

# Preferred Drug List

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

10/1/2025

| ANALGESICS   | ANALGESICS   | ANALGESICS  |
|--|--|---|
| <p style="text-align: center;"><b>NARCOTIC AGONIST ANALGESICS<br/>LONG-ACTING OPIOIDS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/26/2005<br/>           ORIGINAL EDIT EFFECTIVE DATE: 10/26/2005<br/>           REVISED POSTED PREFERRED STATUS: 8/4/2008<br/>           REVISED EDIT EFFECTIVE DATE: 8/1/2008<br/>           RE-REVIEW POSTED PREFERRED STATUS: 10/14/2011<br/>           REVISED EDIT EFFECTIVE DATE: 1/10/2012<br/>           REVISED EDIT EFFECTIVE DATE: 05/13/2016<br/>           REVISED EDIT EFFECTIVE DATE: 04/01/2019<br/>           UPDATED 1/1/2024<br/>           UPDATED 7/1/2025</p> <p><b><u>PREFERRED</u></b></p> <p>BUTRANS PATCH* (BUPRENORPHINE) <b>BRAND ONLY</b><br/>           MORPHINE LONG-ACTING TABLET* (generic for MS CONTIN)<br/>           TRAMADOL ER TABLET* (generic for ULTRAM ER)</p> <p><b><u>NON-PREFERRED –<br/>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>BELBUCA FILM (BUPRENORPHINE)*<br/>           BUPRENORPHINE PATCH (generic for BUTRANS)*<br/>           CONZIP CAPSULE (TRAMADOL ER)<br/>           FENTANYL PATCH (generic for DURAGESIC)*<br/>           HYDROCODONE ER CAPSULE (generic for ZOHYDRO ER)*<br/>           HYDROCODONE ER TABLET (generic for HYSINGLA ER)*<br/>           HYDROMORPHONE ER TABLET (generic for EXALGO ER)*<br/>           HYSINGLA ER TABLET (HYDROCODONE ER)<br/>           METHADONE TABLET, SOLUTION, INTESOL CONC*<br/>           METHADOSE ORAL CONCENTRATE (METHADONE)<br/>           MORPHINE SULFATE ER CAPSULE (generic for AVINZA, KADIAN)*<br/>           MS CONTIN TABLET (MORPHINE SULFATE)</p> <p><b><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></b></p> | <p style="text-align: center;"><b>NARCOTIC AGONIST ANALGESICS<br/>LONG-ACTING OPIOIDS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/26/2005<br/>           ORIGINAL EDIT EFFECTIVE DATE: 10/26/2005<br/>           UPDATED 7/1/2025</p> <p><b><u>NON-PREFERRED – (continued)</u></b></p> <p><b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>OXYCODONE ER TABLET (generic for OXYCONTIN)*<br/>           OXYCONTIN TABLET (OXYCODONE)*<br/>           OXYMORPHONE ER TABLET (generic for OPANA ER)*<br/>           TRAMADOL ER CAPSULE (generic for CONZIP)*<br/>           TRAMADOL ER TABLET (generic for RYZOLT)*</p> | <p style="text-align: center;"><b>VOLTAGE-GATED SODIUM CHANNEL SELECTIVE INHIBITORS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 2/10/2025</p> <p><b><u>PREFERRED</u></b></p> <p>JOURNAVX TABLET (SUZETRIGINE)</p> <p><b><u>NON-PREFERRED</u></b></p> <p><b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>NONE</p> |

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

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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| ANALGESICS  | ANALGESICS  | ANALGESICS  |
|---|---|---|
| <p style="text-align: center;"><b>NARCOTIC AGONIST ANALGESICS</b><br/><b>SHORT-ACTING OPIOIDS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 5/12/17</b><br/><b>ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</b><br/><b>UPDATED: 7/1/2020</b><br/><b>UPDATED: 7/1/2025</b><br/><b><u>PREFERRED</u></b></p> <p>APAP/CODEINE 120 MG-12 MG/5 ML SOLUTION (473 ML BOTTLE)<br/>APAP/CODEINE 300-15 MG, 300-30 MG, 300-60 MG TABLET<br/>CODEINE 15 MG, 30 MG, 60 MG TABLET<br/>HYDROCODONE/APAP 7.5-325 MG/15 ML SOLUTION<br/>HYDROCODONE/APAP 5-325 MG, 7.5-325 MG, 10-325 MG TABLET<br/>HYDROCODONE/IBUPROFEN 7.5-200 MG TABLET<br/>HYDROMORPHONE 2 MG, 4 MG, 8 MG TABLET<br/>MEPERIDINE 50MG/5 ML SOLUTION<br/>MEPERIDINE 50 MG TABLET<br/>MORPHINE CONCENTRATED 100 MG/5 ML SOLUTION<br/>MORPHINE IR 15 MG, 30 MG TABLET<br/>MORPHINE 10 MG/5 ML, 20 MG/5ML SOLUTION<br/>OXYCODONE 5 MG/5 ML SOLUTION<br/>OXYCODONE 5 MG, 10 MG, 15 MG, 20 MG, 30 MG TABLET<br/>OXYCODONE/APAP 5-325 MG/5 ML SOLUTION<br/>OXYCODONE/APAP 5-325 MG, 7.5-325 MG, 10-325 MG TABLET<br/>TRAMADOL 50MG TABLET<br/>TRAMADOL/APAP 37.5-325 MG TABLET<br/><b><u>NON-PREFERRED –</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>APAP/CODEINE (unit dose cups)<br/>BUTALBITAL/CAFFEINE/APAP with CODEINE CAPSULE<br/>BUTALBITAL/CAFFEINE/ASA with CODEINE CAPSULE<br/>BUTORPHANOL NASAL SPRAY<br/>DILAUDID TABLET, ORAL SOLUTION<br/>FIORICET with CODEINE CAPSULE<br/><b><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></b></p> | <p style="text-align: center;"><b>NARCOTIC AGONIST ANALGESICS</b><br/><b>SHORT-ACTING OPIOIDS- <i>CONTINUED</i></b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 5/12/17</b><br/><b>ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</b><br/><b>UPDATED 7/1/2020</b><br/><b><u>NON-PREFERRED – (continued)</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>HYDROCODONE/APAP 10 MG-325 MG/15 ML SOLUTION<br/>HYDROCODONE/APAP SOLUTION (unit dose cups)<br/>HYDROCODONE/APAP TABLET (2.5-325, 5-300, 7.5-300, 10-300 mg)<br/>HYDROMORPHONE LIQUID, RECTAL SUPP<br/>HYDROCODONE/APAP 5-300 MG, 7.5-300 MG, 10-300 MG TABLET<br/>HYDROCODONE/APAP 2.5-325 MG TABLET<br/>HYDROCODONE/IBUPROFEN 10-200 MG, 5-200 MG TABLET<br/>HYDROMORPHONE 1 MG/1 ML SOLUTION<br/>LEVORPHANOL 2 MG TABLET<br/>OXYCODONE SOLUTION (unit dose cups)<br/>OXYCODONE 5 MG CAPSULE<br/>OXYCODONE 20 MG/ML CONCENTRATED ORAL SOLUTION<br/>OXYCODONE/APAP 2.5-325 MG TABLET<br/>OXYMORPHONE TABLET<br/>PENTAZOCINE/NALOXONE TABLET<br/>PERCOCET TABLET<br/>PROLATE 5 -300 MG, 7.5-300 MG, 10-300 MG, 10-300 MG/5 ML<br/>ROXICODONE TABLET<br/>ROXYBOND TABLET<br/>TRAMADOL 25 MG, 75 MG, 100 MG TABLET, 5 MG/ML SOLUTION</p> | <p style="text-align: center;"><b>NONSTEROIDAL</b><br/><b>ANTIINFLAMMATORY AGENTS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 4/13/2007</b><br/><b>ORIGINAL EDIT EFFECTIVE DATE: 6/18/2007</b><br/><b>RE-REVIEW POSTED PREFERRED STATUS: 4/07/2011</b><br/><b>REVISED EDIT EFFECTIVE DATE: 6/7/2011</b><br/><b>UPDATED 1/1/2020</b><br/><b>UPDATED 7/1/2025</b><br/><b><u>PREFERRED</u></b></p> <p>CELECOXIB CAPSULE (generic for CELEBREX)<br/>DICLOFENAC SODIUM 25MG, 50MG, 75MG TABLET (generic for VOLTAREN)<br/>DICLOFENAC SODIUM 1% TOPICAL GEL (generic for VOLTAREN)<br/>IBUPROFEN 100MG/5ML SUSPENSION (generic for MOTRIN)<br/>IBUPROFEN 400 MG, 600 MG, 800 MG TABLET (generic for MOTRIN)<br/>INDOMETHACIN 25MG, 50MG CAPSULE (generic for INDOCIN)<br/>KETOROLAC TABLET (generic for TORADOL)*<br/>MELOXICAM 7.5MG, 15MG TABLET (generic for MOBIC)<br/>NABUMETONE TABLET (generic for RELAFEN)<br/>NAPROXEN 250 MG, 375 MG, 500 MG TABLET (generic for NAPROSYN)<br/>NAPROXEN 375 MG, 500 MG EC TABLET (generic for EC-NAPROSYN)<br/>NAPROXEN 275 MG, 550 MG TABLET (generic for ANAPROX)<br/><b><u>NON-PREFERRED –</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>ARTHROTEC TABLET (DICLOFENAC/MISOPROSTOL)<br/>CELEBREX (CELECOXIB)<br/>DAYPRO (OXAPROZIN)<br/>DICLOFENAC EPOLAMINE 1.3% PATCH (generic for FLECTOR)<br/>DICLOFENAC POTASSIUM TABLET (generic for CATAFLAM)<br/>DICLOFENAC POTASSIUM CAPSULE (generic for ZIPSOR)<br/>DICLOFENAC SODIUM ER 100MG TABLET (generic for VOLTAREN XR)<br/>DICLOFENAC SODIUM TOPICAL 1.5% , 2% (generic for PENNSAID)<br/>DICLOFENAC SODIUM 3% GEL (generic for SOLARAZE)*<br/><b><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></b></p> |

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| ANALGESICS  | ANALGESICS   | ANALGESICS   |
|---|--|--|
| <p style="text-align: center;"><b>NONSTEROIDAL</b><br/><b>ANTIINFLAMMATORY AGENTS- CONTINUED</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 4/13/2007<br/>ORIGINAL EDIT EFFECTIVE DATE: 6/18/2007<br/>RE-REVIEW POSTED PREFERRED STATUS: 4/07/2011<br/>REVISED EDIT EFFECTIVE DATE: 6/7/2011<br/>UPDATED: 1/1/2020<br/>UPDATED: 7/1/2025</p> <p><b><u>NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>DICLOFENAC SODIUM/MISOPROSTOL (generic for ARTHROTEC)<br/>DIFLUNISAL (generic for DOLOBID)<br/>DOLOBID TABLET (DIFLUNISAL)<br/>ETODOLAC TABLET, CAPSULE (generic for LODINE)<br/>ETODOLAC ER TABLET (generic for LODINE XL)<br/>FELDENE CAPSULE (PIROXICAM)<br/>FENOPROFEN TABLET,CAPSULE (generic for NALFON)<br/>FENOPRON CAPSULE (FENOPROFEN)<br/>FLURBIPROFEN TABLET (generic for ANSAID)<br/>IBUPROFEN 300 MG TABLET (generic for MOTRIN)<br/>IBUPROFEN/FAMOTIDINE TABLET (generic for DUEXIS)<br/>INDOMETHACIN 25 MG/5 ML SUSPENSION (generic for INDOCIN)<br/>INDOMETHACIN 75 MG SA CAPSULE (generic for INDOCIN)<br/>INDOMETHACIN 50 MG SUPPOSITORY (generic for INDOCIN)<br/>KETOPROFEN 200 MG ER CAPSULE (generic for ORUVAIL)<br/>KETOPROFEN CAPSULE (generic for ORUDIS)<br/>LUBIRO TABLET (FLURBIPROFEN)<br/>MECLOFENAMATE SODIUM CAPSULE (generic for MECLOMEN)<br/>MEFENAMIC ACID CAPSULE (generic for PONSTEL)<br/>MELOXICAM CAPSULE (generic for VIVLODEX)<br/>NALFON TABLET, CAPSULE (FENOPROFEN)<br/>NAPRELAN CR TABLET (NAPROXEN)<br/>NAPROXEN 375 MG, 500 MG, 750 MG ER/CR TABLET (generic for NAPRELAN)<br/>NAPROXEN/ESOMEPRAZOLE TABLET (generic for VIMOVO)<br/>NAPROXEN SUSPENSION (generic for NAPROSYN)*</p> <p><b><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></b></p> | <p style="text-align: center;"><b>NONSTEROIDAL</b><br/><b>ANTIINFLAMMATORY AGENTS- CONTINUED</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 4/13/2007<br/>ORIGINAL EDIT EFFECTIVE DATE: 6/18/2007<br/>RE-REVIEW POSTED PREFERRED STATUS: 4/07/2011<br/>REVISED EDIT EFFECTIVE DATE: 6/7/2011<br/>UPDATED: 1/1/2020<br/>UPDATED: 7/1/2025</p> <p><b><u>NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>OXAPROZIN (generic for DAYPRO)<br/>PENNSAID 2% TOPICAL SOLUTION (DICLOFENAC SODIUM)<br/>PIROXICAM (generic for FELDENE)<br/>RELAFEN DS TABLET (NABUMETONE)<br/>SALSALATE TABLET (generic for DISALCID)<br/>TOLECTIN TABLET (TOLMETIN)<br/>TOLMETIN SODIUM CAPSULE (generic for TOLECTIN DS)<br/>TOLMETIN SODIUM TABLET (generic for TOLECTIN 600)</p> | <p style="text-align: center;"><b>MEDICATION ASSISTED TREATMENT MEDICATIONS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017<br/>ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017<br/>RE-REVIEW: 8/10/18<br/>UPDATED (ORAL AGENTS) 10/1/2021<br/>UPDATED (INJECTABLE AGENTS) 1/1/2023 &amp; 5/23/2023<br/>UPDATED 9/1/2023<br/>UPDATED (MAT INJECTABLES) 7/1/2024</p> <p><b><u>PREFERRED OPIOID DEPENDENCE AGENTS</u></b></p> <p>BUPRENORPHINE SUBLINGUAL TABLETS<br/>NALTREXONE<br/>SUBOXONE FILM <b>BRAND ONLY</b><br/>ZUBSOLV SL TABLETS</p> <p><b><u>PREFERRED OPIATE OVERDOSE AGENTS/RESCUE MEDS</u></b></p> <p>KLOXXADO NASAL SPRAY<br/>NALOXONE 0.4MG/ML VIAL<br/>NALOXONE 2MG/2ML SYRINGE<br/>NALOXONE 4MG NASAL SPRAY<br/>NARCAN 4MG NASAL SPRAY<br/>REXTOVY 4MG NASAL SPRAY<br/>ZIMHI 5MG/0.5ML SYRINGE</p> <p><b><u>PREFERRED ALCOHOL DEPENDENCE AGENTS</u></b></p> <p>ACAMPROSATE DR<br/>DISULFIRAM<br/>NALTREXONE</p> <p><b><u>PREFERRED MAT INJECTABLES - NO PA REQUIRED (PHARMACY)</u></b></p> <p>BRIXADI SQ SYRINGE (BUPRENORPHINE)<br/>SUBLOCADE SQ INJECTION (BUPRENORPHINE)<br/>VIVITROL IM (NALTREXONE)</p> <p><b>MAY BILL THROUGH PHARMACY OR MEDICAL BENEFITS</b></p> |

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|---|---|---|
| <p><b>MEDICATION ASSISTED TREATMENT MEDICATIONS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017<br/>ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017<br/>RE-REVIEW: 8/10/18<br/>UPDATED (ORAL AGENTS) 10/1/2021<br/>UPDATED (INJECTABLE AGENTS) 1/1/2023 &amp; 5/23/2023<br/>UPDATED 9/1/2023<br/>UPDATED (MAT INJECTABLES) 7/1/2024</p> <p><b><u>NON-PREFERRED OPIOID DEPENDENCE AGENTS</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>BUPRENORPHINE/NALOXONE SLTAB * (generic for SUBOXONE TABS)<br/>BUPRENORPHINE/NALOXONE SL FILM* (generic for SUBOXONE FILMS)</p> <p><b><u>NON-PREFERRED OPIATE OVERDOSE/RESCUE MEDS</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>LIFEMS NALOXONE 2MG/2ML KIT<br/>LUCEMYRA<br/>NALMEFENE 2MG/2ML VIAL<br/>NALOXONE 0.4MG/ML CARPUJECT<br/>OPVEE NASAL SPRAY<br/>ZURNAI 1.5 MG/0.5 ML AUTOINJECTOR (NALMEFENE)</p> | <p><b>ANTIMIGRAINE AGENTS</b></p> <p>Serotonin 5-HT1 Receptor Agonist (TRIPTANS)</p> <p>ORIGINAL POSTED PREFERRED STATUS: 12/8/2005<br/>ORIGINAL EDIT EFFECTIVE DATE: 2/7/2006<br/>REVISED POSTED PREFERRED STATUS: 7/25/2007<br/>REVISED EDIT EFFECTIVE DATE: 10/1/2007<br/>RE-REVIEW POSTED PREFERRED STATUS: 4/26/2010<br/>REVISED EDIT EFFECTIVE DATE: 7/1/2010<br/>RE-REVIEW POSTED PREFERRED STATUS: 1/1/2020<br/>RE-REVIEW POSTED PREFERRED STATUS: 7/1/2024</p> <p><b><u>PREFERRED</u></b><br/>NARATRIPTAN (AMERGE)<br/>RIZATRIPTAN TABLET, ODT (MAXALT, MAXALT MLT)<br/>SUMATRIPTAN TABLET (IMITREX)<br/>SUMATRIPTAN 4MG/0.5ML, 6MG/0.5ML KIT REFILL (IMITREX)*<br/>SUMATRIPTAN 6MG/0.5ML VIAL (IMITREX)*<br/>SUMATRIPTAN 5MG NASAL SPRAY (IMITREX)*<br/>SUMATRIPTAN 20MG NASAL SPRAY (IMITREX)*<br/>ZOLMITRIPTAN TABLET, ODT (ZOMIG, ZOMIG ZMT)</p> <p><b><u>NON-PREFERRED –INCLUDE BUT NOT LIMITED TO</u></b><br/>AMLOTRIPTAN (AXERT)<br/>ELETRIPTAN (RELPAX)<br/>FROVA<br/>FROVATRIPTAN (FROVA)<br/>IMITREX KIT, TABLET<br/>MAXALT MLT, TABLET<br/>RELPAX<br/>SUMATRIPTAN 4 MG/0.5 ML AND 6MG/0.5ML KIT SYRINGE (IMITREX)*<br/>SUMATRIPTAN/NAPROXEN (TREXIMET)<br/>SYMBRAVO (MELOXICAM/RIZATRIPTAN)<br/>TOSYMRA NASAL SORAY<br/>ZEMBRACE SYMTOUCH PEN<br/>ZOLMITRIPTAN 2.5 MG AND 5 MG NASAL SPRAY (ZOMIG)<br/>ZOMIG TABLET</p> | <p><b>ANTIMIGRAINE AGENTS FOR PREVENTION</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/14/2019<br/>ORIGINAL EDIT EFFECTIVE DATE: 10/1/19<br/>UPDATED 1/1/2023<br/>UPDATED 1/1/2025</p> <p><b><u>PREFERRED</u></b><br/>AIMOVIG (ERENUMAB)*<br/>EMGALITY 120 MG (GALACANEZUMAB) PEN*<br/>EMGALITY 120 MG (GALACANEZUMAB) SYRINGE*<br/>NURTEC ODT (RIMEGEPANT)*<br/>QULIPTA (ATOGEPAANT) TABLET*</p> <p><b><u>NON-PREFERRED</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>AJOVY (FREMANEZUMAB) SYRINGE<br/>EMGALITY 100 MG (GALACANEZUMAB) SYRINGE</p> |

