ARKANSAS MEDICAID

PREFERRED DRUG LIST

This document is an informational listing of the medications included on the Preferred Drug List (PDL) for the Arkansas Medicaid Pharmacy Program. Inclusion in this document does not guarantee market availability, and products must meet the Centers for Medicare and Medicaid Services (CMS) definition of a covered outpatient drug and pay CMS rebate to be covered by Arkansas Medicaid. Select over the counter medications are covered pursuant to a valid prescription.

Revised 10/01/2026

Arkansas Medicaid Preferred Drug List (PDL)

Effective: October 1, 2026

TABLE OF CONTENTS

INTRODUCTION 5
ANALGESICS 6
NARCOTIC AGONIST ANALGESICS – LONG-ACTING OPIOIDS 6
VOLTAGE-GATED SODIUM CHANNEL SELECTIVE INHIBITORS 6
NARCOTIC AGONIST ANALGESICS – SHORT-ACTING OPIOIDS 7
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS 8
MEDICATION ASSISTED TREATMENT MEDICATIONS 10
ANTIMIGRAINE AGENTS – SEROTONIN 5-HT1 RECEPTOR AGONISTS (TRIPTANS) 11
ANTIMIGRAINE AGENTS – FOR PREVENTION 11
ANTIMIGRAINE AGENTS – FOR TREATMENT 12
BUTALBITAL AGENTS WITHOUT CODEINE 12
ANTI-INFECTIVES 13
ANTIBIOTICS, TOPICAL 13
ANTIVIRALS, GENERAL (PAXLOVID) 13
ANTIVIRALS, ORAL 13
CEPHALOSPORINS 14
HEPATITS C AGENTS 14
HUMAN IMMUNODEFICIENCY VIRUS (HIV) AGENTS 15
TETRACYCLINE AGENTS 17
BIOLOGIC AND IMMUNOLOGIC AGENTS 18
TARGETED IMMUNE MODULATORS 18
IMMUNOMODULATORS FOR ASTHMA AND MISCELLANEOUS INDICATIONS 20
IMMUNE GLOBULINS 20
MULTIPLE SCLEROSIS 21
BLOOD MODIFIERS 22
ANTIHYPERURICEMICS 22
COLONY STIMULATING FACTORS 22
ERYTHROPOIESIS STIMULATING AGENTS 23
PHOSPHATE BINDERS FOR CKD 23
THROMBOPOIESIS STIMULATING PROTEINS 24
UREA CYCLE DISORDER AGENTS 24
CARDIOVASCULAR AGENTS 25
ANTICOAGULANTS 25
ANTIHYPERLIPIDEMICS – HMG-COA REDUCTASE INHIBITORS 25
ANTIHYPERLIPIDEMICS – EXCLUDING STATINS 26
ANTIHYPERTENSIVE AGENTS – ANGIOTENSIN-CONVERTING ENZYME INHIBITORS 27
ANTIHYPERTENSIVE AGENTS – ANGIONTENSIN II RECEPTOR ANTAGONISTS 28

All brand names are property of their respective owners.
© 2026 Prime Therapeutics Management LLC, a Prime Therapeutics LLC company

ANTIHYPERTENSIVE AGENTS – BETA ADRENERGIC BLOCKERS 30
ANTIHYPERTENSIVE AGENTS – CALCIUM CHANNEL BLOCKERS 31
ANTIHYPERTENSIVE AGENTS – DIRECT RENIN INHIBITORS 32
ANTIHYPERTENSIVE AGENTS – DIURETICS 32
PLATELET AGGREGATION INHIBITORS 33
PULMONARY HYPERTENSION TREATMENTS, ORAL/INHALED/INJECTED 34
CENTRAL NERVOUS SYSTEM AGENTS 35
ALZHEIMER'S AGENTS 35
ANTICONVULSANTS 35
ANTICONVULSANTS FOR SEIZURE RESCUE 38
ANTIDEPRESSANTS – SSRIS, SSNRIS, SNRIS 38
ANTI-PARKINSON'S AGENTS 40
ATTENTION DEFICIT DISORDER/HYPERACTIVITY DISORDER – AMPHETAMINE SALTS, AMPHETAMINE-LIKE DRUGS, NOREPINEPHRINE REUPTAKE INHIBITORS, ALPHA-2 AGONISTS 41
NARCOLEPSY AGENTS 43
NEUROPATHIC PAIN AGENTS 43
ANTIPSYCHOTICS, LONG-ACTING INJECTABLE 44
ANTIPSYCHOTICS, ORAL 44
NON-BENZODIAZEPINE SEDATIVE HYPNOTICS 46
BENZODIAZEPINE SEDATIVE HYPNOTICS 46
SKELETAL MUSCLE RELAXANTS 47
VESICULAR MONOAMINE TRANSPORTER 2 INHIBITORS 48
DERMATOLOGY 49
ANTIFUNGALS, TOPICAL 49
ANTIPARASITICS, TOPICAL 50
STEROIDS, TOPICAL – CLASS 1 (SUPERPOTENT) 50
STEROIDS, TOPICAL – CLASS 2 (POTENT) 51
STEROIDS, TOPICAL – CLASS 3 (UPPER-MID) 51
STEROIDS, TOPICAL – CLASS 4 (MID) 52
STEROIDS, TOPICAL – CLASS 5 (LOWER-MID) 52
STEROIDS, TOPICAL – CLASS 6 (MID) 53
STEROIDS, TOPICAL – CLASS 7 (LEAST POTENT) 53
ATOPIC DERMATITIS AGENTS, TOPICAL AND BIOLOGICS 54
HEMORRHOIDAL AGENTS 54
ROSACEA AGENTS 55
ENDOCRINE AND METABOLIC AGENTS 56
ANTIDIABETIC AGENTS – ALPHA GLUCOSIDASE INHIBITORS 56
ANTIDIABETIC AGENTS – AMYLIN ANALOGS 56
ANTIDIABETIC AGENTS – DPP-4 ENZYME INHIBITORS 56
ANTIDIABETIC AGENTS – GLP-1 RECEPTOR AGONISTS 57
ANTIDIABETIC AGENTS – MEGLITINIDES 57
ANTIDIABETIC AGENTS – METFORMINS 58

ANTIDIABETIC AGENTS – SGLT2 INHIBITORS 58
ANTIDIABETIC AGENTS – SULFONYLUREAS 59
ANTIDIABETIC AGENTS – THIAZOLIDINEDIONES 59
ANTIDIABETIC AGENTS – INSULINS 59
ANAPHYLAXIS AGENTS – EPINEPHRINE, SELF-ADMINISTERED 61
ANDROGENIC AGENTS 61
ANTI-HYPOGLYCEMIC AGENTS 62
OSTEOPOROSIS, BONE RESORPTION SUPPRESSION AND RELATED AGENTS 62
DUCHENNE MUSCULAR DYSTROPHY AGENTS 63
ESTROGEN REPLACEMENT AGENTS 64
GNRH RECEPTOR ANTAGONISTS – UTERINE DISORDERS 65
GROWTH HORMONES 65
HEREDITARY ANGIOEDEMA AGENTS – ACUTE HAE TREATMENT 65
HEREDITARY ANGIOEDEMA AGENTS – PREVENTATIVE HAE TREATMENT 66
OCTREOTIDES AND RELATED AGENTS 66
PANCREATIC ENZYMES 66
PITUITARY SUPPRESSIVE AGENTS 67
THYROID HORMONES 67
VAGINAL HORMONES 68
GASTROINTESTINAL 69
ANTIEMETICS – 5-HT3 AND NK1 RECEPTOR ANTAGONISTS 69
BOWEL PREP KITS 69
CHRONIC GI MOTILITY AGENTS 70
HISTAMINE H2 RECEPTOR ANTAGONISTS 70
PROTON PUMP INHIBITORS 70
ULCERATIVE COLITIS AGENTS (EXCLUDING BIOLOGICS) 71
GENITOURINARY AND RENAL AGENTS 73
BENIGN PROSTATIC HYPERPLASIA 73
CYSTINE-DEPLETING AGENTS 73
OVERACTIVE BLADDER AGENTS 74
OPHTHALMOLOGY 75
ALLERGIC CONJUNCTIVITIS 75
OPHTHALMIC ANTIBIOTICS 75
OPHTHALMIC ANTIBIOTICS – STEROID COMBINATIONS 76
GLAUCOMA AGENTS 76
OPHTHALMICS – DRY EYE AGENTS 78
OPHTHALMICS – ANTI-INFLAMMATORY AGENTS 78
OTICS 80
ANTI-INFECTIVE AND OTIC ANTIBIOTIC/CORTICOSTEROID COMBINATIONS 80
RESPIRATORY AGENTS 81
ANTIHISTAMINES, NON-SEDATING ORAL 81
INTRANASAL RHINITIS AGENTS 81

LEUKOTRIENE RECEPTOR ANTAGONISTS *82*
IDIOPATHIC PULMONARY FIBROSIS AGENTS *82*
BRONCHODILATORS, SHORT-ACTING BETA AGONISTS – QUICK RELIEF MEDICATIONS *82*
BRONCHODILATORS, SHORT-ACTING ANTICHOLINERGICS AND COMBINATION PRODUCTS – QUICK RELIEF MEDICATIONS *83*
BRONCHODILATORS, LONG-ACTING BETA AGONISTS (LABAS) – CONTROLLER MEDICATIONS FOR ASTHMA/COPD *83*
BRONCHODILATORS, LONG-ACTING ANTICHOLINERGICS (LAMAS) – CONTROLLER MEDICATIONS FOR ASTHMA/COPD *83*
BRONCHODILATORS, COMBINATION AGONISTS (LAMAS/LABAS) – CONTROLLER MEDICATIONS FOR ASTHMA/COPD *84*
INHALED CORTICOSTEROIDS (ICS) – CONTROLLER MEDICATIONS FOR ASTHMA/COPD *84*
INHALED CORTICOSTEROIDS AND LONG-ACTING BETA AGONISTS (ICS/LABA) – CONTROLLER MEDICATIONS FOR ASTHMA/COPD *84*
INHALED ANTIBIOTICS – CF AGENTS *85*
REVISION HISTORY 86

INTRODUCTION

Medications marked with an asterisk (*) may be subject to clinical criteria for approval. Please refer to https://ar.primetherapeutics.com/documents/d/arkansas/pacriteria for the most current information.

For provider assistance, including how to obtain a prior authorization (PA) or to check PA status, please contact the **Prime Help Desk** at **800-424-7895**.

Prior authorization requests may be submitted electronically through **CoverMyMeds** at https://www.covermymeds.health/ or faxed to the **Prime Therapeutics State Government Solutions Pharmacy Unit** at **800-424-7976**.

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 questions pertaining to criteria for new-to-market medications, products with label expansions, off-label requests, non-preferred medications, and the preferred drug list in general, please view the Arkansas Medicaid General Pharmacy Medication Coverage Policy at https://ar.primetherapeutics.com/documents/d/arkansas/arm-general-medication-coverage-policy-2025.

Please refer to the Arkansas Medicaid Pharmacy Webpage for the most up-to-date Preferred Drug List at: ar.primetherapeutics.com/provider-documents.

ANALGESICS

Medications marked with an asterisk (*) may be subject to clinical criteria for approval. Please refer to https://ar.primetherapeutics.com/documents/d/arkansas/pacriteria for the most current information.

NARCOTIC AGONIST ANALGESICS – LONG-ACTING OPIOIDS

Updated: 07/01/2025

PREFERRED AGENTS

- BUTRANS (buprenorphine)* **BRAND ONLY**
- morphine sulfate ER tablet (generic for MS CONTIN)*
- tramadol ER tablet (generic for ULTRAM ER)*

NON-PREFERRED AGENTS

- BELBUCA (buprenorphine)*
- buprenorphine patch (generic for BUTRANS)
- CONZIP (tramadol ER)
- fentanyl patch (generic for DURAGESIC)*
- hydrocodone ER (generic for ZOHYDRO ER/HYSINGLA ER)*
- hydromorphone ER (generic for EXALGO ER)*
- HYSINGLA ER (hydrocodone ER)
- methadone intensol concentrate (generic for METHADOSE)*
- methadone solution*
- methadone tablet (generic for DOLOPHINE)*
- METHADOSE (methadone)
- morphine sulfate ER capsule (generic for AVINZA/KADIAN)*
- MS CONTIN (morphine sulfate)
- oxycodone ER (generic for OXYCONTIN)*
- OXYCONTIN (oxycodone)*
- oxymorphone ER (generic for OPANA ER)
- tapentadol ER (generic for NUCYNTA ER)*
- tramadol ER capsule (generic for CONZIP)*
- tramadol ER tablet (generic for RYZOLT)*

VOLTAGE-GATED SODIUM CHANNEL SELECTIVE INHIBITORS

Updated: 02/10/2025

PREFERRED AGENTS

- JOURNAVX (suzetrigine)

NON-PREFERRED AGENTS

- NONE

NARCOTIC AGONIST ANALGESICS – SHORT-ACTING OPIOIDS

Updated: 07/01/2025

PREFERRED AGENTS

- APAP/codeine oral solution (473 mL bottle)*
- APAP/codeine tablet*
- codeine tablet*
- hydrocodone/APAP 7.5/325 mg per 15 mL oral solution (generic for HYCET)*
- hydrocodone/APAP 5/325 mg, 7.5/325 mg, and 10/325 mg tablet (generic for NORCO)*
- hydrocodone/ibuprofen 7.5/200 mg tablet (generic for VICOPROFEN)*
- hydromorphone tablet (generic for DILAUDID)*
- meperidine oral solution (generic for DEMEROL)*
- meperidine tablet (generic for DEMEROL)*
- morphine IR tablet (generic for MSIR)*
- morphine oral solution*
- oxycodone 5 mg per 5 mL oral solution (generic for ROXICODONE)
- oxycodone IR tablet (generic for ROXICODONE)
- oxycodone/APAP oral solution (generic for ROXICET)*
- oxycodone/APAP 5/325 mg, 7.5/325 mg, and 10/325 mg tablet (generic for PERCOCET)*
- tramadol 50 mg tablet (generic for ULTRAM)*
- tramadol/APAP (generic for ULTRACET)*

NON-PREFERRED AGENTS

- APAP/codeine oral solution (unit dose cups)
- butalbital/caffeine/APAP with codeine (generic for FIORICET with CODEINE)
- butalbital/caffeine/ASA with codeine (generic for FIORINAL with CODEINE)
- butorphanol nasal spray (generic for STADOL)
- DILAUDID (hydromorphone)
- FIORICET with CODEINE (butalbital/caffeine/APAP with codeine)
- hydrocodone/APAP 10 mg/325 mg per 15 mL oral solution (generic for ZAMICET)
- hydrocodone/APAP oral solution (unit dose cups)
- hydrocodone/APAP 5/300 mg, 7.5/300 mg, and 10/300 mg tablet (generic for XODOL)
- hydrocodone/APAP 2.5-325 mg tablet
- hydrocodone/ibuprofen 5/200 mg and 10/200 mg tablet (generic for IBUDONE/REPREXAIN)
- hydromorphone oral solution and rectal supp (generic for DILAUDID)
- levorphanol (generic for XYVONA)

- oxycodone capsule (generic for OXYIR)
- oxycodone 20 mg per mL concentrated oral solution (generic for ROXICODONE INTENSOL)
- oxycodone solution (unit dose cups)
- oxycodone/APAP 2.5/325 mg tablet (generic for PERCOCET)
- oxymorphone (generic for OPANA)
- pentazocine/naloxone (generic for TALWIN NX)
- PERCOCET (oxycodone/APAP)
- PROLATE (oxycodone/APAP)
- ROXICODONE (oxycodone)
- ROXYBOND (oxycodone)
- tapentadol (generic for Nucynta)
- tramadol 25 mg, 75 mg, and 100 mg tablet
- tramadol oral solution (generic for QDOLO)
- XYVONA (levorphanol)

NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

Updated: 07/01/2025

PREFERRED AGENTS

- celecoxib (generic for CELEBREX)
- diclofenac sodium 25 mg, 50 mg, and 75 mg tablet (generic for VOLTAREN)
- diclofenac sodium 1% topical gel (generic for VOLTAREN) – **As of 03/20/2026, there are no rebate eligible products.**
- ibuprofen oral suspension (generic for MOTRIN)
- ibuprofen 400 mg, 600 mg, and 800 mg tablet (generic for MOTRIN)
- indomethacin 25 mg and 50 mg capsule (generic for INDOCIN)
- ketorolac tablet (generic for TORADOL)*
- meloxicam tablet (generic for MOBIC)
- nabumetone (generic for RELAFEN)
- naproxen 250 mg, 375 mg, and 500 mg tablet (generic for NAPROSYN)
- naproxen 375 mg and 500 mg EC tablet (generic for EC-NAPROSYN)
- naproxen 275 mg and 550 mg tablet (generic for ANAPROX)

NON-PREFERRED AGENTS

- ARTHROTEC (diclofenac/misoprostol)
- CELEBREX (celecoxib)
- COXANTO (oxaprozin)
- DAYPRO (oxaprozin)
- diclofenac epolamine 1.3% patch (generic for FLECTOR)
- diclofenac potassium tablet (generic for CATAFLAM)

- diclofenac potassium capsule (generic for ZIPSOR)
- diclofenac sodium ER 100 mg tablet (generic for VOLTAREN XR)
- diclofenac sodium topical 1.5% and 2% (generic for PENNSAID)
- diclofenac sodium 3% gel (generic for SOLARAZE)*
- diclofenac sodium/misoprostol (generic for ARTHROTEC)
- diflunisal (generic for DOLOBID)
- DOLOBID (diflunisal)
- etodolac (generic for LODINE)
- etodolac ER (generic for LODINE XL)
- FELDENE (piroxicam)
- fenoprofen (generic for NALFON)
- FENOPRON (fenoprofen)
- flurbiprofen (generic for ANSAID)
- ibuprofen 300 mg tablet (generic for MOTRIN)
- ibuprofen/famotidine (generic for DUEXIS)
- indomethacin ER capsule (generic for INDOCIN)
- indomethacin suppository and suspension (generic for INDOCIN)
- ketoprofen (generic for ORUDIS)
- ketoprofen ER (generic for ORUVAIL)
- LUBIRO (flurbiprofen)
- meclofenamate sodium (generic for MECLOMEN)
- mefenamic acid (generic for PONSTEL)
- meloxicam capsule (generic for VIVLODEX)
- NALFON (fenoprofen)
- NAPRELAN CR (naproxen)
- naproxen ER/CR (generic for NAPRELAN)
- naproxen/esomeprazole (generic for VIMOVO)
- naproxen suspension (generic for NAPROSYN)*
- ORUDIS (ketoprofen)
- oxaprozin capsule (generic for COXANTO)
- oxaprozin tablet (generic for DAYPRO)
- PENNSAID (diclofenac sodium)
- piroxicam (generic for FELDENE)
- RELAFEN DS (nabumetone)
- salsalate (generic for DISALCID)
- sulindac (generic for CLINORIL)
- TOLECTIN (tolmetin)
- TOLECTIN DS (tolmetin)
- tolmetin (generic for TOLECTIN/TOLECTIN DS)

