION (90 ML) FLUOCINOLONE SCALP OIL 0.01% TRIAMCINOLONE 0.025% CREAM (453.6 GM, 454 GM)</p>

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7/1/2024

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

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7/1/2024

ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS
<p style="text-align: center;">ANTIDIABETIC AGENTS Alpha Glucosidase Inhibitors NEW CLASS EFFECTIVE 10/1/2020</p> <p><u>PREFERRED</u> ACARBOSE (GENERIC FOR PRECOSE)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> GLYSET (MIGLITOL) MIGLITOL (GENERIC FOR GLYSET) PRECOSE (ACARBOSE)</p>	<p style="text-align: center;">ANTIDIABETIC AGENTS DPP-4 Enzyme Inhibitors</p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/11/17 ORIGINAL EDIT EFFECTIVE DATE: 10/1/17 UPDATE EFFECTIVE: 10/1/2020</p> <p><u>PREFERRED</u> JANUMET* (SITAGLIPTIN/METFORMIN) JANUVIA* (SITAGLIPTIN) SAXAGLIPTIN* (GENERIC FOR ONGLYZA) TRADJENTA* (LINAGLIPTIN)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> ALOGLIPTIN (GENERIC FOR NESINA) ALOGLIPTIN/METFORMIN (GENERIC FOR KAZANO) ALOGLIPTIN/PIOGLITAZONE (GENERIC FOR OSENI) GLYXAMBI (LINAGLIPTIN/EMPAGLIFLOZIN) JANUMET XR (SITAGLIPTIN/METFORMIN ER) JENTADUETO (LINAGLIPTIN/METFORMIN) KAZANO (ALOGLIPTIN/METFORMIN) KOMBIGLYZE XR (SAXAGLIPTIN/METFORMIN ER) 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) ZITUVIO (SITAGLIPTAN)</p>	<p style="text-align: center;">ANTIDIABETIC AGENTS GLP-1 Receptor Agonists</p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/11/17 ORIGINAL EDIT EFFECTIVE DATE: 10/1/17 UPDATE EFFECTIVE: 10/1/2020</p> <p><u>PREFERRED</u> BYDUREON PEN & VIAL* (EXENATIDE ER) BYETTA* (EXENATIDE) VICTOZA* (LIRAGLUTIDE)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> ADLYXIN (LIXISENATIDE) BYDUREON BCISE (EXENATIDE ER) MOUNJARO (TIRZEPATIDE) OZEMPIC (SEMAGLUTIDE) RYBELSUS TABLET (SEMAGLUTIDE) SOLIQUA (LIXISENATIDE/INSULIN GLARGINE) TRULICITY (DULAGLUTIDE)</p>

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7/1/2024

ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS
<p style="text-align: center;">ANTIDIABETIC AGENTS Meglitinides</p> <p>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</p> <p><u>PREFERRED</u> NATEGLINIDE (GENERIC FOR STARLIX) REPAGLINIDE (GENERIC FOR PRANDIN)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> REPAGLINIDE/ METFORMIN (GENERIC FOR PRANDIMET) PRANDIN (REPAGLINIDE) STARLIX (NATEGLINIDE)</p>	<p style="text-align: center;">ANTIDIABETIC AGENTS METFORMINS NEW CLASS EFFECTIVE 10/1/2020</p> <p><u>PREFERRED</u> 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)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> FORTAMET (METFORMIN ER) GLUCOPHAGE (METFORMIN) GLUCOPHAGE XR (METFORMIN ER) GLUMETZA (METFORMIN ER) 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) RIOMET ER SUSPENSION (METFORMIN ER)</p>	<p style="text-align: center;">ANTIDIABETIC AGENTS SGLT2 Inhibitors</p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/11/17 ORIGINAL EDIT EFFECTIVE DATE: 10/1/17 UPDATE EFFECTIVE 10/1/2020</p> <p><u>PREFERRED</u> FARXIGA* (DAPAGLIFLOZIN) BRAND ONLY JARDIANCE* (EMPAGLIFLOZIN) SYNJARDY* (EMPAGLIFLOZIN/METFORMIN) XIGDUO* XR (DAPAGLIFLOZIN/METFORMIN ER) BRAND ONLY</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> BEXAGLIFLOZIN (GENERIC FOR BRENZAVVY) BRENZAVVY (BEXAGLIFLOZIN) 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)</p>

