



Preferred Drug List

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

7/1/2025

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

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

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

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ANALGESICS	ANALGESICS	ANALGESICS
NONSTEROIDAL ANTIINFLAMMATORY AGENTS- CONTINUED ORIGINAL POSTED PREFERRED STATUS: 4/13/2007 ORIGINAL EDIT EFFECTIVE DATE: 6/18/2007 RE-REVIEW POSTED PREFERRED STATUS: 4/07/2011 REVISED EDIT EFFECTIVE DATE: 6/7/2011 UPDATED: 1/1/2020 UPDATED: 7/1/2025 <u>NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN</u> <u>INCLUDE BUT NOT LIMITED TO</u> DICLOFENAC SODIUM/MISOPROSTOL (generic for ARTHROTEC) DIFLUNISAL (generic for DOLOBID) DOLOBID TABLET (DIFLUNISAL) ETODOLAC TABLET, CAPSULE (generic for LODINE) ETODOLAC ER TABLET (generic for LODINE XL) FELDENE CAPSULE (PIROXICAM) FENOPROFEN TABLET,CAPSULE (generic for NALFON) FENOPRON CAPSULE (FENOPROFEN) FLURBIPROFEN TABLET (generic for ANSAID) IBUPROFEN/FAMOTIDINE TABLET (generic for DUEXIS) INDOMETHACIN 25 MG/5 ML SUSPENSION (generic for INDOCIN) INDOMETHACIN 75 MG SA CAPSULE (generic for INDOCIN) INDOMETHACIN 50 MG SUPPOSITORY (generic for INDOCIN) KETOPROFEN 200 MG ER CAPSULE (generic for ORUVAIL) KETOPROFEN CAPSULE (generic for ORUDIS) MECLOFENAMATE SODIUM CAPSULE (generic for MECLOMEN) MEFENAMIC ACID CAPSULE (generic for PONSTEL) MELOXICAM CAPSULE (generic for VIVLODEX) NALFON TABLET, CAPSULE (FENOPROFEN) NAPRELAN CR TABLET (NAPROXEN) NAPROXEN 375 MG, 500 MG, 750 MG ER/CR TABLET (generic for NAPRELAN) NAPROXEN/ESOMEPRAZOLE TABLET (generic for VIMOVO) NAPROXEN SUSPENSION (generic for NAPROSYN)* OXAPROZIN (generic for DAYPRO) PENNSAID 2% TOPICAL SOLUTION (DICLOFENAC SODIUM)	NONSTEROIDAL ANTIINFLAMMATORY AGENTS- CONTINUED ORIGINAL POSTED PREFERRED STATUS: 4/13/2007 ORIGINAL EDIT EFFECTIVE DATE: 6/18/2007 RE-REVIEW POSTED PREFERRED STATUS: 4/07/2011 REVISED EDIT EFFECTIVE DATE: 6/7/2011 UPDATED: 1/1/2020 UPDATED: 7/1/2025 <u>NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN</u> <u>INCLUDE BUT NOT LIMITED TO</u> PIROXICAM (generic for FELDENE) RELAFEN DS TABLET (NABUMETONE) SALSALATE TABLET (generic for DISALCID) TOLECTIN TABLET (TOLMETIN) TOLMETIN SODIUM CAPSULE (generic for TOLECTIN DS) TOLMETIN SODIUM TABLET (generic for TOLECTIN 600)	