- VYSCOXA (celecoxib)
- ZYBIC (meloxicam)

MEDICATION ASSISTED TREATMENT MEDICATIONS

Updated: 10/01/2026

PREFERRED OPIOID DEPENDENCE AGENTS

- buprenorphine sublingual tablet (generic for SUBUTEX)
- naltrexone
- SUBOXONE film (buprenorphine/naltrexone) – **BRAND ONLY**
- ZUBSOLV SL (buprenorphine/naltrexone)

PREFERRED OPIATE OVERDOSE AGENTS/RESCUE MEDICATIONS

- KLOXXADO (naloxone)
- naloxone nasal spray
- naloxone syringe
- naloxone vial
- NARCAN (naloxone)
- REXTOVY (naloxone)

PREFERRED ALCOHOL DEPENDENCE AGENTS

- acamprosate DR (generic for CAMPRAL)
- disulfiram (generic for ANTABUSE)
- naltrexone

PREFERRED MAT INJECTABLES – NO PA REQUIRED (PHARMACY)

- BRIXADI SQ (buprenorphine)
- SUBLOCADE SQ (buprenorphine)
- VIVITROL IM (naltrexone)

MAY BILL THROUGH PHARMACY OR MEDICAL BENEFITS

NON-PREFERRED OPIOID DEPENDENCE AGENTS

- buprenorphine/naloxone SL tablet (generic for SUBOXONE)
- buprenorphine/naloxone SL film (generic for SUBOXONE)

NON-PREFERRED OPIATE OVERDOSE AGENTS/RESCUE MEDICATIONS

- LIFEMS NALOXONE (naloxone)
- lofexidine (generic for LUCEMYRA)*
- LUCEMYRA (lofexidine)*
- nalmefene
- naloxone carpuject
- OPVEE (nalmefene)

- ZURNAI (nalmefene)

ANTIMIGRAINE AGENTS – SEROTONIN 5-HT1 RECEPTOR AGONISTS (TRIPTANS)

Updated: 10/01/2026

PREFERRED AGENTS

- naratriptan (generic for AMERGE)
- rizatriptan (generic for MAXALT)
- rizatriptan ODT (generic for MAXALT MLT)
- sumatriptan nasal spray (generic for IMITREX)*
- sumatriptan pen autoinjector (generic for IMITREX)*
- sumatriptan tablet (generic for IMITREX)
- sumatriptan vial (generic for IMITREX)*
- zolmitriptan ODT (generic for ZOMIG ZMT)
- zolmitriptan tablet (generic for ZOMIG)

NON-PREFERRED AGENTS

- almotriptan (generic for AXERT)
- eletriptan (generic for RELPAX)
- FROVA (frovatriptan)
- frovatriptan (generic for FROVA)
- IMITREX (sumatriptan)
- MAXALT and MAXALT MLT (rizatriptan)
- RELPAX (eletriptan)
- sumatriptan/naproxen (generic for TREXIMET)
- SYMBRAVO (meloxicam/rizatriptan)
- TOSYMRA (sumatriptan)
- ZEMBRACE (sumatriptan)
- zolmitriptan nasal spray (generic for ZOMIG)
- ZOMIG (zolmitriptan)

ANTIMIGRAINE AGENTS – FOR PREVENTION

Updated: 10/01/2026

PREFERRED AGENTS

- AIMOVIG (erenumab)*
- EMGALITY 120 mg pen and syringe (galcanezumab)*
- NURTEC ODT (rimegepant)*
- QULIPTA (atogepant)*

NON-PREFERRED AGENTS

- AJOVY (fremanezumab)
- EMGALITY 100 mg syringe (galcanezumab)

ANTIMIGRAINE AGENTS – FOR TREATMENT

Updated: 10/01/2026

PREFERRED AGENTS

- NURTEC ODT (rimegepant)*
- UBRELVY (ubrogepant)*

NON-PREFERRED AGENTS

- BREKIYA (dihydroergotamine)
- CAFERGOT (ergotamine/caffeine)
- diclofenac potassium powder pack (generic for CAMBIA)
- dihydroergotamine injection (generic for D.H.E. 45)
- dihydroergotamine nasal spray (generic for MIGRANAL)
- ELYXYB (celecoxib)
- ERGOMAR SL (ergotamine)
- MIGERGOT (ergotamine)
- REYVOW (lasmiditan) – **manufacturer obsolete 5/31/2026**
- ZAVZPRET (zavegepant)

BUTALBITAL AGENTS WITHOUT CODEINE

Updated: 01/01/2026

PREFERRED AGENTS

- butalbital/APAP/caffeine 50/325/40 mg tablet (generic for ESGIC)

NON-PREFERRED AGENTS

- butalbital/APAP capsule
- butalbital/APAP tablet (generic for BUPAP/MARTIN-TAB)
- butalbital/APAP/caffeine capsule (generic for ESGIC/FIORICET)
- butalbital/APAP/caffeine solution (generic for VANATOL)
- butalbital/ASA/caffeine (generic for FIORINAL)
- FIORICET (butalbital/APAP/caffeine)

ANTI-INFECTIVES

ANTIBIOTICS, TOPICAL

Updated: 01/01/2026

PREFERRED AGENTS

- bacitracin OTC ointment
- bacitracin zinc/neomycin/polymyxin B OTC ointment
- gentamicin 0.1% cream (generic for GARAMYCIN)
- gentamicin 0.1% ointment (generic for GARAMYCIN)
- mupirocin 2% ointment (generic for BACTROBAN)

NON-PREFERRED AGENTS

- bacitracin OTC packet
- CENTANY 2% ointment (mupirocin)
- mupirocin 2% cream (generic for BACTROBAN)
- XEPI 1% (ozenoxacin)

ANTIVIRALS, GENERAL (PAXLOVID)

Updated: 10/01/2025

PREFERRED AGENTS

- PAXLOVID (nirmatrelvir and ritonavir)

NON-PREFERRED AGENTS

- XOCOVA (ensitrelvir)

ANTIVIRALS, ORAL

Updated: 10/01/2025

PREFERRED AGENTS

- acyclovir tablet and capsule (generic for ZOVIRAX)
- acyclovir oral suspension (generic for ZOVIRAX)
- oseltamivir (generic for TAMIFLU)
- valacyclovir (generic for VALTREX)

NON-PREFERRED AGENTS

- famciclovir (generic for FAMVIR)
- FLUMADINE (rimantadine)
- RELENZA (zanamivir)
- rimantadine (generic for FLUMADINE)

- TAMIFLU (oseltamivir)
- VALTREX (valacyclovir)
- XOFLUZA (baloxavir)

CEPHALOSPORINS

Updated: 04/01/2026

PREFERRED AGENTS

- cefadroxil capsule and suspension (generic for DURICEF)
- cefdinir (generic for OMNICEF)
- cefpodoxime (generic for VANTIN)
- cefprozil (generic for CEFZIL)
- cefuroxime tablet (generic for CEFTIN)
- cephalexin capsule and suspension (generic for KEFLEX)

NON-PREFERRED AGENTS

- cefaclor/cefaclor ER (generic for CECLOR)
- cefadroxil tablet (generic for DURICEF)
- cefixime (generic for SUPRAX)
- cephalexin tablet (generic for KEFLEX)

HEPATITS C AGENTS

Updated: 01/01/2026

PREFERRED AGENTS

- MAVYRET tablet (glecaprevir/pibrentasvir)*
- MAVYRET pellet packet (glecaprevir/pibrentasvir)*
- ribavirin capsule and tablet*
- sofosbuvir/velpatasvir (generic for EPCLUSA)*
- ZEPATIER (elbasvir/grazoprevir)*

NON-PREFERRED AGENTS

- EPCLUSA (sofosbuvir/velpatasvir)
- HARVONI (ledipasvir/ sofosbuvir)
- ledipasvir/sofosbuvir (generic for HARVONI)
- PEGASYS (peginterferon alfa-2a)
- SOVALDI (sofosbuvir)
- VOSEVI (sofosbuvir/velpatasvir/voxilaprevir)

HUMAN IMMUNODEFICIENCY VIRUS (HIV) AGENTS

Updated: 04/01/2026

PREFERRED AGENTS

- abacavir (generic for ZIAGEN)
- abacavir/lamivudine (generic for EPZICOM)
- atazanavir (generic for REYATAZ)
- BIKTARVY (bictegravir/emtricitabine/tenofovir)
- CIMDUO (lamivudine/tenofovir)
- COMPLERA (emtricitabine/rilpivirine/tenofovir) – **BRAND ONLY**
- darunavir ethanolate 600mg and 800mg tablet (generic for PREZISTA)
- DELSTRIGO (doravirine/lamivudine/tenofovir)
- DESCOVY (emtricitabine/tenofovir alafenamide)
- DOVATO (dolutegravir/lamivudine)
- EDURANT tablet (rilpivirine) – **BRAND ONLY**
- efavirenz (generic for SUSTIVA)
- efavirenz/emtricitabine/tenofovir disoproxil fumarate (generic for ATRIPLA)
- emtricitabine/tenofovir disoproxil fumarate (generic for TRUVADA)
- EMTRIVA solution (emtricitabine)
- EVOTAZ (atazanavir/cobicistat)
- fosamprenavir (generic for LEXIVA)
- GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir)
- ISENTRESS (raltegravir)
- JULUCA (dolutegravir/rilpivirine)
- lamivudine (generic for EPIVIR)
- lamivudine/zidovudine (generic for COMBIVIR)
- lopinavir/ritonavir (generic for KALETRA)
- nevirapine (generic for VIRAMUNE)
- nevirapine ER (generic for VIRAMUNE XR)
- NORVIR powder (ritonavir)
- ODEFSEY (emtricitabine/rilpivirine/tenofovir)
- PIFELTRO (doravirine)
- PREZCOBIX (darunavir/cobicistat)
- PREZISTA suspension (darunavir)
- PREZISTA 75 mg and 150 mg tablet (darunavir)
- REYATAZ powder (atazanavir)
- ritonavir (generic for NORVIR)
- STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir)
- SYMFI (efavirenz/lamivudine/tenofovir) – **BRAND ONLY**

- SYMTUZA (darunavir/cobicistat/emtricitabine/tenofovir)
- tenofovir disoproxil fumarate (generic for VIREAD)
- TIVICAY (dolutegravir)
- TIVICAY PD (dolutegravir)
- TRIUMEQ (abacavir/dolutegravir/lamivudine)
- TRIUMEQ PD (abacavir/dolutegravir/lamivudine)
- TYBOST (cobicistat)
- zidovudine tablet and syrup (generic for RETROVIR)

NON-PREFERRED AGENTS

- APTIVUS (tipranavir)
- BIXLENVO (bictegravir/lenacapavir)
- EDURANT PED tablet for suspension (rilpivirine)
- efavirenz/lamivudine/tenofovir (generic for SYMFI/SYMFI LO)
- emtricitabine (generic for EMTRIVA)
- emtricitabine/rilpivirine/tenofovir (generic for COMPLERA)
- EMTRIVA capsule (emtricitabine)
- EPIVIR (lamivudine)
- etravirine (generic for INTELENCE)
- FUZEON (enfuvirtide) – **MFR OBSOLETE 11/03/2025**
- IDVYNSO (doravirine/islatravir)
- INTELENCE (etravirine)
- KALETRA (lopinavir/ritonavir)
- NORVIR tablet (ritonavir)
- PREZISTA 600 mg and 800 mg tablet (darunavir)
- RETROVIR (zidovudine)
- REYATAZ capsule (atazanavir)
- rilpivirine (generic for EDURANT)
- RUKOBIA (fostemsavir tromethamine)
- TRUVADA (emtricitabine/tenofovir)
- VIRACEPT (nelfinavir)
- VIREAD (tenofovir)
- VOCABRIA (cabotegravir)
- ZIAGEN (abacavir)
- zidovudine capsule (generic for RETROVIR)

NON-PREFERRED AGENTS WITH CRITERIA

- APRETUDE (cabotegravir)*
- CABENUVA (cabotegravir/rilpivirine)*
- maraviroc (generic for SELZENTRY)*

- SELZENTRY (maraviroc)*
- SUNLENCA (lenacapavir sodium)*
- YEZTUGO (lenacapavir sodium)*

TETRACYCLINE AGENTS

Updated: 01/01/2026

PREFERRED AGENTS

- doxycycline hyclate 50 mg and 100 mg capsule (generic for VIBRAMYCIN)
- doxycycline hyclate 20 mg tablet (generic for PERIOSTAT)
- doxycycline hyclate 75 mg and 150 mg tablet (generic for ACTICLATE)
- doxycycline hyclate 100 mg tablet (generic for VIBRA-TAB)
- doxycycline monohydrate 50 mg and 100 mg capsule (generic for MONODOX)
- doxycycline monohydrate 50 mg, 75 mg, 100 mg, and 150 mg tablet (generic for ADOXA)
- minocycline 50 mg and 100 mg capsule (generic for MINOCIN)
- minocycline 75 mg capsule (generic for DYNACIN)

NON-PREFERRED AGENTS

- demeclocycline (generic for DECLOMYCIN)
- DORYX (doxycycline hyclate)
- DORYX MPC (doxycycline hyclate)
- doxycycline hyclate 75 mg capsule
- doxycycline hyclate DR tablet (generic for DORYX)
- doxycycline monohydrate 75 mg capsule (generic for MONODOX)
- doxycycline monohydrate 150 mg capsule (generic for ADOXA)
- doxycycline monohydrate suspension (generic for VIBRAMYCIN)
- doxycycline monohydrate IR/DR 40 mg capsule (generic for ORACEA)
- minocycline tablet (generic for DYNACIN)
- MORGIDOX (doxycycline hyclate)
- NUZYRA (omadacycline tosylate)*
- ORACEA (doxycycline monohydrate)
- tetracycline capsule and tablet (generic for SUMYCIN)

BIOLOGIC AND IMMUNOLOGIC AGENTS

Medications marked with an asterisk (*) may be subject to clinical criteria for approval. Please refer to https://ar.primetherapeutics.com/documents/d/arkansas/pacriteria for the most current information.

TARGETED IMMUNE MODULATORS

Updated: 01/01/2026

PREFERRED AGENTS

- ENBREL (etanercept)*
- HUMIRA (adalimumab)*
- OTEZLA (apremilast)*
- PYZCHIVA syringe (ustekinumab-ttwe)* – **BRAND ONLY**
- PYZCHIVA 45 mg vial (ustekinumab-ttwe)* – **BRAND ONLY**
- STEQEYMA syringe (ustekinumab-stba)*
- STEQEYMA 45 mg vial (ustekinumab-stba)*
- TALTZ (ixekizumab)*
- XELJANZ tablet (tofacitinib)* – **BRAND ONLY**
- XELJANZ XR tablet (tofacitinib)* – **BRAND ONLY**

NON-PREFERRED AGENTS

- ABRILADA (adalimumab-afzb)
- ACTEMRA syringe/autoinjector (tocilizumab)
- adalimumab-aacf (generic for IDACIO)
- adalimumab-aaty (generic for YUFLYMA)
- adalimumab-adaz (generic for HYRIMOZ)
- adalimumab-adbm (generic for CYLTEZO)
- adalimumab-fkjp (generic for HULIO)
- adalimumab-ryvk (generic for SIMLANDI)
- AMJEVITA (adalimumab-atto)
- ARCALYST (rilonacept)
- AVTOZMA syringe/autoinjector (tocilizumab-anoh)
- BIMZELX (bimekizumab-bkzx)
- CIMZIA syringe (certolizumab)
- COSENTYX syringe/pen (secukinumab)
- CYLTEZO (adalimumab-adbm)
- ENSPRYNG (satralizumab)
- ENTYVIO pen (vedolizumab)
- HADLIMA (adalimumab-bwwd)

- HULIO (adalimumab-fkjp)
- HYRIMOZ (adalimumab-adaz)
- ICOTYDE (icotrokinra)
- IDACIO (adalimumab-aacf)
- ILARIS (canakinumab)
- IMULDOSA syringe (ustekinumab-srlf)
- KEVZARA (sarilumab)
- KINERET (anakinra)
- LEQSELVI (deuruxolitinib)
- LITFULO (ritlecitinib)
- OLUMIANT (baricitinib)
- OMVOH syringe/pen (mirikizumab-mrkz)
- ORENCIA syringe/autoinjector (abatacept)
- OTEZLA XR (apremilast)
- OTULFI syringe/45 mg vial (ustekinumab-aauz)
- RINVOQ (upadacitinib)
- SELARSDI syringe/45 mg vial (ustekinumab-aekn)
- SIMLANDI (adalimumab-ryvk)
- SIMPONI syringe/pen (golimumab)
- SKYRIZI syringe/on-body injector/pen (risankizumab-rzaa)
- SOTYKTU (deucravacitinib)
- SPEVIGO syringe (spesolimab-sbzo)
- STARJEMZA syringe/45 mg vial (ustekinumab-hmny)
- STELARA syringe/45 mg vial (ustekinumab)
- tofacitinib (generic for XELJANZ/XELJANZ XR)
- TREMFYA syringe/pen/autoinjector (guselkumab)
- TYENNE syringe/autoinjector (tocilizumab-aazg)
- ustekinumab syringe/45 mg vial (generic for STELARA)
- ustekinumab-aauz (generic for OTULFI)
- ustekinumab-aekn syringe (generic for SELARSDI)
- ustekinumab-ttwe syringe/45 mg vial (generic for PYZCHIVA)
- VELSIPITY (etrasimod)
- XELJANZ solution (tofacitinib) – **BRAND PREFERRED**
- YESINTEK (ustekinumab-kfce)
- YUFLYMA (adalimumab-aaty)
- YUSIMRY (adalimumab-aqvh)
- ZYMFENTRA (infliximab-dyyb)