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| ANALGESICS  | ANTI-INFECTIVES   | ANTI-INFECTIVES  |
|---|---|--|
| <p style="text-align: center;"><b>ANTIMIGRAINE AGENTS<br/>FOR TREATMENT</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 1/1/2023<br/>UPDATED 1/1/2025</b></p> <p><b><u>PREFERRED</u></b><br/>NURTEC ODT (RIMEGEPANT)*</p> <p><b><u>NON-PREFERRED<br/>INCLUDE BUT NOT LIMITED TO</u></b><br/>BREKIYA AUTOINJECTOR (DIHYDROERGOTAMINE)<br/>DICLOFENAC POTASSIUM POWDER PACK (generic for CAMBIA)<br/>DIHYDROERGOTAMINE INJECTION (generic for D.H.E. 45)<br/>DIHYDROERGOTAMINE NASAL SPRAY (generic for MIGRANAL)<br/>ELYXYB SOLUTION (CELECOXIB)<br/>ERGOMAR SL TABLET (ERGOTAMINE)<br/>MIGRANAL NASAL SPRAY (DIHYDROERGOTAMINE)<br/>REYVOW TABLET (LASMIDITAN)<br/>TRUDHESA NASAL SPRAY (DIHYDROERGOTAMINE)<br/>UBRELVY TABLET (UBROGEPANT)<br/>ZAVZPRET NASAL SPRAY (ZAVEGEPANT)</p> | <p style="text-align: center;"><b>ANTIVIRALS, GENERAL (PAXLOVID)</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 10/1/2025</b></p> <p><b><u>PREFERRED</u></b><br/>PAXLOVID TABLET (NIRMATRELVIR AND RITONAVIR)</p> <p><b><u>NON-PREFERRED - INCLUDE BUT NOT LIMITED TO</u></b><br/>NONE</p> | <p style="text-align: center;"><b>ANTIVIRALS, ORAL</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 10/1/2025</b></p> <p><b><u>PREFERRED</u></b><br/>ACYCLOVIR TABLET AND CAPSULE (generic for ZOVIRAX)<br/>ACYCLOVIR SUSPENSION* (generic for ZOVIRAX)<br/>OSELTAMIVIR CAPSULE (generic for TAMIFLU)<br/>OSELTAMIVIR SUSPENSION* (generic for TAMIFLU)<br/>VALACYCLOVIR TABLET (generic for VALTREX)</p> <p><b><u>NON-PREFERRED - INCLUDE BUT NOT LIMITED TO</u></b><br/>FAMCICLOVIR TABLET (generic for FAMVIR)<br/>FLUMADINE TABLET (RIMANTADINE)<br/>RELENZA DISKHALER (ZANAMIVIR)<br/>RIMANTADINE TABLET (generic for FLUMADINE)<br/>TAMIFLU SUSPENSION (OSELTAMIVIR)<br/>TAMIFLU TABLET (OSELTAMIVIR)<br/>VALTREX TABLET (VALACYCLOVIR)<br/>XOFLUZA SUSPENSION (BALOXAVIR)<br/>XOFLUZA TABLET (BALOXAVIR)</p> |

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| ANTI-INFECTIVES<br>CEPHALOSPORINS  | ANTI-INFECTIVES<br>HEPATITIS C AGENTS   |  |
|--|---|--|
| <p><b>ORIGINAL POSTED PREFERRED STATUS: 4/1/2023</b></p> <p><b><u>PREFERRED</u></b><br/>           CEFADROXIL CAPSULE AND SUSPENSION (GENERIC FOR DURICEF)<br/>           CEFDINIR CAPSULE AND SUSPENSION (GENERIC FOR OMNICEF)<br/>           CEFPODOXIME TABLET AND SUSPENSION (GENERIC FOR VANTIN)<br/>           CEFPROZIL TABLET AND SUSPENSION (GENERIC FOR CEFZIL)<br/>           CEFUROXIME TABLET (GENERIC FOR CEFTIN)<br/>           CEPHALEXIN CAPSULE AND SUSPENSION (GENERIC FOR KEFLEX)</p> <p><b><u>NON-PREFERRED - INCLUDE BUT NOT LIMITED TO</u></b><br/>           CEFACLOR CAPSULE, ER TABLET, SUSPENSION (GENERIC FOR CECLOR)<br/>           CEFADROXIL TABLET (GENERIC FOR DURICEF)<br/>           CEFIXIME CAPSULE AND SUSPENSION (GENERIC FOR SUPRAX)<br/>           CEPHALEXIN TABLET (GENERIC FOR KEFLEX)<br/>           SUPRAX CHEW TABLET, CAPSULE, AND SUSPENSION (CEFIXIME)</p> | <p><b>ORIGINAL POSTED PREFERRED STATUS: 8/10/2016</b><br/> <b>ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016</b><br/> <b>RE-REVIEW POSTED PREFERRED STATUS: 2/14/18</b><br/> <b>REVISED EDIT EFFECTIVE DATE: 4/1/2018</b><br/> <b>UPDATED 4/1/2021</b></p> <p><b><u>PREFERRED</u></b><br/>           MAVYRET* (GLECAPREVIR/PIBRENTASVIR )<br/>           RIBAVIRIN TABLETS OR CAPSULES 200MG*<br/>           SOFOSBUVIR/VELPATASVIR (GENERIC FOR EPCLUSA)*<br/>           ELBASVIR/GRAZOPREVIR (ZEPATIER)*</p> <p><b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b><br/>           EPCLUSA (SOFOSBUVIR/VELPATASVIR)<br/>           HARVONI* (LEDIPASVIR/ SOFOSBUVIR)<br/>           LEDIPASVIR/ SOFOSBUVIR (GENERIC FOR HARVONI)<br/>           SOVALDI* (SOFOSBUVIR )<br/>           VIEKIRA PAK* (OMBITASVIR/ PARITAPREVIR/ RITONAVIR/ DASABUVIR )<br/>           VOSEVI* (SOFOSBUVIR/VELPATASVIR/VOXILAPREVIR)</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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10/1/2025

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

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| BIOLOGIC AND IMMUNOLOGIC AGENTS                             | BIOLOGIC AND IMMUNOLOGIC AGENTS                              | BIOLOGIC AND IMMUNOLOGIC AGENTS                              |
|---|--|--|
| <b>TARGETED IMMUNE MODULATORS</b>                           | <b>TARGETED IMMUNE MODULATORS-CONTINUED</b>                  | <b>TARGETED IMMUNE MODULATORS-CONTINUED</b>                  |
| <b>ORIGINAL POSTED PREFERRED STATUS: 4/14/2006</b>          | <b>ORIGINAL POSTED PREFERRED STATUS: 4/14/2006</b>           | <b>ORIGINAL POSTED PREFERRED STATUS: 4/14/2006</b>           |
| <b>REVISED EDIT EFFECTIVE DATE: 1/1/18</b>                  | <b>REVISED EDIT EFFECTIVE DATE: 1/1/18</b>                   | <b>REVISED EDIT EFFECTIVE DATE: 1/1/18</b>                   |
| <b>UPDATED 01/01/2021</b>                                   | <b>UPDATED 01/01/2021</b>                                    | <b>UPDATED 01/01/2021</b>                                    |
| <b>UPDATED 07/1/2025</b>                                    | <b>UPDATED 07/1/2025</b>                                     | <b>UPDATED 07/1/2025</b>                                     |
| <u><b>PREFERRED</b></u>                                     | <u><b>NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN</b></u> | <u><b>NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN</b></u> |
| ENBREL* (ETANERCEPT)  | <u><b>INCLUDE BUT NOT LIMITED TO</b></u>                     | <u><b>INCLUDE BUT NOT LIMITED TO</b></u>                     |
| HUMIRA*(ADALIMUMAB)   | ILARIS (CANAKINUMAB)   | USTEKINUMAB-AEKN (generic for SELARSDI)                      |
| OTEZLA* (APREMILAST)  | ILUMYA (TIDRAKIZUMAB -ASMM)                                  | USTEKINUMAB-TTWE (generic for PYZCHIVA)                      |
| TALTZ* (IXEKIZUMAB)   | IMULDOSA (USTEKINUMAB-SRLF)                                  | VELSIPIITY (ETRASIMOD)                                       |
| XELJANZ*, XELJANZ XR* (TOFACITINIB)                         | KEVZARA (SARILUMAB)  | XELJANZ SOLUTION (TOFACITINIB)                               |
| <u><b>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</b></u>    | KINERET (ANAKINRA)   | YESINTEK (USTEKINUMAB-KFCE)                                  |
| ABRILADA (ADALIMUMAB-AFZB)                                  | LEQSELVI (DEURUXOLITINIB)                                    | YUFLYMA (ADALIMUMAB-AATY)                                    |
| ACTEMRA (TOCILIZUMAB)                                       | LITFULO (RITLECITINIB)                                       | YUSIMRY (ADALIMUMAB-AQVH)                                    |
| ADALIMUMAB-AACF (generic for IDACIO)                        | OLUMIANT (BARICITINIB)                                       | ZYMFENTRA (INFLIXIMAB-DYYB)                                  |
| ADALIMUMAB-AATY (generic for YUFLYMA)                       | OMVOH (MIRIKIZUMAB-MRKZ)                                     |  |
| ADALIMUMAB-ADAZ (generic for HYRIMOZ)                       | ORENCIA (ABATACEPT)  |  |
| ADALIMUMAB-ADBM (generic for CYLTEZO)                       | OTEZLA XR (APREMILAST)                                       |  |
| ADALIMUMAB-FKJP (generic for HULIO)                         | OTULFI (USTEKINUMAB-AAUZ)                                    |  |
| ADALIMUMAB-RYVK (generic for SIMLANDI)                      | PYZCHIVA (USTEKINUMAB-TTWE)                                  |  |
| AMJEVITA (ADALIMUMAB-ATTO)                                  | RINVOQ/RINVOQ LS (UPADACITINIB)                              |  |
| ARCALYST (RILONACEPT)                                       | SELARSDI (USTEKINUMAB-AEKN)                                  |  |
| BIMZELX (BIMEKIZUMAB-BKZX)                                  | <b>SILIQ (BRODALUMAB-) MFR leaving MDRP 10/1</b>             |  |
| CIMZIA (CERTOLIZUMAB)                                       | SIMLANDI (ADALIMUMAB-RYVK)                                   |  |
| COSENTYX (SECUKINUMAB)                                      | SIMPONI (GOLIMUMAB)  |  |
| CYLTEZO (ADALIMUMAB-ADBM)                                   | SKYRIZI (RISANKIZUMAB-RZAA)                                  |  |
| ENSPRYNG (SATRALIZUMAB)                                     | SOTYKTU (DEUCRAVACITINIB)                                    |  |
| ENTYVIO PEN (VEDOLIZUMAB)                                   | SPEVIGO (SPESOLIMAB-SBZO)                                    |  |
| HADLIMA (ADALIMUMAB-BWWD)                                   | STELARA (USTEKINUMAB)  |  |
| HULIO (ADALIMUMAB-FKJP)                                     | STEQEYMA (USTEKINUMAB-STBA)                                  |  |
| HYRIMOZ (ADALIMUMAB-ADAZ)                                   | TREMFYA (GUSELKUMAB)   |  |
| IDACIO (ADALIMUMAB-AACF)                                    | TYENNE (TOCILIZUMAB-AAZG)                                    |  |
| <u><b>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</b></u> | USTEKINUMAB (generic for STELARA)                            |  |

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

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| BLOOD MODIFIERS<br>ANTHYPERURICEMICS   | BLOOD MODIFIERS<br>COLONY STIMULATING FACTORS  | BLOOD MODIFIERS<br>ERYTHROPOIESIS STIMULATING AGENTS  |
|--|--|---|
| <p><b>ORIGINAL POSTED PREFERRED STATUS: 2/16/18</b><br/> <b>ORIGINAL EDIT EFFECTIVE DATE: 4/1/18</b><br/> <b>UPDATED 4/1/2021</b><br/> <b>UPDATED 7/1/2025</b></p> <p><b><u>PREFERRED</u></b><br/> ALLOPURINOL 100MG, 300MG TABLET (generic for ZYLOPRIM)<br/> COLCHICINE TABLET (generic for COLCRYS)<br/> PROBENECID TABLET<br/> PROBENECID/COLCHICINE TABLET</p> <p><b><u>NON-PREFERRED –</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/> ALLOPURINOL 200MG TABLET (generic for ZYLOPRIM)<br/> COLCHICINE CAPSULE (generic for MITIGARE)<br/> COLCRYS TABLET (COLCHICINE)<br/> FEBUXOSTAT (generic for ULORIC)<br/> GLOPERBA SOLUTION (COLCHICINE)<br/> MITIGARE CAPSULE (COLCHICINE)<br/> ULORIC TABLET (FEBUXOSTAT)<br/> ZYLOPRIM TABLET (ALLOPURINOL)</p> | <p><b>ORIGINAL POSTED PREFERRED STATUS: 5/10/18</b><br/> <b>ORIGINAL EDIT EFFECTIVE DATE: 7/1/18</b><br/> <b>UPDATED 7/1/2021</b><br/> <b>UPDATED 1/1/2024</b></p> <p><b><u>PREFERRED</u></b><br/> FYLNETRA SYRINGE (PEGFILGRASTIM-PBBK)<br/> NEUPOGEN DISP SYRINGE (FILGRASTIM)<br/> NEUPOGEN VIAL (FILGRASTIM)</p> <p><b><u>NON-PREFERRED –</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/> FULPHILA SYRINGE (PEGFILGRASTIM-JMDB)<br/> GRANIX SYRINGE/VIAL (TBO-FILGRASTIM)<br/> LEUKINE VIAL (SARGRAMOSTIM)<br/> NEULASTA SYRINGE (PEGFILGRASTIM)<br/> NEULASTA ONPRO KIT (PEGFILGRASTIM)<br/> NIVESTYM SYRINGE/VIAL (FILGRASTIM-AAFI)<br/> NYVEPRIA SYRINGE (PEGFILGRASTIM-APGF)<br/> RELEUKO SYRINGE/VIAL (FILGRASTIM-AYOW)<br/> ROLVEDON SYRINGE (EFLAPEGRASTIM-XNST)<br/> RYZNEUTA SYRINGE (EFBEMALENOGRASTIM ALFA-VUXW)<br/> STIMUFEND (PEGFILGRASTIM-FPGK)<br/> UDENYCA SYRINGE/AUTOINJECTOR (PEGFILGRASTIM-CBQV)<br/> ZARXIO SYRINGE (FILGRASTIM-SNDZ)<br/> ZIEXTENZIO SYRINGE (PEGFILGRASTIM-BMEZ)</p> | <p><b>ORIGINAL POSTED PREFERRED STATUS: 5/10/18</b><br/> <b>ORIGINAL EDIT EFFECTIVE DATE: 7/1/18</b><br/> <b>UPDATED 4/1/2024</b></p> <p><b><u>PREFERRED</u></b><br/> ARANESP* (DARBEPOETIN ALFA IN POLYSORBATE) SYRINGE<br/> EPOGEN* (EPOETIN ALFA) VIAL<br/> RETACRIT* (EPOETIN ALFA) VIAL</p> <p><b><u>NON-PREFERRED –</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/> ARANESP (DARBEPOETIN ALFA IN POLYSORBATE ) VIAL<br/> MIRCERA (METHOXY PEG-EPOETIN BETA) SYRINGE<br/> PROCRIT (EPOETIN ALFA) VIAL<br/> REBLOZYL (LUSPATERCEPT) VIAL</p> |

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# Preferred Drug List

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10/1/2025

| BLOOD MODIFIERS  | BLOOD MODIFIERS  | BLOOD MODIFIERS   |
|--|--|---|
| <p style="text-align: center;"><b>PHOSPHATE BINDERS FOR CKD</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 5/10/18</b><br/> <b>ORIGINAL EDIT EFFECTIVE DATE: 7/1/18</b><br/> <b>UPDATED 7/1/2021</b></p> <p><b><u>PREFERRED</u></b></p> <p>CALCIUM ACETATE CAPSULE<br/>           CALCIUM ACETATE TABLET<br/>           SEVELAMER CARBONATE TABLET (generic for RENVELA)</p> <p><b><u>NON-PREFERRED –</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>AURYXIA<br/>           FERRIC CITRATE (generic for AURYXIA)<br/>           FOSRENOL CHEWABLE TABLET<br/>           LANTHANUM CARBONATE CHEWABLE TABLET<br/>           PHOSLYRA<br/>           RENVELA POWDER PACK, TABLET<br/>           SEVELAMER CARBONATE POWDER PACK (generic for RENVELA)<br/>           SEVELAMER HCL TABLETS (generic for RENAGEL)<br/>           VELPHORO<br/>           XPHOZAH</p> | <p style="text-align: center;"><b>THROMBOPOIESIS STIMULATING PROTEINS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 1/1/2021</b><br/> <b>UPDATED 10/1/2025</b></p> <p><b><u>PREFERRED</u></b></p> <p>PROMACTA* TABLET (ELTROMBOPAG OLAMINE) <b>BRAND ONLY</b></p> <p><b><u>NON-PREFERRED –</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ALVAIZ (ELTROMBOPAG CHOLINE)<br/>           DOPTELET SPRINKLE (AVATROMBOPAG MALEATE)<br/>           DOPTELET TABLET (AVATROMBOPAG MALEATE)<br/>           ELTROMBOPAG OLAMINE (generic for PROMACTA)<br/>           MULPLETA TABLET (LUSUTROMBOPAG)<br/>           PROMACTA SUSPENSION (ELTROMBOPAG) <b>BRAND PFD OVER GEN</b><br/>           TAVALISSE TABLET (FOSTAMATINIB DISODIUM)<br/>           WAYRILZ TABLET (RILZABRUTINIB)</p> | <p style="text-align: center;"><b>UREA CYCLE DISORDER AGENTS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 4/1/2024</b></p> <p><b><u>PREFERRED</u></b></p> <p>CARBAGLU* (CARGLUMIC ACID) TABLETS <b>BRAND ONLY</b><br/>           PHEBURANE* (SODIUM PHENYL BUTYRATE) PELLETS</p> <p><b><u>NON-PREFERRED –</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>BUPHENYL* (SODIUM PHENYL BUTYRATE) POWDER<br/>           BUPHENYL* (SODIUM PHENYL BUTYRATE) TABLET<br/>           CARGLUMIC ACID* TABLETS (generic for CARBAGLU)<br/>           OLPRUVA* (SODIUM PHENYL BUTYRATE) PELLETS<br/>           RAVICTI* (GLYCEROL PHENYL BUTYRATE) LIQUID<br/>           SODIUM PHENYL BUTYRATE POWDER* (generic for BUPHENYL)<br/>           SODIUM PHENYL BUTYRATE TABLET* (generic for BUPHENYL)</p> |