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7/1/2025

ANALGESICS	ANALGESICS	ANALGESICS
MEDICATION ASSISTED TREATMENT MEDICATIONS	MEDICATION ASSISTED TREATMENT MEDICATIONS	
<p>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017 ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017 RE-REVIEW: 8/10/18 UPDATED (ORAL AGENTS) 10/1/2021 UPDATED (INJECTABLE AGENTS) 1/1/2023 & 5/23/2023 UPDATED 9/1/2023 UPDATED (MAT INJECTABLES) 7/1/2024</p> <p><u>PREFERRED OPIOID DEPENDENCE AGENTS</u></p> <p>BUPRENORPHINE SUBLINGUAL TABLETS NALTREXONE SUBOXONE FILM BRAND ONLY ZUBSOLV SL TABLETS</p> <p><u>PREFERRED OPIATE OVERDOSE AGENTS/RESCUE MEDS</u></p> <p>KLOXXADO NASAL SPRAY NALOXONE 0.4MG/ML VIAL NALOXONE 2MG/2ML SYRINGE NALOXONE 4MG NASAL SPRAY NARCAN 4MG NASAL SPRAY REXTOVY 4MG NASAL SPRAY ZIMHI 5MG/0.5ML SYRINGE</p> <p><u>PREFERRED ALCOHOL DEPENDENCE AGENTS</u></p> <p>ACAMPROSATE DR DISULFIRAM NALTREXONE</p> <p><u>PREFERRED MAT INJECTABLES - NO PA REQUIRED FOR PHARMACY</u></p> <p>BRIXADI SQ SYRINGE (BUPRENORPHINE) SUBLOCADE SQ INJECTION (BUPRENORPHINE) VIVITROL IM (NALTREXONE)</p> <p>MAY BILL THROUGH PHARMACY OR MEDICAL BENEFITS</p>	<p>ORIGINAL POSTED PREFERRED STATUS: 2/3/2017 ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017 RE-REVIEW: 8/10/18 UPDATED (ORAL AGENTS) 10/1/2021 UPDATED (INJECTABLE AGENTS) 1/1/2023 & 5/23/2023 UPDATED 9/1/2023 UPDATED (MAT INJECTABLES) 7/1/2024</p> <p><u>NON-PREFERRED OPIOID DEPENDENCE AGENTS</u> <u>INCLUDE BUT NOT LIMITED TO</u> BUPRENORPHINE/NALOXONE SLTAB * (generic for SUBOXONE TABS) BUPRENORPHINE/NALOXONE SL FILM* (generic for SUBOXONE FILMS)</p> <p><u>NON-PREFERRED OPIATE OVERDOSE/RESCUE MEDS</u> <u>INCLUDE BUT NOT LIMITED TO</u> LIFEMS NALOXONE 2MG/2ML KIT LUCEMYRA NALMEFENE 2MG/2ML VIAL NALOXONE 0.4MG/ML CARPUJECT OPVEE NASAL SPRAY</p>	

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

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

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

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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

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

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

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

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

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

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY



Preferred Drug List

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

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CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS
ANTIHYPERTENSIVE AGENTS BETA ADRENERGIC BLOCKERS CONTINUED ORIGINAL POSTED PREFERRED STATUS: 7/18/2005 RE-REVIEW POSTED PREFERRED STATUS: 1/1/2022 <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> BETAPACE BETAXOLOL (generic for KERLONE) BISOPROLOL 2.5 MG (generic for ZEBETA) BYSTOLIC CARVEDILOL ER (generic for COREG CR) COREG CR CORGARD HEMANGEOL (propranolol) SOLUTION INDERAL LA KAPSPARGO (metoprolol succinate) SPRINKLE LABETALOL 400MG (generic for NORMODYNE) LOPRESSOR METOPROLOL /HCTZ (generic for LOPRESSOR HCT) PINDOLOL (generic for VISKEN) PROPRANOLOL ER capsule (generic for INDERAL LA, INNOPRAN XL) PROPRANOLOL/HCTZ (generic for INDERIDE) SOTYLIZE* solution TENORETIC TENORMIN TIMOLOL MALEATE TOPROL XL ZIAC	ANTIHYPERTENSIVE AGENTS CALCIUM CHANNEL BLOCKERS ORIGINAL POSTED PREFERRED STATUS: 5/12/2005 UPDATED 01/01/2021 <u>PREFERRED</u> AMLODIPINE (NORVASC) AMLODIPINE/VALSARTAN (EXFORGE) AMLODIPINE./BENAZEPRIL (LOTREL) AMLODIPINE/OLMESARTAN (AZOR) AMLODIPINE/VALSARTAN/HCT (EXFORGE HCT) DILTIAZEM ER CAPSULE (DILACOR XR, TIAZAC) DILTIAZEM TABLET NIFEDIPINE IR (PROCARDIA) NIFEDIPINE CC, ER (ADALAT CC, PROCARDIA XL) VERAPAMIL TABLET VERAPAMIL ER TABLETS (CALAN SR) <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> AMLODIPINE/ATORVASTATIN (CADUET) AMLODIPINE/OLMESARTAN/HCTZ (TRIBENZOR) AMLODIPINE SOLUTION (NORLIQVA) DILTIAZEM CD, ER, LA, XR, OR XT (CARDIZEM) FELODIPINE ER (PLENDIL) ISRADIPINE (DYNACIRC) ISRADIPINE CR (DYNACIRC CR) LEVAMLODIPINE (CONJUPRI) NICARDIPINE (CARDENE), NICARDIPINE ER (CARDENE SR) NIMODIPINE NISOLDIPINE ER (SULAR ER) NORVASC PROCARDIA XL VERAPAMIL ER CAPSULES (VERELAN) VERAPAMIL ER PM CAPSULES (VERELAN PM)	ANTIHYPERTENSIVE AGENTS DIRECT RENIN INHIBITORS ORIGINAL POSTED PREFERRED STATUS: 6/17/2010 ORIGINAL EDIT EFFECTIVE DATE: 8/17/2010 UPDATED: 01/01/2021 <u>PREFERRED</u> NONE <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> ALISKIREN (TEKTURNAL) TEKTURNAL TEKTURNAL HCT