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7/1/2024

ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	
<p style="text-align: center;">ANTIDIABETIC AGENTS Sulfonylurea</p> <p>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</p> <p><u>PREFERRED</u></p> <p>GLIMEPIRIDE (GENERIC FOR AMARYL) GLIMEPIRIDE/PIOGLITAZONE (generic for DUETACT) GLIPIZIDE (GENERIC FOR GLUCOTROL) GLIPIZIDE ER (GENERIC FOR GLUCOTROL XL) GLIPIZIDE/METFORMIN (GENERIC METAGLIP) GLYBURIDE (GENERIC FOR DIABETA) GLYBURIDE/METFORMIN (GENERIC GLUCOVANCE) GLYBURIDE MICRONIZED (GENERIC GLYNASE/MICRONASE)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></p> <p>AMARYL (GLIMEPERIDE) DUETACT (PIOGLITAZONE/GLIMEPIRIDE) GLUCOTROL (GLIPIZIDE) GLUCOTROL XL (GLIPIZIDE ER) GLYBURIDE, MICRONIZED (generic for GLYNASE PRESTAB) GLYNASE PRESTAB (GLYBURIDE MICRONIZED)</p>	<p style="text-align: center;">ANTIDIABETIC AGENTS Thiazolidinediones</p> <p>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</p> <p><u>PREFERRED</u></p> <p>PIOGLITAZONE* (GENERIC FOR ACTOS) PIOGLITAZONE/GLIMEPIRIDE (GENERIC FOR DUETACT) PIOGLITAZONE/METFORMIN (GENERIC FOR ACTOPLUS MET)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></p> <p>ACTOS (PIOGLITAZONE) ACTOPLUS MET (PIOGLITAZONE/METFORMIN) ACTOPLUS MET XR (PIOGLITAZONE/METFORMIN) AVANDIA (ROSIGLITAZONE)</p>	

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7/1/2024

ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS
<p style="text-align: center;">ANTIDIABETIC AGENTS</p> <p style="text-align: center;">INSULINS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 11/10/17 ORIGINAL EDIT EFFECTIVE DATE: 1/1/18 UPDATE EFFECTIVE 10/1/2020</p> <p><u>PREFERRED RAPID ACTING INSULIN</u></p> <p>APIDRA SOLOSTAR PEN/VIAL HUMALOG CARTRIDGE/KWIKPEN/VIAL BRAND ONLY HUMALOG JR KWIKPEN BRAND ONLY INSULIN ASPART CARTRIDGE/VIAL/FLEXPEN (GENERIC FOR NOVOLOG) NOVOLOG CARTRIDGE/FLEXPEN/VIAL</p> <p><u>PREFERRED RAPID COMBINATION INSULIN</u></p> <p>HUMALOG MIX KWIKPEN BRAND ONLY HUMALOG MIX VIAL (INSULIN LISPRO/INSULIN PROTAMINE) INSULIN ASPART MIX PEN/VIAL (GENERIC FOR NOVOLOG MIX) NOVOLOG MIX FLEXPEN NOVOLOG MIX VIAL</p> <p><u>PREFERRED REGULAR INSULIN</u></p> <p>HUMULIN R U-100 (OTC) HUMULIN R U-500 KWIKPEN HUMULIN R U-500 VIAL NOVOLIN R U-100 VIAL (OTC)</p> <p><u>PREFERRED INTERMEDIATE ACTING INSULIN</u></p> <p>HUMULIN N U-100 VIAL (OTC) NOVOLIN N U-100 VIAL (OTC)</p> <p><u>PREFERRED REGULAR/INTERMEDIATE COMBINATION INSULIN</u></p> <p>HUMULIN 70/30 KWIKPEN (OTC) HUMULIN 70/30 VIAL (OTC)</p>	<p style="text-align: center;">ANTIDIABETIC AGENTS</p> <p style="text-align: center;">INSULINS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 11/10/17 ORIGINAL EDIT EFFECTIVE DATE: 1/1/18 UPDATE EFFECTIVE 10/1/2020</p> <p><u>PREFERRED LONG ACTING</u></p> <p>INSULIN GLARGINE SOLOSTAR (GENERIC FOR LANTUS SOLOSTAR) INSULIN GLARGINE VIAL (GENERIC FOR LANTUS) LANTUS SOLOSTAR PEN LANTUS VIAL LEVEMIR FLEXTOUCH LEVEMIR VIAL</p> <p>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</p> <p><u>NON-PREFERRED RAPID ACTING INSULIN</u></p> <p>ADMELOG SOLOSTAR PEN/VIAL (INSULIN LISPRO) AFREZZA INHALATION POWDER (HUMAN INSULIN) FASP 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)</p> <p><u>NON-PREFERRED RAPID COMBINATION</u></p> <p>INSULIN LISPRO MIX (GENERIC FOR HUMALOG MIX)</p> <p><u>NON- PREFERRED REGULAR INSULIN</u></p> <p>NOVOLIN R U-100 FLEXPEN (OTC)</p>	<p style="text-align: center;">ANTIDIABETIC AGENTS</p> <p style="text-align: center;">INSULINS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 11/10/17 ORIGINAL EDIT EFFECTIVE DATE: 1/1/18 UPDATE EFFECTIVE 10/1/2020</p> <p>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</p> <p><u>NON-PREFERRED INTERMEDIATE ACTING INSULIN</u></p> <p>HUMULIN N U-100 KWIKPEN NOVOLIN N U-100 FLEXPEN</p> <p><u>NON- PREFERRED REGULAR/INTERMEDIATE COMBINATION</u></p> <p>NOVOLIN 70/30 FLEXPEN (OTC) NOVOLIN 70/30 VIAL (OTC)</p> <p><u>NON- PREFERRED LONG ACTING</u></p> <p>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)</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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7/1/2024

ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS
<p style="text-align: center;">ANTI-HYPOGLYCEMIC AGENTS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 04/01/2020 UPDATED 7/1/2023</p> <p><u>PREFERRED</u> BAQSIMI (GLUCAGON) INTRANASAL POWDER GLUCAGEN HYPOKIT (GLUCAGON) 1MG INJECTION GVOKE (GLUCAGON) PREFILLED SYRINGE AND AUTOINJECTOR PROGLYCEM (DIAZOXIDE) ORAL SUSPENSION BRAND ONLY</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> DIAZOXIDE ORAL SUSPENSION (GENERIC FOR PROGLYCEM) GLUCAGON 1MG EMERGENCY KIT GVOKE (GLUCAGON) VIAL ZEGALOGUE (DASIGLUCAGON) PREFILLED SYRINGE AND AUTOINJECTOR</p>	<p style="text-align: center;">ANDROGENIC AGENTS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 4/1/2020</p> <p><u>PREFERRED</u> TESTOSTERONE CYPIONATE (INTRAMUSC)* TESTOSTERONE ENANTHATE (INTRAMUSC)* TESTOSTERONE GEL PUMP (GENERIC FOR ANDROGEL)*</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> TESTOSTERONE CYPIONATE (DEPO-TESTOSTERONE)* BRAND ONLY TESTOSTERONE ENANTHATE (XYOSTED AUTOINJECTOR) TESTOSTERONE GEL PACKET (ANDROGEL, VOLGELXO)* TESTOSTERONE GEL PUMP (ANDROGEL)* BRAND ONLY TESTOSTERONE GEL PUMP (VOLGELXO)* TESTOSTERONE GEL TUBE (TESTIM, VOLGELXO)* TESTOSTERONE NASAL GEL (NATESTO)* TESTOSTERONE PUMP (GENERIC- AXIRON)* TESTOSTERONE UNDECANOATE (AVEED)* TESTOSTERONE UNDECANOATE (TLANDO)*</p>	<p style="text-align: center;">ESTROGEN REPLACEMENT AGENTS</p> <p>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</p> <p><u>PREFERRED</u> CLIMARA PRO (ESTRADIOL/LEVONORGESTREL) ESTRADIOL TABLET (GENERIC FOR ESTRACE) ESTRADIOL TRANSDERMAL (GENERIC FOR ALORA, CLIMARA) PREMARIN (ESTROGENS, CONJUGATED) PREMPRO (ESTROGENS, CONJUGATED/MEDROXYPROGESTERONE)</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</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) ESTRADIOL VAGINAL TABLET (GENERIC FOR VAGIFEM, YUVAFEM) ESTRING /FEMRING (ESTRADIOL VAGINAL RING) ETHINYL ESTRADIOL/NORETHINDRONE* (GENERIC FOR JINTELLI) EVAMIST (ESTRADIOL SPRAY) FEMHRT/FYAVOLV/MIMVEY TABLET (ETHINYL ESTRADIOL/NORETHINDRONE) MENEST TABLET (ESTERIFIED ESTROGENS) PREFEST* (ESTRADIOL/NORGESTIMATE) PREMPHASE* (ESTROGENS, CONJUGATED/MEDROXYPROGESTERONE) VAGIFEM/YUVAFEM VAGINAL TABLET (ESTRADIOL)</p>

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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7/1/2024

ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS
<p style="text-align: center;">GROWTH HORMONE</p> <p>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</p> <p><u>PREFERRED</u> GENOTROPIN (SOMATROPIN)* NORDITROPIN (SOMATROPIN)*</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> HUMATROPE (SOMATROPIN) NGENLA (SOMATROGON-GHLA) NUTROPIN AQ (SOMATROPIN) OMNITROPE (SOMATROPIN) SAIZEN (SOMATROPIN) SKYTROFA (SOMATROPIN) SOGROYA (SOMAPACITAN-BECO) ZOMACTON (SOMATROPIN) ZORBTIVE (SOMATROPIN)</p>	<p style="text-align: center;">PANCREATIC ENZYMES</p> <p>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</p> <p><u>PREFERRED</u> CREON ZENPEP</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> PANCREAZE PERTZYE VIOKACE</p>	<p style="text-align: center;">BONE RESORPTIVE AGENTS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/14/2019 ORIGINAL EDIT EFFECTIVE DATE: 10/1/19</p> <p><u>PREFERRED</u> ALENDRONATE</p> <p><u>NON-PREFERRED INCLUDE BUT NOT LIMITED TO</u> ABALOPARATIDE (TYMLOS) ALENDRONATE Plus D (FOSAMAX + D) ALENDRONATE ORAL SOLUTION (FOSAMAX) ALENDRONATE EFFERVESCENT TABLET (BINOSTO) CALCITONIN-SALMON (MIACALCIN/FORTICAL) DENOSUMAB (PROLIA) ETIDRONATE IBANDRONATE (BONIVA) TABLET IBANDRONATE (BONIVA) INJECTION RALOXIFENE (EVISTA) RISEDRONATE (ACTONEL) RISEDRONATE (ATELVIA) ROMOSUZUMAB-AQQG (EVENITY) INJECTION TERIPARATIDE (FORTEO)</p>