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| CARDIOVASCULAR AGENTS   | CARDIOVASCULAR AGENTS   | CARDIOVASCULAR AGENTS   |
|---|---|---|
| <p style="text-align: center;"><b>ANTICOAGULANTS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 2/16/18</b><br/> <b>ORIGINAL EDIT EFFECTIVE DATE: 4/1/18</b><br/> <b>UPDATED 4/1/2021</b><br/> <b>UPDATED 10/1/2025</b></p> <p><b><u>PREFERRED</u></b></p> <p>DABIGATRAN CAPSULE (generic for PRADAXA)*<br/>           ELIQUIS TABLET (APIXIBAN)*<br/>           ENOXAPARIN INJECTION (generic for LOVENOX)*<br/>           JANTOVEN TABLET (WARFARIN)*<br/>           WARFARIN TABLET (generic for COUMADIN)*<br/>           XARELTO TABLET (RIVAROXABAN)*-<b>BRAND ONLY</b></p> <p><b><u>NON-PREFERRED –</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ARIXTRA INJECTION (FONDAPARINUX)<br/>           ELIQUIS SPRINKLE, TABLET FOR SUSPENSION (APIXIBAN)<br/>           FONDAPARINUX INJECTION (generic for ARIXTRA)<br/>           FRAGMIN INJECTION (DALTEPARIN)<br/>           LOVENOX INJECTION (ENOXAPARIN)<br/>           PRADAXA PELLET PACK (DABIGATRAN)<br/>           PRADAXA CAPSULE (DABIGATRAN)<br/>           RIVAROXABAN SUSPENSION (generic for XARELTO)<br/>           RIVAROXABAN 2.5 MG TABLET (generic for XARELTO)<br/>           SAVAYSA (EDOXABAN)<br/>           XARELTO SUSPENSION - BRAND ONLY IF APPROVED</p> | <p style="text-align: center;"><b>ANTHYPERLIPIDEMICS</b><br/><b>HMG-CoA REDUCTASE INHIBITORS</b></p> <p><b>RE-REVIEW POSTED PREFERRED STATUS: 5/27/2014</b><br/> <b>REVISED EDIT EFFECTIVE DATE: 5/30/2014</b><br/> <b>UPDATED 7/1/2021</b></p> <p><b><u>PREFERRED</u></b></p> <p>ATORVASTATIN (generic for LIPITOR)<br/>           LOVASTATIN (generic for MEVACOR)<br/>           PRAVASTATIN (generic for PRAVACHOL)<br/>           ROSUVASTATIN (generic for CRESTOR)<br/>           SIMVASTATIN (generic for ZOCOR)</p> <p><b><u>NON-PREFERRED –</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ALTOPREV (LOVASTATIN ER)<br/>           ATORVALIQ SUSPENSION (ATORVASTATIN)<br/>           ATORVASTATIN/AMLODIPINE (generic for CADUET)<br/>           CADUET (ATORVASTATIN/AMLODIPINE)<br/>           CRESTOR (ROSUVASTATIN)<br/>           FLUVASTATIN (generic for LESCOL)<br/>           LESCOL XL (FLUVASTATIN ER)<br/>           LIPITOR (ATORVASTATIN)<br/>           LIVALO (PITAVASTATIN)<br/>           PITAVASTATIN (generic for LIVALO)<br/>           SIMVASTATIN/EZETIMIBE (generic for VYTORIN)<br/>           VYTORIN (SIMVASTATIN/EZETIMIBE)<br/>           ZOCOR (SIMVASTATIN)</p> | <p style="text-align: center;"><b>ANTHYPERLIPIDEMICS</b><br/><b>EXCLUDING STATINS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 5/10/18</b><br/> <b>ORIGINAL EDIT EFFECTIVE DATE: 7/1/18</b><br/> <b>UPDATED 1/1/2024</b></p> <p><b><u>PREFERRED FIBRIC ACIDS</u></b></p> <p>FENOFIBRATE TABLET 48MG, 145MG (generic for TRICOR)<br/>           FENOFIBRATE TABLET 54MG, 160MG (generic for LOFIBRA)<br/>           GEMFIBROZIL 600MG (generic for LOPID)</p> <p><b><u>PREFERRED BILE ACID SEQUESTRANTS</u></b></p> <p>CHOLESTYRAMINE LIGHT (generic for QUESTRAN LIGHT, PREVALITE)<br/>           CHOLESTYRAMINE (generic for QUESTRAN)<br/>           COLESTIPOL GRANULES, PACKET, TABLET (generic for COLESTID)</p> <p><b><u>PREFERRED CHOLESTEROL ABSORPTION INHIBITOR</u></b></p> <p>EZETIMIBE TABLET (generic for ZETIA)</p> <p><b><u>PREFERRED NIACIN</u></b></p> <p>NIACIN ER TABLET (generic for NIASPAN ER)</p> <p><b><u>PREFERRED OMEGA-3 FATTY ACIDS</u></b></p> <p>OMEGA-3 ACID ETHYL ESTERS CAPSULE (generic for LOVAZA)*</p> <p><b><u>PREFERRED PCSK9 INHIBITORS</u></b></p> <p>PRALUENT PEN (ALIROCUMAB)*<br/>           REPATHA SYRINGE, AUTOINJECTOR, PUSHTRONEX (EVOLOCUMAB)*</p> <p><b><u>NON-PREFERRED FIBRIC ACIDS</u></b></p> <p>FENOFIBRATE CAPSULE (generic for LOFIBRA, ANTARA, LIPOFEN, TRICOR)<br/>           FENOFIBRATE TABLET (generic for FENOGLIDE)<br/>           FENOFIBRIC ACID CAPSULE (generic for TRILIPIX)</p> <p><b><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></b></p> |

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| CARDIOVASCULAR AGENTS  | CARDIOVASCULAR AGENTS   | CARDIOVASCULAR AGENTS   |
|--|---|---|
| <p style="text-align: center;"><b>ANTIHYPERTENSIVES<br/>EXCLUDING STATINS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 5/10/18<br/>UPDATED 1/1/2024</b></p> <p><b><u>NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN</u></b></p> <p>FENOFIBRIC ACID TABLET (generic for FIBRICOR)<br/>FENOGLIDE (FENOFIBRATE) MFR leaving MDRP 10/1<br/>LIPOFEN (FENOFIBRATE)<br/>LOPID (GEMFIBROZIL)<br/>TRICOR (FENOFIBRATE)<br/>TRILIPIX (FENOFIBRIC ACID)</p> <p><b><u>NONPREFERRED BILE ACID SEQUESTRANTS</u></b></p> <p>COLESEVELAM POWDER PACK, TABLET (generic for WELCHOL)<br/>COLESTID TABLET AND PACKET (COLESTIPOL)<br/>PREVALITE POWDER (CHOLESTYRAMINE)<br/>QUESTRAN POWDER (CHOLESTYRAMINE)<br/>QUESTRAN LIGHT POWDER (CHOLESTYRAMINE)<br/>WELCHOL POWDER PACK, TABLET (COLESEVELAM)</p> <p><b><u>NONPREFERRED CHOLESTEROL ABSORPTION INHIBITOR</u></b></p> <p>ZETIA TABLET (EZETIMIBE)</p> <p><b><u>NONPREFERRED ACL INHIBITOR &amp; COMBO</u></b></p> <p>NEXLETOL TABLET (BEMPEDOIC ACID)*<br/>NEXLIZET TABLET (BEMPEDOIC ACID/EZETIMIBE)*</p> <p><b><u>NONPREFERRED APOLIPOPROTEIN B SYNTHESIS INHIBITOR</u></b></p> <p>JUXTAPID CAPSULE (LOMITAPIDE)*</p> <p><b><u>NONPREFERRED OMEGA-3 FATTY ACIDS</u></b></p> <p>ICOSAPENT ETHYL CAPSULE (generic for VASCEPA)*<br/>LOVAZA CAPSULE (OMEGA-3 ACID ETHYL ESTERS)*<br/>VASCEPA CAPSULE (ICOSAPENT ETHYL)*</p> <p><b><u>NONPREFERRED PCSK9-DIRECTED SIRNA</u></b></p> <p>LEQVIO SYRINGE (INCLISIRAN)*</p> | <p style="text-align: center;"><b>ANTIHYPERTENSIVE AGENTS<br/>ANGIOTENSIN-CONVERTING ENZYME INHIBITORS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 11/16/2005<br/>ORIGINAL EDIT EFFECTIVE DATE: 11/16/2005<br/>REVISED POSTED PREFERRED STATUS: 11/21/2007<br/>REVISED EDIT EFFECTIVE DATE: 1/23/2008<br/>RE-REVIEW POSTED PREFERRED STATUS: 6/17/2010<br/>REVISED EDIT EFFECTIVE DATE: 8/17/2010<br/>RE-REVIEW POSTED PREFERRED STATUS: 11/10/17<br/>REVISED EDIT EFFECTIVE DATE: 1/1/18<br/>UPDATED: 01/01/2021<br/>UPDATED: 10/01/2025</b></p> <p><b><u>PREFERRED</u></b></p> <p>BENAZEPRIL (generic for LOTENSIN)<br/>BENAZEPRIL/AMLODIPINE (generic for LOTREL)<br/>BENAZEPRIL/HCTZ (generic for LOTENSIN HCT)<br/>CAPTOPRIL (generic for CAPOTEN)<br/>ENALAPRIL (generic for VASOTEC)<br/>ENALAPRIL/HCTZ (generic for VASERETIC)<br/>FOSINOPRIL (generic for MONOPRIL)<br/>FOSINOPRIL/HCTZ (generic for MONOPRIL HCT)<br/>LISINOPRIL (generic for ZESTRIL)<br/>LISINOPRIL/HCTZ (generic for ZESTORETIC)<br/>QUINAPRIL (generic for ACCUPRIL)<br/>QUINAPRIL/HCTZ (generic for ACCURETIC)<br/>RAMIPRIL (generic for ALTACE)</p> <p><b><u>NON-PREFERRED –<br/>NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</u></b></p> | <p style="text-align: center;"><b>ANTIHYPERTENSIVE AGENTS<br/>ANGIOTENSIN-CONVERTING ENZYME INHIBITORS</b></p> <p style="text-align: center;"><i>CONTINUED</i></p> <p><b><u>NON-PREFERRED –<br/>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ACCUPRIL (QUINAPRIL)<br/>ACCUPRETIC (QUINAPRIL/HCTZ)<br/>ALTACE (RAMIPRIL)<br/>CAPTOPRIL/HCTZ (generic for CAPOZIDE))<br/>ENALAPRIL SOLUTION (generic for EPANED)<br/>EPANED (ENALAPRIL)<br/>LOTENSIN (BENAZEPRIL)<br/>LOTENSIN HCT (BENAZEPRIL/HCTZ)<br/>LOTREL (BENAZEPRIL/AMLODIPINE)<br/>MOEXIPRIL (generic for UNIVASC)<br/>PERINDOPRIL (generic for ACEON)<br/>QBRELIS (LISINOPRIL)<br/>TRANDOLAPRIL (generic for MAVIK)<br/>VASORETIC (ENALAPRIL/HCTZ) MFR leaving MDRP 10/1<br/>VASOTEC (ENALAPRIL) MFR leaving MDRP 10/1<br/>ZESTORETIC (LISINOPRIL/HCTZ)<br/>ZESTRIL (LISINOPRIL)</p> |

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| CARDIOVASCULAR AGENTS  | CARDIOVASCULAR AGENTS  | CARDIOVASCULAR AGENTS   |
|--|--|---|
| <p style="text-align: center;"><b>ANTIHYPERTENSIVE AGENTS</b></p> <p style="text-align: center;"><b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 12/20/2005<br/>           ORIGINAL EDIT EFFECTIVE DATE: 2/21/2006<br/>           REVISED POSTED PREFERRED STATUS: 8/12/2011<br/>           REVISED EDIT EFFECTIVE DATE: 10/12/2011<br/>           RE-REVIEW POSTED PREFERRED STATUS: 3/6/2013<br/>           REVISED EDIT EFFECTIVE DATE: 5/7/2013, 2/15/2016<br/>           RE-REVIEW POSTED PREFERRED STATUS: 11/10/17<br/>           REVISED EDIT EFFECTIVE DATE: 1/1/18<br/>           UPDATED: 01/01/2021<br/>           UPDATED: 10/1/2025</p> <p><b><u>PREFERRED</u></b></p> <p>ENTRESTO* SPRINKLE<br/>           IRBESARTAN TABLET (generic for AVAPRO)<br/>           IRBESARTAN/HCTZ TABLET (generic for AVALIDE)<br/>           LOSARTAN TABLET (generic for COZAAR)<br/>           LOSARTAN/HCTZ TABLET (generic for HYZAAR)<br/>           OLMESARTAN TABLET (generic for BENICAR)<br/>           OLMESARTAN/AMLODIPINE TABLET (generic for AZOR)<br/>           VALSARTAN TABLET (generic for DIOVAN)<br/>           VALSARTAN/HCTZ TABLET (generic for DIOVAN HCT)<br/>           VALSARTAN/AMLODIPINE TABLET (generic for EXFORGE)<br/>           VALSARTAN/AMLODIPINE/HCTZ TABLET (generic for EXFORGE HCT)<br/>           VALSARTAN/SACUBITRIL TABLET (generic for ENTRESTO)</p> <p><b><u>NON-PREFERRED –</u></b><br/> <b><u>NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</u></b></p> | <p style="text-align: center;"><b>ANTIHYPERTENSIVE AGENTS</b></p> <p style="text-align: center;"><b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 12/20/2005<br/> <b><u>NON-PREFERRED –</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ARBLI SUSPENSION (LOSARTAN)<br/>           ATACAND TABLET (CANDESARTAN)<br/>           ATACAND HCT TABLET (CANDESARTAN/HCTZ)<br/>           AVALIDE TABLET (IRBESARTAN/HCTZ)<br/>           AVAPRO TABLET (IRBESARTAN)<br/>           AZOR TABLET (OLMESARTAN/AMLODIPINE)<br/>           BENICAR TABLET (OLMESARTAN)<br/>           BENICAR HCT TABLET (OLMESARTAN/HCTZ)<br/>           CANDESARTAN TABLET (generic for ATACAND)<br/>           CANDESARTAN/HCTZ TABLET (generic for ATACAND HCT)<br/>           COZAAR TABLET (LOSARTAN)<br/>           DIOVAN TABLET (VALSARTAN)<br/>           DIOVAN HCT TABLET (VALSARTAN/HCTZ)<br/>           EDARBI TABLET (AZILSARTAN)<br/>           EDARBYCLOR TABLET (AZILSARTAN/CHLORTHALIDONE)<br/>           EPROSARTAN TABLET (generic for TEVETEN)<br/>           EXFORGE TABLET (VALSARTAN/AMLODIPINE)<br/>           EXFORGE HCT TABLET (VALSARTAN/AMLODIPINE/HCTZ)<br/>           HYZAAR TABLET (LOSARTAN/HCTZ)<br/>           MICARDIS TABLET (TELMISARTAN)</p> <p><b><u>NON-PREFERRED –</u></b><br/> <b><u>NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</u></b></p> | <p style="text-align: center;"><b>ANTIHYPERTENSIVE AGENTS</b></p> <p style="text-align: center;"><b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 12/20/2005<br/> <b><u>NON-PREFERRED –</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>MICARDIS HCT TABLET (TELMISARTAN/HCTZ)<br/>           OLMESARTAN/HCTZ TABLET (generic for BENICAR HCT)<br/>           OLMESARTAN/AMLODIPINE/HCTZ TABLET (generic for TRIBENZOR)<br/>           TELMISARTAN TABLET (generic for MICARDIS)<br/>           TELMISARTAN/AMLODIPINE TABLET (generic for TWYNSTA)<br/>           TELMISARTAN/HCTZ TABLET (generic for MICARDIS HCT)<br/>           TRIBENZOR TABLET (OLMESARTAN/AMLODIPINE/HCTZ)<br/>           VALSARTAN SOLUTION (generic for DIOVAN)</p> |

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| CARDIOVASCULAR AGENTS   | CARDIOVASCULAR AGENTS   | CARDIOVASCULAR AGENTS  |
|---|---|--|
| <p><b>ANTIHYPERTENSIVE AGENTS</b><br/><b>BETA ADRENERGIC BLOCKERS</b><br/>ORIGINAL POSTED PREFERRED STATUS: 7/18/2005<br/>RE-REVIEW POSTED PREFERRED STATUS: 10/17/2007<br/>RE-REVIEW POSTED PREFERRED STATUS: 11/15/2018<br/>RE-REVIEW POSTED PREFERRED STATUS: 1/1/2022<br/>UPDATED: 10/1/2025<br/><b><u>PREFERRED</u></b><br/>ACEBUTOLOL (generic for SECTRAL)<br/>ATENOLOL (generic for TENORMIN)<br/>ATENOLOL/CHLORTHALIDONE (generic for TENORETIC)<br/>BISOPROLOL 5 MG, 10 MG (generic for ZEBETA)<br/>BISOPROLOL/HCTZ (generic for ZIAC)<br/>CARVEDILOL (generic for COREG)<br/>LABETALOL 100 MG, 200 MG, 300 MG (generic for NORMODYNE)<br/>METOPROLOL SUCCINATE (generic for TOPROL XL)<br/>METOPROLOL TARTRATE (generic for LOPRESSOR)<br/>NEBIVOLOL (generic for BYSTOLIC)<br/>PROPRANOLOL IMMEDIATE RELEASE (generic for INDERAL)<br/>SOTALOL (generic for BETAPACE)<br/>SOTALOL AF (generic for BETAPACE)</p> <p><b><u>NON-PREFERRED –</u></b><br/><b><u>NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</u></b></p> | <p><b>ANTIHYPERTENSIVE AGENTS</b><br/><b>BETA ADRENERGIC BLOCKERS</b><br/><i>CONTINUED</i><br/>ORIGINAL POSTED PREFERRED STATUS: 7/18/2005<br/>RE-REVIEW POSTED PREFERRED STATUS: 1/1/2022<br/>UPDATED: 10/1/2025<br/><b><u>NON-PREFERRED –</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>BETAPACE/BETAPACE AF (SOTALOL)<br/>BETAXOLOL (generic for KERLONE)<br/>BISOPROLOL 2.5 MG (generic for ZEBETA)<br/>BYSTOLIC (NEBIVOLOL)<br/>CARVEDILOL ER (generic for COREG CR)<br/>HEMANGEOL (PROPRANOLOL)<br/>INDERAL LA (PROPRANOLOL)<br/>INDERAL XL (PROPRANOLOL)<br/>INNOPRAN XL (PROPRANOLOL)<br/>KAPSPARGO (METOPROLOL)<br/>LABETALOL 400MG (generic for NORMODYNE)<br/>LOPRESSOR (METOPROLOL)<br/>METOPROLOL /HCTZ (generic for LOPRESSOR HCT)<br/>NADOLOL (generic for CORGARD)<br/>PINDOLOL (generic for VISKEN)<br/>PROPRANOLOL ER (generic for INDERAL LA, INNOPRAN XL)<br/>PROPRANOLOL SOLUTION<br/>PROPRANOLOL/HCTZ (generic for INDERIDE)<br/>SOTYLIZE* solution<br/>TENORETIC (ATENOLO/CHLORTHALIDONE)<br/>TENORMIN (AGENOLOL)<br/>TIMOLOL MALEATE (generic for BLOCADREN)<br/>TOPROL XL (METOPROLOL XL)</p> | <p><b>ANTIHYPERTENSIVE AGENTS</b><br/><b>CALCIUM CHANNEL BLOCKERS</b><br/>ORIGINAL POSTED PREFERRED STATUS: 5/12/2005<br/>UPDATED 01/01/2021<br/>UPDATED 10/1/2025<br/><b><u>PREFERRED</u></b><br/>AMLODIPINE (generic for NORVASC)<br/>AMLODIPINE/BENAZEPRIL (generic for LOTREL)<br/>AMLODIPINE/OLMESARTAN (generic for AZOR)<br/>AMLODIPINE/VALSARTAN (generic for EXFORGE)<br/>AMLODIPINE/VALSARTAN/HCTZ (generic for EXFORGE HCT)<br/>CARTIA XT 24 HR (DILTIAZEM)<br/>DILTIAZEM CD 24 HR (generic for CARDIZEM CD)<br/>DILT-XR 24 HR (DILTIAZEM)<br/>DILTIAZEM ER 24 HR (generic for TIAZAC)<br/>DILTIAZEM XR 24 HR (generic for DILACOR XR)<br/>DILTIAZEM (generic for CARDIZEM)<br/>NIFEDIPINE IR (generic for PROCARDIA)<br/>NIFEDIPINE ER (generic for ADALAT CC, PROCARDIA XL)<br/>TIADYL ER 24 HR (DILTIAZEM)<br/>VERAPAMIL TABLET (generic for CALAN)<br/>VERAPAMIL ER TABLET (generic for CALAN SR)</p> <p><b><u>NON-PREFERRED –</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>AMLODIPINE/ATORVASTATIN (generic for CADUET)<br/>AMLODIPINE/OLMESARTAN/HCTZ (generic for TRIBENZOR)<br/>AZOR (AMLODIPINE/OLMESARTAN)<br/>CADUET (AMLODIPINE/ATORVASTATIN)<br/>GARDIZEM, GD, LA (DILTIAZEM)-MFR leaving MDRP 10/1<br/>DILTIAZEM ER 12 HR (generic for CARDIZEM SR)<br/>DILTIAZEM LA 24 HR (generic for CARDIZEM)<br/>EXFORGE (AMLODIPINE/VALSARTAN)<br/>EXFORGE HCT (AMLODIPINE/VALSARTAN/HCTZ)</p> <p><b><u>NON-PREFERRED AGENTS CONTINUED IN NEXT PAGE</u></b></p> |