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

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

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

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

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

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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

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

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

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

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

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

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

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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

Preferred Drug List

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

*Please refer to the PDL Criteria Overview for more detail

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

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS
ANTIDIABETIC AGENTS GLP-1 Receptor Agonists ORIGINAL POSTED PREFERRED STATUS: 8/11/17 ORIGINAL EDIT EFFECTIVE DATE: 10/1/17 UPDATE EFFECTIVE: 10/1/2020 UPDATE EFFECTIVE: 6/1/2025 <u>PREFERRED</u> BYETTA* (EXENATIDE) - UNTIL NO MORE PRODUCT IS ON THE MARKET TRULICITY* (DULAGLUTIDE) VICTOZA* (LIRAGLUTIDE) - BRAND ONLY <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> EXENATIDE (generic for BYETTA) LIRAGLUTIDE (generic for VICTOZA) MOUNJARO (TIRZEPATIDE) OZEMPIC (SEMAGLUTIDE) RYBELSUS TABLET (SEMAGLUTIDE) SOLIQUA (LIXISENATIDE/INSULIN GLARGINE) XULTOPHY (INSULIN DEGLUDEC/LIRAGLUTIDE)	ANTIDIABETIC AGENTS Meglitinides ORIGINAL POSTED PREFERRED STATUS: 9/29/2006 ORIGINAL EDIT EFFECTIVE DATE: 11/28/2006 REVISED POSTED PREFERRED STATUS: 11/12/2008 REVISED EDIT EFFECTIVE DATE: 1/1/2009 RE-REVIEW POSTED PREFERRED STATUS: 9/7/2011 REVISED EDIT EFFECTIVE DATE: 1/1/2012 REVISED POSTED PREFERRED STATUS: 8/11/2017 REVISED EDIT EFFECTIVE DATE: 10/1/2017 UPDATE EFFECTIVE 10/1/2020 UPDATE EFFECTIVE 4/1/2025 <u>PREFERRED</u> NATEGLINIDE (generic for STARLIX) REPAGLINIDE (generic for PRANDIN) <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> NONE	ANTIDIABETIC AGENTS METFORMINS NEW CLASS EFFECTIVE 10/1/2020 UPDATE EFFECTIVE 4/1/2025 <u>PREFERRED</u> METFORMIN 500 MG (generic for GLUCOPHAGE) METFORMIN 850 MG (generic for GLUCOPHAGE) METFORMIN 1000 MG (generic for GLUCOPHAGE) METFORMIN ER 500 MG (generic for GLUCOPHAGE XR) METFORMIN ER 750 MG (generic for GLUCOPHAGE XR) <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> GLUMETZA (METFORMIN ER) METFORMIN 625 MG, 750 MG TABLET METFORMIN ER GASTRIC 500MG AND 1000MG (generic for GLUMETZA) METFORMIN ER OSMOTIC 500MG AND 1000MG (generic for FORTAMET) METFORMIN SOLUTION (generic for RIOMET) RIOMET SOLUTION (METFORMIN)