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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7/1/2024

ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	
<p style="text-align: center;">ANAPHYLAXIS AGENTS SELF INJECTED EPINEPHRINE</p> <p>ORIGINAL POSTED PREFERRED STATUS: 11/14/2016 ORIGINAL EDIT EFFECTIVE DATE: 1/1/17 REVISED POSTED PREFERRED STATUS: 11/10/17 REVISED EDIT EFFECTIVE DATE: 1/1/18</p> <p><u>PREFERRED</u> EPIPEN & EPIPEN Jr. BRAND ONLY EPINEPHRINE 0.15MG AND 0.3MG (AUTHORIZED GENERIC FOR EPIPEN AND EPIPEN JR)</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> AUVI-Q 0.1MG, 0.15MG, 0.3MG EPINEPHRINE 0.15MG AND 0.3MG (GENERIC FOR ADRENALCLICK) EPINEPHRINE 0.15MG AND 0.3MG (NON-AUTHORIZED GENERIC FOR EPIPEN AND EPIPEN JR) SYMJEPI 0.15MG AND 0.3MG</p>	<p style="text-align: center;">ENDOCRINE AND METABOLIC AGENTS PITUITARY SUPPRESSIVE AGENTS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 7/1/2023</p> <p><u>PREFERRED</u> 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*</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> TRIPTODUR 22.5MG 6-MONTH</p>	

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Preferred Drug List

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7/1/2024

GASTROINTESTINAL	GASTROINTESTINAL	GASTROINTESTINAL
<p style="text-align: center;">ANTIEMETICS</p> <p style="text-align: center;">5-HT3 & NK1 Receptor Antagonists</p> <p>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</p> <p><u>PREFERRED</u></p> <p>ONDANSETRON 4MG, 8MG ORAL DISINTEGRATING TABLET (ZOFRAN)* ONDANSETRON 4MG, 8MG TABLET (ZOFRAN)* ONDANSETRON 4MG/2ML PRESERVATIVE FREE VIAL* ONDANSETRON 40MG/20ML VIAL (ZOFRAN)*</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></p> <p>APREPITANT (EMEND) DOLASETRON (ANZEMET) GRANISETRON (KYTRIL, SANCUSO) NETUPITANT-PALONOSETRON (AKYNZEO) PALONOSETRON (ALOXI) ONDANSETRON 24MG TABLET (ZOFRAN) ONDANSETRON 32MG/50ML BAG (ZOFRAN) ONDANSETRON 4MG/2ML AMPULE/SYRINGE (ZOFRAN) ONDANSETRON 4MG/5ML SOLUTION (ZOFRAN) ONDANSETRON SOLUBLE FILM (ZUPLENZ)</p>	<p style="text-align: center;">BOWEL PREP AGENTS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 11/15/18 ORIGINAL EDIT EFFECTIVE DATE: 1/1/19 REVISED EDIT EFFECTIVE DATE: 7/1/2022</p> <p><u>PREFERRED</u></p> <p>GAVILYTE-C GAVILYTE-G GAVILYTE-N GOLYTELY SOLUTION MOVIPREP- BRAND ONLY PEG-3350 AND ELECTROLYTE SOLUTION PEG-3350 WITH FLAVOR PACKS SOLUTION</p> <p><u>NON-PREFERRED INCLUDE BUT NOT LIMITED TO</u></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 style="text-align: center;">CHRONIC GI MOTILITY AGENTS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 2/16/18 ORIGINAL EDIT EFFECTIVE DATE: 4/1/18 UPDATED 4/1/2021</p> <p><u>PREFERRED</u></p> <p>LINZESS* (LINACLOTIDE) LUBIPROSTONE* (GENERIC FOR AMITIZA) MOVANTIK* (NALOXEGOL)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></p> <p>ALOSETRON (GENERIC FOR LOTRONEX) AMITIZA (LUBIPROSTONE)+E1540 IBSRELA (TENAPANOR) LOTRONEX MOTEGRITY (PRUCALOPRIDE) ELUXADOLINE (VIBERZI) RELISTOR (METHYLNALTREXONE) SYMPROIC (NALDEMEDINE) TRULANCE (PLECANATIDE)</p>

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Preferred Drug List

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7/1/2024

GASTROINTESTINAL				
<p>PROTON PUMP INHIBITORS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 3/18/2005 ORIGINAL EDIT EFFECTIVE DATE: 5/18/2005 RE-REVIEW POSTED PREFERRED STATUS: 7/1/2019 RE-REVIEW POSTED PREFERRED STATUS: 7/1/2022</p> <p><u>PREFERRED</u></p> <p>OMEPRAZOLE CAPSULES* (generic for PRILOSEC) PANTOPRAZOLE TABLETS* (generic for PROTONIX)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></p> <p>ACIPHEX TABLETS DEXILANT CAPSULES 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 CAPSULES OMEPRAZOLE/SODIUM BICARB CAPS/PACKETS (generic ro ZEGERID) RABEPRAZOLE TABLETS (ACIPHEX) ZEGERID CAPSULES AND PACKETS VIMOVO TABLETS</p> <p><u>NON-PREFERRED –WITH CRITERIA</u></p> <p>NEXIUM PACKET* - BRAND ONLY PROTONIX SUSPENSION * - BRAND ONLY</p>				

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7/1/2024

GENITOURINARY AND RENAL AGENTS BENIGN PROSTATIC HYPERPLASIA	GENITOURINARY AND RENAL AGENTS OVERACTIVE BLADDER AGENTS	GENITOURINARY AND RENAL AGENTS CYSTINE-DEPLETING AGENTS
<p>ORIGINAL POSTED PREFERRED STATUS: 10/1/2021</p> <p><u>PREFERRED</u> ALFUZOSIN ER tablet (generic for UROXATRAL) DOXAZOSIN tablet (generic for CARDURA) DUTASTERIDE capsule (generic for AVODART) FINASTERIDE tablet (generic for PROSCAR) TAMSULOSIN capsule (generic for FLOMAX) TERAZOSIN tablet (generic for HYTRIN)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> AVODART capsule CARDURA tablet CARDURA XL tablet CIALIS tablet DUTASTERIDE/ TAMSULOSIN capsule (generic for JALYN) ENTADFI (FINASTERIDE/TADALAFIL) capsule FLOMAX capsule JALYN capsule PROSCAR capsule RAPAFLO capsule SILODOSIN capsule (generic for RAPAFLO) TADALAFIL tablet (generic for CIALIS)</p>	<p>ORIGINAL POSTED PREFERRED STATUS: 6/16/2006 ORIGINAL EDIT EFFECTIVE DATE: 8/15/2006 REVISED POSTED PREFERRED STATUS: 5/14/2009 REVISED EDIT EFFECTIVE DATE: 7/14/2009 RE-REVIEW POSTED PREFERRED STATUS: 2/16/2012 REVISED EDIT EFFECTIVE DATE: 5/8/2012 RE-REVIEW POSTED PREFERRED STATUS: 5/21/2014 REVISED EDIT EFFECTIVE DATE: 5/30/2014 RE-REVIEW: 11/09/16 REVISED EDIT EFFECTIVE DATE: 4/1/2020</p> <p><u>PREFERRED</u> FESOTERODINE ER TABLET (generic for TOVIAZ) OXYBUTYNIN 5MG/5ML SYRUP, 5MG TABLET (DITROPAN) OXYBUTYNIN ER (DITROPAN XL)* SOLIFENACIN (VESICARE)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> DARIFENACIN (ENABLEX) FLAVOXATE (URISPAS) OXYBUTYNIN GEL (GELNIQUE) OXYBUTYNIN PATCH (OXYTROL) OXYBUTYNIN 2.5MG TABLET MIRABEGRON ER (MYRBETRIQ) TOLTERODINE IMMEDIATE RELEASE TABLET (DETROL) TOLTERODINE LA CAPSULE (DETROL LA) TOVIAZ TROSPIUM (SANCTURA) TROSPIUM ER (SANCTURA XR) Effective 5/8/2012 VESICARE</p>	<p>ORIGINAL POSTED PREFERRED STATUS: 8/10/18 ORIGINAL EDIT EFFECTIVE DATE: 10/1/18 REVISED POSTED PREFERRED STATUS: 7/1/2022</p> <p><u>PREFERRED</u> CUPRIMINE CAPSULES - BRAND ONLY DEPEN TABLETS - BRAND ONLY POTASSIUM CITRATE THIOLA TABLETS - BRAND ONLY THIOLA EC TABLETS - BRAND ONLY</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</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</p>