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

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

# Preferred Drug List

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| CARDIOVASCULAR AGENTS   | CARDIOVASCULAR AGENTS  | CARDIOVASCULAR AGENTS  |
|---|--|--|
| <p style="text-align: center;"><b>ANTIHYPERTENSIVE AGENTS</b><br/><b>CALCIUM CHANNEL BLOCKERS</b><br/><i>CONTINUED</i></p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/2005<br/>UPDATED 01/01/2021<br/>UPDATED 10/1/2025</p> <p><b><u>NON-PREFERRED –</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>FELODIPINE ER (generic for PLENDIL)<br/>ISRADIPINE (generic for DYNACIRC)<br/>KATERZIA (AMLODIPINE)<br/>LEVAMLODIPINE (generic for CONJUPRI)<br/>LOTREL (AMLODIPINE/BENZAEPRI)<br/>MATZIM LA (DILTIAZEM ER)<br/>NICARDIPINE (generic for CARDENE)<br/>NIMODIPINE (generic for NYMALIZE)<br/>NISOLDIPINE ER (generic for SULAR)<br/>NORLIQVA (AMLODIPINE)<br/>NORVASC (AMLODIPINE)<br/>NYMALIZE (NIMODIPINE)<br/>PROCARDIA XL (NIFEDIPINE ER)<br/>SULAR ER (NISOLDIPINE)<br/>TIAZAC (DILTIAZEM ER)<br/>TRIBENZOR (AMLODIPINE/OLMESARTAN/HCTZ)<br/>VERAPAMIL ER (generic for VERELAN, VERELAN PM)<br/>VERELAN PM (VERAPAMIL ER)</p> | <p style="text-align: center;"><b>ANTIHYPERTENSIVE AGENTS</b><br/><b>DIRECT RENIN INHIBITORS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 6/17/2010<br/>ORIGINAL EDIT EFFECTIVE DATE: 8/17/2010<br/>UPDATED: 01/01/2021<br/>UPDATED: 10/1/2025</p> <p><b><u>PREFERRED</u></b></p> <p>NONE</p> <p><b><u>NON-PREFERRED –</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ALISKIREN TABLET (generic for TEKTURNA)<br/>TEKTURNA TABLET (ALISKIREN)</p> | <p style="text-align: center;"><b>PLATELET AGGREGATION INHIBITORS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/10/18<br/>ORIGINAL EDIT EFFECTIVE DATE: 7/1/18<br/>UPDATED 7/1/2021</p> <p><b><u>PREFERRED</u></b></p> <p>ASPIRIN/DIPYRIDAMOLE (generic for AGGRENOX)<br/>BRILINTA (ticagrelor) - <b>BRAND ONLY</b><br/>CLOPIDOGREL (generic for PLAVIX)<br/>DIPYRIDAMOLE<br/>PRASUGREL (generic for EFFIENT)</p> <p><b><u>NON-PREFERRED –</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>EFFIENT<br/>PLAVIX<br/>TICAGRELOR (generic for BRILINTA)<br/>ZONTIVITY</p> |

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| CARDIOVASCULAR AGENTS   | CARDIOVASCULAR AGENTS  |  |
|---|--|--|
| <p><b>PULMONARY HYPERTENSION TREATMENTS</b><br/><b>ORAL/ INHALED/ INJECTED</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017</b><br/><b>ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017</b><br/><b>RE-REVIEW POSTED PREFERRED STATUS: 10/1/2019</b><br/><b>RE-REVIEW POSTED PREFERRED STATUS: 1/1/2023</b></p> <p><b><u>PREFERRED</u></b></p> <p>AMBRISENTAN TABLETS (generic for LETAIRIS)*<br/>REMODULIN (TREPASTINIL) VIALS* - <b>BRAND ONLY</b><br/>SILDENAFIL TABLETS (REVATIO)*<br/>SILDENAFIL VIAL*<br/>TADALAFIL TABLETS (ADCIRCA)*<br/>TRACLEER (BOSENTAN) TABLET* - <b>BRAND ONLY</b><br/>VELETRI (EPOPSTENOL)*-<b>BRAND ONLY</b></p> <p><b><u>NON-PREFERRED –</u></b><br/><b><u>NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</u></b></p> | <p><b>PULMONARY HYPERTENSION TREATMENTS</b><br/><b>ORAL/ INHALED/ INJECTED</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017</b><br/><b>RE-REVIEW POSTED PREFERRED STATUS: 1/1/2023</b></p> <p><b><u>NON-PREFERRED –</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ADCIRCA TABLETS<br/>ADEMPAS TABLETS (RIOCIGUAT)<br/>BOSENTAN TABLETS (generic for TRACLEER)<br/>BOSENTAN TABLETS FOR SUSPENSION (generic for TRACLEER)<br/>EPOPSTENOL VIALS (generic for FLOLAN and VELETRI)<br/>FLOLAN VIALS<br/>LETAIRIS TABLETS<br/>LIQREV SUSPENSION (SILDENAFIL)<br/>OPSUMIT (MACITENTAN)<br/>OPSYNVI (MACITENTAN/TADALAFIL)<br/>ORENITRAM ER (TREPASTINIL) TABLETS<br/>REVATIO SUSPENSION<br/>REVATIO TABLETS<br/>SILDENAFIL SUSPENSION (generic for REVATIO)<br/>TADLIQ (TADALAFIL) SUSPENSION<br/>TRACLEER TABLETS FOR SUSPENSION<br/>TREPASTINIL VIAL<br/>TYVASO DPI AND TYVASO VIAL<br/>UPTRAVI (SELEXIPAG) INJECTION AND TABLETS<br/>VENTAVIS INHALATION (ILOPROST)<br/>WINREVAIR VIALS<br/>YUTREPIA CAPSULES</p> |  |

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# Preferred Drug List

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| CENTRAL NERVOUS SYSTEM AGENTS  | CENTRAL NERVOUS SYSTEM AGENTS  | CENTRAL NERVOUS SYSTEM AGENTS   |
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| <p style="text-align: center;"><b>ALZHEIMER'S AGENTS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 10/1/2021</b></p> <p><b><u>PREFERRED</u></b></p> <p>DONEPEZIL 5, 10 mg tablet (generic for ARICEPT)<br/>           EXELON patch - <b>BRAND ONLY</b><br/>           MEMANTINE tablet (generic for NAMENDA)</p> <p><b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ADLARITY (donepezil patch)<br/>           ARICEPT tablet<br/>           DONEPEZIL ODT (generic for ARICEPT ODT)<br/>           DONEPEZIL 23mg tablet (generic for ARICEPT)<br/>           GALANTAMINE tablet (generic for RAZADYNE)<br/>           GALANTAMINE ER tablet (generic for RAZADYNE ER)<br/>           GALANTAMINE solution (generic for RAZADYNE solution)<br/>           LEQEMBI IQLIK (LECANEMAB-IRMB)<br/>           MEMANTINE solution (generic for NAMENDA solution)<br/>           MEMANTINE tablet (generic for NAMENDA XR)<br/>           MEMANTINE/DONEPEZIL capsule (generic for NAMZARIC)<br/>           NAMZARIC capsule (memantine/donepezil)<br/>           RAZADYNE ER capsule<br/>           RIVASTIGMINE patch (generic for EXELON patch)<br/>           RIVASTIGMINE capsule (generic for EXELON capsule)<br/>           ZUNVEYL DR tablet (benzgalantamine)</p> | <p style="text-align: center;"><b>ANTICONSULSANTS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 4/1/2022</b></p> <p><b><u>PREFERRED</u></b></p> <p>CARBAMAZEPINE 100 MG CHEW TABLET (generic for TEGRETOL)<br/>           CARBAMAZEPINE TABLET (generic for TEGRETOL)<br/>           CLOBAZAM SUSPENSION (generic for ONFI)*<br/>           CLOBAZAM TABLET (generic for ONFI)<br/>           DIVALPROEX DR TABLET (generic for DEPAKOTE DR)<br/>           DIVALPROEX ER TABLET (generic for DEPAKOTE ER)<br/>           EPITOL TABLET<br/>           ETHOSUXIMIDE CAPSULE (generic for ZARONTIN)<br/>           GABAPENTIN CAPSULE/TABLET (generic for NEURONTIN)<br/>           LACOSAMIDE TABLETS and SOLUTION (generic for VIMPAT)<br/>           LAMOTRIGINE TABLETS (generic for LAMICTAL)<br/>           LEVETIRACETAM SOLUTION (generic for KEPPRA)*<br/>           LEVETIRACETAM TABLET (generic for KEPPRA)<br/>           OXCARBAZEPINE TABLET (generic for TRILEPTAL)<br/>           PHENYTOIN CAPSULE (generic for DILANTIN)<br/>           PREGABALIN CAPSULE (generic for LYRICA)<br/>           PRIMIDONE TABLET (generic for MYOLINE)<br/>           QUDEXY XR CAPSULE-- <b>BRAND ONLY</b><br/>           ROWEEPPRA TABLET<br/>           SABRIL TABLET --- <b>BRAND ONLY</b><br/>           TEGRETOL SUSPENSION ---<b>BRAND ONLY</b>*<br/>           TOPIRAMATE TABLET (generic for TOPAMAX)<br/>           TRILEPTAL SUSPENSION----<b>BRAND ONLY</b>*<br/>           VALPROIC ACID CAPSULE (generic for DEPAKENE)<br/>           VALPROIC ACID SOLUTION (generic for DEPAKENE)*<br/>           VIGABATRIN POWDER PAK (generic for SABRIL)<br/>           ZONISAMIDE CAPSULE (generic for ZONEGRAN)</p> <p><b><u>NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</u></b></p> | <p style="text-align: center;"><b>ANTICONSULSANTS (continued)</b></p> <p><b><u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO (continued)</u></b></p> <p>APTIOM (ESLICARBAZEPINE)<br/>           BANZEL SUSPENSION (RUFINAMIDE) <b>BRAND PREFERRED OVER GENERIC WHEN APPROVED</b><br/>           BANZEL TABLET (RUFINAMIDE) <b>BRAND PREFERRED OVER GENERIC WHEN APPROVED</b><br/>           BRIVIACT SOLUTION (BRIVARACETAM)<br/>           BRIVIACT TABLET (BRIVARACETAM)<br/>           CARBAMAZEPINE 200 MG CHEW TABLET (generic for TEGRETOL)<br/>           CARBAMAZEPINE ER CAPSULE (generic for CARBATROL)<br/>           CARBAMAZEPINE ER SUSPENSION (generic for TEGRETOL)<br/>           CARBAMAZEPINE ER TABLET (generic for TEGRETOL XR)<br/>           CARBATROL ER CAPSULE<br/>           CELONTIN CAPSULE<br/>           DEPAKOTE DR TABLET<br/>           DEPAKOTE ER TABLET<br/>           DEPAKOTE SPRINKLE CAPSULE<br/>           DIACOMIT CAPSULE, POWDER PACKET<br/>           DILANTIN CAPSULE<br/>           DILANTIN INFATAB TABLET<br/>           DILANTIN SUSPENSION<br/>           DIVALPROEX SPRINKLE CAPSULE<br/>           ELEPSIA XR TABLET<br/>           EPIDIOLEX SOLUTION*<br/>           EPRONTIA SOUTION<br/>           EQUETRO CAPSULE<br/>           ESLICARBAZEPINE TABLET (generic for APTIOM)<br/>           ETHOSUXIMIDE SOLUTION (generic for ZARONTIN)<br/>           FELBAMATE SUSPENSION (generic for FELBATOL)<br/>           FELBAMATE TABLET (generic for FELBATOL)<br/>           FELBATOL SUSPENSION/TABLET<br/>           FINTEPLA SOLUTION*<br/>           FYCOMPA SUSPENSION<br/>           FYCOMPA TABLET - <b>Brand PFD over Generic when approved</b><br/>           GABARONE TABLET</p> |

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| CENTRAL NERVOUS SYSTEM AGENTS   | CENTRAL NERVOUS SYSTEM AGENTS   | CENTRAL NERVOUS SYSTEM AGENTS  |
|---|---|--|
| <p style="text-align: center;"><b>ANTICONVULSANTS (continued)</b></p> <p><b><u>NON-PREFERRED –</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO (continued)</u></b></p> <p>GABITRIL TABLET<br/>KEPPRA SOLUTION<br/>KEPPRA TABLET<br/>KEPPRA XR TABLET<br/>LACOSAMIDE VIAL (generic for VIMPAT)<br/>LAMICTAL ODT<br/>LAMICTAL AND LAMICTAL XR TABLET<br/>LAMOTRIGINE ODT (generic for LAMICTAL ODT)<br/>LAMOTRIGINE ER TABLET (generic for LAMICTAL XR)<br/>LEVETIRACETAM TABLET (generic for SPRITAM)<br/>LEVETIRACETAM ER TABLET (generic for KEPPRA XR)<br/>METHSUXIMIDE CAPSULE (generic for CELONTIN)<br/>MOTPOLY XR<br/>MYSOLINE MFR leaving MDRP 10/1<br/>ONFI SUSPENSION, TABLET<br/>OXCARBAZEPINE ER TABLET (generic for OXTELLAR XR)<br/>OXCARBAZEPINE SUSPENSION (generic for TRILEPTAL)<br/>OXTELLAR XR TABLET - <b>Brand PFD over Generic when approved</b><br/>PERAMPANEL (generic for FYCOMPA)<br/>PHENOBARBITAL ELIXIR<br/>PHENOBARBITAL TABLET<br/>PHENYTEK CAPSULE<br/>PHENYTOIN CHEW TABLET (generic for DILANTIN INFATAB)<br/>PHENYTOIN ER CAPSULE (generic for PHENYTEK)<br/>PHENYTOIN SUSPENSION (generic for DILANTIN)<br/>RUFINAMIDE SUSPENSION (generic for BANZEL)<br/>RUFINAMIDE TABLET (generic for BANZEL)<br/>SABRIL POWDER PACK<br/>SPRITAM TABLET<br/>SYMPANZAN FILM</p> | <p style="text-align: center;"><b>ANTICONVULSANTS (continued)</b></p> <p><b><u>NON-PREFERRED –</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO (continued)</u></b></p> <p>TEGRETOL TABLET<br/>TEGRETOL XR TABLET<br/>TIAGABINE TABLET (generic for GABITRIL)<br/>TOPAMAX SPRINKLE<br/>TOPAMAX TABLET<br/>TOPIRAMATE ER CAPSULE (generic for QUDEXY and TROKENDI XR)<br/>TOPIRAMATE SOLUTION (generic for EPRONTIA)<br/>TOPIRAMATE SPRINKLE (generic for TOPAMAX)<br/>TRILEPTAL TABLET<br/>TROKENDI XR CAPSULE<br/>VIGABATRIN TABLET (generic for SABRIL)<br/>VIGAFYDE SOLUTION (VIGABATRIN)<br/>VIMPAT SOLUTION<br/>VIMPAT TABLET<br/>VIMPAT VIAL<br/>XCOPRI TABLET<br/>ZARONTIN CAPSULE<br/>ZARONTIN SOLUTION<br/>ZONISADE SUSPENSION</p> | <p style="text-align: center;"><b>ANTICONVULSANTS FOR SEIZURE RESCUE</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 4/1/2022</b></p> <p><b><u>PREFERRED</u></b><br/>DIAZEPAM RECTAL GEL SYSTEM (generic for DIASTAT ACUDIAL)<br/>DIAZEPAM-RECTAL-GEL-KIT (generic for DIASTAT)-MFR leaving MDRP 10/1<br/>NAYZILAM NASAL SPRAY<br/>VALTOCO NASAL SPRAY</p> <p><b><u>NON-PREFERRED –</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>LIBERVANT BUCCAL FILM</p> |

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

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

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

# Preferred Drug List

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10/1/2025

| CENTRAL NERVOUS SYSTEM AGENTS  | CENTRAL NERVOUS SYSTEM AGENTS   |  |
|--|---|--|
| <p align="center"><b>ANTI-PARKINSON'S AGENTS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 1/1/2022</b></p> <p><b><u>PREFERRED</u></b></p> <p>AMANTADINE capsule (generic for SYMMETREL)<br/>           AMANTADINE syrup (generic for SYMMETREL)<br/>           BENZTROPINE tablets (generic for COGENTIN)<br/>           CARBIDOPA/LEVODOPA ER tablets (generic for SINEMET ER)<br/>           CARBIDOPA/LEVODOPA tablets (generic for SINEMET)<br/>           PRAMIPEXOLE tablets (generic for MIRAPEX)<br/>           ROPINIROLE tablets (generic for REQUIP)<br/>           TRIHEXYPHENIDYL tablets</p> <p><b><u>NON-PREFERRED –<br/>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>AMANTADINE tablets (generic for SYMMETREL)<br/>           APOKYN tablets ( APOMORPHINE)<br/>           AZILECT tablets<br/>           BROMOCRIPTINE capsules/tablets<br/>           CARBIDOPA tablets (generic for Lodsyn)<br/>           CARBIDOPA/LEVODOPA ODT<br/>           CARBIDOPA/LEVODOPA/ENTACAPONE tablets (generic for STALEVO)<br/>           COMTAN tablets<br/>           CREXONT ER capsules<br/>           DUOPA SUSPENSION<br/>           ENTACAPONE tablets<br/>           GOCOVORI capsule<br/>           INBRIJA* capsule<br/>           KYNMOBI * film<br/>           LODOSYN tablets <b>MFR leaving MDRP 10/1</b><br/>           MIRAPEX ER tablets</p> <p><b><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></b></p> | <p align="center"><b>ANTI-PARKINSON'S AGENTS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 1/1/2022</b></p> <p><b><u>NON-PREFERRED – (continued)</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>NEUPRO patch<br/>           NOURIANZ* tablets<br/>           ONGENTYS* capsule<br/>           OSMOLEX ER tablets<br/>           PARLODEL capsules/tablets<br/>           PRAMIPEXOLE ER (generic for MIRAPEX ER)<br/>           RASAGILINE tablets (generic for AZILECT)<br/>           ROPINIROLE ER tablets (generic for REQUIP XL)<br/>           RYTARY CAPSULE<br/>           SELEGILINE capsule/tablet<br/>           SINEMET tablets<br/>           STALEVO tablets<br/>           TASMAR tablets <b>MFR leaving MDRP 10/1</b><br/>           TOLCAPONE tablets (generic for TASMAR)<br/>           VYALEV injection (FOSCARBIDOPA/FOSLEVODOPA)*<br/>           XADAGO tablets<br/>           ZELAPAR-ODT <b>MFR leaving MDRP 10/1</b></p> |  |

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

# Preferred Drug List

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

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# Preferred Drug List

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

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

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# Preferred Drug List

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| CENTRAL NERVOUS SYSTEM AGENTS  | CENTRAL NERVOUS SYSTEM AGENTS   | CENTRAL NERVOUS SYSTEM AGENTS  |
|--|---|--|
| <p><b>BENZODIAZEPINE SEDATIVE HYPNOTICS</b><br/>ORIGINAL POSTED PREFERRED STATUS: 1/1/2022</p> <p><u>PREFERRED</u><br/>TEMAZEPAM 15mg AND 30mg (generic for RESTORIL)<br/>TRIAZOLAM (generic for HALCION)</p> <p><u>NON-PREFERRED –<br/>INCLUDE BUT NOT LIMITED TO</u><br/>ESTAZOLAM (generic for PROSOM)<br/>FLURAZEPAM (generic for DALMANE)<br/>HALCION<br/>RESTORIL<br/>TEMAZEPAM* 7.5mg AND 22.5mg (generic for RESTORIL)</p> | <p><b>SKELETAL MUSCLE RELAXANTS</b><br/>ORIGINAL POSTED PREFERRED STATUS: 1/18/2006<br/>ORIGINAL EDIT EFFECTIVE DATE: 3/20/2006<br/>UPDATED 10/1/2021<br/>UPDATED 10/1/2025</p> <p><u>PREFERRED</u><br/>BACLOFEN 5MG, 10MG, 20MG TABLET (generic for LIORESAL)<br/>CHLORZOXAZONE 500MG TABLET (generic for PARAFON)<br/>CYCLOBENZAPRINE TABLET (generic for FLEXERIL)<br/>METAXOLONE 400MG, 800MG TABLET (generic for SKELAXIN)<br/>METHOCARBAMOL 500 MG, 750 MG TABLET (generic for ROBAXIN)<br/>TIZANIDINE TABLET (generic for ZANAFLEX)</p> <p><u>NON-PREFERRED –<br/>INCLUDE BUT NOT LIMITED TO</u><br/>AMRIX ER CAPSULE (CYCLOBENZAPRINE)<br/>BACLOFEN SOLUTION/SUSPENSION (generic for OZOBAX/FLEQSUVY)<br/>BACLOFEN 15 MG TABLET<br/>CHLORZOXAZONE 250MG, 375MG, 750MG (generic for LORZONE)<br/>CYCLOBENZAPRINE 7.5MG TABLET (generic for FEXMID)<br/>CYCLOBENZAPRINE ER CAPSULE (generic for AMRIX)<br/>DANTRIUM CAPSULE (DANTROLENE)<br/>DANTROLENE CAPSULE (generic for DANTRIUM)<br/>FEXMID TABLET (CYCLOBENZAPRINE)<br/>FLEQSUVY SUSPENSION (BACLOFEN)<br/>LORZONE TABLET (CHLORZOXAZONE)<br/>LYVISPAH GRANULES (BACLOFEN)<br/>METAXALONE 640MG TABLET<br/>METHOCARBAMOL 1000 MG TABLET (generic for TANLOR)<br/>NORGESIC, NORGESIC FORTE TABLET (ORPHENADRINE/ASA/CAFFEINE)<br/>ORPHENADRINE CITRATE ER TABLET (generic for NORFLEX)<br/>ORPHENADRINE/ASA/CAFFEINE TABLET, ORPHENAGESIC FORTE<br/>TANLOR TABLET (METHOCARBAMOL)<br/>TIZANIDINE CAPSULE (generic for ZANAFLEX)<br/>ZANAFLEX CAPSULE, TABLET (TIZANIDINE)</p> | <p><b>VESICULAR MONOAMINE TRANSPORTER 2 INHIBITORS</b><br/>ORIGINAL POSTED PREFERRED STATUS: 1/1/2024</p> <p><u>PREFERRED</u><br/>AUSTEDO TABLET (DEUTETRABENAZINE)*<br/>AUSTEDO XR TABLET (DEUTETRABENAZINE)*<br/>AUSTEDO XR TITRATION PACK (DEUTETRABENAZINE)*<br/>INGREZZA CAPSULE (VALBENAZINE)*<br/>INGREZZA INITIATION PACK (VALBENAZINE)*<br/>INGREZZA SPRINKLE (VALBENAZINE)*<br/>TETRABENAZINE TABLET (generic for XENAZINE)*</p> <p><u>NON-PREFERRED –<br/>INCLUDE BUT NOT LIMITED TO</u><br/>XENAZINE TABLET (TETRABENAZINE)*</p> |