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

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ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS
<p>ANTIDIABETIC AGENTS</p> <p>INSULINS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 11/10/17 ORIGINAL EDIT EFFECTIVE DATE: 1/1/18 UPDATE EFFECTIVE 10/1/2020 UPDATE EFFECTIVE 7/1/2025</p> <p><u>PREFERRED RAPID ACTING INSULIN</u></p> <p>INSULIN ASPART CARTRIDGE/VIAL/FLEXPEN (generic for NOVOLOG) INSULIN LISPRO KWIKPEN/VIAL (generic for HUMALOG) INSULIN LISPRO JR KWIKPEN (generic for HUMALOG)</p> <p><u>PREFERRED RAPID COMBINATION INSULIN</u></p> <p>INSULIN ASPART MIX PEN/VIAL (generic for NOVOLOG MIX) INSULIN LISPRO MIX (generic for HUMALOG MIX)</p> <p><u>PREFERRED REGULAR INSULIN</u></p> <p>HUMULIN R U-100 (OTC) HUMULIN R U-500 KWIKPEN HUMULIN R U-500 VIAL</p> <p><u>PREFERRED INTERMEDIATE ACTING INSULIN</u></p> <p>HUMULIN N U-100 VIAL (OTC)</p> <p><u>PREFERRED REGULAR/INTERMEDIATE COMBINATION INSULIN</u></p> <p>HUMULIN 70/30 KWIKPEN (OTC) HUMULIN 70/30 VIAL (OTC)</p> <p><u>PREFERRED LONG ACTING</u></p> <p>LANTUS SOLOSTAR PEN LANTUS VIAL</p>	<p>ANTIDIABETIC AGENTS</p> <p>INSULINS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 11/10/17 ORIGINAL EDIT EFFECTIVE DATE: 1/1/18 UPDATE EFFECTIVE 10/1/2020 UPDATE EFFECTIVE 7/1/2025 NON-PREFERRED – INCLUDE BUT NOT LIMITED TO <u>NON-PREFERRED RAPID ACTING INSULIN</u></p> <p>ADMELOG SOLOSTAR PEN/VIAL (INSULIN LISPRO) AFREZZA INHALATION POWDER (HUMAN INSULIN) APIDRA SOLOSTAR PEN/VIAL FIASP FLEXTOUCH PEN/PENFILL/ VIAL (INSULIN ASPART) HUMALOG CARTRIDGE/KWIKPEN/VIAL HUMALOG JR KWIKPEN HUMALOG U-200 KWIKPEN HUMALOG TEMPO PEN LYUMJEV PEN/VIAL/TEMPO PEN (INSULIN LISPRO AA-BC) MERILOG PEN/VIAL (INSULIN ASPART-SZJJ) NOVOLOG CARTRIDGE/FLEXPEN/VIAL</p> <p><u>NON-PREFERRED RAPID COMBINATION INSULIN</u></p> <p>HUMALOG MIX KWIKPEN/VIAL NOVOLOG MIX FLEXPEN/VIAL</p> <p><u>NON- PREFERRED REGULAR INSULIN</u></p> <p>NOVOLIN R U-100 FLEXPEN/VIAL (OTC)</p> <p><u>NON-PREFERRED INTERMEDIATE ACTING INSULIN</u></p> <p>HUMULIN N U-100 KWIKPEN (OTC) NOVOLIN N U-100 FLEXPEN/VIAL (OTC)</p>	<p>ANTIDIABETIC AGENTS</p> <p>INSULINS</p> <p>ORIGINAL POSTED PREFERRED STATUS: 11/10/17 ORIGINAL EDIT EFFECTIVE DATE: 1/1/18 UPDATE EFFECTIVE 10/1/2020 UPDATE EFFECTIVE 7/1/2025 NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</p> <p><u>NON- PREFERRED REGULAR/INTERMEDIATE COMBINATION</u></p> <p>NOVOLIN 70/30 FLEXPEN/VIAL (OTC)</p> <p><u>NON- PREFERRED LONG ACTING</u></p> <p>BASAGLAR KWIKPEN/TEMPO (INSULIN GLARGINE) INSULIN DEGLUDEC U-100, U-200 PEN (generic for TRESIBA) INSULIN DEGLUDEC VIAL (generic for TRESIBA) INSULIN GLARGINE MAX SOLOSTAR (generic for TOUJEO) INSULIN GLARGINE SOLOSTAR (generic for TOUJEO) INSULIN GLARGINE-YFGN PEN/VIAL (generic for SEMGLEE) LEVEMIR FLEXTOUCH LEVEMIR VIAL REZVOGLAR KWIKPEN (INSULIN GLARGINE-AGLR) SEMGLEE PEN/VIAL (INSULIN GLARGINE-YFGN) SOLIQUA (INSULIN GLARGINE/LIXISENATIDE) TOUJEO MAX SOLOSTAR PEN (INSULIN GLARGINE) TOUJEO SOLOSTAR PEN (INSULIN GLARGINE) TRESIBA U-100, U-200 FLEXTOUCH (INSULIN DEGLUDEC) TRESIBA VIAL (INSULIN DEGLUDEC) XULTOPHY (INSULIN DEGLUDEC/LIRAGLUTIDE)</p>