IMMUNOMODULATORS FOR ASTHMA AND MISCELLANEOUS INDICATIONS

Updated: 10/01/2026

*See Preferred Drug list for Immunomodulators, Atopic Dermatitis Agents, Topical and Biologics

PREFERRED AGENTS

- DUPIXENT (dupilumab)*
- FASENRA (benralizumab)*
- RHAPSIDO (remibrutinib)*
- TEZSPIRE (tezepelumab-ekko)*
- XOLAIR autoinjector and syringe (omalizumab)*

NON-PREFERRED AGENTS

- NEMLUVIO (nemolizumab-ilto)*
- NUCALA (mepolizumab)*
- OMLYCLO (omalizumab-igec)*
- XOLAIR vial (omalizumab)*

IMMUNE GLOBULINS

Updated: 01/01/2026

PREFERRED AGENTS

- GAMMAGARD liquid vial*
- GAMUNEX-C*
- HIZENTRA*

NON-PREFERRED AGENTS

- ALYGLO
- ASCENIV BIVIGAM
- CUTAQUIG
- CUVITRU
- CYTOGAM
- FLEBOGAMMA DIF
- GAMASTAN
- GAMMAGARD LIQUID ERC
- GAMMAGARD S-D
- GAMMAKED
- GAMMAPLEX
- HYPERRHO S-D
- HYQVIA
- OCTAGAM

- PANZYGA
- PRIVIGEN
- QIVIGY
- RHOGAM ULTRA-FILTERED PLUS
- RHOPHYLAC
- WINRHO SDF
- XEMBIFY

MULTIPLE SCLEROSIS

Updated: 10/01/2024

PREFERRED AGENTS

- AMPYRA ER (dalfampridine ER)
- AVONEX (interferon beta - 1a)
- COPAXONE 20 mg (glatiramer) – **BRAND ONLY**
- dalfampridine ER (generic for AMPYRA ER)
- dimethyl fumarate (generic for TECFIDERA)
- fingolimod (generic for GILENYA)
- KESIMPTA (ofatumumab)*
- teriflunomide (generic for AUBAGIO)

NON-PREFERRED AGENTS

- AUBAGIO (teriflunomide)
- BAFIERTAM (monomethyl fumarate)
- BETASERON (interferon beta - 1b)
- cladribine (generic for MAVENCLAD)
- COPAXONE 40 mg (glatiramer)
- EXTAVIA (interferon beta – 1b kit)
- GILENYA (fingolimod)
- glatiramer (generic for COPAXONE/GLATOPA)
- GLATOPA (glatiramer)
- MAVENCLAD (cladribine) – **BRAND PREFERRED**
- MAYZENT (siponimod)
- PLEGRIDY (pegomterferpm beta – 1a)
- PONVORY (ponesimod)
- REBIF/REBIF REBIDOSE (interferon beta – 1a/albumin)
- TASCENSO ODT (fingolimod)
- TECFIDERA (dimethyl fumarate)
- VUMERITY (diroximel fumarate)
- ZEPOSIA (ozanimod)

BLOOD MODIFIERS

Medications marked with an asterisk (*) may be subject to clinical criteria for approval. Please refer to https://ar.primetherapeutics.com/documents/d/arkansas/pacriteria for the most current information.

ANTIHYPERURICEMICS

Updated: 07/01/2025

PREFERRED AGENTS

- allopurinol 100 mg and 300 mg tablet (generic for ZYLOPRIM)
- colchicine tablet (generic for COLCRYS)
- probenecid
- probenecid/colchicine

NON-PREFERRED AGENTS

- allopurinol 200 mg tablet (generic for ZYLOPRIM)
- colchicine capsule (generic for MITIGARE)
- COLCRYS (colchicine)
- febuxostat (generic for ULORIC)
- GLOPERBA (colchicine)
- MITIGARE (colchicine)
- ULORIC (febuxostat)
- ZYLOPRIM (allopurinol)

COLONY STIMULATING FACTORS

Updated: 10/01/2026

PREFERRED AGENTS

- FYLNETRA (pegfilgrastim-pbbk)
- NEUPOGEN (filgrastim)

NON-PREFERRED AGENTS

- ARMLUPEG (pegfilgrastim-unne)
- FILKRI (filgrastim-laha)
- FULPHILA (pegfilgrastim-jmdb)
- GRANIX (tbo-filgrastim)
- LEUKINE (sargramostim)
- NEULASTA (pegfilgrastim)
- NEULASTA ONPRO (pegfilgrastim)
- NIVESTYM (filgrastim-aafi)

- NYPOZI (filgrastim-txid)
- NYVEPRIA (pegfilgrastim-apgf)
- RELEUKO (filgrastim-ayow)
- ROLVEDON (eflapegrastim-xnst)
- RYZNEUTA (efbemalenograstim alfa-vuxw)
- STIMUFEND (pegfilgrastim-fpgk)
- UDENYCA (pegfilgrastim-cbqv)
- UDENYCA ONBODY (pegfilgrastim-cbqv)
- ZARXIO (filgrastim-sndz)
- ZIEXTENZIO (pegfilgrastim-bmez)

ERYTHROPOIESIS STIMULATING AGENTS

Updated: 10/01/2026

PREFERRED AGENTS

- ARANESP syringe (darbepoetin alfa in polysorbate)*
- EPOGEN (epoetin alfa)*
- RETACRIT (epoetin alfa)* Pfizer brand

NON-PREFERRED AGENTS

- ARANESP vial (darbepoetin alfa in polysorbate)
- MIRCERA (methoxy peg-epoetin beta)
- PROCRIT (epoetin alfa)
- REBLOZYL (luspatercept)
- RETACRIT (epoetin alfa) Vifor brand

PHOSPHATE BINDERS FOR CKD

Updated: 01/01/2026

PREFERRED AGENTS

- calcium acetate (generic for PHOSLO)
- CALPHRON (calcium acetate)
- sevelamer carbonate tablet (generic for RENVELA)

NON-PREFERRED AGENTS

- AURYXIA (ferric citrate)
- ferric citrate (generic for AURYXIA)
- FOSRENOL (lanthanum carbonate)
- lanthanum carbonate (generic for FOSRENOL)
- RENVELA (sevelamer carbonate)
- sevelamer carbonate powder pack (generic for RENVELA)

- sevelamer HCl (generic for RENAGEL)
- VELPHORO (sucroferric oxyhydroxide)
- XPHOZAH (tenapanor)

THROMBOPOIESIS STIMULATING PROTEINS

Updated: 10/01/2025

PREFERRED AGENTS

- PROMACTA tablet (eltrombopag olamine)* – **BRAND ONLY**

NON-PREFERRED AGENTS

- ALVAIZ (eltrombopag choline)
- DOPTELET (avatrombopag maleate)
- eltrombopag olamine (generic for PROMACTA)
- MULPLETA (lusutrombopag)
- PROMACTA suspension (eltrombopag) – **BRAND PREFERRED**
- TAVALISSE (fostamatinib disodium)
- WAYRILZ (rilzabrutinib)

UREA CYCLE DISORDER AGENTS

Updated: 10/01/2026

PREFERRED AGENTS

- CARBAGLU (carglumic acid)* – **BRAND ONLY**
- PHEBURANE (sodium phenylbutyrate)*

NON-PREFERRED AGENTS

- BUPHENYL (sodium phenylbutyrate)*
- carglumic acid (generic for CARBAGLU)*
- glycerol phenylbutyrate (generic for RAVICTI)*
- OLPRUVA (sodium phenylbutyrate)*
- RAVICTI (glycerol phenylbutyrate)*
- sodium phenylbutyrate (generic for BUPHENYL)*

CARDIOVASCULAR AGENTS

ANTICOAGULANTS

Updated: 10/01/2025

PREFERRED AGENTS

- dabigatran (generic for PRADAXA)*
- ELIQUIS tablet (apixaban)*
- enoxaparin (generic for LOVENOX)*
- JANTOVEN (warfarin)*
- warfarin (generic for COUMADIN)*
- XARELTO tablet (rivaroxaban)* – **BRAND ONLY**

NON-PREFERRED AGENTS

- ARIXTRA (fondaparinux)
- ELIQUIS sprinkle (apixaban)
- ELIQUIS tablet for suspension (apixiban)
- fondaparinux (generic for ARIXTRA)
- FRAGMIN (dalteparin)
- LOVENOX (enoxaparin)
- PRADAXA (dabigatran)
- rivaroxaban suspension and 2.5 mg tablet (generic for XARELTO)
- SAVAYSA (edoxaban)
- XARELTO suspension (rivaroxaban) – **BRAND PREFERRED**

ANTIHYPERLIPIDEMICS – HMG-COA REDUCTASE INHIBITORS

Updated: 01/01/2026

PREFERRED AGENTS

- atorvastatin (generic for LIPITOR)
- lovastatin (generic for MEVACOR)
- pravastatin (generic for PRAVACHOL)
- rosuvastatin (generic for CRESTOR)
- simvastatin (generic for ZOCOR)

NON-PREFERRED AGENTS

- ALTOPREV (lovastatin ER)
- ATORVALIQ (atorvastatin)
- atorvastatin/amlodipine (generic for CADUET)
- CADUET (atorvastatin/amlodipine)

- CRESTOR (rosuvastatin)
- fluvastatin (generic for LESCOL)
- fluvastatin ER (generic for LESCOL XL)
- LESCOL XL (fluvastatin)
- LIPITOR (atorvastatin)
- LIVALO (pitavastatin)
- pitavastatin (generic for LIVALO)
- simvastatin/ezetimibe (generic for VYTORIN)
- VYTORIN (simvastatin/ezetimibe)
- ZOCOR (simvastatin)
- ZYPITAMAG (pitavastatin)

ANTIHYPERLIPIDEMICS – EXCLUDING STATINS

Updated: 07/01/2026

PREFERRED FIBRIC ACIDS

- fenofibrate 48 mg and 145 mg tablet (generic for TRICOR)
- fenofibrate 54 mg and 160 mg tablet (generic for LOFIBRA)
- gemfibrozil (generic for LOPID)

PREFERRED BILE ACID SEQUESTRANTS

- cholestyramine (generic for QUESTRAN)
- cholestyramine light (generic for QUESTRAN LIGHT/PREVALITE)
- colestipol (generic for COLESTID)

PREFERRED CHOLESTEROL ABSORPTION INHIBITORS

- ezetimibe (generic for ZETIA)

PREFERRED NIACINS

- niacin ER (generic for NIASPAN ER)

PREFERRED OMEGA-3 FATTY ACIDS

- omega-3 acid ethyl esters (generic for LOVAZA)*

PREFERRED PCSK9 INHIBITORS

- PRALUENT (alirocumab)*
- REPATHA (evolocumab)*

NON-PREFERRED FIBRIC ACIDS

- fenofibrate capsule (generic for ANTARA/LOFIBRA/LIPOFEN/TRICOR)
- fenofibrate 40 mg and 120 mg tablet (generic for FENOGLIDE)
- fenofibric acid DR capsule (generic for TRILIPIX)

- fenofibric acid tablet (generic for FIBRICOR)
- FIBRICOR (fenofibric acid)
- LIPOFEN (fenofibrate)
- LOPID (gemfibrozil)

NON-PREFERRED BILE ACID SEQUESTRANTS

- colesevelam (generic for WELCHOL)
- COLESTID (colestipol)
- PREVALITE (cholestyramine)
- QUESTRAN (cholestyramine)
- QUESTRAN LIGHT (cholestyramine)
- WELCHOL (colesevelam)

NON-PREFERRED CHOLESTEROL ABSORPTION INHIBITORS

- ZETIA (ezetimibe)

NON-PREFERRED ACL INHIBITORS AND COMBINATIONS

- NEXLETOL (bempedoic acid)*
- NEXLIZET (bempedoic acid/ezetimibe)*

NON-PREFERRED APOLIPOPROTEIN B SYNTHESIS INHIBITORS

- JUXTAPID (lomitapide)*

NON-PREFERRED APOLIPOPROTEIN C-III SYNTHESIS INHIBITORS

- REDEMPLO (plozasirin)*
- TRYNGOLZA (olezarsen)*

NON-PREFERRED OMEGA-3 FATTY ACIDS

- icosapent ethyl (generic for VASCEPA)*

NON-PREFERRED PCSK9 INHIBITORS

- LIPFENDRA (enlicitide)*

NON-PREFERRED PCSK9-DIRECTED SIRNAS

- LEQVIO (inclisiran)*

ANTIHYPERTENSIVE AGENTS – ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

Updated: 10/01/2025

PREFERRED AGENTS

- benazepril (generic for LOTENSIN)
- benazepril/amlodipine (generic for LOTREL)
- benazepril/HCTZ (generic for LOTENSIN HCT)

- captopril (generic for CAPOTEN)
- enalapril tablet (generic for VASOTEC)
- enalapril/HCTZ (generic for VASERETIC)
- fosinopril (generic for MONOPRIL)
- fosinopril/HCTZ (generic for MONOPRIL HCT)
- lisinopril (generic for ZESTRIL)
- lisinopril/HCTZ (generic for ZESTORETIC)
- quinapril (generic for ACCUPRIL)
- quinapril/HCTZ (generic for ACCURETIC)
- ramipril (generic for ALTACE)

NON-PREFERRED AGENTS

- ACCUPRIL (quinapril)
- ACCURETIC (quinapriil/HCTZ)
- captopril/HCTZ (generic for CAPOZIDE)
- enalapril solution (generic for EPANED)*
- EPANED (enalapril)
- LOTENSIN (benazepril)
- LOTENSIN HCT (benazepril/HCTZ)
- LOTREL (benazepril/amlodipine)
- moexipril (generic for UNIVASC)
- perindopril (generic for ACEON)
- QBRELIS (lisinopril)*
- trandolapril (generic for MAVIK)
- ZESTORETIC (lisinopril/HCTZ)
- ZESTRIL (lisinopril)

ANTIHYPERTENSIVE AGENTS – ANGIONTENSIN II RECEPTOR ANTAGONISTS

Updated: 10/01/2025

PREFERRED AGENTS

- ENTRESTO sprinkle (valsartan/sacubitril)*
- irbesartan (generic for AVAPRO)
- irbesartan/HCTZ (generic for AVALIDE)
- losartan (generic for COZAAR)
- losartan/HCTZ (generic for HYZAAR)
- olmesartan (generic for BENICAR)
- olmesartan/amlodipine (generic for AZOR)
- valsartan tablet (generic for DIOVAN)
- valsartan/HCTZ (generic for DIOVAN HCT)

- valsartan/amlodipine (generic for EXFORGE)
- valsartan/amlodipine/HCTZ (generic for EXFORGE HCT)
- valsartan/sacubitril (generic for ENTRESTO)

NON-PREFERRED AGENTS

- ARBLI (losartan)*
- ATACAND (candesartan)
- ATACAND HCT (candesartan/HCTZ)
- AVALIDE (irbesartan/HCTZ)
- AVAPRO (irbesartan)
- azilsartan (generic for EDARBI)
- AZOR (olmesartan/amlodipine)
- BENICAR (olmesartan)
- BENICAR HCT (olmesartan/HCTZ)
- candesartan (generic for ATACAND)
- candesartan/HCTZ (generic for ATACAND HCT)
- COZAAR (losartan)
- DIOVAN (valsartan)
- DIOVAN HCT (valsartan/HCTZ)
- EDARBI (azilsartan) – **BRAND PREFERRED**
- EDARBYCLOR (azilsartan/chlorthalidone)
- ENTRESTO TABLET (valsartan/sacubitril)
- eprosartan (generic for TEVETEN)
- EXFORGE (valsartan/amlodipine)
- EXFORGE HCT (valsartan/amlodipine/HCTZ)
- HYZAAR (losartan/HCTZ)
- MICARDIS (telmisartan)
- MICARDIS HCT (telmisartan/HCTZ)
- olmesartan/HCTZ (generic for BENICAR HCT)
- olmesartan/amlodipine/HCTZ (generic for TRIBENZOR)
- telmisartan (generic for MICARDIS)
- telmisartan/amlodipine (generic for TWYNSTA)
- telmisartan/HCTZ (generic for MICARDIS HCT)
- TRIBENZOR (olmesartan/amlodipine/HCTZ)
- valsartan solution (generic for DIOVAN)

ANTIHYPERTENSIVE AGENTS – BETA ADRENERGIC BLOCKERS

Updated: 10/01/2025

PREFERRED AGENTS

- acebutolol (generic for SECTRAL)
- atenolol (generic for TENORMIN)
- atenolol/chlorthalidone (generic for TENORETIC)
- bisoprolol 5 mg and 10 mg (generic for ZEBETA)
- bisoprolol/HCTZ (generic for ZIAC)
- carvedilol (generic for COREG)
- labetalol 100 mg, 200 mg, and 300 mg tablet (generic for NORMODYNE)
- metoprolol succinate ER (generic for TOPROL XL)
- metoprolol tartrate 25 mg, 37.5 mg, 50 mg, 75 mg, and 100 mg tablet (generic for LOPRESSOR)
- nebivolol (generic for BYSTOLIC)
- propranolol ER (generic for INDERAL LA, INNOPRAN XL)
- propranolol immediate-release tablet (generic for INDERAL)
- sotalol (generic for BETAPACE)
- sotalol AF (generic for BETAPACE AF)

NON-PREFERRED AGENTS

- BETAPACE/BETAPACE AF (sotalol)
- betaxolol (generic for KERLONE)
- bisoprolol 2.5 mg (generic for ZEBETA)
- BYSTOLIC (nebivolol)
- carvedilol ER (generic for COREG CR)
- HEMANGEOL (propranolol)
- INDERAL LA (propranolol)
- INDERAL XL (propranolol)
- INNOPRAN XL (propranolol)
- KAPSPARGO (metoprolol)
- labetalol 400 mg tablet (generic for NORMODYNE)
- LOPRESSOR solution (metoprolol)*
- LOPRESSOR tablet (metoprolol)
- metoprolol tartrate 12.5 mg
- metoprolol/HCTZ (generic for LOPRESSOR HCT)
- nadolol (generic for CORGARD)
- pindolol (generic for VISKEN)
- propranolol solution*
- propranolol/HCTZ (generic for INDERIDE)

- SOTYLIZE (sotalol)
- TENORETIC (atenolol/chlorthalidone)
- TENORMIN (atenolol)
- timolol maleate (generic for BLOCADREN)
- TOPROL XL (metoprolol XL)