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| DERMATOLOGY   | DERMATOLOGY   | DERMATOLOGY   |
|---|---|---|
| <p style="text-align: center;"><b>TOPICAL ANTIFUNGALS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017</b><br/> <b>ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017</b><br/> <b>UPDATED: 4/1/2020</b><br/> <b>UPDATED: 7/1/2025</b></p> <p><b><u>PREFERRED</u></b><br/>           CLOTRIMAZOLE RX CREAM<br/>           CLOTRIMAZOLE-BETAMETHASONE RX CREAM<br/>           KETOCONAZOLE 2% RX SHAMPOO<br/>           NYSTATIN (OINTMENT, CREAM, POWDER)<br/>           NYSTATIN-TRIAMCINOLONE OINTMENT<br/>           TOLNAFTATE 1% (CREAM, POWDER, SOLUTION) OTC</p> <p><b><u>NON-PREFERRED –<br/>           INCLUDE BUT NOT LIMITED TO</u></b><br/>           CICLODAN 0.77% KIT CREAM (CICLOPIROX)<br/>           CICLOPIROX 0.77% CREAM, GEL, SUSPENSION (generic for LOPROX)<br/>           CICLOPIROX 1% SHAMPOO (generic for LOPROX)<br/>           CLOTRIMAZOLE 1% SOLUTION RX<br/>           CLOTRIMAZOLE / BETAMETHASONE LOTION<br/>           ECONAZOLE 1% CREAM, FOAM<br/>           ERTACZO 2% CREAM (SERTACONAZOLE)<br/>           EXTINA 2% FOAM (KETOCONAZOLE)<br/>           KETOCONAZOLE 2% CREAM (generic for NIZORAL)<br/>           KETOCONAZOLE FOAM (generic for EXTINA)<br/>           KLAYESTA POWDER (NYSTATIN)<br/>           LOPROX 0.77% CREAM, TOPICAL SUSPENSION (CICLOPIROX)<br/>           LULICONAZOLE CREAM (generic for LUZU)<br/>           LUZU 1%-CREAM (LULICONAZOLE) <b>MFR leaving MDRP 10/1</b><br/>           MICONAZOLE /ZINC OXIDE/PETROLATUM (generic for VUSION)<br/>           NAFTIFINE (generic for NAFTIN)<br/>           NYSTATIN/TRIAMCINOLONE CREAM<br/>           OXICONAZOLE 1% CREAM (generic for OXISTAT)</p> | <p style="text-align: center;"><b>TOPICAL ANTIFUNGALS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017</b><br/> <b>ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017</b><br/> <b>UPDATED: 7/1/2025</b></p> <p><b><u>NON-PREFERRED</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>           OXISTAT 1% LOTION (OXICONAZOLE)<br/>           VUSION OINTMENT (MICONAZOLE/ZINC OXIDE/WHITE PETROLEUM)</p> <p><b><u>PREFERRED - ONYCHOMYCOSIS</u></b><br/>           NONE</p> <p><b><u>NON-PREFERRED – ONYCHOMYCOSIS</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>           CICLODAN 8% TOPICAL NAIL SOLUTION (CICLOPIROX)<br/>           CICLOPIROX 8% TOPICAL NAIL SOL (generic for PENLAC NAIL LACQUER)<br/>           JUBLIA 40%-TOPICAL-NAIL-SOL- <b>MFR leaving MDRP 10/1</b><br/>           TAVABOROLE 5% TOPICAL NAIL SOL (generic for KERYDIN)</p> | <p style="text-align: center;"><b>TOPICAL ANTIPARASITICS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017</b><br/> <b>ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017</b><br/> <b>UPDATED: 1/1/2023</b></p> <p><b><u>PREFERRED</u></b><br/>           PIP BUTOXIDE/PYRETHRINS/PERMETHRIN KIT OTC<br/>           [LICE SOLUTION, COMPLETE LICE TREATMENT]<br/>           PIPERONYL BUTOXIDE/PYRETHRINS SHAMPOO OTC<br/>           [LICE KILLING SHAMPOO, LICE TREATMENT]<br/>           PERMETHRIN 1% LIQUID OTC<br/>           PERMETHRIN 5% CREAM (ELIMITE)<br/>           NATROBA 0.9% (SPINOSAD) <b>BRAND ONLY</b></p> <p><b><u>NON-PREFERRED –INCLUDE BUT NOT LIMITED TO</u></b><br/>           CROTON (CROTAMITON ) 10% LOTION<br/>           ELIMITE (PERMETHRIN) 5% CREAM<br/>           EURAX (CROTAMITON ) 10% CREAM/ LOTION<br/>           IVERMECTIN (generic for SKLICE)<br/>           LINDANE<br/>           MALATHION (generic for OVIDE)<br/>           OVIDE 0.5% LOTION<br/>           SKLICE 0.5% LOTION<br/>           SPINOSAD (NATROBA)-GENERIC ONLY<br/>           VANALICE GEL</p> |

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| DERMATOLOGY  | DERMATOLOGY  | DERMATOLOGY   |
|--|--|---|
| <p style="text-align: center;"><b>TOPICAL STEROIDS</b><br/><b>Class 1 (Superpotent)</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17<br/>ORIGINAL EDIT EFFECTIVE DATE: 7/1/17<br/>UPDATED: 7/1/2020<br/>UPDATED: 7/1/2025<br/><b>PREFERRED CLASS 1 (SUPERPOTENT)</b></p> <p>CLOBETASOL PROP 0.05% CREAM (15 GM, 30 GM, 45 MG, 60 GM)<br/>CLOBETASOL PROP 0.05% CREAM-EMOLLIENT (15 GM, 30 GM, 60 GM)<br/>CLOBETASOL PROP. 0.05% OINT (15 GM, 30 GM, 45 GM, 60 GM)<br/>CLOBETASOL PROP 0.05% SOLUTION (25 ML, 50 ML)<br/>FLUOCINONIDE 0.1% CREAM (30 GM, 60 GM, 120 GM)<br/>HALOBETASOL PROP 0.05% CREAM (15 GM, 50 GM)</p> <p><b>NON-PREFERRED –<br/>INCLUDE BUT NOT LIMITED TO</b></p> <p>BETAMETHASONE DIP (AUGMENTED) 0.05% GEL<br/>BETAMETHASONE DIP (AUGMENTED) 0.05% LOTION<br/>BETAMETHASONE DIP (AUGMENTED) 0.05% OINT (generic for DIPROLENE)<br/>BRYHALI 0.1% LOTION (HALOBETASOL) MFR leaving MDRP 10/1<br/>CLOBETASOL PROP 0.05% EMOLLIENT FOAM<br/>CLOBETASOL PROP 0.05% FOAM, GEL, LOTION<br/>CLOBETASOL PROP 0.05% SHAMPOO, SPRAY (generic for CLOBEX)<br/>CLOBEX 0.05% SHAMPOO, SPRAY (CLOBETASOL PROP)<br/>CLODAN 0.05% SHAMPOO (CLOBETASOL PROP)<br/>CLODAN 0.05% SHAMPOO (CLOBETASOL PROP)<br/>DESOXIMETASONE 0.25% SPRAY (generic for TOPICORT)<br/>DIFLORASONE DIACETATE 0.05% OINTMENT<br/>DIPROLENE 0.05% OINTMENT (BETAMETHASONE DIP AUG)<br/>HALOBETASOL PROP 0.05% FOAM, OINTMENT<br/>TOVET 0.05% EMOLLIENT FOAM (CLOBETASOL PROP)<br/>ULTRAVATE 0.05% LOTION (HALOBETASOL PROP)<br/>VANOS 0.1% CREAM (FLUOCINONIDE) MFR leaving MDRP 10/1</p> | <p style="text-align: center;"><b>TOPICAL STEROIDS</b><br/><b>Class 2 (Potent)</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17<br/>ORIGINAL EDIT EFFECTIVE DATE: 7/1/17<br/>UPDATED: 7/1/2020<br/>UPDATED: 7/1/2025<br/><b>PREFERRED CLASS 2 (POTENT)</b></p> <p>BETAMETHASONE DIP (AUGMENTED) 0.05% CREAM (15 GM, 50 GM)<br/>FLUOCINONIDE 0.05% CREAM (15 GM, 30 GM, 60 GM, 120 GM)<br/>FLUOCINONIDE 0.05% OINTMENT (15 GM, 30 GM, 60 GM)<br/>TRIAMCINOLONE 0.5% OINTMENT (15 GM)</p> <p><b>NON-PREFERRED –<br/>INCLUDE BUT NOT LIMITED TO</b></p> <p>APEXICON E 0.05% CREAM (DIFLORASONE DIACETATE)<br/>CLOBETASOL 0.025% CREAM<br/>DESOXIMETASONE 0.05% GEL<br/>DESOXIMETASONE 0.25% CREAM, OINTMENT<br/>DIFLORASONE 0.05% CREAM<br/>FLUOCINONIDE 0.05% GEL, SOLUTION<br/>HALCINONIDE 0.1% CREAM, SOLUTION<br/>TOPICORT 0.25% CREAM (DESOXIMETASONE)<br/>TOPICORT 0.05% GEL (DESOXIMETASONE)</p> | <p style="text-align: center;"><b>TOPICAL STEROIDS</b><br/><b>Class 3 (Upper-Mid)</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17<br/>ORIGINAL EDIT EFFECTIVE DATE: 7/1/17<br/>UPDATED: 7/1/2020<br/>UPDATED: 7/1/2025<br/><b>PREFERRED CLASS 3 (UPPER-MID STRENGTH)</b></p> <p>BETAMETHASONE DIP (NOT AUGMENTED) 0.05% LOTION (60 ML)<br/>BETAMETHASONE VAL 0.1% OINTMENT (15 GM, 45 GM)<br/>MOMETASONE 0.1% OINT (15 GM, 45 GM)<br/>TRIAMCINOLONE 0.5% CREAM (15 GM)<br/>TRIAMCINOLONE 0.1% OINTMENT (15 GM, 30 GM, 80 GM)</p> <p><b>NON-PREFERRED<br/>INCLUDE BUT NOT LIMITED TO</b></p> <p>AMCINONIDE 0.1% CREAM<br/>BETAMETHASONE DIP (NOT AUGMENTED) 0.05% CREAM<br/>BETAMETHASONE DIP (NOT AUGMENTED) 0.05% OINTMENT<br/>BETAMETHASONE VALERATE 0.12% FOAM<br/>FLUOCINONIDE 0.05% EMOLLIENT CREAM<br/>FLUTICASONE PROPIONATE 0.005% OINTMENT<br/>TRIAMCINOLONE 0.1% OINTMENT (453.6 GM, 454 GM)</p> |

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| DERMATOLOGY  | DERMATOLOGY   | DERMATOLOGY  |
|--|---|--|
| <p style="text-align: center;"><b>TOPICAL STEROIDS</b><br/><b>Class 4 (Mid)</b></p> <p>ORIGINAL POSTED PREFERRED STATUS:5/12/17<br/>ORIGINAL EDIT EFFECTIVE DATE: 7/1/17<br/>UPDATED: 7/1/2020<br/>UPDATED: 7/1/2025<br/><b><u>PREFERRED CLASS 4 (MID-STRENGTH)</u></b><br/>FLUOCINOLONE 0.025% OINT (15 GM, 60 GM)<br/>MOMETASONE FUROATE 0.1% CREAM (15 GM, 45 GM)<br/>MOMETASONE FUROATE 0.1% SOLUTION, LOTION (30 ML, 60 ML)<br/>TRIAMCINOLONE 0.1% CREAM (15 GM, 30 GM, 80 GM)</p> <p><b><u>NON-PREFERRED</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>CLOCORTOLONE PIVALATE 0.1% CREAM<br/>DESOXIMETASONE 0.05% CREAM<br/>DESOXIMETASONE 0.05% OINTMENT<br/>FLURANDRENOLIDE 0.05% OINTMENT<br/>HYDROCORTISONE VALERATE 0.2% OINTMENT<br/>SYNALAR 0.025% OINTMENT (FLUOCINOLONE)<br/>TRIAMCINOLONE ACETONIDE 0.1% AEROSOL SPRAY<br/>TRIAMCINOLONE 0.1% CREAM (453.8 GM, 454 GM)</p> | <p style="text-align: center;"><b>TOPICAL STEROIDS</b><br/><b>Class 5 (Lower-Mid)</b></p> <p>ORIGINAL POSTED PREFERRED STATUS:5/12/17<br/>ORIGINAL EDIT EFFECTIVE DATE: 7/1/17<br/>UPDATED: 7/1/2020<br/>UPDATED: 7/1/2025<br/><b><u>PREFERRED CLASS 5 (LOWER-MID STRENGTH)</u></b><br/>BETAMETHASONE VAL 0.1% CREAM (15 GM, 45 GM)<br/>FLUOCINOLONE 0.01% CREAM (15 GM, 60 GM)<br/>FLUOCINOLONE 0.025% CREAM (15 GM, 60 GM)<br/>FLUTICASONE PROP 0.05% CREAM (15 GM, 30 GM, 60 GM)<br/>TRIAMCINOLONE 0.025% LOTION, OINTMENT (60ml, 15gm, 80gm)<br/>TRIAMCINOLONE 0.1% LOTION (60 ML)</p> <p><b><u>NON-PREFERRED</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>BESER 0.05% LOTION (FLUTICASONE)<br/>BETAMETHASONE VALERATE 0.1% LOTION<br/>CAPEX SHAMPOO (FLUOCINOLONE)<br/>DESONIDE 0.05% LOTION, OINTMENT<br/>FLURANDRENOLIDE 0.05% LOTION<br/>FLUTICASONE PROPIONATE 0.05% LOTION<br/>HYDROCORTISONE BUTYRATE 0.1% CREAM, LOTION, OINT, SOLUTION<br/>HYDROCORTISONE VALERATE 0.2% CREAM<br/>LOGCOID-LIPOCREAM 0.4% MFR leaving MDRP 10/1<br/>PREDNICARBATE 0.1% CREAM-EMOLLIENT MFR leaving MDRP 10/1<br/>PREDNICARBATE 0.1% OINTMENT<br/>SYNALAR 0.025% CREAM (FLUOCINOLONE)<br/>TRIAMCINOLONE 0.025% OINTMENT (430 GM, 454 GM)<br/>TRIAMCINOLONE 0.05% OINTMENT (430 gm)</p> | <p style="text-align: center;"><b>TOPICAL STEROIDS</b><br/><b>Class 6 (Mild)</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/12/17<br/>ORIGINAL EDIT EFFECTIVE DATE: 7/1/17<br/>UPDATED: 7/1/2020<br/>UPDATED: 7/1/2025<br/><b><u>PREFERRED CLASS 6 (MILD)</u></b><br/>DESONIDE 0.05% CREAM (15 GM, 60 GM)<br/>FLUOCINOLONE 0.01% SOLUTION (60ML)<br/>TRIAMCINOLONE 0.025% CREAM (15 GM, 80 GM)</p> <p><b><u>NON-PREFERRED</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>ALCLOMETASONE DIPROPIONATE 0.05% CREAM<br/>ALCLOMETASONE DIPR 0.05% OINTMENT<br/>DERMA-SMOOTH FS 0.01% BODY/SCALP OIL (FLUOCINOLONE)<br/>FLUOCINOLONE BODY/SCALP OIL 0.01%<br/>SYNALAR 0.1% SOLUTION (FLUOCINOLONE)<br/>TRIAMCINOLONE 0.025% CREAM (454 GM)</p> |

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| DERMATOLOGY   | DERMATOLOGY   | DERMATOLOGY   |
|---|---|---|
| <p style="text-align: center;"><b>TOPICAL STEROIDS</b><br/><b>Class 7 (Least Potent)</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 5/12/17</b><br/><b>ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</b><br/><b>UPDATED: 7/1/2020</b><br/><b>UPDATED: 7/1/2025</b></p> <p><b><u>PREFERRED CLASS 7 (LEAST POTENT)</u></b></p> <p>HYDROCORTISONE ACETATE 0.5% (covered OTC) (28.4 GM)<br/>HYDROCORTISONE 0.5% CREAM (covered OTC) (28.4 GM, 28.35 GM)<br/>HYDROCORTISONE 1% CREAM (28.35 GM, 28.4 GM)<br/>HYDROCORTISONE 1% OINTMENT (28.35 GM, 28.4 GM)<br/>HYDROCORTISONE 2.5% CREAM (20 GM, 28 GM, 28.35 GM, 30 GM)<br/>HYDROCORTISONE 2.5% OINTMENT (20 GM, 28.35 GM, 28.4 GM)</p> <p><b><u>NON-PREFERRED –</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>HYDROCORTISONE 1% CREAM (453.6 GM, 454 GM)<br/>HYDROCORTISONE 1% OINTMENT (453.6 GM)<br/>HYDROCORTISONE 2.5% CREAM (453.6 GM)<br/>HYDROCORTISONE 2.5% OINTMENT (453.6 GM, 454 GM)<br/>HYDROCORTISONE 2.5% LOTION<br/>HYDROCORTISONE 2.5% SOLUTION<br/>TEXACORT 2.5% SOLUTION (HYDROCORTISONE)</p> | <p style="text-align: center;"><b>ATOPIC DERMATITIS AGENTS (TOPICALS &amp; BIOLOGICS)</b><br/><b>ORIGINAL POSTED PREFERRED STATUS: 10/1/2023</b></p> <p><b><u>PREFERRED</u></b></p> <p>TACROLIMUS OINTMENT (generic for PROTOPIC)</p> <p><b><u>PREFERRED WITH CRITERIA (MANUAL REVIEW)</u></b></p> <p>ADBRY SYRINGE AND AUTOINJECTOR* (TRALOKINUMAB-LDRM)<br/>DUPIXENT SYRINGE AND PEN* (DUPILUMAB)</p> <p><b><u>NON-PREFERRED –</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ANZUPGO CREAM (DELGOCITINIB)<br/>CIBINQO (ABROCITINIB)*<br/>EBGLYSS (LEBRIKIZUMAB-LBKZ)*<br/>ELIDEL-CREAM (PIMECROLIMUS) <b>MFR leaving MDRP 10/1</b><br/>EUCRISA OINTMENT (CRISABOROLE)<br/>NEMLUVIO INJECTION (NEMOLIZUMAB-ILTO)*<br/>OPZELURA CREAM (RUXOLITINIB)*<br/>PIMECROLIMUS CREAM (generic for ELIDEL)<br/>PROTOPIC OINTMENT (TACROLIMUS)<br/>RINVOQ (UPADACITINIB)*<br/>VTAMA (TAPINAROF)*<br/>ZORYVE (ROFLUMILAST)*</p> | <p style="text-align: center;"><b>HEMORRHOIDAL AGENTS</b><br/><b>ORIGINAL POSTED PREFERRED STATUS: 10/1/2021</b><br/><b>UPDATED: 7/1/2025</b></p> <p><b><u>PREFERRED</u></b></p> <p>HYDROCORTISONE 1% CREAM<br/>HYDROCORTISONE 2.5% CREAM<br/>HYDROCORTISONE-PRAMOXINE 1%-1% CREAM<br/>PROCTOFOAM HC 1%-1%<br/>PROCTO-MED HC 2.5% CREAM<br/>PROCTO-SOL HC 2.5% CREAM</p> <p><b><u>NON-PREFERRED –</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ANU-SOL HC 2.5% CREAM<br/>CORTIFOAM 10% FOAM<br/>PROCTOZONE HC 2.5% CREAM</p> |