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

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS
ANTI-HYPOGLYCEMIC AGENTS ORIGINAL POSTED PREFERRED STATUS: 04/01/2020 UPDATED 7/1/2023 UPDATED 4/1/2025 <u>PREFERRED</u> BAQSIMI INTRANASAL POWDER (GLUCAGON) GVOKE PREFILLED SYRINGE AND AUTOINJECTOR (GLUCAGON)* PROGLYCEM ORAL SUSPENSION (DIAZOXIDE) BRAND ONLY ZEGALOGUE PREFILLED SYRINGE & AUTOINJECTOR (DASIGLUCAGON) <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> DIAZOXIDE ORAL SUSPENSION (GENERIC FOR PROGLYCEM) GLUCAGON 1MG EMERGENCY KIT GVOKE VIAL (GLUCAGON)	ANAPHYLAXIS AGENTS EPINEPHRINE, SELF-ADMINISTERED ORIGINAL POSTED PREFERRED STATUS: 11/14/2016 ORIGINAL EDIT EFFECTIVE DATE: 1/1/17 REVISED POSTED PREFERRED STATUS: 11/10/17 REVISED EDIT EFFECTIVE DATE: 1/1/18 UPDATED: 7/1/23 <u>PREFERRED</u> EPIPEN & EPIPEN Jr. BRAND ONLY EPINEPHRINE 0.15MG AND 0.3MG (AUTHORIZED GENERIC FOR EPIPEN AND EPIPEN JR) <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> AUVI-Q 0.1MG, 0.15MG, 0.3MG EPINEPHRINE 0.15MG AND 0.3MG (GENERIC FOR ADRENACLICK) EPINEPHRINE 0.15MG AND 0.3MG (NON-AUTHORIZED GENERIC FOR EPIPEN AND EPIPEN JR) NEFFY 1 MG/0.1 ML, 2 MG/0.1 ML NASAL SPRAY SYMJEPI 0.15MG AND 0.3MG	ANDROGENIC AGENTS ORIGINAL POSTED PREFERRED STATUS: 4/1/2020 <u>PREFERRED</u> TESTOSTERONE CYPIONATE (INTRAMUSC)* TESTOSTERONE ENANTHATE (INTRAMUSC)* TESTOSTERONE GEL PUMP (GENERIC FOR ANDROGEL)* <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> TESTOSTERONE CYPIONATE (AZMIRO) TESTOSTERONE CYPIONATE (DEPO-TESTOSTERONE) BRAND ONLY TESTOSTERONE ENANTHATE (XYOSTED AUTOINJECTOR) TESTOSTERONE GEL PACKET (ANDROGEL, VOLGELXO) TESTOSTERONE GEL PUMP (ANDROGEL) BRAND ONLY TESTOSTERONE GEL PUMP (VOLGELXO) TESTOSTERONE GEL TUBE (TESTIM, VOLGELXO) TESTOSTERONE NASAL GEL (NATESTO) TESTOSTERONE PUMP (GENERIC - AXIRON) TESTOSTERONE UNDECANOATE (AVEED) TESTOSTERONE UNDECANOATE (TLANDO) TESTOSTERONE UNDECANOATE (UNDECATREX)