ANTIHYPERTENSIVE AGENTS – CALCIUM CHANNEL BLOCKERS

Updated: 10/01/2025

PREFERRED AGENTS

- amlodipine (generic for NORVASC)
- amlodipine/benazepril (generic for LOTREL)
- amlodipine/olmesartan (generic for AZOR)
- amlodipine/valsartan (generic for EXFORGE)
- amlodipine/valsartan/HCTZ (generic for EXFORGE HCT)
- CARTIA XT 24 HR (diltiazem)
- diltiazem CD 24 HR (generic for CARDIZEM CD)
- DILT-XR 24 HR (diltiazem)
- diltiazem ER 24 HR (generic for TIAZAC)
- diltiazem XR 24 HR (generic for DILACOR XR)
- diltiazem tablet (generic for CARDIZEM)
- nifedipine IR (generic for PROCARDIA)
- nifedipine ER (generic for ADALAT CC/PROCARDIA XL)
- TIADYLT ER 24 HR (diltiazem)
- verapamil tablet (generic for CALAN)
- verapamil ER tablet (generic for CALAN SR)

NON-PREFERRED AGENTS

- amlodipine/atorvastatin (generic for CADUET)
- amlodipine/olmesartan/HCTZ (generic for TRIBENZOR)
- AZOR (amlodipine/olmesartan)
- CADUET (amlodipine/atorvastatin)
- CARDAMYST (etripamil)*
- CARDIZEM (diltiazem)
- diltiazem ER 12 HR (generic for CARDIZEM SR)
- diltiazem LA 24 HR (generic for CARDIZEM LA/MATZIM LA)
- EXFORGE (amlodipine/valsartan)
- EXFORGE HCT (amlodipine/valsartan/HCTZ)
- felodipine ER (generic for PLENDIL)
- isradipine (generic for DYNACIRC)

- KATERZIA (amlodipine)
- Levamlodipine (generic for CONJUPRI)
- LOTREL (amlodipine/benazepril)
- MATZIM LA (diltiazem ER)
- nicardipine (generic for CARDENE)
- nimodipine (generic for NYMALIZE)
- nisoldipine ER (generic for SULAR)
- NORLIQVA (amlodipine)
- NORVASC (amlodipine)
- NYMALIZE (nimodipine)
- PROCARDIA XL (nifedipine ER)
- SDAMLO (amlodipine)
- SULAR ER (nisoldipine)
- TIAZAC (diltiazem ER)
- TRIBENZOR (amlodipine/olmesartan/HCTZ)
- verapamil ER capsule (generic for VERELAN/VERELAN PM)

ANTIHYPERTENSIVE AGENTS – DIRECT RENIN INHIBITORS

Updated: 10/01/2025

PREFERRED AGENTS

- NONE

NON-PREFERRED AGENTS

- aliskiren (generic for TEKTURNA)
- TEKTURNA (aliskiren)

ANTIHYPERTENSIVE AGENTS – DIURETICS

Updated: 07/01/2026

PREFERRED AGENTS

- amiloride (generic for MIDAMOR)
- bumetanide tablet (generic for BUMEX)
- chlorthalidone (generic for THALITONE)
- eplerenone (generic for INSPRA)
- furosemide oral solution and tablet (generic for LASIX)
- hydrochlorothiazide (generic for HYDRODIURIL)
- indapamide (generic for LOZOL)
- LASIX ONYU KIT (furosemide)*
- metolazone (generic for ZAROXOLYN)

- spironolactone tablet (generic for ALDACTONE)
- spironolactone/HCTZ (generic for ALDACTAZIDE)
- torsemide (generic for DEMADEX)
- triamterene HCTZ capsule (generic for DYAZIDE)
- triamterene HCTZ tablet (generic for MAXZIDE)

NON-PREFERRED AGENTS

- ALDACTONE (spironolactone)
- amiloride/HCTZ (generic for MODURETIC)
- BAXFENDY (baxdrostat)
- CAROSPIR (spironolactone)*
- ENBUMYST (bumetanide)*
- ethacrynic acid tablet (generic for EDECRIN)
- FUROSCIX KIT (furosemide)*
- HEMICLOR (chlorthalidone)
- INSPRA (eplerenone) **– MFR obsolete 02/04/2026**
- INZIRQO (hydrochlorothiazide)*
- KERENDIA (finerenone)*
- LASIX (furosemide)
- spironolactone oral suspension (generic for CAROSPIR)*
- THALITONE (chlorthalidone)
- triamterene (generic for DYRENIUM)

PLATELET AGGREGATION INHIBITORS

Updated: 01/01/2026

PREFERRED AGENTS

- aspirin/dipyridamole (generic for AGGRENOX)
- clopidogrel (generic for PLAVIX)
- dipyridamole tablet (generic for PERSANTINE)
- prasugrel (generic for EFFIENT)
- ticagrelor (generic for BRILINTA)

NON-PREFERRED AGENTS

- BRILINTA (ticagrelor)
- EFFIENT (prasugrel)
- PLAVIX (clopidogrel)

PULMONARY HYPERTENSION TREATMENTS, ORAL/INHALED/INJECTED

Updated: 01/01/2023

PREFERRED AGENTS

- ambrisentan (generic for LETAIRIS)*
- bosentan tablet (generic for TRACLEER)
- epoprostenol (generic for VELETRI)
- sildenafil tablet and vial (REVATIO)*
- tadalafil (ADCIRCA)*
- treprostinil (generic for REMODULIN)

NON-PREFERRED AGENTS

- ADCIRCA (tadalafil)
- ADEMPAS (riociguat)
- bosentan tablet for suspension (generic for TRACLEER)
- epoprostenol (generic for FLOLAN)
- FLOLAN (epoprostenol)
- LETAIRIS (ambrisentan)
- macitentan (generic for OPSUMIT)
- OPSUMIT (macitentan)
- OPSYNVI (macitentan/tadalafil)
- ORENITRAM ER (treprostinil)
- REMODULIN (treprostinil)
- REVATIO (sildenafil)
- sildenafil suspension (generic for REVATIO)
- TADLIQ (tadalafil)
- TRACLEER (bosentan)
- TYVASO and TYVASO DPI (treprostinil)
- UPTRAVI (selexipag)
- VELETRI (epoprostenol)
- VENTAVIS (iloprost)
- WINREVAIR (sotatercept-csrk)
- YUTREPIA (treprostinil)

CENTRAL NERVOUS SYSTEM AGENTS

Medications marked with an asterisk (*) may be subject to clinical criteria for approval. Please refer to https://ar.primetherapeutics.com/documents/d/arkansas/pacriteria for the most current information.

ALZHEIMER'S AGENTS

Updated: 01/01/2026

PREFERRED AGENTS

- donepezil 5 and 10 mg tablet (generic for ARICEPT)
- EXELON (rivastigmine) – **BRAND ONLY**
- memantine tablet (generic for NAMENDA)

NON-PREFERRED AGENTS

- ADLARITY (donepezil)
- ARICEPT (donepezil)
- donepezil ODT (generic for ARICEPT ODT)
- donepezil 23 mg tablet (generic for ARICEPT)
- galantamine (generic for RAZADYNE)
- galantamine ER (generic for RAZADYNE ER)
- LEQEMBI IQLIK (lecanemab-irmb)*
- memantine solution (generic for NAMENDA)
- memantine ER (generic for NAMENDA XR)
- memantine/donepezil (generic for NAMZARIC)
- NAMENDA XR (memantine ER)
- NAMZARIC (memantine/donepezil)
- rivastigmine (generic for EXELON)
- ZUNVEYL DR (benzgalantamine)

ANTICONVULSANTS

Updated: 10/01/2026

PREFERRED AGENTS

- carbamazepine 100 mg chew tablet (generic for TEGRETOL)
- carbamazepine tablet (generic for TEGRETOL)
- clobazam suspension and tablet (generic for ONFI)
- divalproex DR tablet (generic for DEPAKOTE DR)
- divalproex ER (generic for DEPAKOTE ER)
- ethosuximide capsule (generic for ZARONTIN)
- gabapentin capsule and tablet (generic for NEURONTIN)

- gabapentin solution (generic for NEURONTIN)*
- lacosamide solution and tablet (generic for VIMPAT)
- lamotrigine tablet (generic for LAMICTAL)
- levetiracetam solution and tablet (generic for KEPPRA)
- oxcarbazepine (generic for TRILEPTAL)
- phenytoin capsule (generic for DILANTIN)
- pregabalin capsule (generic for LYRICA)
- primidone (generic MYSOLINE)
- ROWEEPRA (levetiracetam) – **HCFA termed 6/30/2027**
- SABRIL tablet (vigabatrin) – **BRAND ONLY**
- SUBVENITE tablet (lamotrigine)
- TEGRETOL suspension (carbamazepine) – **BRAND ONLY**
- topiramate 15 mg and 25 mg sprinkle (generic for TOPAMAX)*
- topiramate tablet (generic for TOPAMAX)
- valproic acid (generic for DEPAKENE)
- vigabatrin powder pack (generic for SABRIL)
- zonisamide (generic for ZONEGRAN)

NON-PREFERRED AGENTS

- APTIOM (eslicarbazepine)
- BANZEL (rufinamide)
- brivaracetam solution and tablet (generic for BRIVIACT)
- BRIVIACT solution and tablet (brivaracetam)
- carbamazepine 200 mg chew tablet (generic for TEGRETOL)
- carbamazepine ER (generic for CARBATROL/TEGRETOL XR)
- carbamazepine suspension (generic for TEGRETOL)
- CARBATROL ER (carbamazepine)
- CELONTIN (methsuximide)
- DEPAKOTE DR (divalproex DR)
- DEPAKOTE ER (divalproex ER)
- DEPAKOTE sprinkle capsule (divalproex)
- DIACOMIT (stiripentol)
- DILANTIN (phenytoin)
- divalproex sprinkle capsule (generic for DEPAKOTE)
- ELEPSIA XR (levetiracetam)
- EPIDIOLEX (cannabidiol)*
- EPRONTIA (topiramate)
- EQUETRO (carbamazepine)
- eslicarbazepine (generic for APTIOM)
- ethosuximide solution (generic for ZARONTIN)

- felbamate (generic for FELBATOL)
- FELBATOL (felbamate)
- FINTEPLA (fenfluramine)*
- FYCOMPA tablet (perampanel)
- FYCOMPA suspension (perampanel) – **BRAND PREFERRED**
- gabapentin 200 mg capsule (generic for RELGAABI)
- GABARONE (gabapentin)
- KEPPRA solution and tablet (levetiracetam)
- KEPPRA XR (levetiracetam ER)
- lacosamide vial (generic for VIMPAT)
- LAMICTAL (lamotrigine)
- LAMICTAL ODT (lamotrigine)
- LAMICTAL XR (lamotrigine ER)
- lamotrigine dispersible tablet (generic for LAMICTAL)
- lamotrigine dose pack (generic for LAMICTAL)
- lamotrigine ER (generic for LAMICTAL XR)
- lamotrigine ODT (generic for LAMICTAL ODT)
- levetiracetam (generic for SPRITAM)
- levetiracetam ER (generic for KEPPRA XR)
- LYRICA (pregabalin)
- methsuximide (generic for CELONTIN)
- MOTPOLY XR (lacosamide ER)
- NEURONTIN (gabapentin)
- ONFI (clobazam)
- oxcarbazepine ER (generic for OXTELLAR XR)
- OXTELLAR XR (oxcarbazepine ER) – **BRAND PREFERRED**
- perampanel (generic for FYCOMPA)
- phenobarbital elixir and tablet
- PHENYTEK (phenytoin)
- phenytoin chew tablet (generic for DILANTIN INFATAB)
- phenytoin ER capsule (generic for PHENYTEK)
- phenytoin suspension (generic for DILANTIN)
- RELGAABI (gabapentin)
- rufinamide (generic for BANZEL)
- SABRIL powder pack (vigabatrin)
- SPRITAM (levetiracetam)
- SUBVENITE suspension and tablet starter kit (lamotrigine)
- SYMPAZAN (clobazam)*
- TEGRETOL tablet (carbamazepine)

- TEGRETOL XR (carbamazepine)
- tiagabine (generic for GABITRIL)
- TOPAMAX (topiramate)
- topiramate ER (generic for QUDEXY and TROKENDI XR)
- topiramate solution (generic for EPRONTIA)
- topiramate 50 mg sprinkle (generic for TOPAMAX sprinkle)
- TRILEPTAL (oxcarbazepine)
- TROKENDI XR (topiramate)
- vigabatrin tablet (generic for SABRIL)
- VIGADRONE (vigabatrin)
- VIGAFYDE (vigabatrin)
- VIMPAT (lacosamide)
- XCOPRI (cenobamate)
- ZARONTIN (ethosuximide)
- ZONISADE (zonisamide)
- ZTALMY (ganaxolone)*

ANTICONVULSANTS FOR SEIZURE RESCUE

Updated: 10/01/2026

PREFERRED AGENTS

- diazepam 2.5 mg rectal kit (generic for DIASTAT)
- diazepam rectal gel system (generic for DIASTAT ACUDIAL)
- NAYZILAM (midazolam)
- VALTOCO (diazepam)

NON-PREFERRED AGENTS

- NONE

ANTIDEPRESSANTS – SSRIS, SSNRIS, SNRIS

Updated: 07/01/2026

PREFERRED AGENTS

- bupropion extended-release (generic for WELLBUTRIN XL)*
- bupropion regular-release (generic for WELLBUTRIN)*
- bupropion sustained-release (generic for WELLBUTRIN SR)*
- citalopram tablet and solution (generic for CELEXA)*
- desvenlafaxine succinate ER (generic for PRISTIQ)*
- duloxetine 20 mg, 30 mg, and 60 mg capsule (generic for CYMBALTA)*
- escitalopram tablet and solution (generic for LEXAPRO)*

- fluoxetine 10 mg, 20 mg, and 40 mg capsule (generic for PROZAC)*
- fluoxetine solution (generic for PROZAC)*
- fluoxetine/olanzapine (generic for SYMBYAX)*
- fluvoxamine maleate (generic for LUVOX)*
- mirtazapine tablet (generic for REMERON)*
- paroxetine HCl regular-release tablet (generic for PAXIL)*
- sertraline tablet and oral concentrate (generic for ZOLOFT)*
- trazodone 50 mg, 100 mg, and 150 mg tablet (generic for DESYREL)*
- venlafaxine extended-release capsule (generic for EFFEXOR XR)*
- venlafaxine regular-release tablet (generic for EFFEXOR)*

NON-PREFERRED AGENTS

- AUVELITY (dextromethorphan/bupropion)
- bupropion 450 mg ER (generic for FORFIVO XL)
- CELEXA (citalopram)
- citalopram capsule (generic for CELEXA)
- desvenlafaxine extended-release tablet
- duloxetine 40 mg DR capsule (generic for IRENKA DR)
- EFFEXOR XR (venlafaxine)
- EMSAM (selegiline)
- escitalopram capsule
- EXXUA ER (gepirone)
- FETZIMA (levomilnacipran)
- fluoxetine tablet (generic for PROZAC)
- fluoxetine 90 mg weekly capsule (generic for PROZAC)
- fluvoxamine maleate extended-release capsule (generic for LUVOX CR)
- FORFIVO XL (bupropion) **– MFR obsolete 12/05/2025**
- LEXAPRO (escitalopram)
- MARPLAN (isocarboxazid)
- milnacipran (generic for SAVELLA)
- mirtazapine ODT (generic for REMERON SOLTAB)
- NARDIL (phenelzine)
- nefazodone (generic for SERZONE)
- paroxetine CR/ER tablet (generic for PAXIL)
- paroxetine suspension (generic for PAXIL)
- paroxetine mesylate capsule (generic for BRISDELLE)
- PAXIL IR and CR (paroxetine)
- phenelzine (generic for NARDIL)
- PRISTIQ (desvenlafaxine)
- RALDESY (trazodone)

- REMERON (mirtazapine)
- SAVELLA (milnacipran)* – **BRAND ONLY**
- sertraline capsule (generic for ZOLOFT)
- SPRAVATO (esketamine)*
- tranylcypromine (generic for PARNATE)
- trazodone 25 mg, 75 mg, and 300 mg tablet (generic for DESYREL)
- TRINTELLIX (vortioxetine hbr)
- venlafaxine ER tablet (generic for EFFEXOR)
- venlafaxine besylate ER
- VIIBRYD (vilazodone)
- vilazodone (generic for VIIBRYD)
- WELLBUTRIN SR (bupropion)
- ZOLOFT (sertraline)
- ZURZUVAE (zuranolone)*

ANTI-PARKINSON'S AGENTS

Updated: 01/01/2026

PREFERRED AGENTS

- amantadine capsule and solution (generic for SYMMETREL)
- benztropine tablet (generic for COGENTIN)
- carbidopa/levodopa tablet (generic for SINEMET)
- carbidopa/levodopa ER tablet (generic for SINEMET CR)
- pramipexole (generic for MIRAPEX)
- ropinirole (generic for REQUIP)
- trihexyphenidyl (generic for ARTANE)

NON-PREFERRED AGENTS

- amantadine tablet (generic for SYMMETREL)
- APOKYN (apomorphine)
- apomorphine (generic for APOKYN)
- AZILECT (rasagiline)
- bromocriptine (generic for PARLODEL)
- carbidopa (generic for LODOSYN)
- carbidopa/levodopa ER capsule (generic for RYTARY)
- carbidopa/levodopa ODT (generic for PARCOPA)
- carbidopa/levodopa/entacapone (generic for STALEVO)
- CREXONT ER (carbidopa/levodopa)
- DHIVY (carbidopa/levodopa)
- DUOPA (carbidopa/levodopa)

- entacapone (generic for COMTAN)
- GOCOVRI (amantadine)
- INBRIJA (levodopa)*
- NEUPRO (rotigotine)
- NOURIANZ (istradefylline)*
- ONAPGO (apomorphine)*
- ONGENTYS (opicapone)*
- pramipexole ER (generic for MIRAPEX ER)
- rasagiline (generic for AZILECT)
- ropinirole ER (generic for REQUIP XL)
- RYTARY ER (carbidopa/levodopa ER) – **BRAND PREFERRED**
- selegiline capsule (generic for ELDEPRYL)
- selegiline tablet (generic for ZELAPAR)
- SINEMET (carbidopa/levodopa)
- tolcapone (generic for TASMAR)
- VYALEV (foscarbidopa/foslevodopa)*
- XADAGO (safinamide)

ATTENTION DEFICIT DISORDER/HYPERACTIVITY DISORDER – AMPHETAMINE SALTS, AMPHETAMINE-LIKE DRUGS, NOREPINEPHRINE REUPTAKE INHIBITORS, ALPHA-2 AGONISTS

Updated: 07/01/2026

PREFERRED AGENTS

- ADDERALL XR (amphetamine salts)*
- amphetamine salts ER (generic for ADDERALL XR)*
- amphetamine salts IR (generic for ADDERALL)*
- atomoxetine (generic for STRATTERA)*
- clonidine 0.1 mg, 0.2 mg, 0.3 mg tablet (generic for CATAPRES)
- clonidine ER (generic for KAPVAY ER)
- CONCERTA (methylphenidate ER)*
- dexmethylphenidate ER (generic for FOCALIN XR)*
- dexmethylphenidate IR (generic for FOCALIN)*
- dextroamphetamine 5 mg and 10 mg tablet (generic for Zenzedi)*
- FOCALIN (dexmethylphenidate)*
- FOCALIN XR (dexmethylphenidate ER)*
- guanfacine IR (generic for TENEX)
- guanfacine ER (generic for INTUNIV)
- lisdexamfetamine (generic for VYVANSE)*
- methylphenidate IR (generic for METHYLIN/RITALIN)*
- methylphenidate ER (generic for CONCERTA)*

- VYVANSE (lisdexamfetamine)*

NON-PREFERRED AGENTS

- ADDERALL IR (amphetamine salts)
- ADZENYS XR-ODT (amphetamine)
- amphetamine sulfate (generic for EVEKEO)
- amphetamine ER ODT (generic for ADZENYS XR ODT)
- amphetamine/dextroamphetamine ER (generic for MYDAYIS)
- APTENSIO XR (methylphenidate)
- ARYNTA (lisdexamfetamine)
- atomoxetine (generic for ATONCY)
- ATONCY (atomoxetine)
- AZSTARYS (serdexmethylphenidate/dexmethylphenidate)
- clonidine ER (generic for NEXICLON XR)
- clonidine IR 0.05 mg tablet
- COTEMPLA XR-ODT (methylphenidate)
- DEXEDRINE (dextroamphetamine)
- dextroamphetamine ER (generic for DEXEDRINE)
- dextroamphetamine solution (generic for PROCENTRA)
- dextroamphetamine 2.5mg, 7.5 mg, 15 mg, 20 mg, 30 mg tablet (generic for ZENZEDI)
- DYANAVEL XR (amphetamine)
- EVEKEO (amphetamine)
- INTUNIV ER (guanfacine)
- JORNAY PM (methylphenidate)
- methamphetamine (generic for DESOXYN)
- METHYLIN SOLUTION (methylphenidate)
- methylphenidate chewable tablet (generic for METHYLIN)
- methylphenidate CD/ER/LA capsule (generic for METADATE CD/RITALIN LA/APTENSIO XR)
- methylphenidate ER ODT (generic for COTEMPLA XR-ODT)
- methylphenidate ER tablet (generic for METADATE ER/RITALIN SR)
- methylphenidate ER tablet (generic for RELEXXII)
- methylphenidate patch (generic for DAYTRANA)
- methylphenidate solution (generic for METHYLIN)
- MYDAYIS ER (amphetamine/dexamphetamine)
- NEXICLON XR (clonidine)
- ONYDA XR (clonidine)
- PROCENTRA (dextroamphetamine)
- QELBREE (viloxazine)
- QUILLICHEW ER (methylphenidate)
- QUILLIVANT XR (methylphenidate)

- RELEXXI ER (methylphenidate)
- RITALIN IR (methylphenidate)
- XELSTRYM (dextroamphetamine)
- ZENZEDI (dextroamphetamine)

NARCOLEPSY AGENTS

Updated: 10/01/2023

PREFERRED AGENTS

- armodafinil (generic for NUVIGIL)*
- XYREM (sodium oxybate)* – **BRAND ONLY**

NON-PREFERRED AGENTS

- modafinil (generic for PROVIGIL)
- NUVIGIL (armodafinil)
- PROVIGIL (modafinil)
- sodium oxybate (generic for XYREM)
- SUNOSI (solriamfetol)
- WAKIX (pitolisant)
- XYWAV (calcium, magnesium, potassium, sodium oxybates)

NEUROPATHIC PAIN AGENTS

Updated: 01/01/2026

PREFERRED AGENTS

- duloxetine 20 mg, 30 mg, and 60 mg capsule (generic for CYMBALTA)*
- gabapentin capsule and tablet (generic for NEURONTIN)
- gabapentin solution (generic for NEURONTIN)*
- pregabalin capsule (generic for LYRICA)

NON-PREFERRED AGENTS

- CYMBALTA (duloxetine)
- DRIZALMA (duloxetine)
- duloxetine 40 mg DR capsule (generic for IRENKA)
- duloxetine 80 mg, 90 mg, 120 mg DR capsule
- gabapentin 200 mg capsule (generic for RELGAABI)
- gabapentin ER (generic for GRALISE)
- GABARONE (gabapentin)
- GRALISE (gabapentin ER)
- HORIZANT (gabapentin ER)
- lidocaine patch (generic for LIDODERM)*

- LYRICA (pregabalin)
- LYRICA CR (pregabalin)
- milnacipran (generic for SAVELLA)*
- NEURONTIN (gabapentin)
- pregabalin solution (generic for LYRICA)
- pregabalin ER (generic for LYRICA CR)
- RELGAABI (gabapentin)
- SAVELLA (milnacipran)* – **BRAND PREFERRED**
- ZTILDO (lidocaine)

ANTIPSYCHOTICS, LONG-ACTING INJECTABLE

Updated: 01/01/2025

PREFERRED AGENTS

- ABILIFY ASIMTUFII (aripiprazole ER)*
- ABILIFY MAINTENA (aripiprazole ER)*
- ARISTADA and ARISTADA INITIO (aripiprazole lauroxil ER)*
- fluphenazine decanoate (generic for PROLIXIN)*
- haloperidol decanoate (generic for HALDOL)*
- INVEGA HAFYERA (paliperidone palmitate)*
- INVEGA SUSTENNA (paliperidone palmitate)*
- INVEGA TRINZA (paliperidone palmitate)*
- PERSERIS ER (risperidone)*
- RISPERDAL CONSTA (risperidone microspheres)* – **BRAND ONLY**
- UZEDY ER (risperidone)*

NON-PREFERRED AGENTS

- ERZOFRI (paliperidone palmitate)
- risperidone ER (generic for RISPERDAL CONSTA)
- RYKINDO ER (risperidone)
- ZYPREXA RELPREVV (olanzapine)

ANTIPSYCHOTICS, ORAL

Updated: 01/01/2025

PREFERRED AGENTS

- aripiprazole tablet (generic for ABILFY)*
- chlorpromazine tablet (generic for THORAZINE)*
- clozapine tablet (generic for CLOZARIL)*
- fluphenazine tablet (generic for PROLIXIN)*

- haloperidol lactate conc (generic for HALDOL)*
- haloperidol tablet (generic for HALDOL)*
- loxapine (generic for LOXITANE)*
- lurasidone (generic for LATUDA)*
- olanzapine tablet (generic for ZYREXA)*
- olanzapine ODT (generic for ZYREXA ZYDIS)*
- olanzapine/fluoxetine (generic for SYMBYAX)*
- paliperidone (generic for INVEGA)*
- perphenazine (generic for TRILAFON)*
- quetiapine (generic for SEROQUEL)*
- risperidone solution and tablet (generic for RISPERDAL)*
- risperidone ODT (generic for RISPERDAL M-TAB)*
- thioridazine (generic for MELLARIL)*
- VRAYLAR (cariprazine)*
- ziprasidone capsule (generic for GEODON)*

NON-PREFERRED AGENTS

- ABILIFY (aripiprazole)*
- ABILIFY MYCITE (aripiprazole)*
- aripiprazole ODT and solution (generic for ABILIFY)*
- asenapine SL (generic for SAPHRIS)*
- BYSANTI (milsaperidone)*
- CAPLYTA (lumateperone)*
- chlorpromazine oral concentrate (generic for THORAZINE)*
- clozapine ODT (generic for FAZACLO)*
- CLOZARIL (clozapine)*
- COBENFY (xanomeline/trospium)*
- FANAPT (iloperidone)*
- fluphenazine elixir and solution (generic for PROLIXIN)*
- GEODON (ziprasidone)*
- INVEGA (paliperidone)*
- LATUDA (lurasidone)*
- LYBALVI (olanzapine/samidorphan)*
- molindone (generic for MOBAN)
- NUPLAZID (pimavanserin)
- OPIPZA (aripiprazole)*
- perphenazine/amitriptyline (generic for TRIAVIL)*
- pimozide (generic for ORAP)*
- quetiapine ER (generic for SEROQUEL XR)*
- REXULTI (brexpiprazole)*

- RISPERDAL (risperidone)*
- SAPHRIS SL (asenapine)*
- SECUADO (asenapine)*
- SEROQUEL IR/XR (quetiapine)*
- thiothixene (generic for NAVANE)*
- trifluoperazine (generic for STELAZINE)*
- VERSACLOZ (clozapine ODT)*
- ZYREXA ZYDIS (olanzapine)*

NON-BENZODIAZEPINE SEDATIVE HYPNOTICS

Updated: 01/01/2026

PREFERRED AGENTS

- eszopiclone (generic for LUNESTA)*
- zaleplon (generic for SONATA)*
- zolpidem tablet (generic for AMBIEN)*

NON-PREFERRED AGENTS

- AMBIEN (zolpidem)
- AMBIEN CR (zolpidem ER)
- BELSOMRA (suvorexant)
- DAYVIGO (lemborexant)
- doxepin tablet (generic for SILENOR)
- EDLUAR (zolpidem SL)
- HETLIOZ (tasimelteon)*
- QUVIVIQ (daridorexant)
- ramelteon (generic for ROZEREM)
- ROZEREM (ramelteon)
- tasimelteon (generic for HETLIOZ)*
- zolpidem capsule
- zolpidem ER (generic for AMBIEN CR)
- zolpidem SL (generic for INTERMEZZO)

BENZODIAZEPINE SEDATIVE HYPNOTICS

Updated: 01/01/2026

PREFERRED AGENTS

- temazepam 15 mg and 30 mg capsule (generic for RESTORIL)*
- triazolam (generic for HALCION)*

NON-PREFERRED AGENTS

- DORAL (quazepam)
- estazolam (generic for PROSOM)
- flurazepam (generic for DALMANE)
- HALCION (triazolam)
- quazepam (generic for DORAL)
- RESTORIL (temazepam)
- temazepam 7.5 mg* and 22.5 mg capsule (generic for RESTORIL)

SKELETAL MUSCLE RELAXANTS

Updated: 01/01/2025

PREFERRED AGENTS

- baclofen 5 mg, 10 mg, and 20 mg tablet (generic for LIORESAL)
- chlorzoxazone 500 mg tablet (generic for PARAFON)
- cyclobenzaprine 5 mg and 10 mg tablet (generic for FLEXERIL)
- metaxolone 400 mg and 800 mg tablet (generic for SKELAXIN)
- methocarbamol 500 mg and 750 mg tablet (generic for ROBAXIN)
- tizanidine tablet (generic for ZANAFLEX)

NON-PREFERRED AGENTS

- AMRIX ER (cyclobenzaprine)
- ATMEKSI (methocarbamol)
- baclofen solution and suspension (generic for OZOBAX/FLEQSUVY)
- baclofen 15 mg tablet
- chlorzoxazone 250 mg, 375 mg, and 750 mg (generic for LORZONE)
- cyclobenzaprine 7.5 mg tablet (generic for FEXMID)
- cyclobenzaprine ER (generic for AMRIX)
- DANTRIUM (dantrolene)
- dantrolene (generic for DANTRIUM)
- FEXMID (cyclobenzaprine)
- FLEQSUVY (baclofen)
- metaxalone 640 mg tablet
- methocarbamol 1000 mg tablet (generic for TANLOR)
- NORGESIC/NORGESIC FORTE (orphenadrine/ASA/caffeine)
- ONTRALFY (tizanidine)
- orphenadrine citrate ER (generic for NORFLEX)
- orphenadrine/ASA/caffeine (generic for NORGESIC)
- ORPHENGESIC FORTE (orphenadrine/aspirin/caffeine)

- TANLOR (methocarbamol)
- tizanidine capsule (generic for ZANAFLEX)
- TONMYA SL (cyclobenzaprine)
- ZANAFLEX (tizanidine)

VESICULAR MONOAMINE TRANSPORTER 2 INHIBITORS

Updated: 10/01/2026

PREFERRED AGENTS

- AUSTEDO (deutetrabenazine)*
- AUSTEDO XR tablet and titration pack (deutetrabenazine)*
- INGREZZA capsule and sprinkle (valbenazine)*
- INGREZZA initiation pack (valbenazine)*
- tetrabenazine (generic for XENAZINE)*

NON-PREFERRED AGENTS

- XENAZINE (tetrabenazine)*

DERMATOLOGY

Medications marked with an asterisk (*) may be subject to clinical criteria for approval. Please refer to https://ar.primetherapeutics.com/documents/d/arkansas/pacriteria for the most current information.

ANTIFUNGALS, TOPICAL

Updated: 07/01/2025

PREFERRED AGENTS

- clotrimazole RX cream (generic for LOTRIMIN)
- clotrimazole/betamethasone cream (generic for LOTRISONE)
- ketoconazole 2% RX shampoo (generic for NIZORAL)
- nystatin ointment, cream, and powder (generic for MYCOSTATIN)
- nystatin/triamcinolone ointment (generic for MYCOLOG)
- tolnaftate 1% OTC cream, powder, and solution (generic for TINACTIN)

NON-PREFERRED AGENTS

- CICLODAN 0.77% (ciclopirox)
- ciclopirox 0.77% (generic for LOPROX)
- ciclopirox 1% (generic for LOPROX)
- clotrimazole 1% RX solution (generic for LOTRIMIN)
- clotrimazole/betamethasone lotion (generic for LOTRISONE)
- econazole (generic for SPECTAZOLE)
- ERTACZO (sertaconazole)
- ketoconazole cream (generic for NIZORAL)
- ketoconazole foam (generic for EXTINA)
- KLAYESTA (nystatin)
- LOPROX (ciclopirox)
- miconazole/zinc oxide/petrolatum (generic for VUSION)
- NAFTIN (naftifine)
- naftifine (generic for NAFTIN)
- nystatin/triamcinolone cream (generic for MYCOLOG)
- oxiconazole (generic for OXISTAT)
- OXISTAT (oxiconazole)
- VUSION (miconazole/zinc oxide/petroleum)

PREFERRED – ONYCHOMYCOSIS

- NONE

NON-PREFERRED – ONYCHOMYCOSIS

- CICLODAN 8% (ciclopirox)
- ciclopirox 8% (generic for PENLAC NAIL LACQUER)
- tavaborole (generic for KERYDIN)

ANTIPARASITICS, TOPICAL

Updated: 04/01/2026

PREFERRED AGENTS

- permethrin 1% liquid OTC (e.g., LICE KILLING LIQUID, LICE TREATMENT)
- piperonyl butoxide 4%/pyrethrum 0.33% shampoo OTC (LICE KILLING SHAMPOO, COMPLETE LICE TREATMENT)
- permethrin 5% cream (generic for ELIMITE)
- NATROBA 0.9% (spinosad)
- spinosad 0.9% (generic for NATROBA)

NON-PREFERRED AGENTS

- CROTAN 10% (crotamiton)
- ELIMITE (permethrin) – **HCFA TERM. 04/30/2026**
- EURAX (crotamiton)
- malathion (generic for OVIDE)
- OVIDE (malathion)
- PRURADIK (crotamiton)
- VANALICE OTC (piperonyl butoxide, pyrethrins)

STEROIDS, TOPICAL – CLASS 1 (SUPERPOTENT)

Updated: 07/01/2025

PREFERRED AGENTS

- clobetasol prop 0.05% cream/ointment 15 gm, 30 gm, 45 mg, and 60 gm (generic for TEMOVATE)
- clobetasol prop 0.05% cream-emollient 15 gm, 30 gm, and 60 gm (generic for TEMOVATE-E)
- clobetasol prop 0.05% solution 25 mL and 50 mL (generic for TEMOVATE)
- fluocinonide 0.1% cream 30 gm, 60 gm, and 120 gm (generic for LIDEX)
- halobetasol prop 0.05% cream 15 gm and 50 gm (generic for ULTRAVATE)

NON-PREFERRED AGENTS

- betamethasone dip (augmented) 0.05% gel/lotion/ointment (generic for DIPROLENE)
- clobetasol prop 0.05% emollient foam (generic for OLUX-E)
- clobetasol prop 0.05% foam/gel/lotion (generic for OLUX/TEMOVATE)
- clobetasol prop 0.05% shampoo/spray (generic for CLOBEX)
- CLOBEX (clobetasol prop)

- CLODAN (clobetasol prop)
- desoximetasone 0.25% spray (generic for TOPICORT)
- diflorasone diacetate 0.05% ointment (generic for APEXICON)
- DIPROLENE (betamethasone dip aug)
- halobetasol prop 0.05% foam/lotion/ointment (generic for LEXETTE/ULTRAVATE)
- TOVET (clobetasol prop)
- ULTRAVATE (halobetasol prop)

STEROIDS, TOPICAL – CLASS 2 (POTENT)

Updated: 07/01/2025

PREFERRED AGENTS

- betamethasone dip (augmented) 0.05% cream 15 gm and 50 gm (generic for DIPROLENE)
- fluocinonide 0.05% cream 15 gm, 30 gm, 60 gm, and 120 gm (generic for LIDEX)
- fluocinonide 0.05% ointment 15 gm, 30 gm, and 60 gm (generic for LIDEX)
- triamcinolone 0.5% ointment 15 gm (generic for KENALOG)

NON-PREFERRED AGENTS

- APEXICON E (diflorasone diacetate)
- clobetasol 0.025% cream
- desoximetasone 0.05% gel (generic for TOPICORT)
- desoximetasone 0.25% cream/ointment (generic for TOPICORT)
- diflorasone 0.05% cream (generic for APEXICON)
- fluocinonide 0.05% gel/solution (generic for LIDEX)
- halcinonide 0.1% cream/solution (generic for HALOG)
- HALOG (halcinonide)
- TOPICORT (desoximetasone)

STEROIDS, TOPICAL – CLASS 3 (UPPER-MID)