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| DERMATOLOGY  | ENDOCRINE AND METABOLIC AGENTS   | ENDOCRINE AND METABOLIC AGENTS   |
|--|--|--|
| <p style="text-align: center;"><b>ROSACEA AGENTS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 10/1/2025</b></p> <p><b><u>PREFERRED</u></b><br/>           METRONIDAZOLE 0.75% CREAM (generic for METROCREAM/ROSDAN)<br/>           METRONIDAZOLE 0.75% GEL (generic for METROGEL/ROSDAN)<br/>           METRONIDAZOLE 1% GEL (generic for METROGEL)</p> <p><b><u>NON-PREFERRED –<br/>INCLUDE BUT NOT LIMITED TO</u></b><br/>           AZELAIC ACID 15% GEL (generic for FINACEA)<br/>           BRIMONIDINE 0.33% GEL (generic for MIRVASO)<br/>           EPSOLAY 5% CREAM (BENZOYL PEROXIDE)<br/>           FINACEA 15% FOAM (AZELAIC ACID)<br/>           IVERMECTIN 1% CREAM (generic for SOOLANTRA)<br/>           METROCREAM 0.75% CREAM (METRONIDAZOLE)<br/>           METROGEL 1% GEL (METRONIDAZOLE)<br/>           METRONIDAZOLE 0.75% LOTION (generic for METROLOTION)<br/>           MIRVASO 0.33% GEL (BRIMONIDINE)<br/>           NORITATE 1% CREAM (METRONIDAZOLE) MFR leaving MDRP 10/1<br/>           RHOFADÉ 1% CREAM (OXYMETAZOLINE)<br/>           ROSADAN 0.75% CREAM (METRONIDAZOLE)<br/>           ROSADAN 0.75% GEL (METRONIDAZOLE)<br/>           SOOLANTRA 1% CREAM (IVERMECTIN)</p> | <p style="text-align: center;"><b>ANTIDIABETIC AGENTS</b><br/>Alpha Glucosidase Inhibitors</p> <p><b>NEW CLASS EFFECTIVE: 10/1/2020</b><br/> <b>UPDATE EFFECTIVE: 4/1/2025</b></p> <p><b><u>PREFERRED</u></b><br/>           ACARBOSE (GENERIC FOR PRECOSE)</p> <p><b><u>NON-PREFERRED –<br/>INCLUDE BUT NOT LIMITED TO</u></b><br/>           MIGLITOL (generic for GLYSET)<br/>           PRECOSE (ACARBOSE)</p> | <p style="text-align: center;"><b>ANTIDIABETIC AGENTS</b><br/>Amylin Analogues</p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 8/11/17</b><br/> <b>ORIGINAL EDIT EFFECTIVE DATE: 10/1/17</b><br/> <b>UPDATE EFFECTIVE: 10/1/2020</b><br/> <b>UPDATE EFFECTIVE: 4/1/2025</b></p> <p><b><u>PREFERRED</u></b><br/>           NONE</p> <p><b><u>NON-PREFERRED –<br/>INCLUDE BUT NOT LIMITED TO</u></b><br/>           SYMLIN (PRAMLINTIDE)</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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| ENDOCRINE AND METABOLIC AGENTS  | ENDOCRINE AND METABOLIC AGENTS   | ENDOCRINE AND METABOLIC AGENTS   |
|---|--|--|
| <p style="text-align: center;"><b>ANTIDIABETIC AGENTS</b><br/><b>DPP-4 Enzyme Inhibitors</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/11/17<br/>ORIGINAL EDIT EFFECTIVE DATE: 10/1/17<br/>UPDATE EFFECTIVE: 10/1/2020<br/>UPDATE EFFECTIVE: 4/1/2025</p> <p><b><u>PREFERRED</u></b></p> <p>JANUMET* (SITAGLIPTIN/METFORMIN)<br/>JANUVIA* (SITAGLIPTIN)<br/>SAXAGLIPTIN* (generic for ONGLYZA)<br/>TRADJENTA* (LINAGLIPTIN)</p> <p><b><u>NON-PREFERRED –<br/>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ALOGLIPTIN (generic for NESINA)<br/>ALOGLIPTIN/METFORMIN (generic for KAZANO)<br/>ALOGLIPTIN/PIOGLITAZONE (generic for OSENI)<br/>BRYNOVIN SOLUTION (SITAGLIPTIN)<br/>GLYXAMBI (LINAGLIPTIN/EMPAGLIFLOZIN)<br/>JANUMET XR (SITAGLIPTIN/METFORMIN ER)<br/>JENTADUETO, JENTADUETO XR (LINAGLIPTIN/METFORMIN)<br/>KAZANO (ALOGLIPTIN/METFORMIN)<br/>NESINA (ALOGLIPTIN)<br/>ONGLYZA (SAXAGLIPTIN)<br/>OSENI (ALOGLIPTIN/PIOGLITAZONE)<br/>SAXAGLIPTIN/METFORMIN ER (generic for KOMBIGLYZE XR)<br/>SITAGLIPTAN (generic for ZITUVIO)<br/>SITAGLIPTAN/METFORMIN, SITAGLIPTAN/METF XR (generic for ZITUVIMET)<br/>STEGLUJAN (SITAGLIPTIN/ERTUGLIFLOZIN)<br/>TRIJARDY XR (LINAGLIPTIN/EMPAGLIFLOZIN/METFORMIN ER)<br/>ZITUVIMET, ZITUVIMET XR (SITAGLIPTAN/METFORMIN)<br/>ZITUVIA (SITAGLIPTAN)</p> | <p style="text-align: center;"><b>ANTIDIABETIC AGENTS</b><br/><b>GLP-1 Receptor Agonists</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/11/17<br/>ORIGINAL EDIT EFFECTIVE DATE: 10/1/17<br/>UPDATE EFFECTIVE: 10/1/2020<br/>UPDATE EFFECTIVE: 6/1/2025</p> <p><b><u>PREFERRED</u></b></p> <p>BYETTA* (EXENATIDE) - UNTIL NO MORE PRODUCT IS ON THE MARKET<br/>TRULICITY* (DULAGLUTIDE)<br/>VICTOZA* (LIRAGLUTIDE) - <b>BRAND ONLY</b></p> <p><b><u>NON-PREFERRED –<br/>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>EXENATIDE (generic for BYETTA)<br/>LIRAGLUTIDE (generic for VICTOZA)<br/>MOUNJARO (TIRZEPATIDE)<br/>OZEMPIC (SEMAGLUTIDE)<br/>RYBELSUS TABLET (SEMAGLUTIDE)<br/>SOLIQUA (LIXISENATIDE/INSULIN GLARGINE)<br/>XULTOPHY (INSULIN DEGLUDEC/LIRAGLUTIDE)</p> | <p style="text-align: center;"><b>ANTIDIABETIC AGENTS</b><br/><b>Meglitinides</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 9/29/2006<br/>ORIGINAL EDIT EFFECTIVE DATE: 11/28/2006<br/>REVISED POSTED PREFERRED STATUS: 11/12/2008<br/>REVISED EDIT EFFECTIVE DATE: 1/1/2009<br/>RE-REVIEW POSTED PREFERRED STATUS: 9/7/2011<br/>REVISED EDIT EFFECTIVE DATE: 1/1/2012<br/>REVISED POSTED PREFERRED STATUS: 8/11/2017<br/>REVISED EDIT EFFECTIVE DATE: 10/1/2017<br/>UPDATE EFFECTIVE 10/1/2020<br/>UPDATE EFFECTIVE 4/1/2025</p> <p><b><u>PREFERRED</u></b></p> <p>NATEGLINIDE (generic for STARLIX)<br/>REPAGLINIDE (generic for PRANDIN)</p> <p><b><u>NON-PREFERRED –<br/>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>NONE</p> |

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| ENDOCRINE AND METABOLIC AGENTS  | ENDOCRINE AND METABOLIC AGENTS   | ENDOCRINE AND METABOLIC AGENTS   |
|---|--|--|
| <p style="text-align: center;"><b>ANTIDIABETIC AGENTS</b><br/><b>METFORMINS</b><br/><b>NEW CLASS EFFECTIVE 10/1/2020</b><br/><b>UPDATE EFFECTIVE 4/1/2025</b></p> <p><b><u>PREFERRED</u></b><br/>METFORMIN 500 MG (generic for GLUCOPHAGE)<br/>METFORMIN 850 MG (generic for GLUCOPHAGE)<br/>METFORMIN 1000 MG (generic for GLUCOPHAGE)<br/>METFORMIN ER 500 MG (generic for GLUCOPHAGE XR)<br/>METFORMIN ER 750 MG (generic for GLUCOPHAGE XR)</p> <p><b><u>NON-PREFERRED –</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>GLUMETZA (METFORMIN ER) MFR leaving MDRP 10/1<br/>METFORMIN 625 MG, 750 MG TABLET<br/>METFORMIN ER GASTRIC 500MG AND 1000MG (generic for GLUMETZA)<br/>METFORMIN ER OSMOTIC 500MG AND 1000MG (generic for FORTAMET)<br/>METFORMIN SOLUTION (generic for RIOMET)<br/>RIOMET SOLUTION (METFORMIN)</p> | <p style="text-align: center;"><b>ANTIDIABETIC AGENTS</b><br/><b>SGLT2 Inhibitors</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/11/17<br/>ORIGINAL EDIT EFFECTIVE DATE: 10/1/17<br/>UPDATE EFFECTIVE 10/1/2020<br/>UPDATE EFFECTIVE 4/1/2025</p> <p><b><u>PREFERRED</u></b><br/>FARXIGA* (DAPAGLIFLOZIN) <b>BRAND ONLY</b><br/>JARDIANCE* (EMPAGLIFLOZIN)<br/>SYNJARDY* (EMPAGLIFLOZIN/METFORMIN)<br/>XIGDUO* XR (DAPAGLIFLOZIN/METFORMIN ER) <b>BRAND ONLY</b></p> <p><b><u>NON-PREFERRED –</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>DAPAGLIFLOZIN (generic for FARXIGA)<br/>DAPAGLIFLOZIN/METFORMIN ER (generic for XIGDUO XR)<br/>INPEFA (SOTAGLIFLOZIN)<br/>INVOKAMET (CANAGLIFLOZIN/METFORMIN)<br/>INVOKAMET XR (CANAGLIFLOZIN/METFORMIN)<br/>INVOKANA (CANAGLIFLOZIN)<br/>SEGLUROMET (ERTUGLIFLOZIN/METFORMIN)<br/>STEGLATRO (ERTUGLIFLOZIN)<br/>SYNJARDY XR (EMPAGLIFLOZIN/METFORMIN ER)</p> | <p style="text-align: center;"><b>ANTIDIABETIC AGENTS</b><br/><b>Sulfonylurea</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 9/29/2006<br/>ORIGINAL EDIT EFFECTIVE DATE: 11/28/2006<br/>REVISED POSTED PREFERRED STATUS: 11/12/2008<br/>REVISED EDIT EFFECTIVE DATE: 1/1/2009<br/>RE-REVIEW POSTED PREFERRED STATUS: 9/7/2011<br/>REVISED EDIT EFFECTIVE DATE: 1/1/2012<br/>UPDATE EFFECTIVE: 10/1/2020<br/>UPDATE EFFECTIVE 4/1/2025</p> <p><b><u>PREFERRED</u></b><br/>GLIMEPIRIDE 1 MG, 2 MG, 4 MG (generic for AMARYL)<br/>GLIMEPIRIDE/PIOGLITAZONE (generic for DUETACT)<br/>GLIPIZIDE (generic for GLUCOTROL)<br/>GLIPIZIDE ER (generic for GLUCOTROL XL)<br/>GLIPIZIDE/METFORMIN (generic for METAGLIP)<br/>GLYBURIDE (generic for DIABETA)<br/>GLYBURIDE/METFORMIN (generic for GLUCOVANCE)<br/>GLYBURIDE MICRONIZED (generic for GLYNASE/MICRONASE)</p> <p><b><u>NON-PREFERRED –</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>DUETACT (PIOGLITAZONE/GLIMEPIRIDE)<br/>GLIMEPIRIDE 3 MG<br/>GLUCOTROL XL (GLIPIZIDE ER)</p> |

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| ENDOCRINE AND METABOLIC AGENTS  | ENDOCRINE AND METABOLIC AGENTS   | ENDOCRINE AND METABOLIC AGENTS  |
|---|--|---|
| <p style="text-align: center;"><b>ANTIDIABETIC AGENTS</b><br/>Thiazolidinediones</p> <p>ORIGINAL POSTED PREFERRED STATUS: 9/29/2006<br/>ORIGINAL EDIT EFFECTIVE DATE: 11/28/2006<br/>REVISED POSTED PREFERRED STATUS: 11/12/2008<br/>REVISED EDIT EFFECTIVE DATE: 1/1/2009<br/>RE-REVIEW POSTED PREFERRED STATUS: 9/7/2011<br/>REVISED EDIT EFFECTIVE DATE: 1/1/2012<br/>UPDATE EFFECTIVE: 10/1/2020<br/>UPDATE EFFECTIVE 4/1/2025</p> <p><b><u>PREFERRED</u></b></p> <p>PIOGLITAZONE (generic for ACTOS)<br/>PIOGLITAZONE/GLIMEPIRIDE (generic for DUETACT)<br/>PIOGLITAZONE/METFORMIN (generic for ACTOPLUS MET)</p> <p><b><u>NON-PREFERRED –<br/>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ACTOS (PIOGLITAZONE)<br/>ACTOPLUS MET (PIOGLITAZONE/METFORMIN)<br/>DUETACT (PIOGLITAZONE/GLIMEPIRIDE)</p> | <p style="text-align: center;"><b>ANTIDIABETIC AGENTS</b><br/>INSULINS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 11/10/17<br/>ORIGINAL EDIT EFFECTIVE DATE: 1/1/18<br/>UPDATE EFFECTIVE 10/1/2020<br/>UPDATE EFFECTIVE 7/1/2025</p> <p><b><u>PREFERRED RAPID ACTING INSULIN</u></b></p> <p>INSULIN ASPART CARTRIDGE/VIAL/FLEXPEN (generic for NOVOLOG)<br/>INSULIN LISPRO KWIKPEN/VIAL (generic for HUMALOG)<br/>INSULIN LISPRO JR KWIKPEN (generic for HUMALOG)</p> <p><b><u>PREFERRED RAPID COMBINATION INSULIN</u></b></p> <p>INSULIN ASPART MIX PEN/VIAL (generic for NOVOLOG MIX)<br/>INSULIN LISPRO MIX (generic for HUMALOG MIX)</p> <p><b><u>PREFERRED REGULAR INSULIN</u></b></p> <p>HUMULIN R U-100 (OTC)<br/>HUMULIN R U-500 KWIKPEN<br/>HUMULIN R U-500 VIAL</p> <p><b><u>PREFERRED INTERMEDIATE ACTING INSULIN</u></b></p> <p>HUMULIN N U-100 VIAL (OTC)</p> <p><b><u>PREFERRED REGULAR/INTERMEDIATE COMBINATION INSULIN</u></b></p> <p>HUMULIN 70/30 KWIKPEN (OTC)<br/>HUMULIN 70/30 VIAL (OTC)</p> <p><b><u>PREFERRED LONG ACTING</u></b></p> <p>LANTUS SOLOSTAR PEN<br/>LANTUS VIAL</p> | <p style="text-align: center;"><b>ANTIDIABETIC AGENTS</b><br/>INSULINS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 11/10/17<br/>ORIGINAL EDIT EFFECTIVE DATE: 1/1/18<br/>UPDATE EFFECTIVE 10/1/2020<br/>UPDATE EFFECTIVE 7/1/2025</p> <p><b><u>NON-PREFERRED –<br/>INCLUDE BUT NOT LIMITED TO</u></b></p> <p><b><u>NON-PREFERRED RAPID ACTING INSULIN</u></b></p> <p>ADMELOG SOLOSTAR PEN/VIAL (INSULIN LISPRO)<br/>AFREZZA INHALATION POWDER (HUMAN INSULIN)<br/>APIDRA SOLOSTAR PEN/VIAL<br/>FIASP FLEXTOUCH PEN/PENFILL/ VIAL (INSULIN ASPART)<br/>HUMALOG CARTRIDGE/KWIKPEN/VIAL<br/>HUMALOG JR KWIKPEN<br/>HUMALOG U-200 KWIKPEN<br/>HUMALOG TEMPO PEN<br/>KIRSTY PEN/VIAL (INSULIN ASPART-XJHZ)<br/>LYUMJEV PEN/VIAL/TEMPO PEN (INSULIN LISPRO AA-BC)<br/>MERILOG PEN/VIAL (INSULIN ASPART-SZJJ)<br/>NOVOLOG CARTRIDGE/FLEXPEN/VIAL</p> <p><b><u>NON-PREFERRED RAPID COMBINATION INSULIN</u></b></p> <p>HUMALOG MIX KWIKPEN/VIAL<br/>NOVOLOG MIX FLEXPEN/VIAL</p> <p><b><u>NON- PREFERRED REGULAR INSULIN</u></b></p> <p>NOVOLIN R U-100 FLEXPEN/VIAL (OTC)</p> <p><b><u>NON-PREFERRED INTERMEDIATE ACTING INSULIN</u></b></p> <p>HUMULIN N U-100 KWIKPEN (OTC)<br/>NOVOLIN N U-100 FLEXPEN/VIAL (OTC)</p> |

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# Preferred Drug List

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| ENDOCRINE AND METABOLIC AGENTS   | ENDOCRINE AND METABOLIC AGENTS  | ENDOCRINE AND METABOLIC AGENTS   |
|--|---|--|
| <p align="center"><b>ANTIDIABETIC AGENTS</b></p> <p align="center"><b>INSULINS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 11/10/17</b><br/> <b>ORIGINAL EDIT EFFECTIVE DATE: 1/1/18</b><br/> <b>UPDATE EFFECTIVE 10/1/2020</b><br/> <b>UPDATE EFFECTIVE 7/1/2025</b><br/> <b>NON-PREFERRED –</b><br/> <b>INCLUDE BUT NOT LIMITED TO</b></p> <p><b><u>NON- PREFERRED REGULAR/INTERMEDIATE COMBINATION</u></b><br/>           NOVOLIN 70/30 FLEXPEN/VIAL (OTC)</p> <p><b><u>NON- PREFERRED LONG ACTING</u></b><br/>           BASAGLAR KWIKPEN/TEMPO (INSULIN GLARGINE)<br/>           INSULIN DEGLUDEC U-100, U-200 PEN (generic for TRESIBA)<br/>           INSULIN DEGLUDEC VIAL (generic for TRESIBA)<br/>           INSULIN GLARGINE MAX SOLOSTAR (generic for TOUJEO)<br/>           INSULIN GLARGINE SOLOSTAR (generic for TOUJEO)<br/>           INSULIN GLARGINE-YFGN PEN/VIAL (generic for SEMGLEE)<br/>           LEVEMIR FLEXTOUCH<br/>           LEVEMIR VIAL<br/>           REZVOGLAR KWIKPEN (INSULIN GLARGINE-AGLR)<br/>           SEMGLEE PEN/VIAL (INSULIN GLARGINE-YFGN)<br/>           SOLIQUA (INSULIN GLARGINE/LIXISENATIDE)<br/>           TOUJEO MAX SOLOSTAR PEN (INSULIN GLARGINE)<br/>           TOUJEO SOLOSTAR PEN (INSULIN GLARGINE)<br/>           TRESIBA U-100, U-200 FLEXTOUCH (INSULIN DEGLUDEC)<br/>           TRESIBA VIAL (INSULIN DEGLUDEC)<br/>           XULTOPHY (INSULIN DEGLUDEC/LIRAGLUTIDE)</p> | <p align="center"><b>ANAPHYLAXIS AGENTS</b></p> <p align="center"><b>EPINEPHRINE, SELF-ADMINISTERED</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 11/14/2016</b><br/> <b>ORIGINAL EDIT EFFECTIVE DATE: 1/1/17</b><br/> <b>REVISED POSTED PREFERRED STATUS: 11/10/17</b><br/> <b>REVISED EDIT EFFECTIVE DATE: 1/1/18</b><br/> <b>UPDATED: 7/1/23</b></p> <p><b><u>PREFERRED</u></b><br/>           EPIPEN &amp; EPIPEN Jr. <b>BRAND ONLY</b><br/>           EPINEPHRINE 0.15MG AND 0.3MG (AUTHORIZED GENERIC FOR EPIPEN AND EPIPEN JR)</p> <p><b><u>NON-PREFERRED –</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>           AUVI-Q 0.1MG, 0.15MG, 0.3MG<br/>           EPINEPHRINE 0.15MG AND 0.3MG (GENERIC FOR ADRENACLICK)<br/>           EPINEPHRINE 0.15MG AND 0.3MG (NON-AUTHORIZED GENERIC FOR EPIPEN AND EPIPEN JR)<br/>           NEFFY 1 MG/0.1 ML, 2 MG/0.1 ML NASAL SPRAY<br/>           SYMJEPi 0.15MG AND 0.3MG</p> | <p align="center"><b>ANDROGENIC AGENTS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 4/1/2020</b></p> <p><b><u>PREFERRED</u></b><br/>           TESTOSTERONE CYPIONATE (INTRAMUSC)*<br/>           TESTOSTERONE ENANTHATE (INTRAMUSC)*<br/>           TESTOSTERONE GEL PUMP (GENERIC FOR ANDROGEL)*</p> <p><b><u>NON-PREFERRED –</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>           TESTOSTERONE CYPIONATE (AZMIRO)<br/>           TESTOSTERONE CYPIONATE (DEPO-TESTOSTERONE) <b>BRAND ONLY</b><br/>           TESTOSTERONE ENANTHATE (XYOSTED AUTOINJECTOR)<br/>           TESTOSTERONE GEL PACKET (ANDROGEL, VOLGELXO)<br/>           TESTOSTERONE GEL PUMP (ANDROGEL) <b>BRAND ONLY</b><br/>           TESTOSTERONE GEL PUMP (VOLGELXO)<br/>           TESTOSTERONE GEL TUBE (TESTIM, VOLGELXO)<br/>           TESTOSTERONE NASAL GEL (NATESTO)<br/>           TESTOSTERONE PUMP (GENERIC - AXIRON)<br/>           TESTOSTERONE UNDECANOATE (AVEED)<br/>           TESTOSTERONE UNDECANOATE (TLANDO)<br/>           TESTOSTERONE UNDECANOATE (UNDECATREX)</p> |