Preferred Drug List

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

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

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Preferred Drug List

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

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Preferred Drug List

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

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

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

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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

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GENITOURINARY AND RENAL AGENTS	OPHTHALMOLOGY	OPHTHALMOLOGY
CYSTINE-DEPLETING AGENTS ORIGINAL POSTED PREFERRED STATUS: 8/10/18 ORIGINAL EDIT EFFECTIVE DATE: 10/1/18 REVISED POSTED PREFERRED STATUS: 7/1/2022 <u>PREFERRED</u> CUPRIMINE CAPSULES - BRAND ONLY DEPEN TABLETS - BRAND ONLY POTASSIUM CITRATE THIOLA TABLETS - BRAND ONLY THIOLA EC TABLETS - BRAND ONLY <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> PENICILLAMINE CAPSULES (generic for CUPRIMINE) PENICILLAMINE TABLETS (generic for DEPEN) TIOPRONIN TABLETS (generic for THIOLA) TIOPRONIN DR TABLETS (generic for THIOLA EC) UROCIT-K ER TABLETS	OPHTHALMIC ANTIBIOTICS ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17 UPDATED: 4/1/2024 <u>PREFERRED</u> BACITRACIN/ POLYMYXIN B OINTMENT (generic for POLYCIN) CILOXAN (CIPROFLOXACIN) 0.3% OINTMENT CIPROFLOXACIN 0.3% SOLUTION (generic for CILOXAN) ERYTHROMYCIN 0.5% OINTMENT GENTAMICIN 0.3% SOLUTION MOXIFLOXACIN 0.5% SOLUTION (generic for VIGAMOX) POLYMYXIN B /TRIMETHOPRIM DROPS (generic for POLYTRIM) TOBRAMYCIN 0.3% DROPS (generic for TOBREX) <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> AZASITE (AZITHROMYCIN) 1% SOLUTION BACITRACIN 500 UNITS/GM OINTMENT BESIVANCE (BESIFLOXACIN) 0.6% DROPS GATIFLOXACIN 0.5% SOLUTION (generic for ZYMAXID) MOXIFLOXACIN 0.5% SOLUTION (generic for MOXEZA) NATACYN (NATAMYCIN) 5% DROPS NEOMYCIN/POLYMYXIN B/ BACITRACIN OINTMENT NEOMYCIN/POLYMYXIN B/ GRAMICIDIN DROPS OCUFLOX (OFLOXACIN) 0.3% SOLUTION OFLOXACIN 0.3% SOLUTION (generic for OCUFLOX) POLYCIN (BACITRACIN/POLYMYXIN B) OINTMENT SULFACETAMIDE 10% OINTMENT/SOLUTION TOBREX (TOBRAMYCIN) 0.3% OINTMENT VIGAMOX (MOXIFLOXACIN) 0.5% SOLUTION ZYMAXID (GATIFLOXACIN) 0.5% SOLUTION	OPHTHALMIC ANTIBIOTICS-STEROID COMBINATIONS ORIGINAL POSTED PREFERRED STATUS: 5/12/17 ORIGINAL EDIT EFFECTIVE DATE: 7/1/17 UPDATED: 7/1/2020 UPDATED: 7/1/2025 <u>PREFERRED</u> NEOMYCIN/POLYMYXIN/DEXAMETHASONE 0.1% DROPS NEOMYCIN/POLYMYXIN/DEXAMETHASONE 0.1% OINTMENT SULFACETAMIDE 10%/PRED SODIUM PHOSPHATE 0.23% SOLN DROPS TOBRADEX OINTMENT TOBRAMYCIN 0.3%/DEXAMETHASONE 0.1% SUSP DROPS <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> MAXITROL SUSP DROPS MAXITROL OINTMENT NEOMYCIN 3.5 MG/POLYMYXIN B 10K/HC 1% SUSP DROPS NEOMYCIN/POLYMYXIN B/BACITRACIN/HC OINTMENT TOBRADEX ST SUSP DROPS ZYLET SUSP DROPS <u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u>