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Preferred Drug List

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7/1/2024

OPHTHALMOLOGY	OPHTHALMOLOGY	OPHTHALMOLOGY
<p align="center">OPHTHALMIC ANTIBIOTICS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17 UPDATED 4/1/2024</p> <p><u>PREFERRED</u> BACITRACIN/ POLYMYXIN B OINTMENT (generic for POLYICIN) 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 TOBEX)</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</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) POLYICIN (BACITRACIN/POLYMYXIN B) OINTMENT SULFACETAMIDE 10% OINTMENT/SOLUTION TOBEX (TOBRAMYCIN) 0.3% OINTMENT VIGAMOX (MOXIFLOXACIN) 0.5% SOLUTION ZYMAXID (GATIFLOXACIN) 0.5% SOLUTION</p>	<p align="center">OPHTHALMIC ANTIBIOTICS-STEROID COMBINATIONS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</p> <p><u>PREFERRED</u> DEXAMETHASONE/NEOMYCIN SULFATE/POLYMYXIN B SULFATE TOBRADEX (DEXAMETHASONE/TOBRAMYCIN) DEXAMETHASONE/TOBRAMYCIN SUSPENSION (GENERIC) PREDNISOLONE SODIUM PHOSPHATE/SULFACETAMIDE SODIUM SOLUTION</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</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) TOBRADEX ST (DEXAMETHASONE/TOBRAMYCIN) ZYLET (LOTEPREDNOL/TOBRAMYCIN)</p>	<p align="center">OPHTHALMIC ANTIBIOTICS-STEROID COMBINATIONS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17-UPDATED 7/1/2020</p> <p><u>PREFERRED</u> ALPHAGAN P 0.15%- BRAND ONLY CARTEOLOL DROPS COMBIGAN (BRIMONIDINE/TIMOLOL) BRAND ONLY DORZOLAMIDE DORZOLAMIDE/TIMOLOL (generic) LATANOPROST LEVOBUNOLOL LUMIGAN 0.01% 2.5ML, 5ML (BIMATOPROST) RHOPRESSA 0.02% DROPS (NETARSUDIL) ROCKLATAN (NETARSUDIL MESYLAT/LATANOPROST) TIMOLOL (GENERIC TIMOPTIC DROPS) TRAVATAN Z -BRAND ONLY</p> <p><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></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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7/1/2024

OPHTHALMOLOGY	OPHTHALMOLOGY	OPHTHALMOLOGY
<p align="center">GLAUCOMA AGENTS- CONTINUED</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></p> <p>ALPHAGAN P (BRIMONIDINE) 0.1% APRACLONIDINE 0.5% AND 1% BETAXOLOL 0.25% AND 0.5% BIMATOPROST 0.03% BRIMONIDINE 0.1%, 0.15%, 0.2% (GENERIC FOR ALPHAGAN/ALPHAGAN P) BRIMONIDINE/TIMOLOL (generic for COMBIGAN) BRINZOLAMIDE 1% (GENERIC FOR AZOPT) COSOPT PF (DORZOLAMIDE/TIMOLOL) DORZOLAMIDE 2%/TIMOLOL 0.5% (GENERIC FOR COSOPT PF) ECHOTHIOPHATE (PHOSPHOLINE IODIDE) KIT ISTALOL (TIMOLOL LA) IYUZEH (LATANOPROST) 0.005% METIPRANOLOL 0.3% PILOCARPINE 1%, 2%, 4% SIMBRINZA (BROMONIDINE/BRINZOLAMIDE) TAFLUPROST 0.0015% (GENERIC FOR ZIOPTAN) TIMOLOL MALEATE 0.5% (GENERIC FOR ISTALOL) TIMOLOL GEL FORMING SOLN 0.25%, 0.5% (GENERIC FOR TIMOPTIC-XE) TIMOLOL PF OCUDOSE 0.25%, 0.5% (GENERIC FOR TIMOPTIC OCUDOSE) TIMOPTIC-XE 0.25%, 0.5% GEL TIMOPTIC 0.25%, 0.5% OCUDOSE TRAVOPROST 0.004% (GENERIC FOR TRAVATAN Z) VYZULTA 0.024 % (LATANOPROSTENE) XELPROS (LATANOPROST) ZIOPTAN (TAFLUPROST)</p>	<p align="center">ANTI-INFLAMMATORY/IMMUNOMODULATORS</p> <p align="center">NEW PDL CATEGORY STARTING 4/1/20</p> <p><u>PREFERRED</u> RESTASIS[®] BRAND ONLY</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></p> <p>CEQUA* CYCLOSPORINE EYE EMULSION (generic for RESTASIS) MIEBO* (PERFLUOROHEXYLOCTANE) RESTASIS MULTIDOSE * TYRVAYA (VARENICLINE) VERKAZIA* (CYCLOSPORIN EMULSION) VEVYE* (CYCLOSPORINE) XIIDRA* (LIFITEGRAST)</p>	<p align="center">ALLERGIC CONJUNCTIVITIS</p> <p align="center">IMPLEMENTED 1/12/2012 UPDATED AND ADDED TO PDL 7/1/2020</p> <p><u>PREFERRED</u></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><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></p> <p>ALCAFTADINE 0.025% DROPS (LASTACFT) BEPOSTATINE 1.5% DROPS (BEPREVE) CETIRIZINE 0.24% DROPS ZERVIATE) EPINASTINE 0.05% DROPS (ELESTAT) LOTEPIREDNOL 0.2% DROPS (ALREX) LODAXAMIDE 0.1% DROPS (ALOMIDE) NEDOCROMIL 2% DROPS (ALOCRIL) OLOPATADINE 0.7% DROPS (PAZEO) OLOPATADINE 0.7% DROPS (PATANOL)</p>

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7/1/2024

OPHTHALMOLOGY	OPHTHALMOLOGY	OTICS
<p style="text-align: center;">ANTI-INFLAMMATORY AGENTS</p> <p>IMPLEMENTED 1/12/2010 UPDATE+A591D AND ADDED TO PDL 7/1/2020</p> <p><u>PREFERRED</u> 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><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> 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><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></p>	<p style="text-align: center;">ANTI-INFLAMMATORY AGENTS - CONTINUED</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> 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>	<p style="text-align: center;">ANTI-INFECTIVE & OTIC ANTIBIOTIC/CORTICOSTEROID COMBINATIONS</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><u>PREFERRED</u> ACETIC ACID 2% OTIC SOLUTION CIPRODEX SUSPENSION (CIPROFLOXACIN/DEXAMETHASONE) CIPROFLOXACIN/DEXAMETHASONE SUSPENSION (generic for CIPRODEX) NEOMYCIN/POLYMXIN/HC SOLN/SUSP (generic for CORTISPORIN) OFLOXACIN 0.3% SOLUTION (generic for FLOXIN)</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> 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>

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Preferred Drug List

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7/1/2024

RESPIRATORY AGENTS	RESPIRATORY AGENTS	RESPIRATORY AGENTS
<p align="center">ANTIHISTAMINES -- NON-SEDATING-ORAL</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</p> <p><u>PREFERRED</u> CETIRIZINE 1MG/ML SOL, 10MG SWALLOW TAB (ZYRTEC) LORATADINE (CLARITIN)</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> ACRIVASTINE/PSEUDOEPHEDRINE (SEMPREX-D) CETIRIZINE 5MG, 10MG CHEWABLE TAB (ZYRTEC)* CETIRIZINE/PSEUDOEPHEDRINE (ZYRTEC-D)* DESLORATADINE (CLARINEX) DESLORATADINE/PSEUDOEPHEDRINE (CLARINEX-D)* FEXOFENADINE (ALLEGRA)* FEXOFENADINE/PSEUDOEPHEDRINE (ALLEGRA-D)* LEVOCETIRIZINE (XYZAL)* LORATADINE/PSEUDOEPHEDRINE (CLARITIN-D)*</p>	<p align="center">INTRANASAL RHINITIS AGENTS</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</p> <p><u>PREFERRED</u> AZELASTINE 137 MCG (generic for ASTELIN) AZELASTINE 205.5 MCG (generic for ASTEPRO) FLUTICASONE 50 MCG (generic for FLONASE) RX ONLY IPRATROPIUM 21 MCG AND 42 MCG (generic for ATROVENT)</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> AZELASTINE/FLUTICASONE (generic for DYMISTA) BECONASE AQ (BECLOMETHASONE) DYMISTA MOMETASONE (generic for NASONEX) NASONEX OMNARIS (CICLESONIDE) QNASL (BECLOMETHASONE) RYALTIRS (MOMETASONE/OLOPATADINE) ZETONNA (CICLESONIDE)</p>	<p align="center">LEUKOTRIENE RECEPTOR ANTAGONISTS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/11/2009 ORIGINAL EDIT EFFECTIVE DATE: 8/11/2009 RE-REVIEW POSTED PREFERRED STATUS: 4/1/2023</p> <p><u>PREFERRED</u> MONTELUKAST* (generic for SINGULAIR)</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> ACCOLATE (ZAFIRLUKAST) SINGULAIR (MONTELUKAST) ZAFIRLUKAST (generic for ACCOLATE) ZILEUTON ER (generic for ZYFLO CR) ZYFLO (ZILEUTON)</p>

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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7/1/2024