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| ENDOCRINE AND METABOLIC AGENTS   | ENDOCRINE AND METABOLIC AGENTS   | ENDOCRINE AND METABOLIC AGENTS   |
|--|--|--|
| <p style="text-align: center;"><b>ANTI-HYPOGLYCEMIC AGENTS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 04/01/2020<br/>           UPDATED 7/1/2023<br/>           UPDATED 4/1/2025</p> <p><b>PREFERRED</b></p> <p>BAQSIMI INTRANASAL POWDER (GLUCAGON)<br/>           GVOKE PREFILLED SYRINGE AND AUTOINJECTOR (GLUCAGON)*<br/>           PROGLYCEM ORAL SUSPENSION (DIAZOXIDE) <b>BRAND ONLY</b><br/>           ZEGALOGUE PREFILLED SYRINGE &amp; AUTOINJECTOR (DASIGLUCAGON)</p> <p><b>NON-PREFERRED –<br/>           INCLUDE BUT NOT LIMITED TO</b></p> <p>DIAZOXIDE ORAL SUSPENSION (GENERIC FOR PROGLYCEM)<br/>           GLUCAGON 1MG EMERGENCY KIT<br/>           GVOKE VIAL (GLUCAGON)</p> | <p style="text-align: center;"><b>BONE RESORPTIVE AGENTS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/14/2019<br/>           ORIGINAL EDIT EFFECTIVE DATE: 10/1/2019<br/>           UPDATED: 10/1/2025</p> <p><b>PREFERRED</b></p> <p>ALENDRONATE TABLET (generic for FOSAMAX)</p> <p><b>NON-PREFERRED<br/>           INCLUDE BUT NOT LIMITED TO</b></p> <p>ACTONEL TABLET (RISEDRONATE)<br/>           ALTELVA TABLET (RISEDRONATE DR)<br/>           ALENDRONATE SOLUTION (generic for FOSAMAX)<br/>           BILDYOS INJECTION (DENOSUMAB-NXXP)<br/>           BINOSTO EFFERVESCENT TABLET (ALENDRONATE)<br/>           BONSIITY INJECTION (TERIPARITIDE)<br/>           CALCITONIN-SALMON (generic for MIACALCIN and FORTICAL)<br/>           CONEXENCE INJECTION (DENOSUMAB-BNHT)<br/>           EVENITY INJECTION (ROMOSUZUMAB-AQQG)<br/>           EVISTA TABLET (RALOXIFENE)<br/>           FORTEO INJECITON (TERIPARATIDE)<br/>           FOSAMAX TABLET (ALENDRONATE)<br/>           FOSAMAX PLUS D TABLET (ALENDRONATE PLUS VITAMIN D)<br/>           IBANDRONATE SYRINGE, TABLET (generic for BONIVA)<br/>           JUBBONTI INJECTION (DENOSUMAB-BBDZ)<br/>           MIACALCIN VIAL (CALCITONIN-SALMON)<br/>           PROLIA INJECTION (DENOSUMAB)*<br/>           RALOXIFINE TABLET (generic for EVISTA)*<br/>           RISENDRONATE TABLET (generic for ACTONEL)<br/>           STUBOCLO INJECTION (DENOSUMAB-BMWO)<br/>           TERAPARATIDE INJECTION (generic for FORTEO)<br/>           TYMLOS INJECTION (ABALOPARATIDE)</p> | <p style="text-align: center;"><b>DUCHENNE MUSCULAR DYSTROPHY AGENTS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 2/12/2025<br/>           ORIGINAL EDIT EFFECTIVE DATE: 4/1/2025</p> <p><b>PREFERRED</b></p> <p>EMFLAZA SUSPENSION* <b>BRAND ONLY</b><br/>           EMFLAZA TABLET* <b>BRAND ONLY</b></p> <p><b>NON-PREFERRED –<br/>           INCLUDE BUT NOT LIMITED TO</b></p> <p>AGAMREE SUSPENSION (VAMOROLONE)<br/>           DEFLAZACORT SUSPENSION ( generic for EMFLAZA)<br/>           DEFLAZACORT TABLET (generic for EMFLAZA)<br/>           DUVYZAT SUSPENSION (GIVINOSTAT)<br/>           JAYTHARI TABLET (DEFLAZACORT)<br/>           PYQUVI SUSPENSION (DEFLAZACORT)</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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10/1/2025

| ENDOCRINE AND METABOLIC AGENTS  | ENDOCRINE AND METABOLIC AGENTS   | ENDOCRINE AND METABOLIC AGENTS  |
|---|--|---|
| <p><b>ESTROGEN REPLACEMENT AGENTS</b><br/> <b>ORIGINAL POSTED PREFERRED STATUS: 2/14/2006</b><br/> <b>ORIGINAL EDIT EFFECTIVE DATE: 4/17/2006</b><br/> <b>RE-REVIEW POSTED PREFERRED STATUS: 5/12/2008</b><br/> <b>REVISED EDIT EFFECTIVE DATE: 7/11/2008</b><br/> <b>UPDATED 4/1/2021</b><br/> <b>UPDATED 10/1/2025</b><br/> <u><b>PREFERRED</b></u><br/>                     CLIMARA PRO PATCH (ESTRADIOL/LEVONORGESTREL)<br/>                     ESTRADIOL TABLET (generic for ESTRACE)<br/>                     ESTRADIOL ONCE WEEKLY TRANSDERMAL (generic for CLIMARA)<br/>                     ESTRADIOL TWICE WEEKLY TRANSDERMAL (generic for ALORA, VIVELLE)<br/>                     PREMARIN TABLET (ESTROGENS, CONJUGATED)<br/>                     PREMPRO TABLET (ESTROGENS, CONJ./MEDROXYPROGESTERONE)<br/> <u><b>NON-PREFERRED –</b></u><br/> <u><b>INCLUDE BUT NOT LIMITED TO</b></u><br/>                     ABIGALE TABLET (ESTRADIOL/NORETHINDRONE)<br/>                     ABIGALE LO TABLET (ESTRADIOL/NORETHINDRONE)<br/>                     ACTIVELLA TABLET (ESTRADIOL/NORETHINDRONE ACETATE)<br/>                     ANGELIQ* TABLET (ESTRADIOL/DROSPIRENONE)<br/>                     BIJUVA CAPSULE (ESTRADIOL/PROGESTERONE)<br/>                     CLIMARA PATCH (ESTRADIOL)<br/>                     COMBIPATCH (ESTRADIOL/NORETHINDRONE ACETATE)<br/>                     DIVIGEL TOPICAL GEL (ESTRADIOL)<br/>                     DOTTI PATCH (ESTRADIOL)<br/>                     DUAVEE TABLET (ESTROGENS, CONJUGATED/BAZEDOXIFENE)<br/>                     ELESTRIN GEL (ESTRADIOL)<br/>                     ESTRACE TABLET (ESTRADIOL)<br/>                     ESTRADIOL GEL (generic for ESTROGEL)<br/>                     ESTRADIOL/NORETHINDRONE* TABLET (generic for ACTIVELLA, MIMVEY)<br/>                     ETHINYL ESTRADIOL/NORETHINDRONE ACETATE* TAB (generic for FEMHRT)<br/>                     EVAMIST SPRAY (ESTRADIOL)<br/>                     FYAVOLV TABLET (ETHINYL ESTRADIOL/NORETHINDRONE)<br/> <u><b>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</b></u></p> | <p><b>ESTROGEN REPLACEMENT AGENTS</b><br/> <b>ORIGINAL POSTED PREFERRED STATUS: 2/14/2006</b><br/> <b>UPDATED 10/1/2025</b><br/><br/> <u><b>NON-PREFERRED –</b></u><br/> <u><b>INCLUDE BUT NOT LIMITED TO</b></u><br/>                     JINTELI TABLET (ETHINYL ESTRADIOL/NORETHINDRONE)<br/>                     LYLLENA PATCH (ESTRADIOL)<br/>                     MENEST TABLET (ESTROGENS, ESTERIFIED)<br/>                     MENOSTAR PATCH (ESTRADIOL)<br/>                     MIMVEY TABLET (ESTRADIOL/NORETHINDRONE ACETATE)<br/>                     MINIVILLE PATCH (ESTRADIOL)<br/>                     PREMPHASE* (ESTROGENS, CONJUGATED/MEDROXYPROGESTERONE)<br/>                     VIVELLE-DOT PATCH (ESTRADIOL)</p> | <p><b>GNRH RECEPTOR ANTAGONISTS (UTERINE DISORDERS)</b><br/> <b>ORIGINAL POSTED PREFERRED STATUS: 2/12/2025</b><br/> <b>ORIGINAL EDIT EFFECTIVE DATE: 4/1/2025</b><br/><br/> <u><b>PREFERRED</b></u><br/>                     MYFEMBREE* (RELUGOLIX, ESTRADIOL, NORETHINDRONE ACETATE)<br/>                     ORIAHNN* (ELAGOLIX, ESTRADIOL NORETHINDRONE, &amp; ELAGOLIX)<br/>                     ORLISSA* (ELAGOLIX)<br/><br/> <u><b>NON-PREFERRED –</b></u><br/> <u><b>INCLUDE BUT NOT LIMITED TO</b></u><br/>                     NONE</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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10/1/2025

| ENDOCRINE AND METABOLIC AGENTS   | ENDOCRINE AND METABOLIC AGENTS   | ENDOCRINE AND METABOLIC AGENTS  |
|--|--|---|
| <p style="text-align: center;"><b>GROWTH HORMONES</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/10/2016<br/>           ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016<br/>           RE-REVIEW POSTED PREFERRED STATUS: 10/1/2020<br/>           RE-REVIEW POSTED PREFERRED STATUS: 1/1/2023</p> <p><b><u>PREFERRED</u></b><br/>           GENOTROPIN (SOMATROPIN)*<br/>           NORDITROPIN (SOMATROPIN)*</p> <p><b><u>NON-PREFERRED –<br/>           INCLUDE BUT NOT LIMITED TO</u></b><br/>           HUMATROPE (SOMATROPIN)<br/>           NGENLA (SOMATROGON-GHLA)<br/>           NUTROPIN AQ (SOMATROPIN)<br/>           OMNITROPE (SOMATROPIN)<br/>           SKYTROFA (SOMATROPIN)</p> | <p style="text-align: center;"><b>PANCREATIC ENZYMES</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/10/2016<br/>           ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016<br/>           RE-REVIEW POSTED PREFERRED STATUS: 1/1/2020<br/>           RE-REVIEW POSTED PREFERRED STATUS: 1/1/2023</p> <p><b><u>PREFERRED</u></b><br/>           CREON<br/>           ZENPEP</p> <p><b><u>NON-PREFERRED –<br/>           INCLUDE BUT NOT LIMITED TO</u></b><br/>           PANCREAZE<br/>           PERTZYE<br/>           VIOKACE</p> | <p style="text-align: center;"><b>PITUITARY SUPPRESSIVE AGENTS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 7/1/2023</p> <p><b><u>PREFERRED</u></b><br/>           LUPANETA*<br/>           LUPRON DEPOT* 3.75MG, 7.5MG, AND 11.25MG 3-MONTH<br/>           FENSOLVI* 45MG<br/>           LUPRON DEPOT-PED* 7.5MG, 11.25MG, 15MG, 11.25 3-MONTH, 30MG<br/>           3-MONTH, AND 45MG 6-MONTH<br/>           SYNAREL NASAL SPRAY*</p> <p><b><u>NON-PREFERRED –<br/>           INCLUDE BUT NOT LIMITED TO</u></b><br/>           TRIPTODUR 22.5MG 6-MONTH</p> |

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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10/1/2025

| ENDOCRINE AND METABOLIC AGENTS   | GASTROINTESTINAL  | GASTROINTESTINAL  |
|--|---|---|
| <p style="text-align: center;"><b>VAGINAL HORMONES</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 10/1/2024</b></p> <p><b><u>PREFERRED</u></b><br/>                     ESTRADIOL CREAM (generic for ESTRACE)<br/>                     PREMARIN CREAM (ESTROGENS, CONJUGATED)</p> <p><b><u>NON-PREFERRED –</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>                     ESTRACE CREAM (ESTRADIOL)<br/>                     ESTRADIOL TABLET (generic for VAGIFEM AND YUVAFEM)<br/>                     ESTRING VAGINAL RING (ESTRADIOL)<br/>                     FEMRING VAGINAL RING (ESTRADIOL)<br/>                     IMVEXXY VAGINAL INSERT (ESTRADIOL)<br/>                     VAGIFEM VAGINAL TABLET (ESTRADIOL)<br/>                     YUVAFEM VAGINAL TABLET (ESTRADIOL)</p> | <p style="text-align: center;"><b>ANTIEMETICS</b></p> <p style="text-align: center;"><b>5-HT3 &amp; NK1 Receptor Antagonists</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 8/10/2006</b><br/> <b>ORIGINAL EDIT EFFECTIVE DATE: 10/10/2006</b><br/> <b>RE-REVIEW POSTED PREFERRED STATUS: 7/14/2009</b><br/> <b>REVISED EDIT EFFECTIVE DATE: 9/14/2009</b><br/> <b>UPDATED 8/18/2015</b><br/> <b>UPDATED 4/1/2025</b></p> <p><b><u>PREFERRED</u></b><br/>                     ONDANSETRON 4MG, 8MG ODT (generic for ZOFRAN)*<br/>                     ONDANSETRON 4MG, 8MG TABLET (generic for ZOFRAN)*<br/>                     ONDANSETRON 4MG/2ML PRESERVATIVE FREE VIAL*<br/>                     ONDANSETRON 40MG/20ML VIAL (generic for ZOFRAN)*</p> <p><b><u>NON-PREFERRED –</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>                     AKYNZEO (NETUPITANT-PALONOSETRON)<br/>                     APREPITANT (generic for EMEND)<br/>                     EMEND (APREPITANT)<br/>                     GRANISETRON (generic for KYTRIL)<br/>                     ONDANSETRON 16MG ORAL DISINTEGRATING TABLET<br/>                     ONDANSETRON 4MG/2ML AMPULE/SYRINGE (generic for ZOFRAN)<br/>                     ONDANSETRON 4MG/5ML SOLUTION (generic for ZOFRAN)<br/>                     SANCUSO PATCH (GRANISETRON)</p> | <p style="text-align: center;"><b>BOWEL PREP KITS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 11/15/18</b><br/> <b>ORIGINAL EDIT EFFECTIVE DATE: 1/1/19</b><br/> <b>REVISED EDIT EFFECTIVE DATE: 7/1/2022</b></p> <p><b><u>PREFERRED</u></b><br/>                     GAVILYTE-C<br/>                     GAVILYTE-G<br/>                     GAVILYTE-N<br/>                     GOLYTELY SOLUTION<br/> <del>MOVIPREP</del> <b>BRAND-ONLY MFR leaving MDRP 10/1</b><br/>                     PEG-3350 AND ELECTROLYTE SOLUTION<br/>                     PEG-3350 WITH FLAVOR PACKS SOLUTION</p> <p><b><u>NON-PREFERRED</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b><br/>                     CLENPIQ<br/>                     OSMOPREP<br/>                     PREPOPIK<br/>                     PEG-3350 with electrolytes powder pack (generic for MOVIPREP®)<br/>                     PLENVU <b>MFR leaving MDRP 10/1</b><br/>                     SOD SULF-POTASS SULF-MAG SULF (generic for SUPREP)<br/>                     SUFLAVE<br/>                     SUPREP<br/>                     SUTAB</p> |

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10/1/2025

| GASTROINTESTINAL  | GASTROINTESTINAL   | GASTROINTESTINAL  |
|---|--|---|
| <p align="center"><b>CHRONIC GI MOTILITY AGENTS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 2/16/18<br/>ORIGINAL EDIT EFFECTIVE DATE: 4/1/18<br/>UPDATED 4/1/2021<br/>UPDATED 10/1/2025</p> <p><b><u>PREFERRED</u></b><br/>LINZESS* CAPSULE (LINACLOTIDE)<br/>LUBIPROSTONE* CAPSULE (generic for AMITIZA)<br/>MOVANTIK* TABLET (NALOXEGOL)</p> <p><b><u>NON-PREFERRED –<br/>INCLUDE BUT NOT LIMITED TO</u></b><br/>ALOSETRON TABLET (generic for LOTRONEX)<br/>AMITIZA CAPSULE (LUBIPROSTONE)<br/>IBSRELA TABLET (TENAPANOR)<br/>LOTRONEX TABLET (ALOSETRON)<br/>MOTEGRITY TABLET (PRUCALOPRIDE)<br/>PRUCALOPRIDE TABLET (generic for MOTEGRITY)<br/>RELISTOR TABLET/SYRINGE/VIAL MFR leaving MDRP 10/1<br/>SYMPROIC TABLET (NALDEMEDINE)<br/>TRULANCE TABLET (PLEGANATIDE) MFR leaving MDRP 10/1<br/>VIBERZI TABLET (ELUXADOLINE)</p> | <p align="center"><b>PROTON PUMP INHIBITORS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 3/18/2005<br/>ORIGINAL EDIT EFFECTIVE DATE: 5/18/2005<br/>RE-REVIEW POSTED PREFERRED STATUS: 7/1/2019<br/>RE-REVIEW POSTED PREFERRED STATUS: 7/1/2022</p> <p><b><u>PREFERRED</u></b><br/>OMEPRAZOLE CAPSULE* (generic for PRILOSEC)<br/>PANTOPRAZOLE TABLET* (generic for PROTONIX)</p> <p><b><u>NON-PREFERRED –<br/>INCLUDE BUT NOT LIMITED TO</u></b><br/>ACIPHEX TABLET<br/>DEXILANT CAPSULE<br/>DEXLANSOPRAZOLE (generic for DEXILANT)<br/>ESOMEPRAZOLE CAPSULE (generic for NEXIUM)<br/>ESOMEPRAZOLE SUSPENSION (generic for NEXIUM)<br/>ESOMEPRAZOLE/NAPROXEN (generic for VIMOVO)<br/>ESOMEPRAZOLE STRONTIUM DR CAPSULE<br/>KONVOMEF SUSPENSION (OMEPRAZOLE/SODIUM BICARBONATE)<br/>LANSOPRAZOLE CAPSULE (PREVACID CAPSULE)<br/>LANSOPRAZOLE SOLUTAB (PREVACID SOLUTAB)*<br/>NEXIUM CAPSULE<br/>OMEPRAZOLE/SODIUM BICARB CAPS/PACKET (generic ro ZEGERID)<br/>RABEPRAZOLE TABLET (ACIPHEX)<br/>ZEGERID CAPSULES AND PACKET MFR leaving MDRP 10/1<br/>VIMOVO TABLET</p> <p><b><u>NON-PREFERRED –WITH CRITERIA</u></b><br/>NEXIUM PACKET* - BRAND ONLY<br/>PROTONIX SUSPENSION *- BRAND ONLY</p> | <p align="center"><b>ULCERATIVE COLITIS AGENTS (excluding biologics)</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 2/12/2025<br/>ORIGINAL EDIT EFFECTIVE DATE: 4/1/2025</p> <p><b><u>PREFERRED</u></b><br/>APRISO CAPSULE (MESALAMINE-ER) MFR leaving MDRP 10/1<br/>BUDESONIDE ER TABLET* (generic for UCERIS)<br/>MESALAMINE ER CAPSULE (generic for APRISO)<br/>MESALAMINE SUPPOSITORY (generic for CANASA)<br/>PENTASA CAPSULE (MESALAMINE ER) - BRAND ONLY<br/>SULFASALAZINE TABLET (generic for AZULFIDINE)<br/>SULFASALAZINE DR TABLET (generic for AZULFIDINE EN-tab)</p> <p><b><u>NON-PREFERRED –<br/>INCLUDE BUT NOT LIMITED TO</u></b><br/>AZULFIDINE TABLET, AZULFIDINE EN-TAB (SULFASALAZINE)<br/>BALSALAZIDE (generic for COLAZAL)<br/>BUDESONIDE FOAM (generic for UCERIS)<br/>CANASA SUPPOSITORY (MESALAMINE)<br/>GOLAZAL CAPSULE (BALSALAZIDE) MFR leaving MDRP 10/1<br/>DELZICOL CAPSULE (MESALAMINE DR)<br/>DIPENTUM CAPSULE (OLSALAZINE)<br/>LIALDA TABLET (MESALAMINE DR)<br/>MESALAMINE DR TABLET (generic for ASACOL HD)<br/>MESALAMINE DR CAPSULE (generic for DELZICOL)<br/>MESALAMINE DR TABLET (generic for LIALDA)<br/>MESALAMINE ENEMA (generic for ROWASA, sFROWASA)<br/>MESALAMINE ER CAPSULE (generic for PENTASA)<br/>ROWASA KIT, sFROWASA ENEMA (MESALAMINE)<br/>UCERIS FOAM, TABLET (BUDESONIDE) MFR leaving MDRP 10/1</p> |

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10/1/2025

| GENITOURINARY AND RENAL AGENTS<br>BENIGN PROSTATIC HYPERPLASIA  | GENITOURINARY AND RENAL AGENTS<br>CYSTINE-DEPLETING AGENTS  | GENITOURINARY AND RENAL AGENTS<br>OVERACTIVE BLADDER AGENTS  |
|---|---|--|
| <p><b>ORIGINAL POSTED PREFERRED STATUS: 10/1/2021</b><br/><b>UPDATED: 10/1/2025</b></p> <p><b><u>PREFERRED</u></b></p> <p>ALFUZOSIN ER TABLET (generic for UROXATRAL)<br/>DOXAZOSIN TABLET (generic for CARDURA)<br/>DUTASTERIDE CAPSULE (generic for AVODART)<br/>FINASTERIDE TABLET (generic for PROSCAR)*<br/>TAMSULOSIN CAPSULE (generic for FLOMAX)<br/>TERAZOSIN TABLET (generic for HYTRIN)</p> <p><b><u>NON-PREFERRED –</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>CARDURA TABLET (DOXAZOSIN)<br/>CARDURA XL TABLET (DOXAZOSIN)<br/>CIALIS TABLET (TADALAFIL)<br/>DUTASTERIDE/ TAMSULOSIN CAPSULE (generic for JALYN)<br/>FLOMAX CAPSULE (TAMSULOSIN)<br/>PROSCAR TABLET (FINASTERIDE)<br/>RAPAFLO CAPSULE (SILODOSIN)<br/>SILODOSIN CAPSULE (generic for RAPAFLO)<br/>TADALAFIL TABLET (generic for CIALIS)<br/>TEZRULY ORAL SOLUTION (TERAZOSIN)</p> | <p><b>ORIGINAL POSTED PREFERRED STATUS: 8/10/18</b><br/><b>ORIGINAL EDIT EFFECTIVE DATE: 10/1/18</b><br/><b>REVISED POSTED PREFERRED STATUS: 7/1/2022</b></p> <p><b><u>PREFERRED</u></b></p> <p>CUPRIMINE CAPSULES—<b>BRAND ONLY</b> MFR leaving MDRP 10/1<br/>DEPEN TABLETS - <b>BRAND ONLY</b><br/>POTASSIUM CITRATE<br/>THIOLA TABLETS - <b>BRAND ONLY</b><br/>THIOLA EC TABLETS - <b>BRAND ONLY</b></p> <p><b><u>NON-PREFERRED –</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>PENICILLAMINE CAPSULES (generic for CUPRIMINE)<br/>PENICILLAMINE TABLETS (generic for DEPEN)<br/>TIOPRONIN TABLETS (generic for THIOLA)<br/>TIOPRONIN DR TABLETS (generic for THIOLA EC)<br/>UROCIT-K ER TABLETS</p> | <p><b>ORIGINAL POSTED PREFERRED STATUS: 6/16/2006</b><br/><b>ORIGINAL EDIT EFFECTIVE DATE: 8/15/2006</b><br/><b>REVISED POSTED PREFERRED STATUS: 5/14/2009</b><br/><b>REVISED EDIT EFFECTIVE DATE: 7/14/2009</b><br/><b>RE-REVIEW POSTED PREFERRED STATUS: 2/16/2012</b><br/><b>REVISED EDIT EFFECTIVE DATE: 5/8/2012</b><br/><b>RE-REVIEW POSTED PREFERRED STATUS: 5/21/2014</b><br/><b>REVISED EDIT EFFECTIVE DATE: 5/30/2014</b><br/><b>RE-REVIEW: 11/09/16</b><br/><b>REVISED EDIT EFFECTIVE DATE: 4/1/2020</b><br/><b>UPDATED: 1/1/2025</b></p> <p><b><u>PREFERRED</u></b></p> <p>FESOTERODINE ER TABLET (generic for TOVIAZ)<br/>MYRBETRIQ TABLET - <b>BRAND ONLY</b><br/>OXYBUTYNIN 5MG/5ML SYRUP, 5MG TABLET (DITROPAN)<br/>OXYBUTYNIN ER TABLET (DITROPAN XL)*<br/>SOLIFENACIN TABLET (VESICARE)</p> <p><b><u>NON-PREFERRED –</u></b><br/><b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>DARIFENACIN ER TABLET (ENABLEX)<br/>DETROL, DETROL LA TABLET<br/>FLAVOXATE TABLET (URISPAS)<br/>GEMTESA TABLET<br/>MIRABEGRON ER TABLET (MYRBETRIQ)<br/>MYRBETRIQ ER GRANULES<br/>OXYBUTYNIN 2.5MG TABLET<br/>OXYTROL PATCH<br/>TOLTERODINE TAB, TOLTERODINE ER CAP (DETROL, DETROL LA)<br/>TOVIAZ TABLET<br/>TROSPIMUM TAB, TROSPIMUM ER CAP (SANCTURA, SANCTURA XR)<br/>VESICARE TABLET, VESICARE LS SUSPENSION</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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| OPHTHALMOLOGY   | OPHTHALMOLOGY  | OPHTHALMOLOGY   |
|---|--|---|
| <p><b>ALLERGIC CONJUNCTIVITIS</b></p> <p><b>IMPLEMENTED 1/12/2012</b><br/><b>UPDATED AND ADDED TO PDL: 7/1/2020</b><br/><b>UPDATED: 7/1/2025</b><br/><b>PREFERRED</b></p> <p>AZELASTINE 0.05% DROPS (generic for OPTIVAR)<br/>CROMOLYN SODIUM 4% DROPS (generic for OPTICROM)<br/>KETOTIFEN FUMARATE 0.025% DROPS (generic for ALAWAY/ ZADITOR)<br/>OLOPATADINE 0.1% DROPS (generic for PATANOL)<br/>OLOPATADINE 0.2% DROPS (generic for PATADAY)</p> <p><b>NON-PREFERRED –</b><br/><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>ALAWAY 0.025% DROPS<br/>ALREX 0.2% DROPS<br/>BEPOSTATINE 1.5% DROPS (generic for BEPREVE)<br/>BEPREVE 1.5% DROPS<br/>EPINASTINE 0.05% DROPS (generic for ELESTAT)<br/>LOTEPREDNOL ETABONATE 0.2% DROPS (generic for ALREX)<br/>PATADAY 0.7% DROPS<br/>ZERVIAE 0.24% DROPS<br/>ZADITOR 0.025% DROPS</p> | <p><b>OPHTHALMIC ANTIBIOTICS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 5/12/17</b><br/><b>ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</b><br/><b>UPDATED: 4/1/2024</b></p> <p><b>PREFERRED</b></p> <p>BACITRACIN/ POLYMYXIN B OINTMENT (generic for POLYCIN)<br/>CILOXAN (CIPROFLOXACIN) 0.3% OINTMENT<br/>CIPROFLOXACIN 0.3% SOLUTION (generic for CILOXAN)<br/>ERYTHROMYCIN 0.5% OINTMENT<br/>GENTAMICIN 0.3% SOLUTION<br/>MOXIFLOXACIN 0.5% SOLUTION (generic for VIGAMOX)<br/>POLYMYXIN B /TRIMETHOPRIM DROPS (generic for POLYTRIM)<br/>TOBRAMYCIN 0.3% DROPS (generic for TOBEX)</p> <p><b>NON-PREFERRED –</b><br/><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>AZASITE (AZITHROMYCIN) 1% SOLUTION<br/>BACITRACIN 500 UNITS/GM OINTMENT<br/>BESIVANCE (BESIFLOXACIN) 0.6% DROPS<br/>GATIFLOXACIN 0.5% SOLUTION (generic for ZYMAXID)<br/>MOXIFLOXACIN 0.5% SOLUTION (generic for MOXEZA)<br/>NATACYN (NATAMYCIN) 5% DROPS<br/>NEOMYCIN/POLYMYXIN B/ BACITRACIN OINTMENT<br/>NEOMYCIN/POLYMYXIN B/ GRAMICIDIN DROPS<br/>OCUFLOX (OFLOXACIN) 0.3% SOLUTION<br/>OFLOXACIN 0.3% SOLUTION (generic for OCUFLOX)<br/>POLYCIN (BACITRACIN/POLYMYXIN B) OINTMENT<br/>SULFACETAMIDE 10% OINTMENT/SOLUTION<br/>TOBEX (TOBRAMYCIN) 0.3% OINTMENT<br/>VIGAMOX (MOXIFLOXACIN) 0.5% SOLUTION<br/>ZYMAXID (GATIFLOXACIN) 0.5% SOLUTION</p> | <p><b>OPHTHALMIC ANTIBIOTICS-STEROID COMBINATIONS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 5/12/17</b><br/><b>ORIGINAL EDIT EFFECTIVE DATE: 7/1/17</b><br/><b>UPDATED: 7/1/2020</b><br/><b>UPDATED: 7/1/2025</b><br/><b>PREFERRED</b></p> <p>NEOMYCIN/POLYMYXIN/DEXAMETHASONE 0.1% DROPS<br/>NEOMYCIN/POLYMYXIN/DEXAMETHASONE 0.1% OINTMENT<br/>SULFACETAMIDE 10%/PRED SODIUM PHOSPHATE 0.23% SOLN DROPS<br/>TOBRADEX OINTMENT<br/>TOBRAMYCIN 0.3%/DEXAMETHASONE 0.1% SUSP DROPS</p> <p><b>NON-PREFERRED –</b><br/><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>MAXITROL SUSP DROPS<br/>MAXITROL OINTMENT<br/>NEOMYCIN 3.5 MG/POLYMYXIN B 10K/HC 1% SUSP DROPS<br/>NEOMYCIN/POLYMYXIN B/BACITRACIN/HC OINTMENT<br/>TOBRADEX ST SUSP DROPS<br/>ZYLET SUSP DROPS</p> <p><b>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</b></p> |

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

# Preferred Drug List

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| OPHTHALMOLOGY   | OPHTHALMOLOGY   | OPHTHALMOLOGY   |
|---|---|---|
| <p><b>GLAUCOMA AGENTS</b></p> <p><b>ORIGINAL POSTED PREFERRED STATUS: 5/12/17</b><br/> <b>ORIGINAL EDIT EFFECTIVE DATE: 7/1/17-UPDATED: 7/1/2020</b><br/> <b>UPDATED: 7/1/2025</b></p> <p><b><u>PREFERRED</u></b></p> <p>ALPHAGAN P 0.15% (5 ML, 10 ML, 15 ML) - <b>BRAND ONLY</b><br/> CARTEOLOL DROPS (5 ML, 10 ML, 15 ML) (generic for OCUPRESS)<br/> COMBIGAN (5 ML, 10 ML, 15 ML) - <b>BRAND ONLY</b><br/> DORZOLAMIDE 2% (generic for TRUSOPT)<br/> DORZOLAMIDE/TIMOLOL 22.3-6.8 MG/ML (10 ML) (generic for COSOPT)<br/> LATANOPROST 0.005% (2.5 ML) (generic for XALATAN)<br/> LEVOBUNOLOL 0.5% (5 ML) (generic for BETAGAN)<br/> LUMIGAN 0.01% (2.5ML, 5ML)<br/> RHOPRESSA 0.02%(2.5 ML)<br/> ROCKLATAN 0.02%.0.005% (2.5 ML)<br/> TIMOLOL 0.25%, 0.5% (5 ML, 10 ML, 15 ML) (generic for TIMOPTIC)<br/> TRAVATAN Z -<b>BRAND ONLY</b></p> | <p><b>GLAUCOMA AGENTS- CONTINUED</b></p> <p><b><u>NON-PREFERRED –</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ALPHAGAN P 0.1% (BRIMONIDINE)<br/> APRACLONIDINE 0.5% (generic for IOPIDINE)<br/> AZOPT 1%<br/> BETAXOLOL 0.5% (generic for BETOPTIC)<br/> BETIMOL 0.25%, 0.5%<br/> BETOPTIC S 0.25%<br/> BIMATOPROST 0.03% (generic for LUMIGAN)<br/> BRIMONIDINE 0.1%, 0.15%, 0.2% (generic for ALPHAGAN/ALPHAGAN P)<br/> BRIMONIDINE/TIMOLOL (generic for COMBIGAN)<br/> BRINZOLAMIDE 1% (generic for AZOPT)<br/> COSOPT 2%/0.5%, COSOPT PF<br/> DORZOLAMIDE 2%/TIMOLOL 0.5% (generic for COSOPT PF)<br/> ISTALOL 0.5%<br/> IYUZEH (LATANOPROST) 0.005%<br/> ISTALOL (TIMOLOL LA)<br/> IYUZEH 0.005%<br/> PHOSPHOLINE IODIDE 0.125%-KIT <b>MFR leaving MDRP 10/1</b><br/> PILOCARPINE 1%, 2%, 4% (generic for PILOCAR)<br/> SIMBRINZA<br/> TAFLUPROST 0.0015% (generic for ZIOPTAN)<br/> TIMOLOL 0.25%, 0.5% GEL FORMING SOLN (generic for TIMOPTIC-XE)<br/> TIMOLOL 0.5% (generic for BETIMOL)<br/> TIMOLOL MALEATE 0.5% (generic for ISTALOL)<br/> TIMOLOL PERSERVATIVE FREE 0.25%, 0.5% (generic for TIMOPTIC OCUDOSE)<br/> TIMOPTIC 0.25%, 0.5% OCUDOSE <b>MFR leaving MDRP 10/1</b><br/> TRAVOPROST 0.004% (generic for TRAVATAN Z)<br/> VYZULTA 0.024 %<br/> XALATAN 0.005%<br/> XELPROS<br/> ZIOPTAN</p> | <p><b>OPHTHALMICS, DRY EYE AGENTS</b></p> <p><b>NEW PDL CATEGORY STARTING 4/1/20</b><br/> <b>UPDATED: 10/1/2025</b></p> <p><b><u>PREFERRED</u></b></p> <p>RESTASIS 0.05% SINGLE DOSE EMULSION VIAL* <b>BRAND ONLY</b></p> <p><b><u>NON-PREFERRED –</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>CEQUA 0.05% SOLUTION (CYCLOSPORINE)<br/> CYCLOSPORINE 0.05% EYE EMULSION (generic for RESTASIS)<br/> EYSUVIS 0.25% DROP (LOTEPREDNOL ETABONATE)<br/> MIEBO 100% DROP (PERFLUOROHEXYLOCTANE)<br/> RESTASIS 0.05% MULTIDOSE (CYCLOSPORINE)<br/> TRYPTYR SOLUTION (ACOLTREMON)<br/> TYRVAYA NASAL SPRAY (VARENICLINE)<br/> VERKAZIA 0.1% EMULSION (CYCLOSPORINE)<br/> VEVYE 0.1% SOLUTION (CYCLOSPORINE)<br/> XIIDRA 5% SOLUTION (LIFITEGRAST)</p> |

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| OPHTHALMOLOGY  | OPHTHALMOLOGY   |  |
|--|---|--|
| <p style="text-align: center;"><b>ANTI-INFLAMMATORY AGENTS</b></p> <p><b>IMPLEMENTED 1/12/2010</b><br/> <b>UPDATED AND ADDED TO PDL: 7/1/2020</b><br/> <b>UPDATED: 7/1/2025</b><br/> <b><u>PREFERRED</u></b></p> <p>BROMFENAC 0.09% DROPS (generic for BROMDAY)<br/>           DEXAMETHASONE SOD PHOSPHATE 0.1% DROPS (generic for DECADRON)<br/>           DICLOFENAC 0.1% DROPS (generic for VOLTAREN)<br/>           FLUOROMETHOLONE 0.1% SUSP DROPS (generic for FML LIQUIFILM)<br/>           FLURBIPROFEN 0.03% DROPS (generic for OCUFEN)<br/>           FML FORTE 0.25% SUSP DROPS<br/>           KETOROLAC 0.5% DROPS (generic for ACULAR)<br/>           PREDNISOLONE ACETATE 1% SUSP DROPS (generic for PRED FORTE)<br/>           PREDNISOLONE SODIUM 1% DROPS (generic for AK-PRED)</p> <p><b><u>NON-PREFERRED –</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>ACULAR 0.5%, ACULAR LS 0.4% DROPS<br/>           ACUVAIL 0.45% DROPS<br/>           BROMFENAC 0.07% DROPS (generic for PROLENSA)<br/>           BROMFENAC 0.075% DROPS (generic for BROMSITE)<br/>           BROMSITE 0.75% DROPS<br/>           DIFLUPEDNATE 0.05% DROPS (generic for DUREZOL)<br/>           DUREZOL 0.05% DROPS<br/>           EYSUVIS 0.25% SUSP DROPS<br/>           FLAREX 0.1% SUSP DROPS<br/>           FML LIQUIFILM 0.1% SUSP DROPS<br/>           ILEVRO 0.3% SUSP DROPS<br/>           INVELTYS 1% SUSP DROPS<br/>           KETOROLAC 0.4% (generic for ACULAR LS)<br/>           LOTEMAX SM 0.38% GEL DROPS<br/>           LOTEMAX 0.5% DROPS/12PS<br/> <b><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></b></p> | <p style="text-align: center;"><b>ANTI-INFLAMMATORY AGENTS - CONTINUED</b></p> <p><b>IMPLEMENTED 1/12/2010</b><br/> <b>UPDATED AND ADDED TO PDL: 7/1/2020</b><br/> <b>UPDATED: 7/1/2025</b></p> <p><b><u>NON-PREFERRED –</u></b><br/> <b><u>INCLUDE BUT NOT LIMITED TO</u></b></p> <p>LOTEMAX 0.5% GEL DROPS<br/>           LOTEMAX 0.5% OINTMENT<br/>           LOTEPREDNOL ETABONATE 0.5% DROPS/12PS (generic for LOTEMAX)<br/>           LOTEPREDNOL ETABONATE 0.5% GEL DROPS (generic for LOTEMAX)<br/>           MAXIDEX 0.1% SUSP DROPS<br/>           NEVANAC SUSP DROPS<br/>           PRED FORTE 1% SUSP DROPS<br/>           PRED MILD 0.12% SUSP DROPS<br/>           PROLENSA 0.07% DROPS</p> |  |

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

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

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

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

# Preferred Drug List

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

10/1/2025

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

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# Preferred Drug List

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

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

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