Updated: 07/01/2025

PREFERRED AGENTS

- betamethasone dip (not augmented) 0.05% lotion 60 mL (generic for DIPROSONE)
- betamethasone val 0.1% ointment 15 gm and 45 gm (generic for VALISONE)
- mometasone 0.1% oint 15 gm and 45 gm (generic for ELOCON)
- triamcinolone 0.5% cream 15 gm (generic for KENALOG)
- triamcinolone 0.1% ointment 15 gm, 30 gm, and 80 gm (generic for KENALOG)

NON-PREFERRED AGENTS

- amcinonide 0.1% cream (generic for CYCLOCORT)
- betamethasone dip (not augmented) 0.05% cream/ointment (generic for DIPROSONE)

- betamethasone valerate 0.12% foam (generic for LUXIQ)
- fluocinonide 0.05% emollient cream (generic for LIDEX-E)
- fluticasone propionate 0.005% ointment
- triamcinolone 0.1% ointment 453.6 gm and 454 gm (generic for KENALOG)

STEROIDS, TOPICAL – CLASS 4 (MID)

Updated: 07/01/2025

PREFERRED AGENTS

- fluocinolone 0.025% oint 15 gm and 60 gm (generic for SYNALAR)
- mometasone furoate 0.1% cream 15 gm and 45 gm (generic for ELOCON)
- mometasone furoate 0.1% solution/lotion 30 mL and 60 mL (generic for ELOCON)
- triamcinolone 0.1% cream 15 gm, 30 gm, and 80 gm (generic for KENALOG)

NON-PREFERRED AGENTS

- clocortolone pivalate 0.1% cream (generic for CLODERM)
- desoximetasone 0.05% cream/ointment (generic for TOPICORT)
- flurandrenolide 0.05% ointment (generic for CORDRAN)
- hydrocortisone valerate 0.2% ointment (generic for WESTCORT)
- SYNALAR 0.025% ointment (fluocinolone)
- triamcinolone acetonide 0.1% aerosol spray (generic for KENALOG)
- triamcinolone 0.1% cream 453.8 gm and 454 gm (generic for KENALOG)

STEROIDS, TOPICAL – CLASS 5 (LOWER-MID)

Updated: 07/01/2025

PREFERRED AGENTS

- betamethasone val 0.1% cream 15 gm and 45 gm (generic for VALISONE)
- fluocinolone 0.01% cream 15 gm and 60 gm (generic for SYNALAR)
- fluocinolone 0.025% cream 15 gm and 60 gm (generic for SYNALAR)
- fluticasone prop 0.05% cream 15 gm, 30 gm, and 60 gm (generic for CUTIVATE)
- triamcinolone 0.025% lotion 60 mL (generic for KENALOG)
- triamcinolone 0.025% ointment 15 gm and 80 gm (generic for KENALOG)
- triamcinolone 0.1% lotion 60 mL (generic for KENALOG)

NON-PREFERRED AGENTS

- BESER (fluticasone)
- betamethasone valerate 0.1% lotion (generic for VALISONE)
- CAPEX (fluocinolone)
- desonide 0.05% lotion/ointment (generic for DESOWEN)
- flurandrenolide 0.05% lotion (generic for CORDRAN)

- fluticasone propionate 0.05% lotion (generic for CUTIVATE)
- hydrocortisone butyrate 0.1% cream, lotion, oint, and solution (generic for LOCOID)
- hydrocortisone valerate 0.2% cream (generic for WESTCORT)
- prednicarbate 0.1% ointment (generic for DERMATOP)
- SYNALAR 0.025% cream (fluocinolone)
- triamcinolone 0.025% ointment 430 gm and 454 gm (generic for KENALOG)
- triamcinolone 0.05% ointment 430 gm (generic for KENALOG)

STEROIDS, TOPICAL – CLASS 6 (MID)

Updated: 07/01/2025

PREFERRED AGENTS

- desonide 0.05% cream 15 gm, 60 gm (generic for DESOWEN)
- fluocinolone 0.01% solution 60 mL (generic for SYNALAR)
- triamcinolone 0.025% cream 15 gm, 80 gm (generic for KENALOG)

NON-PREFERRED AGENTS

- alclometasone dipropionate 0.05% cream/ointment (generic for ACLOVATE)
- DERMA-SMOOTH FS (fluocinolone)
- fluocinolone body/scalp oil 0.01% (generic for DERMA-SMOOTH FS)
- SYNALAR 0.1% solution (fluocinolone)
- triamcinolone 0.025% cream 454 gm (generic for KENALOG)

STEROIDS, TOPICAL – CLASS 7 (LEAST POTENT)

Updated: 07/01/2025

PREFERRED AGENTS

- hydrocortisone acetate 0.5% OTC 28.4 gm
- hydrocortisone 0.5% cream OTC 28.4 gm and 28.35 gm
- hydrocortisone 1% cream 28.35 gm and 28.4 gm (generic for CORTISONE)
- hydrocortisone 1% ointment 28.35 gm and 28.4 gm (generic for CORTISONE)
- hydrocortisone 2.5% cream 20 gm, 28 gm, 28.35 gm, and 30 gm (generic for HYTONE)
- hydrocortisone 2.5% ointment 20 gm, 28.35 gm, and 28.4 gm (generic for HYTONE)

NON-PREFERRED AGENTS

- hydrocortisone 1% cream 453.6 gm and 454 gm (generic for CORTISONE)
- hydrocortisone 1% ointment 453.6 gm (generic for CORTISONE)
- hydrocortisone 2.5% cream 453.6 gm (generic for HYTONE)
- hydrocortisone 2.5% ointment 453.6 gm and 454 gm (generic for HYTONE)
- hydrocortisone 2.5% lotion/solution (generic for HYTONE/TEXACORT)
- TEXACORT (hydrocortisone)

ATOPIC DERMATITIS AGENTS, TOPICAL AND BIOLOGICS

Updated: 10/01/2026

*See Preferred Drug List for Immunomodulators for Asthma and Miscellaneous Indications

PREFERRED AGENTS

- tacrolimus ointment (generic for PROTOPIC)

PREFERRED INJECTABLE AGENTS WITH CRITERIA (MANUAL REVIEW)

- ADBRY (tralokinumab-ldrm)*
- DUPIXENT (dupilumab)*
- EBGLYSS (lebrikizumab-lbkz)*

PREFERRED TOPICAL AGENTS WITH CRITERIA

- EUCRISA (crisaborole)*
- OPZELURA (ruxolitinib)*
- VTAMA (tapinarof)*

NON-PREFERRED AGENTS

- ADQUEY (difamilast)*
- ANZUPGO (delgocitinib)*
- CIBINQO (abrocitinib)*
- NEMLUVIO (nemolizumab-ilto)*
- pimecrolimus (generic for ELIDEL)
- RINVOQ (upadacitinib)*
- ZORYVE (roflumilast)*

HEMORRHOIDAL AGENTS

Updated: 07/01/2025

PREFERRED AGENTS

- hydrocortisone 1% cream
- hydrocortisone 2.5% cream
- hydrocortisone/pramoxine 1%/1% cream
- PROCTOFOAM HC 1%/1% (hydrocortisone/pramoxine)
- PROCTO-MED HC 2.5% cream (hydrocortisone)
- PROCTO-SOL HC 2.5% cream (hydrocortisone)

NON-PREFERRED AGENTS

- CORTIFOAM 10% foam (hydrocortisone)
- PROCTOZONE HC 2.5% cream (hydrocortisone)

ROSACEA AGENTS

Updated: 10/01/2025

PREFERRED AGENTS

- metronidazole 0.75% cream (generic for METROCREAM/ROSADAN)
- metronidazole 0.75% gel (generic for METROGEL/ROSADAN)
- metronidazole 1% gel (generic for METROGEL)

NON-PREFERRED AGENTS

- azelaic acid (generic for FINACEA)
- brimonidine gel (generic for MIRVASO)
- EPSOLAY (benzoyl peroxide)
- FINACEA (azelaic acid)
- ivermectin 1% cream (generic for SOOLANTRA)
- METROCREAM (metronidazole)
- METROGEL (metronidazole)
- metronidazole lotion (generic for METROLOTION)
- MIRVASO (brimonidine)
- oxymetazoline (generic for RHOFADE)
- RHOFADE (oxymetazoline)
- ROSADAN (metronidazole)
- SOOLANTRA (ivermectin)

ENDOCRINE AND METABOLIC AGENTS

Medications marked with an asterisk (*) may be subject to clinical criteria for approval. Please refer to https://ar.primetherapeutics.com/documents/d/arkansas/pacriteria for the most current information.

ANTIDIABETIC AGENTS – ALPHA GLUCOSIDASE INHIBITORS

Updated: 04/01/2025

PREFERRED AGENTS

- acarbose (generic for PRECOSE)

NON-PREFERRED AGENTS

- miglitol (generic for GLYSET)
- PRECOSE (acarbose)

ANTIDIABETIC AGENTS – AMYLIN ANALOGS

Updated: 04/01/2025

PREFERRED AGENTS

- NONE

NON-PREFERRED AGENTS

- SYMLIN (pramlintide)

ANTIDIABETIC AGENTS – DPP-4 ENZYME INHIBITORS

Updated: 04/01/2025

PREFERRED AGENTS

- JANUMET (sitagliptin/metformin)* – **BRAND ONLY**
- JANUVIA (sitagliptin)* – **BRAND ONLY**
- saxagliptin (generic for ONGLYZA)*
- TRADJENTA (linagliptin)*

NON-PREFERRED AGENTS

- alogliptin (generic for NESINA)
- alogliptin/metformin (generic for KAZANO)
- alogliptin/pioglitazone (generic for OSENI)
- BRYNOVIN (sitagliptin)
- GLYXAMBI (linagliptin/empagliflozin)
- JANUMET XR (sitagliptin/metformin ER) – **BRAND PREFERRED**
- JENTADUETO/JENTADUETO XR (linagliptin/metformin)

- KAZANO (alogliptin/metformin)
- linagliptin/metformin (generic for JENTADUETO)
- NESINA (alogliptin)
- OSENI (alogliptin/pioglitazone)
- saxagliptin/metformin ER (generic for KOMBIGLYZE XR)
- sitagliptin (generic for JANUVIA)
- sitagliptin (generic for ZITUVIO)
- sitagliptin/metformin (generic for JANUMET)
- sitagliptin/metformin (generic for ZITUVIMET)
- sitagliptin/metformin ER (generic for JANUMET XR)
- sitatliptin/metformin XR (generic for ZITUVIMET XR)
- STEGLUJAN (sitagliptin/ertugliflozin)
- TRIJARDY XR (linagliptin/empagliflozin/metformin ER)
- ZITUVIMET (sitagliptin/metformin)
- ZITUVIMET XR (sitagliptin/metformin)
- ZITUVIO (sitagliptin)

ANTIDIABETIC AGENTS – GLP-1 RECEPTOR AGONISTS

Updated: 06/01/2025

PREFERRED AGENTS

- TRULICITY (dulaglutide)*
- VICTOZA (liraglutide)* – **BRAND ONLY**

NON-PREFERRED AGENTS

- exenatide (generic for BYETTA)
- liraglutide (generic for VICTOZA)
- MOUNJARO (tirzepatide)
- OZEMPIC (semaglutide)
- RYBELSUS (semaglutide)
- SOLIQUA (lixisenatide/insulin glargine)
- XULTOPHY (insulin degludec/liraglutide)

ANTIDIABETIC AGENTS – MEGLITINIDES

Updated: 04/01/2025

PREFERRED AGENTS

- nateglinide (generic for STARLIX)
- repaglinide (generic for PRANDIN)

NON-PREFERRED AGENTS

- NONE

ANTIDIABETIC AGENTS – METFORMINS

Updated: 04/01/2025

PREFERRED AGENTS

- metformin 500 mg, 850 mg, and 1,000 mg tablet (generic for GLUCOPHAGE)
- metformin ER 500 mg and 750 mg tablet (generic for GLUCOPHAGE XR)

NON-PREFERRED AGENTS

- metformin 625 mg and 750 mg tablet
- metformin ER gastric 500 mg and 1,000 mg tablet (generic for GLUMETZA)
- metformin ER osmotic 500 mg and 1,000 mg tablet (generic for FORTAMET)
- metformin solution (generic for RIOMET)
- RIOMET (metformin)

ANTIDIABETIC AGENTS – SGLT2 INHIBITORS

Updated: 04/01/2025

PREFERRED AGENTS

- dapagliflozin (generic for FARXIGA)
- JARDIANCE (empagliflozin)
- SYNJARDY (empagliflozin/metformin)
- XIGDUO XR (dapagliflozin/metformin ER) – **BRAND ONLY**

NON-PREFERRED AGENTS

- dapagliflozin/metformin ER (generic for XIGDUO XR)
- dapagliflozin/saxagliptin (generic for QTERN)
- FARXIGA (dapagliflozin)
- INPEFA (sotagliflozin)
- INVOKAMET (canagliflozin/metformin)
- INVOKAMET XR (canagliflozin/metformin)
- INVOKANA (canagliflozin)
- SEGLUROMET (ertugliflozin/metformin)
- STEGLATRO (ertugliflozin)
- SYNJARDY XR (empagliflozin/metformin ER)

ANTIDIABETIC AGENTS – SULFONYLUREAS

Updated: 04/01/2025

PREFERRED AGENTS

- glimepiride 1 mg, 2 mg, and 4 mg (generic for AMARYL)
- glimepiride/pioglitazone (generic for DUETACT)
- glipizide 2.5 mg, 5 mg, and 10 mg (generic for GLUCOTROL)
- glipizide ER (generic for GLUCOTROL XL)
- glipizide/metformin (generic for METAGLIP)
- glyburide (generic for DIABETA)
- glyburide/metformin (generic for GLUCOVANCE)
- glyburide micronized (generic for GLYNASE/MICRONASE)

NON-PREFERRED AGENTS

- DUETACT (pioglitazone/glimepiride)
- glimepiride 3 mg (generic for AMARYL)
- glipizide 15 mg (generic for GLUCOTROL)
- GLUCOTROL XL (glipizide ER)

ANTIDIABETIC AGENTS – THIAZOLIDINEDIONES

Updated: 04/01/2025

PREFERRED AGENTS

- pioglitazone (generic for ACTOS)
- pioglitazone/glimepiride (generic for DUETACT)
- pioglitazone/metformin (generic for ACTOPLUS MET)

NON-PREFERRED AGENTS

- ACTOS (pioglitazone)
- ACTOPLUS MET (pioglitazone/metformin)
- DUETACT (pioglitazone/glimepiride)

ANTIDIABETIC AGENTS – INSULINS

Updated: 07/01/2025

PREFERRED RAPID-ACTING INSULIN

- insulin aspart (generic for NOVOLOG)
- insulin lispro (generic for HUMALOG)
- insulin lispro JR (generic for HUMALOG)
- NOVOLOG (insulin aspart)

PREFERRED RAPID/INTERMEDIATE-ACTING COMBINATION INSULIN

- insulin aspart mix (generic for NOVOLOG MIX)
- insulin lispro mix (generic for HUMALOG MIX)
- NOVOLOG MIX (insulin aspart/insulin aspart protamine)

PREFERRED REGULAR INSULIN

- HUMULIN R U-100 (OTC) (insulin regular)
- HUMULIN R U-500 (insulin regular)

PREFERRED INTERMEDIATE-ACTING INSULIN

- HUMULIN N U-100 vial (OTC) (insulin NPH)

PREFERRED REGULAR/INTERMEDIATE COMBINATION INSULIN

- HUMULIN 70/30 (OTC) (insulin NPH/regular)

PREFERRED LONG-ACTING INSULIN

- LANTUS (insulin glargine)
- LANTUS SOLOSTAR (insulin glargine)

NON-PREFERRED RAPID-ACTING INSULIN

- ADMELOG (insulin lispro)
- AFREZZA (human insulin)
- APIDRA (insulin glulisine)
- FIASP (insulin aspart)
- HUMALOG (insulin lispro)
- HUMALOG JR (insulin lispro)
- KIRSTY (insulin aspart-xjhz)
- LYUMJEV (insulin lispro aa-bc)
- MERILOG (insulin aspart-szjj)

NON-PREFERRED RAPID/INTERMEDIATE-ACTING COMBINATION INSULIN

- HUMALOG MIX (insulin lispro protamine/lispro)

NON-PREFERRED REGULAR INSULIN

- NOVOLIN R U-100 (OTC) (insulin regular)

NON-PREFERRED INTERMEDIATE-ACTING INSULIN

- HUMULIN N U-100 kwikpen (OTC) (insulin NPH)
- NOVOLIN (OTC) (insulin NPH)

NON-PREFERRED REGULAR/INTERMEDIATE COMBINATION INSULIN

- NOVOLIN 70/30 (OTC) (insulin NPH/regular)

NON-PREFERRED LONG-ACTING INSULIN

- AWIQLI (insulin icodec-abae)
- BASAGLAR (insulin glargine)
- insulin degludec (generic for TRESIBA)
- insulin glargine (generic for TOUJEO)
- insulin glargine max (generic for TOUJEO MAX)
- insulin glargine-yfgn (generic for SEMGLEE)
- REZVOGLAR (insulin glargine-aglr)
- SEMGLEE (insulin glargine-yfgn)
- SOLIQUA (insulin glargine/lixisenatide)
- TOUJEO (insulin glargine)
- TOUJEO MAX (insulin glargine)
- TRESIBA (insulin degludec)
- XULTOPHY (insulin degludec/liraglutide)

ANAPHYLAXIS AGENTS – EPINEPHRINE, SELF-ADMINISTERED

Updated: 10/01/2026

PREFERRED AGENTS

- EPIPEN & EPIPEN JR (epinephrine) – **BRAND ONLY**
- epinephrine 0.15 mg and 0.3 mg (authorized generic for EPIPEN and EPIPEN JR)

NON-PREFERRED AGENTS

- AUVI-Q (epinephrine)
- epinephrine 0.15 mg and 0.3 mg (generic for ADRENACLICK)
- epinephrine 0.15 mg and 0.3 mg (non-authorized generic for EPIPEN and EPIPEN JR)
- NEFFY (epinephrine)

ANDROGENIC AGENTS

Updated: 01/01/2026

PREFERRED AGENTS

- testosterone cypionate vial (generic for DEPO-TESTOSTERONE)*
- testosterone gel pump (generic for ANDROGEL)*

NON-PREFERRED AGENTS

- AVEED (testosterone undecanoate)
- AZMIRO testosterone cypionate)
- DEPO-TESTOSTERONE (testosterone cypionate)
- JATENZO (testosterone undecanoate)

- METHITEST (methyltestosterone)
- methyltestosterone (generic for ANDROID/TESTRED)
- NATESTO (testosterone)
- TESTIM (testosterone)
- testosterone enanthate (generic for DELATESTRYL)
- testosterone gel packet (generic for ANDROGEL/VOLGELXO)
- testosterone gel pump (generic for FORTESTA/VOLGELXO)
- testosterone gel tube (generic for TESTIM/VOGELXO)
- testosterone solution (generic for AXIRON)
- TLANDO (testosterone undecanoate)
- UNDECATREX (testosterone undecanoate)
- VOLGELXO (testosterone)
- XYOSTED (testosterone enanthate)

ANTI-HYPOGLYCEMIC AGENTS

Updated: 04/01/2025

PREFERRED AGENTS

- BAQSIMI (glucagon)
- GVOKE prefilled syringe and autoinjector (glucagon)*
- PROGLYCEM (diazoxide) – **BRAND ONLY**
- ZEGALOGUE (dasiglucagon)

NON-PREFERRED AGENTS

- diazoxide (generic for PROGLYCEM)
- GLUCAGON 1mg emergency kit
- GVOKE vial (glucagon)

OSTEOPOROSIS, BONE RESORPTION SUPPRESSION AND RELATED AGENTS

Updated: 07/01/2025

PREFERRED AGENTS

- alendronate sodium tablet (generic for FOSAMAX)
- BONSITY (teriparitide)*
- ENOBY (denosumab-qbde)* – **biosimilar for PROLIA**
- FORTEO (teriparatide)* – **BRAND ONLY**
- XTRENBO (denosumab-qbde)* – **biosimilar for XGEVA**

NON-PREFERRED AGENTS

- ACTONEL (risedronate)
- alendronate solution (generic for FOSAMAX)

- ATELVIA (risedronate DR)
- AUKELSO (denosumab-kyqq)
- BILDYOS (denosumab-nxxp)
- BILPREVDA (denosumab-nxxp)
- BINOSTO (alendronate)
- BOMYNTRA (denosumab-bnht)
- BOSAYA (denosumab-kyqq)
- calcitonin-salmon (generic for MIACALCIN)*
- CONEXXENCE (denosumab-bnht)
- EVENITY (romosozumab-aqqg)
- EVISTA (raloxifene)
- FOSAMAX (alendronate)
- FOSAMAX PLUS D (alendronate/cholecalciferol)
- ibandronate (generic for BONIVA)
- JUBBONTI (denosumab-bbdz)
- JUBEREQ (denosumab-desu)
- MIACALCIN (calcitonin-salmon)
- OSENVELT (denosumab-bmwo)
- OSVYRTI (denosumab-desu)
- PROLIA (denosumab)
- raloxifine (generic for EVISTA)*
- risendronate (generic for ACTONEL)
- risendronate DR (generic for ATELVIA)
- STUBOCLO (denosumab-bmwo)
- teraparatide (generic for FORTEO)
- TYMLOS (abaloparatide)
- WYOST (denosumab-bbdz)
- XGEVA (denosumab)

DUCHENNE MUSCULAR DYSTROPHY AGENTS

Updated: 04/01/2025

PREFERRED AGENTS

- EMFLAZA suspension (deflazacort)* – **BRAND ONLY**
- EMFLAZA tablet (deflazacort)* – **BRAND ONLY**

NON-PREFERRED AGENTS

- AGAMREE (vamorolone)*
- deflazacort (generic for EMFLAZA)
- DUVYZAT (givinostat)*

- JAYTHARI (deflazacort)
- KYMBEE (deflazacort)
- PYQUVI (deflazacort)

ESTROGEN REPLACEMENT AGENTS

Updated: 10/01/2025

PREFERRED AGENTS

- CLIMARA PRO (estradiol/levonorgestrel)
- DOTTI (estradiol)
- estradiol tablet (generic for ESTRACE)
- estradiol once weekly transdermal (generic for CLIMARA)
- estradiol twice weekly transdermal (generic for ALORA and VIVELLE)
- LYLLANA (estradiol)
- PREMARIN (estrogens, conjugated) – **BRAND ONLY**
- PREMPRO (estrogens, conjugated/medroxyprogesterone)

NON-PREFERRED AGENTS

- ABIGALE (estradiol/norethindrone)
- ABIGALE LO (estradiol/norethindrone)
- ACTIVELLA (estradiol/norethindrone acetate)
- ANGELIQ (estradiol/drospirenone)*
- BIJUVA (estradiol/progesterone)
- CLIMARA (estradiol)
- COMBIPATCH (estradiol/norethindrone acetate)
- conjugated estrogens (generic for PREMARIN)
- DIVIGEL (estradiol)
- DUAVEE (estrogens, conguated/bazedoxifene)
- ELESTRIN (estradiol)
- ESTRACE tablet (estradiol)
- estradiol gel (generic for ESTROGEL)
- estradiol/norethindrone (generic for ACTIVELLA, AMABELZ, LOPREEZA, and MIMVEY)*
- ethinyl estradiol/norethindrone acetiate (generic for FEMHRT, JINTELLI, and FYAVOLV)*
- EVAMIST (estradiol)
- FYAVOLV (ethinyl estradiol/norethindrone)
- JINTELI (ethinyl estradiol/norethindrone)
- MENEST (estrogens, esterified)
- MENOSTAR (estradiol)
- MIMVEY (estradiol/norethindrone acetate)
- MINIVILLE (estradiol)

- PREMPHASE (estrogens, conjugated/medroxyprogesterone)*
- VIVELLE-DOT (estradiol)

GNRH RECEPTOR ANTAGONISTS – UTERINE DISORDERS

Updated: 04/01/2025

PREFERRED AGENTS

- MYFEMBREE (relugolix/estradiol/norethindrone acetate)*
- ORIAHNN (elagolix/estradiol/norethindrone acetate)*
- ORILISSA (elagolix)*

NON-PREFERRED AGENTS

- NONE

GROWTH HORMONES

Updated: 04/01/2026

PREFERRED AGENTS

- GENOTROPIN (somatropin)*
- NORDITROPIN (somatropin)*

NON-PREFERRED AGENTS

- HUMATROPE (somatropin)
- NGENLA (somatrogon-ghla)
- NUTROPIN AQ (somatropin)
- OMNITROPE (somatropin)
- SKYTROFA (lonapegsomatropin-tcgd)
- SOGROYA (somapacitan-beco)
- ZOMACTON (somatropin)

HEREDITARY ANGIOEDEMA AGENTS – ACUTE HAE TREATMENT

Updated: 04/01/2026

PREFERRED AGENTS

- BERINERT kit (human c1-esterase inhibitor)*
- icatibant (generic for SAJAZIR and FIRAZYR)*

NON-PREFERRED AGENTS

- EKTERLY (sebetralstat)*
- FIRAZYR (icatibant)*
- RUCONEST (c1 esterase inhibitor recombinant)*
- SAJAZIR (icatibant)*

HEREDITARY ANGIOEDEMA AGENTS – PREVENTATIVE HAE TREATMENT

Updated: 04/01/2026

PREFERRED AGENTS

- HAEGARDA (human c1-esterase inhibitor)*

NON-PREFERRED AGENTS

- ANDEMBRY (garadacimab)*
- CINRYZE (human c1-esterase inhibitor)*
- DAWNZERA (donidalorsen)*
- ORLADEYO (berotralstat)*
- TAKHZYRO (lanadelumab-flyo)*

OCTREOTIDES AND RELATED AGENTS

Updated: 07/01/2026

PREFERRED AGENTS

- octreotide acetate syringe (generic for SANDOSTATIN)*
- SANDOSTATIN LAR DEPOT (octreotide)* – **BRAND ONLY**

NON-PREFERRED AGENTS

- BYNFEZIA (octreotide)*
- lanreotide acetate (generic for SOMATULINE DEPOT)*
- MYCAPSSA (octreotide)*
- octreotide acetate ampule and vial (generic for SANDOSTATIN)*
- octreotide ER (generic for SANDOSTATIN LAR)*
- PALSONIFY (paltusotine)*
- SANDOSTATIN (octreotide)*
- SIGNIFOR (pasireotide)*
- SOMATULINE DEPOT (lanreotide)*
- SOMAVERT (pegvisomant)*

PANCREATIC ENZYMES

Updated: 04/01/2026

PREFERRED AGENTS

- CREON (pancrelipase)
- ZENPEP (pancrelipase)

NON-PREFERRED AGENTS

- PERTZYE (pancrelipase)

- VIOKACE (pancrelipase)

PITUITARY SUPPRESSIVE AGENTS

Updated: 07/01/2026

PREFERRED AGENTS

- LUPRON DEPOT 3.75 mg, 7.5 mg, and 11.25 mg 3-month
- FENSOLVI (leuprolide)
- LUPRON DEPOT-PED 7.5 mg, 11.25 mg, 15 mg, 11.25 mg 3-month, 30 mg 3-month, and 45 mg 6-month
- SYNAREL (nafarelin)

NON-PREFERRED AGENTS

- TRIPTODUR (triptorelin)

THYROID HORMONES

Updated: 07/01/2026

PREFERRED AGENTS

- ARMOUR THYROID (thyroid, pork)
- levothyroxine tablet (generic for SYNTHROID)
- liothyronine tablet (generic for CYTOMEL)
- NIVA THYROID (thyroid, pork)
- NP THYROID (thyroid, pork)
- thyroid, pork

NON-PREFERRED AGENTS

- ADTHYZA (thyroid, pork)
- AMERITHROID (thyroid, pork)
- CYTOMEL (liothyronine)
- ERMEZA (levothyroxine)* – **MFR obsolete 11/14/2025**
- EVEXITHROID (thyroid, pork)
- LEVO-T (levothyroxine)
- levothyroxine vial
- LEVOXYL (levothyroxine)
- LIOMNY (liothyronine)
- liothyronine vial (generic for TRIOSTAT)
- RENTHYROID (thyroid, pork)
- SYNTHROID (levothyroxine)
- THYQUIDITY (levothyroxine)*
- UNITHROID (levothyroxine)

VAGINAL HORMONES

Updated: 10/014/2024

PREFERRED AGENTS

- estradiol cream (generic for ESTRACE)
- PREMARIN cream (estrogens, conjugated)

NON-PREFERRED AGENTS

- ESTRACE cream (estradiol)
- estradiol tablet (generic for VAGIFEM and YUVAFEM)
- ESTRING (estradiol)
- FEMRING (estradiol)
- IMVEXXY (estradiol)
- VAGIFEM (estradiol)
- YUVAFEM (estradiol)

GASTROINTESTINAL

Medications marked with an asterisk (*) may be subject to clinical criteria for approval. Please refer to https://ar.primetherapeutics.com/documents/d/arkansas/pacriteria for the most current information.

ANTIEMETICS – 5-HT3 AND NK1 RECEPTOR ANTAGONISTS

Updated: 04/01/2025

PREFERRED AGENTS

- ondansetron 4 mg and 8 mg ODT (generic for ZOFRAN)*
- ondansetron tablet (generic for ZOFRAN)*
- ondansetron preservative free vial (generic for ZOFRAN)*
- ondansetron vial (generic for ZOFRAN)*

NON-PREFERRED AGENTS

- AKYNZEO (netupitant/palonosetron)
- aprepitant (generic for EMEND)
- EMEND (aprepitant)
- granisetron (generic for KYTRIL)
- GRANISOL (granisetron)
- NEREUS (tradipitant)
- ondansetron 16 mg oral disintegrating tablet
- ondansetron ampule/syringe (generic for ZOFRAN)
- ondansetron oral solution (generic for ZOFRAN)
- SANCUSO (granisetron)

BOWEL PREP KITS

Updated: 01/01/2026

PREFERRED AGENTS

- GAVILYTE-C
- GAVILYTE-G
- GAVILYTE-N
- PEG-3350 with electrolytes solution (generic for GOLYTELY and NULYTELY)

NON-PREFERRED AGENTS

- CLENPIQ
- GOLYTELY
- PEG-3350 with electrolytes powder pack (generic for MOVIPREP)
- sod sulf-potass sulf-mag sulf (generic for SUPREP)

- SUFLAVE
- SUPREP
- SUTAB

CHRONIC GI MOTILITY AGENTS

Updated: 10/01/2025

PREFERRED AGENTS

- LINZESS (linaclotide)*
- lubiprostone (generic for AMITIZA)*
- MOVANTIK (naloxegol)*

NON-PREFERRED AGENTS

- alosetron (generic for LOTRONEX)*
- AMITIZA (lubiprostone)
- IBSRELA (tenapanor)
- LOTRONEX (alosetron)
- MOTEGRITY (prucalopride)
- prucalopride (generic for MOTEGRITY)
- SYMPROIC (naldemedine)
- VIBERZI (eluxadoline)*

HISTAMINE H2 RECEPTOR ANTAGONISTS

Updated: 07/01/2026

PREFERRED AGENTS

- famotidine (OTC and RX) tablet (generic for PEPCID)
- famotidine suspension (generic for PEPCID)*
- famotidine/calcium carbonate/magnesium hydroxide OTC (generic for PEPCID COMPLETE)

NON-PREFERRED AGENTS

- cimetidine (generic for TAGAMET)
- nizatidine (generic for AXID)
- ranitidine (generic for ZANTAC)

PROTON PUMP INHIBITORS

Updated: 01/01/2026

PREFERRED AGENTS

- omeprazole RX capsule (generic for PRILOSEC)*
- pantoprazole tablet (generic for PROTONIX)*

NON-PREFERRED AGENTS

- DEXILANT (dexlansoprazole)
- dexlansoprazole (generic for DEXILANT)
- esomeprazole capsule (generic for NEXIUM)
- esomeprazole packet (generic for NEXIUM)
- esomeprazole/naproxen (generic for VIMOVO)
- KONVOMEP (omeprazole/sodium bicarbonate)
- lansoprazole (generic for PREVACID)
- lansoprazole ODT (generic for PREVACID SOLUTAB)
- NEXIUM (esomeprazole)
- omeprazole/sodium bicarbonate (generic for ZEGERID)
- pantoprazole suspension (generic for PROTONIX)
- PREVACID (lansoprazole)
- PRILOSEC (omeprazole)
- PROTONIX tablet (pantoprazole)
- rabeprazole (generic for ACIPHEX)

NON-PREFERRED AGENTS WITH CRITERIA

- NEXIUM packet (esomeprazole)* – **BRAND ONLY**
- PROTONIX suspension (pantoprazole)* – **BRAND ONLY**

ULCERATIVE COLITIS AGENTS (EXCLUDING BIOLOGICS)

Updated: 04/01/2025

PREFERRED AGENTS

- budesonide ER tablet (generic for UCERIS)*
- mesalamine ER capsule (generic for APRISO)
- mesalamine suppository (generic for CANASA)
- PENTASA (mesalamine ER) – **BRAND ONLY**
- sulfasalazine (generic for AZULFIDINE)
- sulfasalazine DR (generic for AZULFIDINE EN-tab)

NON-PREFERRED AGENTS

- AZULFIDINE and AZULFIDINE EN-tab (sulfasalazine)
- balsalazide (generic for COLAZAL)
- budesonide foam (generic for UCERIS)
- CANASA (mesalamine)
- DELZICOL (mesalamine DR)
- DIPENTUM (olsalazine)
- LIALDA (mesalamine DR)

- mesalamine DR tablet (generic for ASACOL HD)
- mesalamine DR capsule (generic for DELZICOL)
- mesalamine DR tablet (generic for LIALDA)
- mesalamine enema (generic for ROWASA/sfROWASA)
- mesalamine ER capsule (generic for PENTASA)
- ROWASA/sfROWASA (mesalamine)

GENITOURINARY AND RENAL AGENTS

Medications marked with an asterisk (*) may be subject to clinical criteria for approval. Please refer to https://ar.primetherapeutics.com/documents/d/arkansas/pacriteria for the most current information.

BENIGN PROSTATIC HYPERPLASIA

Updated: 10/01/2025

PREFERRED AGENTS

- alfuzosin ER (generic for UROXATRAL)
- doxazosin (generic for CARDURA)
- dutasteride (generic for AVODART)
- finasteride (generic for PROSCAR)*
- tamsulosin (generic for FLOMAX)
- terazosin (geenric for HYTRIN)

NON-PREFERRED AGENTS

- CARDURA (doxazosin)
- CARDURA XL (doxazosin)
- CIALIS (tadalafil)
- dutasteride/tamsulosin (generic for JALYN)
- PROSCAR (finasteride)
- RAPAFLO (silodosin)
- silodosin (generic for RAPAFLO)
- tadalafil (generic for CIALIS)
- TEZRULY (terazosin)

CYSTINE-DEPLETING AGENTS

Updated: 01/01/2026

PREFERRED AGENTS

- DEPEN (penicillamine) – **BRAND ONLY**
- potassium citrate tablet (generic for UROCIT-K)
- THIOLA (tiopronin) – **BRAND ONLY**
- THIOLA EC (tiopronin) – **BRAND ONLY**

NON-PREFERRED AGENTS

- penicillamine capsule (generic for CUPRIMINE)
- penicillamine tablet (generic for DEPEN)
- tiopronin (generic for THIOLA)

- tiopronin DR (generic for THIOLA EC)
- UROCIT-K ER (potassium citrate)
- VENXXIVA DR (tiopronin)

OVERACTIVE BLADDER AGENTS

Updated: 01/01/2025

PREFERRED AGENTS

- fesoterodine ER (generic for TOVIAZ)
- MYRBETRIQ tablet (mirabegron ER) – **BRAND ONLY**
- oxybutynin syrup and 5 mg tablet (generic for DITROPAN)
- oxybutynin ER (generic for DITROPAN XL)
- solifenacin (generic for VESICARE)

NON-PREFERRED AGENTS

- darifenacin ER (generic for ENABLEX)
- DETROL and DETROL LA (tolterodine)
- flavoxate (generic for URISPAS)
- GEMTESA (vibegron)
- mirabegron ER (generic for MYRBETRIQ)
- MYRBETRIQ granules (mirabegron ER) – **BRAND PREFERRED**
- oxybutynin 2.5 mg tablet
- OXYTROL (oxybutynin)
- tolterodine and tolterodine ER (generic for DETROL/DETROL LA)
- TOVIAZ (fesoterodine)
- trospium and trospium ER (generic for SANCTURA/SANCTURA XR)
- VESICARE and VESICARE LS (solifenacin)

OPHTHALMOLOGY

ALLERGIC CONJUNCTIVITIS

Updated: 07/01/2025

PREFERRED AGENTS

- azelastine 0.05% drops (generic for OPTIVAR)
- cromolyn sodium 4% drops (generic for OPTICROM)
- ketotifen fumarate 0.025% drops (generic for ALAWAY/ ZADITOR)
- olopatadine 0.2% drops (generic for PATADAY) RX only

NON-PREFERRED AGENTS

- ALAWAY (ketotifen)
- ALREX (loteprednol)
- bepostatine (generic for BEPREVE)
- BEPREVE (bepostatine)
- epinastine (generic for ELESTAT)
- loteprednol etabonate 0.2% (generic for ALREX)
- PATADAY (olopatadine)
- ZERVIATE (cetirizine)
- ZADITOR (ketotifen)

OPHTHALMIC ANTIBIOTICS

Updated: 10/01/2026

PREFERRED AGENTS

- bacitracin/polymyxin B ointment (generic for POLYCIN)
- CILOXAN (ciprofloxacin)
- ciprofloxacin 0.3% solution (generic for CILOXAN)
- erythromycin 0.5% ointment (generic for ILOTYCIN)
- gentamicin 0.3% solution (generic for GARAMYCIN)
- moxifloxacin 0.5% solution (generic for VIGAMOX)
- polymyxin B/trimethoprim drops (generic for POLYTRIM)
- tobramycin 0.3% drops (generic for TOBREX)

NON-PREFERRED AGENTS

- AZASITE (azithromycin)
- bacitracin ophthalmic ointment
- besifloxacin (generic for BESIVANCE)
- BESIVANCE (besifloxacin) – **BRAND PREFERRED**

- gatifloxacin (generic for ZYMAXID)
- levofloxacin ophthalmic drops (generic for QUIXIN)
- moxifloxacin 0.5% solution (generic for MOXEZA)
- NATACYN (natamycin)
- neomycin/polymyxin B/bacitracin ointment
- neomycin/polymyxin B/gramicidin drops
- OCUFLOX (ofloxacin)
- ofloxacin 0.3% solution (generic for OCUFLOX)
- POLYCIN (bacitracin/polymyxin B) – **manufacturer obsolete 12/26/2025**
- sulfacetamide sodium 10% ointment/solution
- TOBREX (tobramycin)
- VIGAMOX (moxifloxacin)

OPHTHALMIC ANTIBIOTICS – STEROID COMBINATIONS

Updated: 07/01/2025

PREFERRED AGENTS

- neomycin/polymyxin B/dexamethasone 0.1% drops and ointment (generic for MAXITROL)
- sulfacetamide 10%/pred sodium phosphate 0.23% solution drops
- TOBRADEX ointment (tobramycin/dexamethasone)
- tobramycin 0.3%/dexamethasone 0.1% suspension drops (generic for TOBRADEX)

NON-PREFERRED AGENTS

- MAXITROL (neomycin/polymyxin B/dexamethasone)
- neomycin/polymyxin B/bacitracin/HC ointment (generic for CORTISPORIN)
- neomycin/polymyxin B/HC suspension drops (generic for CORTISPORIN)
- TOBRADEX ST (tobramycin/dexamethasone)
- tobramycin/loteprednol (generic for ZYLET)
- ZYLET (tobramycin/loteprednol) – **BRAND PREFERRED**

GLAUCOMA AGENTS

Updated: 07/01/2025

PREFERRED AGENTS

- ALPHAGAN P 0.15% (brimonidine) – **BRAND ONLY**
- carteolol (generic for OCUPRESS)
- COMBIGAN (brimonidine/timolol) **BRAND ONLY**
- dorzolamide (generic for TRUSOPT)
- dorzolamide/timolol 22.3/6.8 mg per mL (generic for COSOPT)
- latanoprost (generic for XALATAN)

- levobunolol (generic for BETAGAN)
- LUMIGAN (bimatoprost) 2.5 mL and 5 mL – **BRAND ONLY**
- RHOPRESSA (netarsudil)
- ROCKLATAN (netarsudil/latanoprost)
- timolol maleate 0.25% and 0.5% solution (generic for TIMOPTIC)
- TRAVATAN Z (travoprost) – **BRAND ONLY**

NON-PREFERRED AGENTS

- ALPHAGAN P 0.1% (brimonidine)
- apraclonidine (generic for IOPIDINE)
- AZOPT (brinzolamide)
- betaxolol drops (generic for BETOPTIC)
- BETIMOL (timolol)
- BETOPTIC S (betaxolol)
- bimatoprost (generic for LUMIGAN)
- brimonidine drops (generic for ALPHAGAN/ALPHAGAN P)
- brimonidine/timolol (generic for COMBIGAN)
- brinzolamide (generic for AZOPT)
- COSOPT/COSOPT PF (dorzolamide/timolol)
- dorzolamide 2%/timolol 0.5% (generic for COSOPT PF)
- ISTALOL (timolol)
- IYUZEH (latanoprost)
- LUMIGAN (bimatoprost) 7.5 mL
- pilocarpine drops (generic for PILOCAR)
- SIMBRINZA (brinzolamide/brimonidine)
- tafluprost (generic for ZIOPTAN)
- timolol gel forming soln (generic for TIMOPTIC-XE)
- timolol 0.5% (generic for BETIMOL)
- timolol maleate 0.5% (generic for ISTALOL)
- timolol maleate PF 0.25% and 0.5% (generic for TIMOPTIC OCUDOSE)
- TIMOPTIC OCUDOSE (timolol)
- travoprost (generic for TRAVATAN Z)
- VYZULTA (latanoprostene)
- XALATAN (latanoprost)
- XELPROS (latanoprost)
- ZIOPTAN (tafluprost)
- ZOLYMBUS (bimatoprost)

OPHTHALMICS – DRY EYE AGENTS

Updated: 10/01/2025

PREFERRED AGENTS

- RESTASIS single dose emulsion vial (cyclosporine)* – **BRAND ONLY**

NON-PREFERRED AGENTS

- CEQUA (cyclosporine)
- cyclosporine 0.05% eye emulsion (generic for RESTASIS)
- EYSUVIS (loteprednol etabonate)
- MIEBO (perfluorohexyloctane)
- RESTASIS multidose (cyclosporine)
- TRYPTYR (acoltremon)
- TYRVAYA (varenicline)
- VERKAZIA (cyclosporine)
- VEVYE (cyclosporine)
- XIIDRA (lifitegrast)

OPHTHALMICS – ANTI-INFLAMMATORY AGENTS

Updated: 07/01/2025

PREFERRED AGENTS

- bromfenac 0.09% drops (generic for BROMDAY)
- dexamethasone sodium phosphate drops (generic for DECADRON)
- diclofenac drops (generic for VOLTAREN)
- fluorometholone susp drops (generic for FML LIQUIFILM)
- flurbiprofen drops (generic for OCUFEN)
- FML FORTE (fluorometholone)
- ketorolac 0.5% drops (generic for ACULAR)
- prednisolone acetate susp drops (generic for PRED FORTE)
- prednisolone sodium phosphate drops (generic for AK-PRED)

NON-PREFERRED AGENTS

- ACULAR/ACULAR LS (ketorolac)
- ACUVAIL (ketorolac)
- bromfenac 0.07% (generic for PROLENSA)
- bromfenac 0.075% (generic for BROMSITE)
- BROMSITE (bromfenac)
- BYQLOVI (clobetasol)
- difluprednate (generic for DUREZOL)

- DUREZOL (difluprednate)
- FLAREX (fluorometholone)
- FML (fluorometholone)
- ILEVRO (nepafenac)
- INVELTYS (loteprednol)
- ketorolac 0.4% (generic for ACULAR LS)
- LOTEMAX/LOTEMAX SM (loteprednol)
- loteprednol (generic for LOTEMAX)
- MAXIDEX (dexamethasone)
- NEVANAC (nepafenac)
- PRED FORTE (prednisolone)
- PRED MILD (prednisolone)
- PROLENSA (bromfenac)

OTICS

ANTI-INFECTIVE AND OTIC ANTIBIOTIC/CORTICOSTEROID COMBINATIONS

Updated: 10/01/2026

PREFERRED AGENTS

- acetic acid otic (generic for VOSOL)
- acetic acid/HC (generic for VOSOL HC)
- ciprofloxacin/dexamethasone otic (generic for CIPRODEX)
- neomycin/polymixin/HC otic (generic for CORTISPORIN)
- ofloxacin otic (generic for FLOXIN)

NON-PREFERRED AGENTS

- CIPRO HC (ciprofloxacin/HC) – **BRAND PREFERRED**
- ciprofloxacin/hydrocortisone otc (generic for CIPRO HC)
- CLOTIC (clotrimazole)
- CORTISPORIN-TC (neomycin/colistin/HC/thonzonium)
- ciprofloxacin otic (generic for CETRAXAL)

RESPIRATORY AGENTS

ANTIHISTAMINES, NON-SEDATING ORAL

Updated: 04/01/2025

PREFERRED AGENTS

- cetirizine 1 mg/mL solution and 10 mg swallow tab (generic for ZYRTEC)
- loratadine (generic for CLARITIN)

NON-PREFERRED AGENTS

- cetirizine OTC 5 mg swallow tablet (generic for ZYRTEC)
- cetirizine OTC chewable tablet (generic for ZYRTEC)
- CLARINEX (desloratadine)
- desloratadine (generic for CLARINEX)
- fexofenadine OTC 180 mg tablet (generic for ALLEGRA)
- levocetirizine (generic for XYZAL) – **RX ONLY**

INTRANASAL RHINITIS AGENTS

Updated: 04/01/2025

PREFERRED AGENTS

- azelastine nasal spray (generic for ASTELIN)
- azelastine nasal spray (generic for ASTEPRO)
- fluticasone nasal spray (generic for FLONASE) – **RX ONLY**
- ipratropium nasal spray (generic for ATROVENT)
- mometasone nasal spray (generic for NASONEX)*

NON-PREFERRED AGENTS

- azelastine/fluticasone (generic for DYMISTA)
- budesonide nasal spray (generic for RHINOCORT)
- DYMISTA (azelastine/fluticasone)
- flunisolide (generic for NASAREL/NASALIDE)
- olopatadine nasal spray (generic for PATANASE)
- OMNARIS (ciclesonide)
- QNASL/QNASL CHILDREN (beclomethasone)
- RYALTRIS (mometasone/olopatadine)
- XHANCE (fluticasone)
- ZETONNA (ciclesonide)

LEUKOTRIENE RECEPTOR ANTAGONISTS

Updated: 04/01/2026

PREFERRED AGENTS

- montelukast (generic for SINGULAIR)

NON-PREFERRED AGENTS

- ACCOLATE (zafirlukast)
- SINGULAIR (montelukast)
- zafirlukast (generic for ACCOLATE)
- zileuton ER (generic for ZYFLO CR)
- ZYFLO (zileuton) – **MFR obsolete 09/30/2025**

IDIOPATHIC PULMONARY FIBROSIS AGENTS

Updated: 04/01/2026

PREFERRED AGENTS

- pirfenidone tablet (generic for ESBRIET)*

NON-PREFERRED AGENTS

- ESBRIET (pirfenidone)*
- JASCAYD (nerandomilast)*
- nintedanib (generic for OFEV)*
- OFEV (nintedanib)*
- pirfenidone capsule (generic for ESBRIET)*

BRONCHODILATORS, SHORT-ACTING BETA AGONISTS – QUICK RELIEF MEDICATIONS

Updated: 04/01/2026

PREFERRED AGENTS

- albuterol nebulization solutions (all strengths)
- PROAIR RESPICLICK (albuterol)
- VENTOLIN HFA (albuterol) – **BRAND ONLY**
- XOPENEX HFA (albuterol) – **BRAND ONLY**

NON-PREFERRED AGENTS

- albuterol HFA – **ALL GENERICS**
- levalbuterol HFA (generic for XOPENEX HFA)
- levalbuterol inhalation solution (generic for XOPENEX)

BRONCHODILATORS, SHORT-ACTING ANTICHOLINERGICS AND COMBINATION PRODUCTS – QUICK RELIEF MEDICATIONS

Updated: 04/01/2026

PREFERRED AGENTS

- ATROVENT HFA (ipratropium bromide)* – **BRAND ONLY**
- COMBIVENT RESPIMAT (ipratropium/albuterol)*
- ipratropium inhalation solution (generic for ATROVENT)*
- ipratropium/albuterol (generic for DUONEB)

NON-PREFERRED AGENTS

- ipratropium HFA (generic for ATROVENT HFA)

BRONCHODILATORS, LONG-ACTING BETA AGONISTS (LABAS) – CONTROLLER MEDICATIONS FOR ASTHMA/COPD

Updated: 04/01/2026

PREFERRED AGENTS

- SEREVENT DISKUS (salmeterol)*

NON-PREFERRED AGENTS

- arformoterol (generic for BROVANA)
- BROVANA (arformoterol)
- formoterol (generic for PERFOROMIST)
- PERFOROMIST (formoterol fumarate)
- STRIVERDI RESPIMAT (olodaterol)

BRONCHODILATORS, LONG-ACTING ANTICHOLINERGICS (LAMAS) – CONTROLLER MEDICATIONS FOR ASTHMA/COPD

Updated: 04/01/2026

PREFERRED AGENTS

- SPIRIVA HANDIHALER (tiotropium inhaler)* – **BRAND ONLY**

NON-PREFERRED AGENTS

- INCRUSE ELLIPTA (umeclidinium bromide) – **BRAND PREFERRED**
- SPIRIVA RESPIMAT (tiotropium)
- tiotropium bromide (generic for SPIRIVA)
- TUDORZA PRESSAIR (aclidinium)
- umeclidinium bromide (generic for INCRUSE ELLIPTA)
- YUPELRI (revefenacin)

BRONCHODILATORS, COMBINATION AGONISTS (LAMAS/LABAS) – CONTROLLER MEDICATIONS FOR ASTHMA/COPD

Updated: 04/01/2026

PREFERRED AGENTS

- ANORO ELLIPTA (umeclidinium/vilanterol)* – **BRAND ONLY**
- BEVESPI AEROSPHERE (formoterol/glycopyrrolate)*
- STIOLTO RESPIMAT (tiotropium/olodaterol)*

NON-PREFERRED AGENTS

- DUAKLIR PRESSAIR (aclidinium/formoterol)
- umeclidinium/vilanterol (generic for ANORO ELLIPTA)

INHALED CORTICOSTEROIDS (ICS) – CONTROLLER MEDICATIONS FOR ASTHMA/COPD

Updated: 07/01/2024

PREFERRED AGENTS

- ALVESCO HFA (ciclesonide)*
- ARNUITY ELLIPTA (fluticasone) – **BRAND ONLY**
- ASMANEX HFA (mometasone)
- ASMANEX TWISTHALER (mometasone)
- budesonide ampules (generic for PULMICORT)* – **GENERIC ONLY**
- PULMICORT FLEXHALER (budesonide) – **H2 PHARMA UNTIL NO MORE PRODUCT IS AVAILABLE ON THE MARKET**
- QVAR REDIHALER (beclomethasone)

NON-PREFERRED AGENTS

- beclomethasone (generic for QVAR)
- fluticasone diskus (generic for FLOVENT DISKUS)
- fluticasone furoate (generic for ARNUITY ELLIPTA)
- PULMICORT RESPULES (budesonide)

NON-PREFERRED AGENTS WITH CRITERIA

- fluticasone HFA (generic for FLOVENT HFA)*

INHALED CORTICOSTEROIDS AND LONG-ACTING BETA AGONISTS (ICS/LABA) – CONTROLLER MEDICATIONS FOR ASTHMA/COPD

Updated: 04/01/2026

PREFERRED AGENTS

- ADVAIR DISKUS (fluticasone/salmeterol) – **BRAND ONLY**

- ADVAIR HFA (fluticasone/salmeterol) – **BRAND ONLY**
- DULERA HFA (mometasone/formoterol)
- SYMBICORT HFA (budesonide/formoterol) – **BRAND ONLY**

NON-PREFERRED AGENTS

- AIRSUPRA (budesonide/albuterol)
- BREO ELLIPTA (fluticasone/vilanterol)
- BREYNA (budesonide/formoterol)
- budesonide/formoterol (generic for SYMBICORT)
- fluticasone/salmeterol (generic for ADVAIR)
- fluticasone/salmeterol (generic for ADVAIR HFA)
- fluticasone/salmeterol (generic for AIRDUO RESPICLICK)
- fluticasone/vilanterol (generic for BREO ELLIPTA)
- WIXELA (fluticasone/salmeterol)

NON-PREFERRED ICS/LABA/LAMA

- BREZTRI (budesonide/glycopyrolate/formoterol)
- TRELEGY ELLIPTA (fluticasone/umeclidinium/vilanterol)

NON-PREFERRED PDE4 INHIBITORS

- DALIRESP (roflumilast)*
- roflumilast (generic for DALIRESP)*

INHALED ANTIBIOTICS – CF AGENTS

Updated: 04/01/2026

PREFERRED AGENTS

- BETHKIS (tobramycin)* – **BRAND ONLY**
- KITABIS PAK (tobramycin)* – **BRAND ONLY**
- tobramycin (generic for TOBI)*

NON-PREFERRED AGENTS

- ARIKAYCE (amikacin liposome)*
- CAYSTON (aztreonam)
- TOBI (tobramycin)
- TOBI PODHALER (tobramycin)
- tobramycin (generic fo BETHKIS)
- tobramycin pak (generic for KITABIS PAK)

REVISION HISTORY

Date	Issues/Updates
10/01/2026	• Updated PDL classes: Anaphylaxis Agents – Epinephrine, Self-Administered; Anti-Migraine Agents, Other; Immunomodulators, Atopic Dermatitis; Immunomodulators, Asthma and Miscellaneous Indications; Anticonvulsants • Updated the following PDL classes to remove discontinued products: Medication Assisted Treatment Agents, Migraine Treatment (Acute) – Triptans, Colony Stimulating Factors, Erythropoiesis Stimulating Agents, Urea Cycle Disorder Agents, Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors, Ophthalmic – Antibiotic Drops, Otic Anti-Infective and Antibiotic/Corticosteroid Combinations, Anticonvulsants, Rescue
07/01/2026	• Document creation with style and formatting overhaul • Added new PDL classes: H2 Receptor Antagonists, Thyroid Hormones, Octreotide and Related Products, Diuretics; Expanded Osteoporosis class which is now called Osteoporosis, Bone Resorption Suppression and Related Agents • Updated the following PDL classes to remove discontinued products: Antidepressants – SGAD, ADD/ADHD, Antihyperlipidemics excluding Statins, and Pituitary Suppressive Agents.