RESPIRATORY AGENTS	RESPIRATORY AGENTS	
<p>BRONCHODILATORS, SHORT-ACTING BETA AGONISTS Quick Relief Medications</p> <p>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</p> <p><u>PREFERRED</u></p> <p>ALBUTEROL NEBULIZATION SOLUTIONS (ALL STRENGTHS) PROAIR HFA - BRAND ONLY PROAIR RESPICLICK - BRAND ONLY PROVENTIL HFA - BRAND ONLY VENTOLIN HFA - BRAND ONLY XOPENEX HFA - BRAND ONLY</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></p> <p>ALBUTEROL INHALER HFA - ALL GENERICS LEVALBUTEROL HFA INHALER (generic for XOPENEX HFA) PROAIR DIGIHALER (ALBUTEROL) XOPENEX (LEVALBUTEROL SOLUTION)</p>	<p>BRONCHODILATORS, SHORT-ACTING ANTICHOLINERGICS AND COMBINATION PRODUCTS Quick Relief Medications</p> <p>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</p> <p><u>PREFERRED</u></p> <p>ATROVENT HFA* (IPRATROPIUM HFA) COMBIVENT RESPIMAT* (IPRATROPIUM/ALBUTEROL) IPRATROPIUM INHALATION SOLUTION* (generic for ATROVENT) IPRATROPIUM/ALBUTEROL (generic for DUONEB INHALATION SOLN)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></p> <p>NONE</p>	

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7/1/2024

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

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7/1/2024

RESPIRATORY AGENTS	RESPIRATORY AGENTS	RESPIRATORY AGENTS
<p style="text-align: center;">INHALED CORTICOSTEROIDS (ICS) Controller Medications for Asthma/COPD</p> <p>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</p> <p><u>PREFERRED</u> ALVESCO HFA (CICLESONIDE)* ARNUITY ELLIPTA (FLUTICASONE) ASMANEX HFA (MOMETASONE) ASMANEX TWISTHALER (MOMETASONE) BUDESONIDE AMPULE* GENERIC ONLY PULMICORT FLEXHALER (BUDESONIDE) QVAR REDHALER (BECLOMETHASONE)</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> ARMONAIR RESPICLICK (FLUTICASONE PROPRIONATE)-dc'ed 6/1/2024 FLUTICASONE DISKUS (generic for FLOVENT DISKUS) PULMICORT RESPULES* - BRAND ONLY</p> <p><u>NON-PREFERRED –WITH CRITERIA</u> FLUTICASONE HFA (generic for FLOVENT HFA)*</p>	<p style="text-align: center;">INHALED CORTICOSTEROIDS AND LONG ACTING BETA AGONISTS (ICS/LABA) Controller Medications for Asthma/COPD</p> <p>RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2023 RE-REVIEW EDIT EFFECTIVE DATE: 7/1/2024</p> <p><u>PREFERRED</u> ADVAIR DISKUS- (FLUTICASONE/SALMETEROL)*-BRAND ONLY ADVAIR HFA- (FLUTICASONE/SALMETEROL)* -BRAND ONLY AIRDUO RESPICLICK (FLUTICASONE/SALMETEROL)* -BRAND ONLY DULERA HFA (MOMETASONE/FORMOTEROL)* SYMBICORT HFA (BUDESONIDE/FORMOTEROL)*-BRAND ONLY</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> AIRDUO-DIGIHALER (FLUTICASONE/SALMETEROL) -dc'ed 6/1/2024 AIRSUPRA (BUDESONIDE/ALBUTEROL) BREQ ELLIPTA (FLUTICASONE/VILANTEROL) BREYNA (BUDESONIDE/FORMOTEROL) BUDESONIDE/FORMOTEROL (generic for SYMBICORT)-GENERIC ONLY FLUTICASONE/SALMETEROL (generic for ADVAIR) -GENERIC ONLY FLUTICASONE/SALMETEROL (generic for ADVAIR HFA) -GENERIC ONLY FLUTICASONE/SALMETEROL (generic for AIRDUO RESPICLICK) -GENERIC ONLY FLUTICASONE/VILANTEROL (generic for BREQ ELLIPTA) WIXELA (FLUTICASONE/SALMETEROL)</p> <p><u>NON-PREFERRED –ICS/LABA/LAMA</u> BREZTRI (BUDESONIDE/GLYCOPYROLLATE/FORMOTEROL) TREGLEY (FLUTICASONE/UMECLIDINIUM/VILANTEROL)</p> <p><u>NON-PREFERRED PDE4 INHIBITORS</u> DALIRESP (ROFLUMILAST) ROFLUMILAST (generic for DALIRESP)</p>	<p style="text-align: center;">INHALED ANTIBIOTICS CF AGENTS</p> <p>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</p> <p><u>PREFERRED</u> BETHKIS*- BRAND ONLY KITABIS PAK* -BRAND ONLY TOBRAMYCIN (generic fo TOBI)*</p> <p><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> ARIKAYCE (AMIKACIN LIPOSOME) AZTREONAM (generic for CAYSTON) CAYSTON TOBI TOBI PODHALER TOBRAMYCIN (generic fo BETHKIS) TOBRAMYCIN (generic fo KITABIS)</p>

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