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

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

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

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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OPHTHALMOLOGY ALLERGIC CONJUNCTIVITIS	OPHTHALMOLOGY ANTI-INFLAMMATORY AGENTS	OPHTHALMOLOGY ANTI-INFLAMMATORY AGENTS - <i>CONTINUED</i>
<p>IMPLEMENTED 1/12/2012 UPDATED AND ADDED TO PDL: 7/1/2020 UPDATED: 7/1/2025 <u>PREFERRED</u> AZELASTINE 0.05% DROPS (generic for OPTIVAR) CROMOLYN SODIUM 4% DROPS (generic for OPTICROM) KETOTIFEN FUMARATE 0.025% DROPS (generic for ALAWAY or ZADITOR) OLOPATADINE 0.1% DROPS (generic for PATANOL) OLOPATADINE 0.2% DROPS (generic for PATADAY)</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> ALAWAY 0.025% DROPS ALREX 0.2% DROPS BEPOSTATINE 1.5% DROPS (generic for BEPREVE) BEPREVE 1.5% DROPS EPINASTINE 0.05% DROPS (generic for ELESTAT) LOTEPREDNOL ETABONATE 0.2% DROPS (generic for ALREX) PATADAY 0.7% DROPS ZERVIAE 0.24% DROPS ZADITOR 0.025% DROPS</p> <p><u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u></p>	<p>IMPLEMENTED 1/12/2010 UPDATED AND ADDED TO PDL: 7/1/2020 UPDATED: 7/1/2025 <u>PREFERRED</u> BROMFENAC 0.09% DROPS (generic for BROMDAY) DEXAMETHASONE SOD PHOSPHATE 0.1% DROPS (generic for DECADRON) DICLOFENAC 0.1% DROPS (generic for VOLTAREN) FLUOROMETHOLONE 0.1% SUSP DROPS (generic for FML LIQUIFILM) FLURBIPROFEN 0.03% DROPS (generic for OCUFEN) FML FORTE 0.25% SUSP DROPS KETOROLAC 0.5% DROPS (generic for ACULAR) PREDNISOLONE ACETATE 1% SUSP DROPS (generic for PRED FORTE) PREDNISOLONE SODIUM 1% DROPS (generic for AK-PRED)</p> <p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> ACULAR 0.5%, ACULAR LS 0.4% DROPS ACUVAIL 0.45% DROPS BROMFENAC 0.07% DROPS (generic for PROLENSA) BROMFENAC 0.075% DROPS (generic for BROMSITE) BROMSITE 0.75% DROPS DIFLUPEDNATE 0.05% DROPS (generic for DUREZOL) DUREZOL 0.05% DROPS EYSUVIS 0.25% SUSP DROPS FLAREX 0.1% SUSP DROPS FML LIQUIFILM 0.1% SUSP DROPS ILEVRO 0.3% SUSP DROPS INVELTYS 1% SUSP DROPS KETOROLAC 0.4% (generic for ACULAR LS) LOTEMAX SM 0.38% GEL DROPS LOTEMAX 0.5% DROPS/12PS LOTEMAX 0.5% GEL DROPS</p>	<p><u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> LOTEMAX 0.5% OINTMENT LOTEPREDNOL ETABONATE 0.5% DROPS/12PS (generic for LOTEMAX) LOTEPREDNOL ETABONATE 0.5% GEL DROPS (generic for LOTEMAX) MAXIDEX 0.1% SUSP DROPS NEVANAC SUSP DROPS PRED FORTE 1% SUSP DROPS PRED MILD 0.12% SUSP DROPS PROLENSA 0.07% DROPS</p>

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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

Preferred Drug List

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

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

Preferred Drug List

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

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

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY