



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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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)* TAPENTADOL ER TABLET (generic for NUCYNTA 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

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ANALGESICS	ANALGESICS	ANALGESICS
NARCOTIC AGONIST ANALGESICS SHORT-ACTING OPIOIDS	NARCOTIC AGONIST ANALGESICS SHORT-ACTING OPIOIDS- <i>CONTINUED</i>	NONSTEROIDAL ANTIINFLAMMATORY AGENTS
ORIGINAL POSTED PREFERRED STATUS: 5/12/2017 ORIGINAL EDIT EFFECTIVE DATE: 7/1/2017 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: 5/12/2017 ORIGINAL EDIT EFFECTIVE DATE: 7/1/2017 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 TAPENTADOL TABLET (generic for NUCYNTA) TRAMADOL 25 MG, 75 MG, 100 MG TABLET, 5 MG/ML SOLUTION XYVONA TABLET (LEVORPHANOL)	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) COXANTO CAPSULE (OXAPROZIN) DAYPRO (OXAPROZIN) DICLOFENAC EPOLAMINE 1.3% PATCH (generic for FLECTOR) DICLOFENAC POTASSIUM TABLET (generic for CATAFLAM) DICLOFENAC POTASSIUM CAPSULE (generic for ZIPSOR) DICLOFENAC SODIUM ER 100MG TABLET (generic for VOLTAREN XR) DICLOFENAC SODIUM TOPICAL 1.5% , 2% (generic for PENNSAID) <u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u>

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ANALGESICS	ANALGESICS	ANALGESICS
NONSTEROIDAL ANTIINFLAMMATORY AGENTS- <i>CONTINUED</i>	NONSTEROIDAL ANTIINFLAMMATORY AGENTS- <i>CONTINUED</i>	MEDICATION ASSISTED TREATMENT MEDICATIONS
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>	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>	ORIGINAL POSTED PREFERRED STATUS: 2/3/2017 ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017 RE-REVIEW: 8/10/2018 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
DICLOFENAC SODIUM 3% GEL (generic for SOLARAZE)* 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 300 MG TABLET (generic for MOTRIN) 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) LUBIRO TABLET (FLURBIPROFEN) 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 ER/CR TABLET (generic for NAPRELAN) NAPROXEN/ESOMEPRAZOLE TABLET (generic for VIMOVO) <u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u>	NAPROXEN SUSPENSION (generic for NAPROSYN)* ORUDIS CAPSULE (KETOPROFEN) OXAPROZIN CAPSULE (generic for COXANTO) OXAPROZIN TABLET (generic for DAYPRO) PENNSAID 2% TOPICAL SOLUTION (DICLOFENAC SODIUM) 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) VYSCOXIA SUSPENSION (CELECOXIB) ZYBIC SUSPENSION (MELOXICAM)	<u>PREFERRED OPIOID DEPENDENCE AGENTS</u> BUPRENORPHINE SUBLINGUAL TABLETS NALTREXONE SUBOXONE FILM BRAND ONLY ZUBSOLV SL TABLETS <u>PREFERRED OPIATE OVERDOSE AGENTS/RESCUE MEDS</u> 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 <u>PREFERRED ALCOHOL DEPENDENCE AGENTS</u> ACAMPROSATE DR DISULFIRAM NALTREXONE <u>PREFERRED MAT INJECTABLES - NO PA REQUIRED (PHARMACY)</u> BRIXADI SQ SYRINGE (BUPRENORPHINE) SUBLOCADE SQ INJECTION (BUPRENORPHINE) VIVITROL IM (NALTREXONE) MAY BILL THROUGH PHARMACY OR MEDICAL BENEFITS

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ANALGESICS	ANALGESICS	ANALGESICS
MEDICATION ASSISTED TREATMENT MEDICATIONS	ANTIMIGRAINE AGENTS	ANTIMIGRAINE AGENTS
ORIGINAL POSTED PREFERRED STATUS: 2/3/2017 ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017 RE-REVIEW: 8/10/2018 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	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	FOR PREVENTION ORIGINAL POSTED PREFERRED STATUS: 8/14/2019 ORIGINAL EDIT EFFECTIVE DATE: 10/1/2019 UPDATED: 1/1/2023 UPDATED: 1/1/2025
<u>NON-PREFERRED OPIOID DEPENDENCE AGENTS</u> <u>INCLUDE BUT NOT LIMITED TO</u> BUPRENORPHINE/NALOXONE SL TAB * (generic for SUBOXONE TABS) BUPRENORPHINE/NALOXONE SL FILM* (generic for SUBOXONE FILMS)	<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>PREFERRED</u> AIMOVIG (ERENUMAB)* EMGALITY 120 MG (GALACANEZUMAB) PEN* EMGALITY 120 MG (GALACANEZUMAB) SYRINGE* NURTEC ODT (RIMEGEPANT)* QULIPTA (ATOGEPAANT) TABLET*
<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 ZURNAI 1.5 MG/0.5 ML AUTOINJECTOR (NALMEFENE)	<u>NON-PREFERRED –INCLUDE BUT NOT LIMITED TO</u> AMLOTRIPTAN (AXERT) ELETRIPTAN (RELPAK) FROVA FROVATRIPTAN (FROVA) IMITREX KIT, TABLET MAXALT MLT, TABLET RELPAX SUMATRIPTAN 4 MG/0.5 ML AND 6MG/0.5ML KIT SYRINGE (IMITREX)* SUMATRIPTAN/NAPROXEN (Treximet) SYMBRAVO (MELOXICAM/RIZATRIPTAN) TOSYMRA NASAL SORAY ZEMBRACE SYMTOUCH PEN ZOLMITRIPTAN 2.5 MG AND 5 MG NASAL SPRAY (ZOMIG) ZOMIG TABLET	<u>NON-PREFERRED</u> <u>INCLUDE BUT NOT LIMITED TO</u> AJOVY (FREMANEZUMAB) SYRINGE EMGALITY 100 MG (GALACANEZUMAB) SYRINGE

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ANALGESICS	ANALGESICS	ANTI-INFECTIVES
ANTIMIGRAINE AGENTS FOR TREATMENT	BUTALBITAL AGENTS WITHOUT CODEINE	ANTIBIOTICS, TOPICAL
ORIGINAL POSTED PREFERRED STATUS: 1/1/2023 UPDATED: 1/1/2025	ORIGINAL POSTED PREFERRED STATUS: 1/1/2026	ORIGINAL POSTED PREFERRED STATUS: 1/1/2026
<u>PREFERRED</u> NURTEC ODT (RIMEGEPANT)*	<u>PREFERRED</u> BUTALBITAL-APAP-CAFFEINE 50-325-40 MG TABLET (generic for ESGIC)	<u>PREFERRED</u> BACITRACIN OTC OINTMENT BACITRACIN ZINC/NEOMYCIN/POLYMYXIN B OTC OINTMENT GENTAMICIN 0.1% CREAM GENTAMICIN 0.1% OINTMENT MUPIROCIN 2% OINTMENT
<u>NON-PREFERRED</u> <u>INCLUDE BUT NOT LIMITED TO</u> BREKIYA AUTOINJECTOR (DIHYDROERGOTAMINE) 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)	<u>NON-PREFERRED - INCLUDE BUT NOT LIMITED TO</u> BUTALBITAL-APAP 50-300 MG CAPSULE BUTALBITAL-APAP 50-300 MG TABLET (generic for BUPAP) BUTALBITAL-APAP 50-325 MG TABLET (generic for MARTIN-TAB) BUTALBITAL-APAP-CAFFEINE 50-300-40 MG CAPSULE (generic for FIORICET) BUTALBITAL-APAP-CAFFEINE 50-325-40 MG CAPSULE (generic for ESGIC) BUTALBITAL-APAP-CAFFEINE 50-325-40 MG/15 ML SOLUTION BUTALBITAL-ASA-CAFFEINE 50-325-40 MG CAPSULE (generic for FIORINAL) BUTALBITAL-ASA-CAFFEINE 50-325-40 MG TABLET (generic for FIORINAL) FIORICET 50-300-40 MG CAPSULE (BUTALBITAL-APAP-CAFFEINE)	<u>NON-PREFERRED - INCLUDE BUT NOT LIMITED TO</u> BACITRACIN OTC PACKET CENTANY 2% OINTMENT (MUPIROCIN) MUPIROCIN 2% CREAM

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ANTI-INFECTIVES ANTIVIRALS, GENERAL (PAXLOVID)	ANTI-INFECTIVES ANTIVIRALS, ORAL	
ORIGINAL POSTED PREFERRED STATUS: 10/1/2025	ORIGINAL POSTED PREFERRED STATUS: 10/1/2025	
<u>PREFERRED</u> PAXLOVID TABLET (NIRMATRELVIR AND RITONAVIR)	<u>PREFERRED</u> ACYCLOVIR TABLET AND CAPSULE (generic for ZOVIRAX) ACYCLOVIR SUSPENSION* (generic for ZOVIRAX) OSELTAMIVIR CAPSULE (generic for TAMIFLU) OSELTAMIVIR SUSPENSION* (generic for TAMIFLU) VALACYCLOVIR TABLET(generic for VALTREX)	
<u>NON-PREFERRED - INCLUDE BUT NOT LIMITED TO</u> NONE	<u>NON-PREFERRED - INCLUDE BUT NOT LIMITED TO</u> FAMCICLOVIR TABLET (generic for FAMVIR) FLUMADINE TABLET (RIMANTADINE) RELENZA DISKHALER (ZANAMIVIR) RIMANTADINE TABLET (generic for FLUMADINE) TAMIFLU SUSPENSION (OSELTAMIVIR) TAMIFLU TABLET (OSELTAMIVIR) VALTREX TABLET (VALACYCLOVIR) XOFLUZA SUSPENSION (BALOXAVIR - DISCONTINUED XOFLUZA TABLET (BALOXAVIR)	

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ANTI-INFECTIVES CEPHALOSPORINS	ANTI-INFECTIVES HEPATITIS C AGENTS	HUMAN IMMUNODEFICIENCY VIRUS (HIV) AGENTS
ORIGINAL POSTED PREFERRED STATUS: 4/1/2023 UPDATED: 4/1/2026	ORIGINAL POSTED PREFERRED STATUS: 8/10/2016 ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016 RE-REVIEW POSTED PREFERRED STATUS: 2/14/2018 REVISED EDIT EFFECTIVE DATE: 4/1/2018 UPDATED: 4/1/2021 UPDATED: 1/1/2026	ORIGINAL POSTED PREFERRED STATUS: 10/1/2023 UPDATED: 4/1/2026
<u>PREFERRED</u>	<u>PREFERRED</u>	<u>PREFERRED</u>
CEFADROXIL CAPSULE AND SUSPENSION (generic for DURICEF) CEFdinIR CAPSULE AND SUSPENSION (generic for OMNICEF) CEFPODOXIME TABLET AND SUSPENSION (generic for VANTIN) CEFPROZIL TABLET AND SUSPENSION (generic for CEFZIL) CEFUROXIME TABLET (generic for CEFTIN) CEPHALEXIN CAPSULE AND SUSPENSION (generic for KEFLEX)	MAVYRET* TABLET (GLECAPREVIR/PIBRENTASVIR) MAVYRET* PELLETT PACKET (GLECAPREVIR/PIBRENTASVIR) RIBAVIRIN* 200 MG CAPSULE AND TABLET SOFOSBUVIR/VELPATASVIR* TABLET (generic for EPCLUSA)* ZEPATIER* TABLET (ELBASVIR/GRAZOPREVIR)	ABACAVIR TABLET & SOLUTION (generic for ZIAGEN) ABACAVIR/LAMIVUDINE TABLET (generic for EPZICOM) ATAZANAVIR CAPSULE (generic for REYATAZ) BIKTARVY TABLET (BICTEGRAVIR/EMTRICITABINE/TENOFOVIR) CIMDUO TABLET (LAMIVUDINE/TENOFOVIR) COMPLERA TABLET (EMTRICIT/RILPIVIRINE/TENOFOVIR) - BRAND ONLY DARUNAVIR ETHANOLATE 600MG, 800MG TABLETS (generic for PREZISTA) DELSTRIGO TABLET (DORAVIRINE/LAMIVUDINE/TENOFOVIR) DESCOVY TABLET (EMTRICITABINE/TENOFOVIR ALAFENAM) DOVATO TABLET (DOLUTEGRAVIR/LAMIVUDINE) EDURANT TABLET (RILPIVIRINE)- BRAND ONLY EFVIRENZA TABLET (generic for SUSTIVA) EFVIRENZA/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (generic for ATRIPLA) EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (generic for TRUVADA) EMTRIVA SOLUTION (EMTRICITABINE) EVOTAZ TABLET (ATAZANAVIR/COBICISTAT) FOSAMPRENAVIR TABLET (generic for LEXIVA) GENVOYA TAB (ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR) ISENTRESS POWDER, CHEW, TABLET, AND HD TABLET (RALTEGRAVIR) JULUCA TABLET (DOLUTEGRAVIR/RILPIVIRINE) LAMIVUDINE TABLET AND SOLUTION (generic for EPIVIR) LAMIVUDINE/ZIDOVUDINE TABLET (generic for COMBIVIR) LOPINAVIR/RITONAVIR SOLUTION AND TABLET (generic for KALETRA) NEVIRAPINE TABLET, SUSPENSION, AND ER TABLET (generic for VIRAMUNE) NORVIR POWDER (RITONAVIR) ODEFSEY TABLET (EMTRICITABINE/RILPIVIRINE/TENOFOVIR) PIFELTRO TABLET (DORAVIRINE) PREZCOBIX TABLET (DARUNAVIR/COBICISTAT)
<u>NON-PREFERRED - INCLUDE BUT NOT LIMITED TO</u>	<u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u>	<u>PREFERRED AGENTS CONTINUED IN NEXT PAGE</u>
CEFACLOR CAPSULE, ER TABLET, SUSPENSION (generic for CECLOR) CEFADROXIL TABLET (generic for DURICEF) CEFIXIME TABLET, CAPSULE, AND SUSPENSION (generic for SUPRAX) CEPHALEXIN TABLET (generic for KEFLEX)	EPCLUSA TABLET AND PELLETT PACKET (SOFOSBUVIR/VELPATASVIR) HARVONI TABLET AND PELLETT PACKET (LEDIPASVIR/ SOFOSBUVIR) LEDIPASVIR/SOFOSBUVIR (GENERIC FOR HARVONI) PEGASYS PEN AND VIAL (PEGINTERFERON ALPHA-2A) SOVALDI TABLET AND PELLETT PACKET (SOFOSBUVIR) VOSEVI TABLET (SOFOSBUVIR/VELPATASVIR/VOXILAPREVIR)	

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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ANTI-INFECTIVES	ANTI-INFECTIVES	ANTI-INFECTIVES
HUMAN IMMUNODEFICIENCY VIRUS (HIV) AGENTS	HUMAN IMMUNODEFICIENCY VIRUS (HIV) AGENTS	TETRACYCLINE AGENTS
ORIGINAL POSTED PREFERRED STATUS: 10/1/2023	ORIGINAL POSTED PREFERRED STATUS: 10/1/2023	ORIGINAL POSTED PREFERRED STATUS: 1/1/2026
<u>PREFERRED - CONTINUED FROM PREVIOUS PAGE</u>	<u>NON-PREFERRED - CONTINUED FROM PREVIOUS COLUMN</u>	<u>PREFERRED</u>
PREZISTA SUSPENSION (DARUNAVIR)	KALETRA SOLUTION AND TABLET (LOPINAVIR/RITONAVIR)	DOXYCYCLINE HYCLATE 50 MG, 100 MG CAPSULE (generic for VIBRAMYCIN)
PREZISTA 75MG, 150MG TABLET (DARUNAVIR)	NORVIR TABLET (RITONAVIR)	DOXYCYCLINE HYCLATE 20 MG TABLET (generic for PERIOSTAT)
REYATAZ POWDER (ATAZANAVIR)	PREZISTA 600MG, 800MG TABLET	DOXYCYCLINE HYCLATE 75 MG, 150 MG TABLET (generic for ACTICLATE)
RITONAVIR TABLET (generic for NORVIR)	RETROVIR CAPSULE, SYRUP (ZIDOVUDINE)	DOXYCYCLINE HYCLATE 100 MG TABLET (generic for VIBRA-TAB)
STRIBILD (ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR)	REYATAZ CAPSULE (ATAZANAVIR)	DOXYCYCLINE MONOHYDRATE 50 MG, 100 MG CAPSULE (generic for MONODOX)
SYMFI TABLET (EFAVIRENZ/LAMIVUDINE/TENOFOVIR) BRAND ONLY	RILPIVIRINE TABLET (generic for EDURANT)	DOXYCYCLINE MONOHYDRATE 50 MG, 75 MG, 100 MG, 150 MG TABLET
SYMITUZA TAB (DARUNAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR)	RUKOBIA TABLET (FOSTEMSAVIR TROMETHAMINE)	MINOCYCLINE 50 MG, 100 MG CAPSULE (generic for MINOCIN)
TENOFOVIR DISOPROXIL FUMARATE TABLET (generic for VIREAD)	TRUVADA TABLET (EMTRICITABINE/TENOFOVIR)	MINOCYCLINE 75 MG CAPSULE (generic for DYNACIN)
TRIUMEQ TABLET (ABACAVIR/DOLUTEGRAVIR/LAMIVUDINE)	VIRACEPT TABLET (NELFINAVIR)	
TRIUMEQ PD TABLET FOR SUSPENSION (ABACAVIR/DOLUTEGRAVIR/LAMIVUDINE)	VIREAD TABLET AND POWDER (TENOFVIR)	<u>NON-PREFERRED - INCLUDE BUT NOT LIMITED TO</u>
TIVICAY TABLET (DOLUTEGRAVIR)	VOCABRIA TABLET (CABOTEGRAVIR)	DEMECLOCYCLINE TABLET (generic for DECLOMYCIN)
TIVICAY PD TABLET FOR SUSPENSION (DOLUTEGRAVIR)	ZIAGEN SOLUTION (ABACAVIR)	DORYX 80 MG, 200 MG DR TABLET (DOXYCYCLINE HYCLATE)
TYBOST TABLET (COBICISTAT)	ZIDOVUDINE CAPSULE (generic for RETROVIR)	DORYX MPC 60 MG DR TABLET (DOXYCYCLINE HYCLATE)
ZIDOVUDINE TABLET AND SYRUP (generic for RETROVIR)		DOXYCYCLINE HYCLATE 50 MG, 75 MG, 80 MG, 100 MG, 150 MG, 200 MG DR TABLET (generic for DORYX)
		DOXYCYCLINE MONOHYDRATE 75 MG CAPSULE (generic for MONODOX)
<u>NON-PREFERRED - INCLUDE BUT NOT LIMITED TO</u>	<u>NON-PREFERRED -WITH CRITERIA</u>	DOXYCYCLINE MONOHYDRATE 150 MG CAPSULE (generic for ADOXA)
APTIVUS CAPSULE (TIPRANAVIR)	APRETUDE VIAL* (CABOTEGRAVIR)	DOXYCYCLINE MONOHYDRATE 25 MG/5 ML SUSPENSION
EDURANT PED TABLET FOR SUSPENSION (RILPIVIRINE)	CABENUVA VIAL* (CABOTEGRAVIR/RILPIVIRINE)	DOXYCYCLINE MONOHYDRATE IR/DR 40 MG CAPSULE (generic for ORACEA)
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (generic for SYMFI/SYMFI LO)	MARAVIROC TABLET* (generic for SELZENTRY)	MINOCYCLINE 50 MG, 75 MG, 100 MG TABLET (generic for DYNACIN)
EMTRICITABINE CAPSULE (generic for EMTRIVA)	SELZENTRY SOLUTION AND TABLET* (MARAVIROC)	MORGIDOX 50 MG CAPSULE (DOXYCYCLINE HYCLATE)
EMTRICITABINE/RILPIVIRINE/TENOFOVIR (generic for COMPLERA)	SUNLENCA TABLET AND VIAL* (LENACAPAVIR SODIUM)	NUZYRA 150 MG TABLET* (OMADACYCLINE TOSYLATE)
EMTRIVA CAPSULE (EMTRICITABINE)	YEZTUGO TABLET AND VIAL* (LENACAPAVIR SODIUM)	ORACEA IR/DR 40 MG CAPSULE (DOXYCYCLINE MONOHYDRATE)
EPIVIR SOLUTION AND TABLET (LAMIVUDINE)		TETRACYCLINE CAPSULE (generic for SUMYCIN)
ETRAVIRINE TABLET (generic for INTELENCE)		TETRACYCLINE TABLET (generic for SUMYCIN)
FUZEON VIAL (ENFUVIRTIDE) - MFR OBSOLETE 11/3/2025		
INTELENCE TABLET (ETRAVIRINE)		
<u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u>		

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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: 1/1/2018 UPDATED: 1/1/2021 UPDATED: 7/1/2025, 1/1/2026 <u>PREFERRED</u> ENBREL SYRINGE/PEN/CARTRIDGE/VIAL* (ETANERCEPT) HUMIRA SYRINGE/PEN* (ADALIMUMAB) OTEZLA TABLET* (APREMILAST) PYZCHIVA SYRINGE * (USTEKINUMAB-TTWE)-BRAND ONLY PYZCHIVA 45 MG VIAL * (USTEKINUMAB-TTWE)-BRAND ONLY STEQEYMA SYRINGE* (USTEKINUMAB-STBA) TALTZ SYRINGE/AUTOINJECTOR* (IXEKIZUMAB) XELJANZ, XELJANZ XR TABLET* (TOFACITINIB) <u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> ABRILADA SYRINGE/PEN (ADALIMUMAB-AFZB) ACTEMRA SYRINGE/AUTOINJECTOR (TOCILIZUMAB) ADALIMUMAB-AACF SYRINGE/PEN (generic for IDACIO) ADALIMUMAB-AATY SYRINGE/AUTOINJECTOR (generic for YUFLYMA) ADALIMUMAB-ADAZ SYRINGE/PEN (generic for HYRIMOZ) ADALIMUMAB-ADBM SYRINGE/PEN (generic for CYLTEZO) ADALIMUMAB-FKJP SYRINGE/PEN (generic for HULIO) ADALIMUMAB-RYVK SYRINGE/AUTOINJECTOR (generic for SIMLANDI) AMJEVITA SYRINGE/AUTOINJECTOR (ADALIMUMAB-ATTO) ARCALYST VIAL (RILONACEPT) AVTOZMA SYRINGE/AUTOINJECTOR (TOCILIZUMAB-ANOH) BIMZELX SYRINGE/AUTOINJECTOR (BIMEKIZUMAB-BKZX) CIMZIA SYRINGE (CERTOLIZUMAB) COSENTYX SYRINGE/PEN (SECUKINUMAB) CYLTEZO SYRINGE/PEN (ADALIMUMAB-ADBM) ENSPRYNG SYRINGE (SATRALIZUMAB) ENTYVIO PEN (VEDOLIZUMAB) <u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u>	ORIGINAL POSTED PREFERRED STATUS: 4/14/2006 REVISED EDIT EFFECTIVE DATE: 1/1/2018 UPDATED: 1/1/2021 UPDATED: 7/1/2025, 1/1/2026 <u>NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN</u> <u>INCLUDE BUT NOT LIMITED TO</u> HADLIMA SYRINGE/AUTOINJECTOR (ADALIMUMAB-BWWD) HULIO SYRINGE/PEN (ADALIMUMAB-FKJP) HYRIMOZ SYRINGE/PEN (ADALIMUMAB-ADAZ) ICOTYDE TABLET (ICOTROKINRA) IDACIO SYRINGE/PEN (ADALIMUMAB-AACF) ILARIS VIAL (CANAKINUMAB) IMULDOSA SYRINGE (USTEKINUMAB-SRLF) KEVZARA SYRINGE/PEN (SARILUMAB) KINERET SYRINGE (ANAKINRA) LEQSELVI TABLET (DEURUXOLITINIB) LITFULO CAPSULE (RITLECITINIB) OLUMIANT TABLET (BARICITINIB) OMVOH SYRINGE/PEN (MIRIKIZUMAB-MRKZ) ORENCIA SYRINGE/AUTOINJECTOR (ABATACEPT) OTEZLA XR TABLET (APREMILAST) OTULFI SYRINGE (USTEKINUMAB-AAUZ) RINVOQ TABLET/SOLUTION (UPADACITINIB) SELARSDI SYRINGE (USTEKINUMAB-AEKN) SIMLANDI SYRINGE/AUTOINJECTOR (ADALIMUMAB-RYVK) SIMPONI SYRINGE/PEN (GOLIMUMAB) SKYRIZI SYRINGE/ON-BODY INJECTOR/PEN (RISANKIZUMAB-RZAA) SOTYKTU TABLET (DEUCRAVACITINIB) SPEVIGO SYRINGE (SPESOLIMAB-SBZO) STARJEMZA SYRINGE/45 MG VIAL (USTEKINUMAB-HMNY) STELARA SYRINGE/45 MG VIAL (USTEKINUMAB) TREMIFYA SYRINGE/PEN/AUTOINJECTOR (GUSELKUMAB)	ORIGINAL POSTED PREFERRED STATUS: 4/14/2006 REVISED EDIT EFFECTIVE DATE: 1/1/2018 UPDATED: 1/1/2021 UPDATED: 7/1/2025, 1/1/2026 <u>NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN</u> <u>INCLUDE BUT NOT LIMITED TO</u> TYENNE SYRINGE/AUTOINJECTOR (TOCILIZUMAB-AAZG) USTEKINUMAB SYRINGE/45 MG VIAL (generic for STELARA) USTEKINUMAB-AAUZ SYRINGE (generic for OTULFI) USTEKINUMAB-AEKN SYRINGE (generic for SELARSDI) USTEKINUMAB-TTWE SYRINGE/45 MG VIAL (generic for PYZCHIVA) VELSIPITY TABLET (ETRASIMOD) XELJANZ SOLUTION (TOFACITINIB) YESINTEK SYRINGE/45 MG VIAL (USTEKINUMAB-KFCE) YUFLYMA SYRINGE/AUTOINJECTOR (ADALIMUMAB-AATY) YUSIMRY PEN (ADALIMUMAB-AQVH) ZYMFENTRA SYRINGE/PEN (INFLIXIMAB-DYYB)

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BIOLOGIC AND IMMUNOLOGIC AGENTS	BIOLOGIC AND IMMUNOLOGIC AGENTS	BIOLOGIC AND IMMUNOLOGIC AGENTS
IMMUNOMODULATORS FOR ASTHMA ORIGINAL POSTED PREFERRED STATUS: 01/01/2021 UPDATED: 10/1/2023 <u>PREFERRED</u> DUPIXENT* (DUPILUMAB) FASENRA PEN AND SYRINGE* (BENRALIZUMAB) XOLAIR AUTOINJECTOR* (OMALIZUMAB) XOLAIR SYRINGE* (OMALIZUMAB) <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> NUCALA AUTOINJECT, SYRINGE, VIAL* (MEPOLIZUMAB) RHAPSIDO TABLET* (REMIBRUTINIB) TEZSPIRE* (TEZEPELUMAB-EKKO) XOLAIR VIAL* (OMALIZUMAB)	IMMUNE GLOBULINS ORIGINAL POSTED PREFERRED STATUS: 4/1/2022 UPDATED: 1/1/2026 <u>PREFERRED</u> GAMMAGARD LIQUID VIAL* GAMUNEX-C VIAL* HIZENTRA* VIAL/SYRINGE <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> ALYGLO VIAL ASCENIV VIAL BIVIGAM VIAL CUTAQUIG VIAL CUVITRU VIAL CYTOGAM VIAL FLEBOGAMMA DIF VIAL GAMASTAN VIAL GAMMAGARD LIQUID ERC VIAL GAMMAGARD S-D VIAL GAMMAKED VIAL GAMMAPLEX VIAL HYPERRHO S-D SYRINGE HYQVIA VIAL OCTAGAM VIAL PANZYGA VIAL PRIVIGEN VIAL QIVIGY VIAL RHOGAM ULTRA-FILTERED PLUS SYRINGE RHOPHYLAC SYRINGE WINRHO SDF VIAL XEMBIFY VIAL	MULTIPLE SCLEROSIS ORIGINAL POSTED PREFERRED STATUS: 7/28/2011 RE-REVIEW: 1/1/2023 UPDATED: 10/1/2024 <u>PREFERRED</u> 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) <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> AUBAGIO TABLET (TERIFLUNOMIDE) BAFIERTAM CAPSULE (MONOMETHYL FUMARATE) BETASERON INJECTION (INTERFERON BETA - 1B) CLADRIBINE TABLET (generic for MAVENCLAD) 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)-BRAND PREFERRED MAYZENT TABLET (SIPONIMOD) PLEGRIDY PEN AND SYRINGE (PEGOMTERFERPM BETA - 1A) PONVORY TABLET (PONESIMOD) REBIF/REBIF REBIDOSE (INTERFERON BETA - 1A/ALBUMIN) TASCENSO ODT (FINGOLIMOD) TECFIDERA CAPSULE (DIMETHYL FUMARATE) VUMERITY CAPSULE (DIROXIMEL FUMARATE) ZEPOSIA CAPSULE (OZANIMOD)

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BLOOD MODIFIERS ANTHYPERURICEMICS	BLOOD MODIFIERS COLONY STIMULATING FACTORS	BLOOD MODIFIERS ERYTHROPOIESIS STIMULATING AGENTS
ORIGINAL POSTED PREFERRED STATUS: 2/16/2018 ORIGINAL EDIT EFFECTIVE DATE: 4/1/2018 UPDATED: 4/1/2021 UPDATED: 7/1/2025 <u>PREFERRED</u> ALLOPURINOL 100MG, 300MG TABLET (generic for ZYLOPRIM) COLCHICINE TABLET (generic for COLCRYS) PROBENECID TABLET PROBENECID/COLCHICINE TABLET <u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> 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)	ORIGINAL POSTED PREFERRED STATUS: 5/10/2018 ORIGINAL EDIT EFFECTIVE DATE: 7/1/2018 UPDATED: 7/1/2021 UPDATED: 1/1/2024 <u>PREFERRED</u> FYLNETRA SYRINGE (PEGFILGRASTIM-PBBK) NEUPOGEN DISP SYRINGE (FILGRASTIM) NEUPOGEN VIAL (FILGRASTIM) <u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> FULPHILA SYRINGE (PEGFILGRASTIM-JMDB) GRANIX SYRINGE/VIAL (TBO-FILGRASTIM) LEUKINE VIAL (SARGRAMOSTIM) NEULASTA SYRINGE/VIAL (PEGFILGRASTIM) NEULASTA ONPRO KIT (PEGFILGRASTIM) NIVESTYM SYRINGE/VIAL (FILGRASTIM-AAFI) NYPOZI SYRINGE (FILGRASTIM-TXID) 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)	ORIGINAL POSTED PREFERRED STATUS: 5/10/2018 ORIGINAL EDIT EFFECTIVE DATE: 7/1/2018 UPDATED: 4/1/2024 <u>PREFERRED</u> ARANESP* (DARBEPOETIN ALFA IN POLYSORBATE) SYRINGE EPOGEN* (EPOETIN ALFA) VIAL RETACRIT* (EPOETIN ALFA) VIAL <u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> ARANESP (DARBEPOETIN ALFA IN POLYSORBATE) VIAL MIRCERA (METHOXY PEG-EPOETIN BETA) SYRINGE PROCRIT (EPOETIN ALFA) VIAL REBLOZYL (LUSPATERCEPT) VIAL

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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: 5/10/2018 ORIGINAL EDIT EFFECTIVE DATE: 7/1/2018 UPDATED: 7/1/2021 UPDATED: 1/1/2026	ORIGINAL POSTED PREFERRED STATUS: 1/1/2021 UPDATED: 10/1/2025	ORIGINAL POSTED PREFERRED STATUS: 4/1/2024
<u>PREFERRED</u> CALCIUM ACETATE CAPSULE CALCIUM ACETATE TABLET SEVELAMER CARBONATE TABLET (generic for RENVELA)	<u>PREFERRED</u> PROMACTA* TABLET (ELTROMBOPAG OLAMINE)- BRAND ONLY	<u>PREFERRED</u> CARBAGLU* (CARGLUMIC ACID) TABLETS- BRAND ONLY PHEBURANE* (SODIUM PHENYLBUTYRATE) PELLETS
<u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> AURYXIA TABLET (FERRIC CITRATE) FERRIC CITRATE TABLET (generic for AURYXIA) FOSRENOL CHEWABLE TABLET (LANTHANUM CARBONATE) FOSRENOL POWDER PACK (LANTHANUM CARBONATE) LANTHANUM CARBONATE CHEWABLE TABLET (generic for FOSRENOL) RENVELA POWDER PACK, TABLET (SEVELAMER CARBONATE) SEVELAMER HCL TABLET (generic for RENAGEL) SEVELAMER CARBONATE POWDER PACK (generic for RENVELA) VELPHORO CHEWABLE TABLET (SUCROFERRIC OXYHYDROXIDE) XPHOZAH TABLET (TENAPANOR)	<u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> ALVAIZ (ELTROMBOPAG CHOLINE) DOPTELET SPRINKLE (AVATROMBOPAG MALEATE) DOPTELET TABLET (AVATROMBOPAG MALEATE) ELTROMBOPAG OLAMINE (generic for PROMACTA) MULPLETA TABLET (LUSUTROMBOPAG) PROMACTA SUSPENSION (ELTROMBOPAG)- BRAND PREFERRED TAVALISSE TABLET (FOSTAMATINIB DISODIUM) WAYRILZ TABLET (RILZABRUTINIB)	<u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> BUPHENYL* (SODIUM PHENYLBUTYRATE) POWDER BUPHENYL* (SODIUM PHENYLBUTYRATE) TABLET CARGLUMIC ACID* TABLETS (generic for CARBAGLU) GLYCEROL PHENYLBUTYRATE* (generic for RAVICTI) OLPRUVA* (SODIUM PHENYLBUTYRATE) PELLETS RAVICTI* (GLYCEROL PHENYLBUTYRATE) LIQUID- BRAND PREFERRED SODIUM PHENYLBUTYRATE POWDER* (generic for BUPHENYL) SODIUM PHENYLBUTYRATE TABLET* (generic for BUPHENYL)

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

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY



Preferred Drug List

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4/1/2026

CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS
ANTICOAGULANTS	ANTHYPERLIPIDEMICS HMG-CoA REDUCTASE INHIBITORS	ANTHYPERLIPIDEMICS EXCLUDING STATINS
ORIGINAL POSTED PREFERRED STATUS: 2/16/2018 ORIGINAL EDIT EFFECTIVE DATE: 4/1/2018 UPDATED: 4/1/2021 UPDATED: 10/1/2025 <u>PREFERRED</u> DABIGATRAN CAPSULE (generic for PRADAXA)* ELIQUIS TABLET (APIXIBAN)* ENOXAPARIN INJECTION (generic for LOVENOX)* JANTOVEN TABLET (WARFARIN)* WARFARIN TABLET (generic for COUMADIN)* XARELTO TABLET (RIVAROXABAN)*-BRAND ONLY <u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> ARIXTRA INJECTION (FONDAPARINUX) ELIQUIS SPRINKLE, TABLET FOR SUSPENSION (APIXIBAN) FONDAPARINUX INJECTION (generic for ARIXTRA) FRAGMIN INJECTION (DALTEPARIN) LOVENOX INJECTION (ENOXAPARIN) PRADAXA PELLET PACK (DABIGATRAN) PRADAXA CAPSULE (DABIGATRAN) RIVAROXABAN SUSPENSION (generic for XARELTO) RIVAROXABAN 2.5 MG TABLET (generic for XARELTO) SAVAYSA (EDOXYABAN) XARELTO SUSPENSION-BRAND PREFERRED	RE-REVIEW POSTED PREFERRED STATUS: 5/27/2014 REVISED EDIT EFFECTIVE DATE: 5/30/2014 UPDATED: 7/1/2021 UPDATED: 1/1/2026 <u>PREFERRED</u> ATORVASTATIN TABLET (generic for LIPITOR) LOVASTATIN TABLET (generic for MEVACOR) PRAVASTATIN TABLET (generic for PRAVACHOL) ROSUVASTATIN TABLET (generic for CRESTOR) SIMVASTATIN TABLET (generic for ZOCOR) <u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> ALTOPREV TABLET (LOVASTATIN ER) ATORVALIQ SUSPENSION (ATORVASTATIN) ATORVASTATIN/AMLODIPINE TABLET (generic for CADUET) CADUET TABLET (ATORVASTATIN/AMLODIPINE) CRESTOR TABLET (ROSUVASTATIN) FLUVASTATIN CAPSULE, FLUVASTATIN ER TABLET (generic for LESCOL) LESCOL XL TABLET (FLUVASTATIN ER) LIPITOR TABLET (ATORVASTATIN) LIVALO TABLET (PITAVASTATIN) PITAVASTATIN TABLET (generic for LIVALO) SIMVASTATIN/EZETIMIBE TABLET (generic for VYTORIN) VYTORIN TABLET (SIMVASTATIN/EZETIMIBE) ZOCOR TABLET (SIMVASTATIN) ZYPITAMAG TABLET (PITAVASTATIN)	ORIGINAL POSTED PREFERRED STATUS: 5/10/2018 ORIGINAL EDIT EFFECTIVE DATE: 7/1/2018 UPDATED: 1/1/2024 <u>PREFERRED FIBRIC ACIDS</u> FENOFIBRATE TABLET 48MG, 145MG (generic for TRICOR) FENOFIBRATE TABLET 54MG, 160MG (generic for LOFIBRA) GEMFIBROZIL 600MG (generic for LOPID) <u>PREFERRED BILE ACID SEQUESTRANTS</u> CHOLESTYRAMINE LIGHT (generic for QUESTRAN LIGHT, PREVALITE) CHOLESTYRAMINE (generic for QUESTRAN) COLESTIPOL GRANULES, PACKET, TABLET (generic for COLESTID) <u>PREFERRED CHOLESTEROL ABSORPTION INHIBITOR</u> EZETIMIBE TABLET (generic for ZETIA) <u>PREFERRED NIACIN</u> NIACIN ER TABLET (generic for NIASPAN ER) <u>PREFERRED OMEGA-3 FATTY ACIDS</u> OMEGA-3 ACID ETHYL ESTERS CAPSULE (generic for LOVAZA)* <u>PREFERRED PCSK9 INHIBITORS</u> PRALUENT PEN (ALIROCUMAB)* REPATHA SYRINGE, AUTOINJECTOR, PUSHTRONEX (EVOLOCUMAB)* <u>NON-PREFERRED FIBRIC ACIDS</u> FENOFIBRATE CAPSULE (generic for LOFIBRA, ANTARA, LIPOFEN, TRICOR) FENOFIBRATE TABLET (generic for FENOGLIDE) FENOFIBRIC ACID CAPSULE (generic for TRILIPIX) <u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u>

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

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS
ANTHYPERLIPIDEMICS EXCLUDING STATINS ORIGINAL POSTED PREFERRED STATUS: 5/10/2018 UPDATED: 1/1/2024 <u>NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN</u> FENOFIBRIC ACID TABLET (generic for FIBRICOR) 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 APOLIPOPROTEIN C-IIISYNTHESIS INHIBITOR</u> REDEMPLO SYRINGE (PLOZASIRIN)* <u>NONPREFERRED OMEGA-3 FATTY ACIDS</u> ICOSAPENT ETHYL CAPSULE (generic for VASCEPA)* LOVAZA CAPSULE (OMEGA-3 ACID ETHYL ESTERS)* <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: 11/10/2017 REVISED EDIT EFFECTIVE DATE: 1/1/2018 UPDATED: 01/01/2021 UPDATED: 10/01/2025 <u>PREFERRED</u> BENAZEPRIL (generic for LOTENSIN) BENAZEPRIL/AMLODIPINE (generic for LOTREL) BENAZEPRIL/HCTZ (generic for LOTENSIN HCT) CAPTOPRIL (generic for CAPOTEN) ENALAPRIL (generic for VASOTEC) ENALAPRIL/HCTZ (generic for VASERETIC) FOSINOPRIL (generic for MONOPRIL) FOSINOPRIL/HCTZ (generic for MONOPRIL HCT) LISINOPRIL (generic for ZESTRIL) LISINOPRIL/HCTZ (generic for ZESTORETIC) QUINAPRIL (generic for ACCUPRIL) QUINAPRIL/HCTZ (generic for ACCURETIC) RAMIPRIL (generic for ALTACE) <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 (QUINAPRIL) ACCUPRETIC (QUINAPRIL/HCTZ) ALTACE (RAMIPRIL) CAPTOPRIL/HCTZ (generic for CAPOZIDE)) ENALAPRIL SOLUTION (generic for EPANED) EPANED (ENALAPRIL) LOTENSIN (BENAZEPRIL) LOTENSIN HCT (BENAZEPRIL/HCTZ) LOTREL (BENAZEPRIL/AMLODIPINE) MOEXIPRIL (generic for UNIVASC) PERINDOPRIL (generic for ACEON) QBRELIS (LISINOPRIL) TRANDOLAPRIL (generic for MAVIK) ZESTORETIC (LISINOPRIL/HCTZ) ZESTRIL (LISINOPRIL)

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY



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CARDIOVASCULAR AGENTS ANTIHYPERTENSIVE AGENTS ANGIOTENSIN II RECEPTOR ANTAGONISTS	CARDIOVASCULAR AGENTS ANTIHYPERTENSIVE AGENTS ANGIOTENSIN II RECEPTOR ANTAGONISTS	CARDIOVASCULAR AGENTS ANTIHYPERTENSIVE AGENTS ANGIOTENSIN II RECEPTOR ANTAGONISTS
ORIGINAL POSTED PREFERRED STATUS: 12/20/2005 ORIGINAL EDIT EFFECTIVE DATE: 2/21/2006 REVISED POSTED PREFERRED STATUS: 8/12/2011 REVISED EDIT EFFECTIVE DATE: 10/12/2011 RE-REVIEW POSTED PREFERRED STATUS: 3/6/2013 REVISED EDIT EFFECTIVE DATE: 5/7/2013, 2/15/2016 RE-REVIEW POSTED PREFERRED STATUS: 11/10/2017 REVISED EDIT EFFECTIVE DATE: 1/1/18 UPDATED: 1/1/2021 UPDATED: 10/1/2025 <u>PREFERRED</u> ENTRESTO* SPRINKLE IRBESARTAN TABLET (generic for AVAPRO) IRBESARTAN/HCTZ TABLET (generic for AVALIDE) LOSARTAN TABLET (generic for COZAAR) LOSARTAN/HCTZ TABLET (generic for HYZAAR) OLMESARTAN TABLET (generic for BENICAR) OLMESARTAN/AMLODIPINE TABLET (generic for AZOR) VALSARTAN TABLET (generic for DIOVAN) VALSARTAN/HCTZ TABLET (generic for DIOVAN HCT) VALSARTAN/AMLODIPINE TABLET (generic for EXFORGE) VALSARTAN/AMLODIPINE/HCTZ TABLET (generic for EXFORGE HCT) VALSARTAN/SACUBITRIL TABLET (generic for ENTRESTO) <u>NON-PREFERRED –</u> <u>NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</u>	ORIGINAL POSTED PREFERRED STATUS: 12/20/2005 <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> ARBLI SUSPENSION (LOSARTAN) ATACAND TABLET (CANDESARTAN) ATACAND HCT TABLET (CANDESARTAN/HCTZ) AVALIDE TABLET (IRBESARTAN/HCTZ) AVAPRO TABLET (IRBESARTAN) AZOR TABLET (OLMESARTAN/AMLODIPINE) BENICAR TABLET (OLMESARTAN) BENICAR HCT TABLET (OLMESARTAN/HCTZ) CANDESARTAN TABLET (generic for ATACAND) CANDESARTAN/HCTZ TABLET (generic for ATACAND HCT) COZAAR TABLET (LOSARTAN) DIOVAN TABLET (VALSARTAN) DIOVAN HCT TABLET (VALSARTAN/HCTZ) EDARBI TABLET (AZILSARTAN) EDARBYCLOR TABLET (AZILSARTAN/CHLORTHALIDONE) EPROSARTAN TABLET (generic for TEVETEN) EXFORGE TABLET (VALSARTAN/AMLODIPINE) EXFORGE HCT TABLET (VALSARTAN/AMLODIPINE/HCTZ) HYZAAR TABLET (LOSARTAN/HCTZ) MICARDIS TABLET (TELMISARTAN) <u>NON-PREFERRED –</u> <u>NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</u>	ORIGINAL POSTED PREFERRED STATUS: 12/20/2005 <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> MICARDIS HCT TABLET (TELMISARTAN/HCTZ) OLMESARTAN/HCTZ TABLET (generic for BENICAR HCT) OLMESARTAN/AMLODIPINE/HCTZ TABLET (generic for TRIBENZOR) TELMISARTAN TABLET (generic for MICARDIS) TELMISARTAN/AMLODIPINE TABLET (generic for TWYNSTA) TELMISARTAN/HCTZ TABLET (generic for MICARDIS HCT) TRIBENZOR TABLET (OLMESARTAN/AMLODIPINE/HCTZ) VALSARTAN SOLUTION (generic for DIOVAN)

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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 BETA ADRENERGIC BLOCKERS ORIGINAL POSTED PREFERRED STATUS: 7/18/2005 RE-REVIEW POSTED PREFERRED STATUS: 10/17/2007 RE-REVIEW POSTED PREFERRED STATUS: 11/15/2018 RE-REVIEW POSTED PREFERRED STATUS: 1/1/2022 UPDATED: 10/1/2025 <u>PREFERRED</u> ACEBUTOLOL (generic for SECTRAL) ATENOLOL (generic for TENORMIN) ATENOLOL/CHLORTHALIDONE (generic for TENORETIC) BISOPROLOL 5 MG, 10 MG (generic for ZEBETA) BISOPROLOL/HCTZ (generic for ZIAC) CARVEDILOL (generic for COREG) LABETALOL 100 MG, 200 MG, 300 MG (generic for NORMODYNE) METOPROLOL SUCCINATE (generic for TOPROL XL) METOPROLOL TARTRATE 25 MG, 37.5 MG, 50 MG, 75 MG, 100 MG NEBIVOLOL (generic for BYSTOLIC) PROPRANOLOL IMMEDIATE RELEASE (generic for INDERAL) SOTALOL (generic for BETAPACE) SOTALOL AF (generic for BETAPACE) <u>NON-PREFERRED –</u> <u>NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</u>	ANTIHYPERTENSIVE AGENTS BETA ADRENERGIC BLOCKERS <i>CONTINUED</i> ORIGINAL POSTED PREFERRED STATUS: 7/18/2005 RE-REVIEW POSTED PREFERRED STATUS: 1/1/2022 UPDATED: 10/1/2025 <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> BETAPACE/BETAPACE AF (SOTALOL) BETAXOLOL (generic for KERLONE) BISOPROLOL 2.5 MG (generic for ZEBETA) BYSTOLIC (NEBIVOLOL) CARVEDILOL ER (generic for COREG CR) HEMANGEOL (PROPRANOLOL) INDERAL LA (PROPRANOLOL) INDERAL XL (PROPRANOLOL) INNOPRAN XL (PROPRANOLOL) KAPSPARGO (METOPROLOL) LABETALOL 400MG (generic for NORMODYNE) LOPRESSOR (METOPROLOL) METOPROLOL TARTRATE 12.5 MG METOPROLOL /HCTZ (generic for LOPRESSOR HCT) NADOLOL (generic for CORGARD) PINDOLOL (generic for VISKEN) PROPRANOLOL ER (generic for INDERAL LA, INNOPRAN XL) PROPRANOLOL SOLUTION PROPRANOLOL/HCTZ (generic for INDERIDE) SOTYLIZE* solution TENORETIC (ATENOLOL/CHLORTHALIDONE) TENORMIN (AGENOLOL) TIMOLOL MALEATE (generic for BLOCADREN) TOPROL XL (METOPROLOL XL)	ANTIHYPERTENSIVE AGENTS CALCIUM CHANNEL BLOCKERS ORIGINAL POSTED PREFERRED STATUS: 5/12/2005 UPDATED: 1/1/2021 UPDATED: 10/1/2025 <u>PREFERRED</u> AMLODIPINE (generic for NORVASC) AMLODIPINE/BENAZEPRIL (generic for LOTREL) AMLODIPINE/OLMESARTAN (generic for AZOR) AMLODIPINE/VALSARTAN (generic for EXFORGE) AMLODIPINE/VALSARTAN/HCTZ (generic for EXFORGE HCT) CARTIA XT 24 HR (DILTIAZEM) DILTIAZEM CD 24 HR (generic for CARDIZEM CD) DILT-XR 24 HR (DILTIAZEM) DILTIAZEM ER 24 HR (generic for TIAZAC) DILTIAZEM XR 24 HR (generic for DILACOR XR) DILTIAZEM (generic for CARDIZEM) NIFEDIPINE IR (generic for PROCARDIA) NIFEDIPINE ER (generic for ADALAT CC, PROCARDIA XL) TIADYL ER 24 HR (DILTIAZEM) VERAPAMIL TABLET (generic for CALAN) VERAPAMIL ER TABLET (generic for CALAN SR) <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> AMLODIPINE/ATORVASTATIN (generic for CADUET) AMLODIPINE/OLMESARTAN/HCTZ (generic for TRIBENZOR) AZOR (AMLODIPINE/OLMESARTAN) CADUET (AMLODIPINE/ATORVASTATIN) CARDAMYST (ETRIPAMIL) DILTIAZEM ER 12 HR (generic for CARDIZEM SR) DILTIAZEM LA 24 HR (generic for CARDIZEM) EXFORGE (AMLODIPINE/VALSARTAN) EXFORGE HCT (AMLODIPINE/VALSARTAN/HCTZ) FELODIPINE ER (generic for PLENDIL) <u>NON-PREFERRED AGENTS CONTINUED IN NEXT PAGE</u>

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CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS
ANTIHYPERTENSIVE AGENTS CALCIUM CHANNEL BLOCKERS CONTINUED ORIGINAL POSTED PREFERRED STATUS: 5/12/2005 UPDATED: 1/1/2021 UPDATED: 10/1/2025 <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> ISRADIPINE (generic for DYNACIRC) KATERZIA (AMLODIPINE) LEVAMLODIPINE (generic for CONJUPRI) LOTREL (AMLODIPINE/BENAZEPRIL) MATZIM LA (DILTIAZEM ER) NICARDIPINE (generic for CARDENE) NIMODIPINE (generic for NYMALIZE) NISOLDIPINE ER (generic for SULAR) NORLIQVA (AMLODIPINE) NORVASC (AMLODIPINE) NYMALIZE (NIMODIPINE) PROCARDIA XL (NIFEDIPINE ER) SDAMLO (AMLODIPINE) SULAR ER (NISOLDIPINE) TIAZAC (DILTIAZEM ER) TRIBENZOR (AMLODIPINE/OLMESARTAN/HCTZ) VERAPAMIL ER (generic for VERELAN, VERELAN PM)	ANTIHYPERTENSIVE AGENTS DIRECT RENIN INHIBITORS ORIGINAL POSTED PREFERRED STATUS: 6/17/2010 ORIGINAL EDIT EFFECTIVE DATE: 8/17/2010 UPDATED: 1/1/2021 UPDATED: 10/1/2025 <u>PREFERRED</u> NONE <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> ALISKIREN TABLET (generic for TEKTURN) TEKTURN TABLET (ALISKIREN)	PLATELET AGGREGATION INHIBITORS ORIGINAL POSTED PREFERRED STATUS: 5/10/2018 ORIGINAL EDIT EFFECTIVE DATE: 7/1/2018 UPDATED: 7/1/2021 UPDATED: 1/1/2026 <u>PREFERRED</u> ASPIRIN/DIPYRIDAMOLE CAPSULE (generic for AGGRENOX) CLOPIDOGREL TABLET (generic for PLAVIX) DIPYRIDAMOLE TABLET (generic for PERSANTINE) PRASUGREL TABLET (generic for EFFIENT) TICAGRELOR TABLET (generic for BRILINTA) <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> BRILINTA TABLET (TICAGRELOR) EFFIENT TABLET (PRASUGREL) PLAVIX TABLET (CLOPIDOGREL)

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CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS
PULMONARY HYPERTENSION TREATMENTS ORAL/ INHALED/ INJECTED 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 <u>PREFERRED</u> AMBRISENTAN TABLET (generic for LETAIRIS)* EPOPROSTENOL VIAL (generic for VELETR) REMODULIN (TREPROSTINIL) VIAL SILDENAFIL TABLET (REVATIO)* SILDENAFIL VIAL* TADALAFIL TABLET (ADCIRCA)* TRACLEER (BOSENTAN) TABLET*-BRAND ONLY TREPROSTINIL VIAL	PULMONARY HYPERTENSION TREATMENTS ORAL/ INHALED/ INJECTED ORIGINAL POSTED PREFERRED STATUS: 2/3/2017 RE-REVIEW POSTED PREFERRED STATUS: 1/1/2023 <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> ADCIRCA TABLET ADEMPAS TABLET (RIOCIGUAT) BOSENTAN TABLET (generic for TRACLEER) BOSENTAN TABLET FOR SUSPENSION (generic for TRACLEER) EPOPROSTENOL VIAL (generic for FLOLAN) FLOLAN VIAL LETAIRIS TABLET LIQREV SUSPENSION (SILDENAFIL) OPSUMIT (MACITENTAN) OPSYNVI (MACITENTAN/TADALAFIL) ORENITRAM ER (TREPROSTINIL) TABLET REVATIO SUSPENSION REVATIO TABLET SILDENAFIL SUSPENSION (generic for REVATIO) TADLIQ (TADALAFIL) SUSPENSION TRACLEER TABLETS FOR SUSPENSION TYVASO DPI AND TYVASO VIAL UPTRAVI (SELEXIPAG) INJECTION AND TABLET VELETRI (EPOPROSTENOL) VENTAVI INHALATION (ILOPROST) WINREVAIR VIAL YUTREPIA CAPSULE
<u>NON-PREFERRED –</u> NON-PREFERRED AGENTS LISTED IN NEXT COLUMN	

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
ALZHEIMER'S AGENTS	ANTICONSULSANTS	ANTICONSULSANTS (continued)
ORIGINAL POSTED PREFERRED STATUS: 10/1/2021 UPDATED: 1/1/2026	ORIGINAL POSTED PREFERRED STATUS: 4/1/2022 PREFERRED	NON-PREFERRED – INCLUDE BUT NOT LIMITED TO (continued)
PREFERRED DONEPEZIL 5 AND10 MG TABLET (generic for ARICEPT) EXELON PATCH (RIVASTIGMINE)- BRAND ONLY MEMANTINE TABLET (generic for NAMENDA)	CARBAMAZEPINE 100 MG CHEW TABLET (generic for TEGRETOL) CARBAMAZEPINE TABLET (generic for TEGRETOL) CLOBAZAM SUSPENSION (generic for ONFI)* CLOBAZAM TABLET (generic for ONFI) DIVALPROEX DR TABLET (generic for DEPAKOTE DR) DIVALPROEX ER TABLET (generic for DEPAKOTE ER) EPITOL TABLET ETHOSUXIMIDE CAPSULE (generic for ZARONTIN) GABAPENTIN CAPSULE/TABLET (generic for NEURONTIN) LACOSAMIDE TABLETS and SOLUTION (generic for VIMPAT) LAMOTRIGINE TABLETS (generic for LAMICTAL) LEVETIRACETAM SOLUTION (generic for KEPPRA)* LEVETIRACETAM TABLET (generic for KEPPRA) OXCARBAZEPINE TABLET (generic for TRILEPTAL) PHENYTOIN CAPSULE (generic for DILANTIN) PREGABALIN CAPSULE (generic for LYRICA) PRIMIDONE TABLET (generic MYSOLINE) QUDEXY XR CAPSULE- BRAND ONLY ROWEEPR TABLET SABRIL TABLET- BRAND ONLY TEGRETOL SUSPENSION- BRAND ONLY * TOPIRAMATE TABLET (generic for TOPAMAX) TRILEPTAL SUSPENSION- BRAND ONLY * VALPROIC ACID CAPSULE (generic for DEPAKENE) VALPROIC ACID SOLUTION (generic for DEPAKENE)* VIGABATRIN POWDER PAK (generic for SABRIL) ZONISAMIDE CAPSULE (generic for ZONEGRAN)	APTOM (ESLICARBAZEPINE) BANZEL SUSPENSION (RUFINAMIDE) BANZEL TABLET (RUFINAMIDE) BRIVIACT SOLUTION (BRIVARACETAM) BRIVIACT TABLET (BRIVARACETAM)- BRAND PREFERRED BRIVARACETAM SOLUTION, TABLET (generic for BRIVIACT) CARBAMAZEPINE 200 MG CHEW TABLET (generic for TEGRETOL) CARBAMAZEPINE ER CAPSULE (generic for CARBATROL) CARBAMAZEPINE ER SUSPENSION (generic for TEGRETOL) CARBAMAZEPINE ER TABLET (generic for TEGRETOL XR) CARBATROL ER CAPSULE CELONTIN CAPSULE DEPAKOTE DR TABLET DEPAKOTE ER TABLET DEPAKOTE SPRINKLE CAPSULE DIACOMIT CAPSULE, POWDER PACKET DILANTIN CAPSULE DILANTIN INFATAB TABLET DILANTIN SUSPENSION DIVALPROEX SPRINKLE CAPSULE ELESPIA XR TABLET EPIDIOLEX SOLUTION* EPRONTIA SOUTION EQUETRO CAPSULE ESLICARBAZEPINE TABLET (generic for APTOM) ETHOSUXIMIDE SOLUTION (generic for ZARONTIN) FELBAMATE SUSPENSION (generic for FELBATOL) FELBAMATE TABLET (generic for FELBATOL) FELBATOL SUSPENSION/TABLET FINTEPLA SOLUTION* FYCOMPA SUSPENSION- BRAND PREFERRED FYCOMPA TABLET- BRAND PREFERRED
NON-PREFERRED – INCLUDE BUT NOT LIMITED TO ADLARTY PATCH (DONEPEZIL) ARICEPT TABLET (DONEPEZIL) DONEPEZIL ODT (generic for ARICEPT ODT) DONEPEZIL 23 MG TABLET (generic for ARICEPT) GALANTAMINE TABLET (generic for RAZADYNE) GALANTAMINE ER CAPSULE (generic for RAZADYNE ER) GALANTAMINE SOLUTION (generic for RAZADYNE) LEQEMBI IQLIK* (LECANEMAB-IRMB) MEMANTINE SOLUTION (generic for NAMENDA) MEMANTINE ER CAPSULE (generic for NAMENDA XR) MEMANTINE/DONEPEZIL CAPSULE (generic for NAMZARIC) NAMENDA XR CAPSULE (MEMANTINE ER) NAMZARIC CAPSULE (MEMANTINE/DONEPEZIL) RIVASTIGMINE PATCH (generic for EXELON) RIVASTIGMINE CAPSULE (generic for EXELON) ZUNVEYL DR TABLET (BENZGALANTAMINE)	NON-PREFERRED AGENTS LISTED IN NEXT COLUMN	

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
ANTICONSULSANTS (continued) NON-PREFERRED – INCLUDE BUT NOT LIMITED TO (continued) GABARONE TABLET GABITRIL TABLET KEPPRA SOLUTION KEPPRA TABLET KEPPRA XR TABLET LACOSAMIDE VIAL (generic for VIMPAT) 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 ONFI SUSPENSION, TABLET OXCARBAZEPINE ER TABLET (generic for OXTELLAR XR) OXCARBAZEPINE SUSPENSION (generic for TRILEPTAL) OXTELLAR XR TABLET- BRAND PREFERRED 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 SUBVENITE SUSPENSION (LAMOTRIGINE)	ANTICONSULSANTS (continued) NON-PREFERRED – INCLUDE BUT NOT LIMITED TO (continued) SYMPANZAN FILM TEGRETOL TABLET TEGRETOL XR TABLET TIAGABINE TABLET (generic for GABITRIL) TOPAMAX SPRINKLE TOPAMAX TABLET TOPIRAMATE ER CAPSULE (generic for QUDEXY and TROKENDI XR) TOPIRAMATE SOLUTION (generic for EPRONTIA) TOPIRAMATE SPRINKLE (generic for TOPAMAX) TRILEPTAL TABLET TROKENDI XR CAPSULE VIGABATRIN TABLET (generic for SABRIL) VIGAFYDE SOLUTION (VIGABATRIN) VIMPAT SOLUTION VIMPAT TABLET VIMPAT VIAL XCOPRI TABLET ZARONTIN CAPSULE ZARONTIN SOLUTION ZONISADE SUSPENSION	ANTICONSULSANTS FOR SEIZURE RESCUE ORIGINAL POSTED PREFERRED STATUS: 4/1/2022 PREFERRED DIAZEPAM RECTAL KIT (generic for DIASTAT) DIAZEPAM RECTAL GEL SYSTEM (generic for DIASTAT ACUDIAL) NAYZILAM NASAL SPRAY VALTOCO NASAL SPRAY NON-PREFERRED – INCLUDE BUT NOT LIMITED TO LIBERVANT BUCCAL FILM

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CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
ANTIDEPRESSANTS SSRIs, SSNRIs, SNRIs 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: 11/15/2018 UPDATED: 10/1/2023 <u>PREFERRED</u> 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)* <u>NON-PREFERRED AGENTS LISTED IN NEXT COLUMN</u>	ANTIDEPRESSANTS SSRIs, SSNRIs, SNRIs UPDATED: 10/1/2023 <u>NON-PREFERRED --</u> <u>INCLUDE BUT NOT LIMITED TO</u> 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) ESCITALOPRAM 15 MG CAPSULE EXXUA ER TABLET (GEPİRONE) 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) MILNACIPRAN TABLET (generic for SAVELLA) 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) <u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u>	ANTIDEPRESSANTS SSRIs, SSNRIs, SNRIs UPDATED: 10/1/2023 <u>NON-PREFERRED -- (continued)</u> <u>INCLUDE BUT NOT LIMITED TO</u> PHENELZINE (generic for NARDIL) PRISTIQ ER TABLET (DESVENLAFAXINE) PROZAC CAPSULE (FLUOXETINE) RALDESY SOLUTION (TRAZODONE) REMERON SOLTAB AND TABLET (MIRTAZAPINE) SAVELLA (MILNACIPRAN)*-BRAND ONLY - MANUAL REVIEW SERTRALINE CAPSULE (generic for ZOLOFT) SPRAVATO NASAL SPRAY (ESKETAMINE)* - MANUAL REVIEW TRANLYCPROMINE (generic for PARNATE) TRAZODONE 300MG TABLET TRINTELLIX (VORTIOXETINE HBR) VENLAFAXINE ER TABLET (generic for EFFEXOR) VIIBRYD (VILAZODONE) VILAZODONE (generic for VIIBRYD) WELLBUTRIN SR (BUPROPION) ZOLOFT TABLET AND ORAL CONC (SERTRALINE) ZURZUVAE (ZURANOLONE) - MANUAL REVIEW

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	
ANTI-PARKINSON'S AGENTS ORIGINAL POSTED PREFERRED STATUS: 1/1/2022 UPDATED: 1/1/2026 <u>PREFERRED</u> AMANTADINE CAPSULE (generic for SYMMETREL) AMANTADINE SYRUP (generic for SYMMETREL) BENZTROPINE TABLET (generic for COGENTIN) CARBIDOPA/LEVODOPA TABLET (generic for SINEMET) CARBIDOPA/LEVODOPA ER TABLET (generic for SINEMET CR) PRAMIPEXOLE TABLET (generic for MIRAPEX) ROPINIROLE TABLET (generic for REQUIP) TRIHEXYPHENIDYL SOLUTION (generic for ARTANE) TRIHEXYPHENIDYL TABLET (generic for ARTANE) <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> AMANTADINE TABLET (generic for SYMMETREL) APOKYN CARTRIDGE (APOMORPHINE) APOMORPHINE CARTRIDGE (generic for APOKYN) AZILECT TABLET (RASAGILINE) BROMOCRIPTINE TABLET AND CAPSULE (generic for PARLODEL) CARBIDOPA TABLET (generic for Lodosyn) CARBIDOPA/LEVODOPA ER CAPSULE (generic for RYTARY) CARBIDOPA/LEVODOPA ODT (generic for PARCOPA) CARBIDOPA/LEVODOPA/ENTACAPONE TABLET (generic for STALEVO) CREXONT ER CAPSULE (CARBIDOPA/LEVODOPA) DHIVY TABLET (CARBIDOPA/LEVODOPA) DUOPA SUSPENSION (CARBIDOPA/LEVODOPA) ENTACAPONE TABLET (generic for COMTAN) GOCOVORI CAPSULE (AMANTADINE) INBRIJA* INHALATION CAPSULE (LEVODOPA) NEUPRO PATCH (ROTIGOTINE) <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> NOURIANZ* TABLET (ISTRADEFYLLINE) ONAPGO* CARTRIDGE (APOMORPHINE) ONGENTYS* CAPSULE (OPICAPONE) PRAMIPEXOLE ER TABLET (generic for MIRAPEX ER) RASAGILINE TABLET (generic for AZILECT) ROPINIROLE ER TABLET (generic for REQUIP XL) RYTARY ER CAPSULE (CARBIDOPA/LEVODOPA ER)- BRAND PREFERRED SELEGILINE CAPSULE (generic for ELDEPRYL) SELEGILINE TABLET (generic for ZELAPAR) SINEMET TABLET (CARBIDOPA/LEVODOPA) TOLCAPONE TABLET (generic for TASMAR) VYALEV* VIAL (FOSCARBIDOPA/FOSLEVODOPA) XADAGO TABLET (SAFINAMIDE)	

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

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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
ORIGINAL POSTED PREFERRED STATUS: 5/10/2018 ORIGINAL EDIT EFFECTIVE DATE: 7/1/2018 UPDATED: 10/1/2023	ORIGINAL POSTED PREFERRED STATUS: 4/3/2008 ORIGINAL EDIT EFFECTIVE DATE: 6/5/2008 RE-REVIEW POSTED PREFERRED STATUS: 10/14/2011 REVISED EDIT EFFECTIVE DATE: 12/13/2011 REVISED EDIT EFFECTIVE DATE: 1/1/2022 UPDATED: 1/1/2026	ORIGINAL POSTED PREFERRED STATUS: 8/11/2017 ORIGINAL EDIT EFFECTIVE DATE: 10/1/2017 UPDATE EFFECTIVE: 10/1/2020 UPDATED: 10/1/2023 UPDATED: 1/1/2025
<u>PREFERRED</u> ARMODAFINIL* (generic for NUVIGIL) XYREM SOLUTION* (SODIUM OXYBATE) BRAND ONLY	<u>PREFERRED</u> DULOXETINE* 20 MG, 30 MG, 60 MG CAPSULE (generic for CYMBALTA) GABAPENTIN CAPSULE (generic for NEURONTIN) GABAPENTIN TABLET (generic for NEURONTIN) PREGABALIN CAPSULE (generic for LYRICA)	<u>PREFERRED</u> ABILIFY ASIMTUFII* (ARIPIRAZOLE ER) ABILIFY MAINTENA* (ARIPIRAZOLE ER) ARISTADA* AND ARISTADA INITIO* (ARIPIRAZOLE LAUROXIL ER) FLUPHENAZINE DECANOATE* (generic for PROLIXIN DECANOATE) HALOPERIDOL DECANOATE* (generic for HALDOL DECANOATE) INVEGA HAFYERA* (PALIPERIDONE PALMITATE) INVEGA SUSTENNA* (PALIPERIDONE PALMITATE) INVEGA TRINZA* (PALIPERIDONE PALMITATE) PERSERIS ER* (RISPERIDONE) RISPERDAL CONSTA* (RISPERIDONE MICROSPHERES)- BRAND ONLY UZEDY ER* (RISPERIDONE)
<u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> MODAFINIL (generic for PROVIGIL) NUVIGIL (ARMODAFINIL) PROVIGIL (MODAFINIL) SODIUM OXYBATE SOLUTION (generic for XYREM) SUNOSI TABLET (SOLRIAMFETOL) WAKIX TABLET (PITOLISANT) XYWAV SOLUTION (CALCIUM, MAGNESIUM, POTASSIUM, SODIUM OXYBATES)	<u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> CYMBALTA CAPSULE (DULOXETINE) DRIZALMA SPRINKLE (DULOXETINE) DULOXETINE 40 MG CAPSULE (generic for CYMBALTA) GABAPENTIN* 250 MG/5 ML SOLUTION (generic for NEURONTIN) GABAPENTIN ER TABLET (generic for GRALISE) GABARONE TABLET (GABAPENTIN) GRALISE TABLET (GABAPENTIN ER) HORIZANT TABLET (GABAPENTIN ER) LIDODERM PATCH (LIDOCAINE) LIDOCAINE* PATCH (generic for LIDODERM) LYRICA CAPSULE AND SOLUTION (PREGABALIN) LYRICA CR TABLET (PREGABALIN) MILNACIPRAN TABLET (generic for SAVELLA) NEURONTIN CAPSULE, TABLET, SOLUTION, (GABAPENTIN) PREGABALIN SOLUTION (generic for LYRICA) PREGABALIN ER TABLET (generic for LYRICA) SAVELLA TABLET (MILNACIPRAN)* - BRAND ONLY MANUAL REVIEW ZTILDO PATCH (LIDOCAINE)	<u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> ERZOFRI (PALIPERIDONE PALMITATE) RISPERIDONE ER (generic for RISPERDAL CONSTA) RYKINDO ER (RISPERIDONE) ZYPREXA RELPREVV (OLANZAPINE)

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CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
ORAL ANTIPSYCHOTICS ORIGINAL POSTED PREFERRED STATUS: 5/22/2019 ORIGINAL EDIT EFFECTIVE DATE: 7/1/2019 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: 7/1/2019 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)* OPIZPA FILM (ARIPIRAZOLE)* PERPHENAZINE/AMITRIPTYLINE TABLET* PIMOZIDE TABLET* QUETIAPINE ER TABLET* (generic for SEROQUEL XR) REXULTI TABLET (BREXIPRAZOLE) * 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 UPDATED: 1/1/2026 PREFERRED ESZOPICLONE* TABLET (generic for LUNESTA) ZALEPLON* CAPSULE (generic for SONATA) ZOLPIDEM* TABLET (generic for AMBIEN) NON-PREFERRED – INCLUDE BUT NOT LIMITED TO AMBIEN TABLET (ZOLPIDEM) AMBIEN CR (ZOLPIDEM ER) BELSOMRA TABLET (SUVOREXANT) DAYVIGO TABLET (LEMBOREXANT) DOXEPIN TABLET (generic for SILENOR) EDLUAR TABLET (ZOLPIDEM SL) HETLIOZ* CAPSULE (TASIMELTEON) QUVIVIQ TABLET (DARIDOREXANT) RAMELTEON TABLET (generic for ROZEREM) ROZEREM TABLET (RAMELTEON) TASIMELTEON CAPSULE (generic for HETLIOZ) ZOLPIDEM 7.5 MG CAPSULE ZOLPIDEM ER TABLET (generic for AMBIEN CR) ZOLPIDEM SL TABLET (generic for INTERMEZZO)

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

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
BENZODIAZEPINE SEDATIVE HYPNOTICS ORIGINAL POSTED PREFERRED STATUS: 1/1/2022 UPDATED: 1/1/2026 <u>PREFERRED</u> TEMAZEPAM 15 MG AND 30 MG CAPSULE (generic for RESTORIL) TRIAZOLAM TABLET (generic for HALCION) <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> DORAL TABLET (QUAZEPAM) ESTAZOLAM TABLET (generic for PROSOM) FLURAZEPAM CAPSULE (generic for DALMANE) HALCION TABLET (TRIAZOLAM) QUAZEPAM TABLET (generic for DORAL) RESTORIL CAPSULE (TEMAZEPAM) TEMAZEPAM* 7.5 MG AND 22.5 MG CAPSULE (generic for RESTORIL)	SKELETAL MUSCLE RELAXANTS ORIGINAL POSTED PREFERRED STATUS: 1/18/2006 ORIGINAL EDIT EFFECTIVE DATE: 3/20/2006 UPDATED: 10/1/2021 UPDATED: 1/1/2025 <u>PREFERRED</u> BACLOFEN 5MG, 10MG, 20MG TABLET (generic for LIORESAL) CHLORZOXAZONE 500MG TABLET (generic for PARAFON) CYCLOBENZAPRINE TABLET (generic for FLEXERIL) METAXOLONE 400MG, 800MG TABLET (generic for SKELAXIN) METHOCARBAMOL 500 MG, 750 MG TABLET (generic for ROBAXIN) TIZANIDINE TABLET (generic for ZANAFLEX) <u>NON-PREFERRED, INCLUDE BUT NOT LIMITED TO</u> AMRIX ER CAPSULE (CYCLOBENZAPRINE) ATMEKSI SUSPENSION (METHOCARBAMOL) BACLOFEN SOLUTION/SUSPENSION (generic for OZOBAX/FLEQSUVY) BACLOFEN 15 MG TABLET CHLORZOXAZONE 250MG, 375MG, 750MG (generic for LORZONE) CYCLOBENZAPRINE 7.5MG TABLET (generic for FEXMID) CYCLOBENZAPRINE ER CAPSULE (generic for AMRIX) DANTRIUM CAPSULE (DANTROLENE) DANTROLENE CAPSULE (generic for DANTRIUM) FEXMID TABLET (CYCLOBENZAPRINE) FLEQSUVY SUSPENSION (BACLOFEN) LYVISPAH GRANULES (BACLOFEN) METAXALONE 640MG TABLET METHOCARBAMOL 1000 MG TABLET (generic for TANLOR) NORGESIC, NORGESIC FORTE TABLET (ORPHENADRINE/ASA/CAFFEINE) ONTRALFY SOLUTION (TIZANIDINE) ORPHENADRINE CITRATE ER TABLET (generic for NORFLEX) ORPHENADRINE/ASA/CAFFEINE TABLET, ORPHENAGESIC FORTE TANLOR TABLET (METHOCARBAMOL) TIZANIDINE CAPSULE (generic for ZANAFLEX) TONMYA SL TABLET (CYCLOBENZAPRINE) ZANAFLEX CAPSULE, TABLET (TIZANIDINE)	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
ORIGINAL POSTED PREFERRED STATUS: 2/3/2017 ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017 UPDATED: 4/1/2020 UPDATED: 7/1/2025 PREFERRED CLOTRIMAZOLE RX CREAM CLOTRIMAZOLE-BETAMETHASONE RX CREAM KETOCONAZOLE 2% RX SHAMPOO NYSTATIN (OINTMENT, CREAM, POWDER) NYSTATIN-TRIAMCINOLONE OINTMENT TOLNAFTATE 1% (CREAM, POWDER, SOLUTION) OTC NON-PREFERRED – INCLUDE BUT NOT LIMITED TO 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, FOAM 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) MICONAZOLE /ZINC OXIDE/PETROLATUM (generic for VUSION) NAFTIN GEL (NAFTIFINE) NAFTIFINE (generic for NAFTIN) NYSTATIN/TRIAMCINOLONE CREAM OXICONAZOLE 1% CREAM (generic for OXISTAT) OXISTAT 1% LOTION (OXICONAZOLE)	ORIGINAL POSTED PREFERRED STATUS: 2/3/2017 ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017 UPDATED: 7/1/2025 NON-PREFERRED INCLUDE BUT NOT LIMITED TO VUSION OINTMENT (MICONAZOLE/ZINC OXIDE/WHITE PETROLEUM) PREFERRED - ONYCHOMYCOSIS NONE NON-PREFERRED – ONYCHOMYCOSIS INCLUDE BUT NOT LIMITED TO CICLODAN 8% TOPICAL NAIL SOLUTION (CICLOPIROX) CICLOPIROX 8% TOPICAL NAIL SOL (generic for PENLAC NAIL LACQUER) TAVABOROLE 5% TOPICAL NAIL SOL (generic for KERYDIN)	ORIGINAL POSTED PREFERRED STATUS: 2/3/2017 ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017 UPDATED: 1/1/2023 UPDATED: 4/1/2026 PREFERRED PERMETHRIN 1% LIQUID OTC (e.g., LICE KILLING LIQUID, LICE TREATMENT) PIPERONYL BUTOXIDE 4%/PYRETHRUM 0.33% SHAMPOO OTC [LICE KILLING SHAMPOO, COMPLETE LICE TREATMENT] PERMETHRIN 5% CREAM (generic for ELIMITE) NATROBA 0.9% SUSPENSION (SPINOSAD) SPINOSAD 0.9% SUSPENSION (generic for NATROBA) NON-PREFERRED –INCLUDE BUT NOT LIMITED TO CROTON 10% LOTION (CROTAMITON) ELIMITE CREAM (PERMETHRIN) 5%-HCFA TERM. 4/30/2026 EURAX 10% CREAM/LOTION (CROTAMITON) MALATHION 0.5% LOTION (generic for OVIDE) OVIDE 0.5% LOTION (MALATHION) PRURADIK 10% LOTION (CROTAMITON) VANALICE GEL OTC (PIPERONYL BUTOXIDE, PYRETHRINS)

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Preferred Drug List

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DERMATOLOGY	DERMATOLOGY	DERMATOLOGY
TOPICAL STEROIDS	TOPICAL STEROIDS	TOPICAL STEROIDS
Class 1 (Superpotent)	Class 2 (Potent)	Class 3 (Upper-Mid)
ORIGINAL POSTED PREFERRED STATUS: 5/12/2017 ORIGINAL EDIT EFFECTIVE DATE: 7/1/2017 UPDATED: 7/1/2020 UPDATED: 7/1/2025 PREFERRED CLASS 1 (SUPERPOTENT) 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) <u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> BETAMETHASONE DIP (AUGMENTED) 0.05% GEL BETAMETHASONE DIP (AUGMENTED) 0.05% LOTION BETAMETHASONE DIP (AUGMENTED) 0.05% OINT (generic for DIPROLENE) 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, LOTION, OINTMENT TOVET 0.05% EMOLLIENT FOAM (CLOBETASOL PROP) ULTRAVATE 0.05% LOTION (HALOBETASOL PROP)	ORIGINAL POSTED PREFERRED STATUS: 5/12/2017 ORIGINAL EDIT EFFECTIVE DATE: 7/1/2017 UPDATED: 7/1/2020 UPDATED: 7/1/2025 PREFERRED CLASS 2 (POTENT) 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) <u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> 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 HALOG 0.1% CREAM, SOLUTION (HALCINONIDE) TOPICORT 0.25% CREAM (DESOXIMETASONE) TOPICORT 0.05% GEL (DESOXIMETASONE)	ORIGINAL POSTED PREFERRED STATUS: 5/12/2017 ORIGINAL EDIT EFFECTIVE DATE: 7/1/2017 UPDATED: 7/1/2020 UPDATED: 7/1/2025 PREFERRED CLASS 3 (UPPER-MID STRENGTH) 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) <u>NON-PREFERRED INCLUDE BUT NOT LIMITED TO</u> 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)

[*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 TOPICAL STEROIDS Class 4 (Mid)	DERMATOLOGY TOPICAL STEROIDS Class 5 (Lower-Mid)	DERMATOLOGY TOPICAL STEROIDS Class 6 (Mild)
ORIGINAL POSTED PREFERRED STATUS: 5/12/2017 ORIGINAL EDIT EFFECTIVE DATE: 7/1/2017 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) <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)	ORIGINAL POSTED PREFERRED STATUS: 5/12/2017 ORIGINAL EDIT EFFECTIVE DATE: 7/1/2017 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) <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 PREDNICARBATE 0.1% OINTMENT SYNALAR 0.025% CREAM (FLUOCINOLONE) TRIAMCINOLONE 0.025% OINTMENT (430 GM, 454 GM) TRIAMCINOLONE 0.05% OINTMENT (430 gm)	ORIGINAL POSTED PREFERRED STATUS: 5/12/2017 ORIGINAL EDIT EFFECTIVE DATE: 7/1/2017 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) <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)

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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: 5/12/2017		UPDATED: 7/1/2025
ORIGINAL EDIT EFFECTIVE DATE: 7/1/2017		
UPDATED: 7/1/2020		
UPDATED: 7/1/2025		
<u>PREFERRED CLASS 7 (LEAST POTENT)</u>	<u>PREFERRED</u>	<u>PREFERRED</u>
HYDROCORTISONE ACETATE 0.5% (covered OTC) (28.4 GM)	TACROLIMUS OINTMENT (generic for PROTOPIC)	HYDROCORTISONE 1% CREAM
HYDROCORTISONE 0.5% CREAM (covered OTC) (28.4 GM, 28.35 GM)		HYDROCORTISONE 2.5% CREAM
HYDROCORTISONE 1% CREAM (28.35 GM, 28.4 GM)	<u>PREFERRED WITH CRITERIA (MANUAL REVIEW)</u>	HYDROCORTISONE-PRAMOXINE 1%-1% CREAM
HYDROCORTISONE 1% OINTMENT (28.35 GM, 28.4 GM)	ADBRY SYRINGE AND AUTOINJECTOR* (TRALOKINUMAB-LDRM)	PROCTOFOAM HC 1%-1%
HYDROCORTISONE 2.5% CREAM (20 GM, 28 GM, 28.35 GM, 30 GM)	DUIXENT SYRINGE AND PEN* (DUPILUMAB)	PROCTO-MED HC 2.5% CREAM
HYDROCORTISONE 2.5% OINTMENT (20 GM, 28.35 GM, 28.4 GM)		PROCTO-SOL HC 2.5% CREAM
<u>NON-PREFERRED –</u>	<u>NON-PREFERRED –</u>	<u>NON-PREFERRED –</u>
<u>INCLUDE BUT NOT LIMITED TO</u>	<u>INCLUDE BUT NOT LIMITED TO</u>	<u>INCLUDE BUT NOT LIMITED TO</u>
HYDROCORTISONE 1% CREAM (453.6 GM, 454 GM)	ANZUPGO CREAM (DELGOCITINIB)	ANU-SOL HC 2.5% CREAM
HYDROCORTISONE 1% OINTMENT (453.6 GM)	CIBINQO (ABROCITINIB)*	CORTIFOAM 10% FOAM
HYDROCORTISONE 2.5% CREAM (453.6 GM)	EBGLYSS (LEBRIKIZUMAB-LBKZ)*	PROCTOZONE HC 2.5% CREAM
HYDROCORTISONE 2.5% OINTMENT (453.6 GM, 454 GM)	EUCRISA OINTMENT (CRISABOROLE)	
HYDROCORTISONE 2.5% LOTION	NEMLUVIO INJECTION (NEMOLIZUMAB-ILTO)*	
HYDROCORTISONE 2.5% SOLUTION	OPZELURA CREAM (RUXOLITINIB)*	
TEXACORT 2.5% SOLUTION (HYDROCORTISONE)	PIMECROLIMUS CREAM (generic for ELIDEL)	
	PROTOPIC OINTMENT (TACROLIMUS)	
	RINVOQ (UPADACITINIB)*	
	VTAMA (TAPINAROF)*	
	ZORYVE (ROFLUMILAST)*	

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DERMATOLOGY	ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS
ROSACEA AGENTS	ANTIDIABETIC AGENTS	ANTIDIABETIC AGENTS
	Alpha Glucosidase Inhibitors	Amylin Analogues
ORIGINAL POSTED PREFERRED STATUS: 10/1/2025	NEW CLASS EFFECTIVE: 10/1/2020 UPDATE EFFECTIVE: 4/1/2025	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>	<u>PREFERRED</u>	<u>PREFERRED</u>
METRONIDAZOLE 0.75% CREAM (generic for METROCREAM/ROSADAN)	ACARBOSE (GENERIC FOR PRECOSE)	NONE
METRONIDAZOLE 0.75% GEL (generic for METROGEL/ROSADAN)		
METRONIDAZOLE 1% GEL (generic for METROGEL)		
<u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u>	<u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u>	<u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u>
AZELAIC ACID 15% GEL (generic for FINACEA)	MIGLITOL (generic for GLYSET)	SYMLIN (PRAMLINTIDE)
BRIMONIDINE 0.33% GEL (generic for MIRVASO)	PRECOSE (ACARBOSE)	
EPSOLAY 5% CREAM (BENZOYL PEROXIDE)		
FINACEA 15% FOAM (AZELAIC ACID)		
IVERMECTIN 1% CREAM (generic for SOOLANTRA)		
METROCREAM 0.75% CREAM (METRONIDAZOLE)		
METROGEL 1% GEL (METRONIDAZOLE)		
METRONIDAZOLE 0.75% LOTION (generic for METROLOTION)		
MIRVASO 0.33% GEL (BRIMONIDINE)		
RHOFADE 1% CREAM (OXYMETAZOLINE)		
ROSADAN 0.75% CREAM (METRONIDAZOLE)		
ROSADAN 0.75% GEL (METRONIDAZOLE)		
SOOLANTRA 1% CREAM (IVERMECTIN)		

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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ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS
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) LINAGLIPTIN/METFORMIN (generic for JENTADUETO) NESINA (ALOGLIPTIN) ONGLYZA (SAXAGLIPTIN) OSENI (ALOGLIPTIN/PIOGLITAZONE) SAXAGLIPTIN/METFORMIN ER (generic for KOMBIGLYZE XR) SITAGLIPTIN (generic for ZITUVIO) SITAGLIPTIN/METFORMIN, SITATLIPTAN/METF XR (generic for ZITUVIMET) STEGLUJAN (SITAGLIPTIN/ERTUGLIFLOZIN) TRIJARDY XR (LINAGLIPTIN/EMPAGLIFLOZIN/METFORMIN ER) ZITUVIMET, ZITUVIMET XR (SITAGLIPTIN/METFORMIN) ZITUVIA (SITAGLIPTIN)	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> 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

[*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 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> 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)	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) SEGLUROMET (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)

Preferred Drug List

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ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS
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)	ANTIDIABETIC AGENTS INSULINS ORIGINAL POSTED PREFERRED STATUS: 11/10/17 ORIGINAL EDIT EFFECTIVE DATE: 1/1/18 UPDATE EFFECTIVE 10/1/2020 UPDATE EFFECTIVE 7/1/2025 <u>PREFERRED RAPID ACTING INSULIN</u> INSULIN ASPART CARTRIDGE/VIAL/FLEXPEN (generic for NOVOLOG) INSULIN LISPRO KWIKPEN/VIAL (generic for HUMALOG) INSULIN LISPRO JR KWIKPEN (generic for HUMALOG) NOVOLOG CARTRIDGE/FLEXPEN/VIAL <u>PREFERRED RAPID COMBINATION INSULIN</u> INSULIN ASPART MIX PEN/VIAL (generic for NOVOLOG MIX) INSULIN LISPRO MIX (generic for HUMALOG MIX) NOVOLOG MIX FLEXPEN/VIAL <u>PREFERRED REGULAR INSULIN</u> HUMULIN R U-100 (OTC) HUMULIN R U-500 KWIKPEN HUMULIN R U-500 VIAL <u>PREFERRED INTERMEDIATE ACTING INSULIN</u> HUMULIN N U-100 VIAL (OTC) <u>PREFERRED REGULAR/INTERMEDIATE COMBINATION INSULIN</u> HUMULIN 70/30 KWIKPEN/VIAL (OTC) <u>PREFERRED LONG ACTING</u> LANTUS SOLOSTAR PEN LANTUS VIAL	ANTIDIABETIC AGENTS INSULINS ORIGINAL POSTED PREFERRED STATUS: 11/10/17 ORIGINAL EDIT EFFECTIVE DATE: 1/1/18 UPDATE EFFECTIVE 10/1/2020 UPDATE EFFECTIVE 7/1/2025 <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> <u>NON-PREFERRED RAPID ACTING INSULIN</u> 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 KIRSTY PEN/VIAL (INSULIN ASPART-XJHZ) LYUMJEV PEN/VIAL/TEMPO PEN (INSULIN LISPRO AA-BC) MERILOG PEN/VIAL (INSULIN ASPART-SZJJ) <u>NON-PREFERRED RAPID COMBINATION INSULIN</u> HUMALOG MIX KWIKPEN/VIAL <u>NON- PREFERRED REGULAR INSULIN</u> NOVOLIN R U-100 FLEXPEN/VIAL (OTC) <u>NON-PREFERRED INTERMEDIATE ACTING INSULIN</u> HUMULIN N U-100 KWIKPEN (OTC) NOVOLIN N U-100 FLEXPEN/VIAL (OTC)

[*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 INSULINS ORIGINAL POSTED PREFERRED STATUS: 11/10/2017 ORIGINAL EDIT EFFECTIVE DATE: 1/1/2018 UPDATE EFFECTIVE 10/1/2020 UPDATE EFFECTIVE 7/1/2025 NON-PREFERRED – INCLUDE BUT NOT LIMITED TO <u>NON- PREFERRED REGULAR/INTERMEDIATE COMBINATION</u> NOVOLIN 70/30 FLEXPEN/VIAL (OTC) <u>NON- PREFERRED LONG ACTING</u> 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)	ANAPHYLAXIS AGENTS EPINEPHRINE, SELF-ADMINISTERED ORIGINAL POSTED PREFERRED STATUS: 11/14/2016 ORIGINAL EDIT EFFECTIVE DATE: 1/1/2017 REVISED POSTED PREFERRED STATUS: 11/10/2017 REVISED EDIT EFFECTIVE DATE: 1/1/2018 UPDATED: 7/1/2023 <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 UPDATED: 1/1/2026 <u>PREFERRED</u> TESTOSTERONE CYPIONATE VIAL* (generic for DEPO-TESTOSTERONE) TESTOSTERONE GEL PUMP* (generic for ANDROGEL) NON-PREFERRED – <u>INCLUDE BUT NOT LIMITED TO</u> ADROGEL PUMP (TESTOSTERONE) - OBSOLETE 5/1/2025 AVEED VIAL (TESTOSTERONE UNDECANOATE) AZMIRO SYRINGE (TESTOSTERONE CYPIONATE) DEPO-TESTOSTERONE VIAL (TESTOSTERONE CYPIONATE) JATENZO CAPSULE (TESTOSTERONE UNDECANOATE) METHITEST TABLET (METHYLTESTOSTERONE) METHYLTESTOTERONE CAPSULE (generic for ANDROID,/TESTRED) NATESTO NASAL GEL (TESTOSTERONE) TESTIM GEL (TESTOSTERONE) TESTOSTERONE ENANTHATE VIAL (generic for DELATESTRYL) TESTOSTERONE GEL PACKET (generic for ANDROGEL/VOLGELXO) TESTOSTERONE GEL PUMP (generic for FORTESTA) TESTOSTERONE GEL PUMP (generic for VOGELXO) TESTOSTERONE GEL TUBE (generic for TESTIM/VOGELXO) TESTOSTERONE SOLUTION (generic for AXIRON) TLANDO CAPSULE (TESTOSTERONE UNDECANOATE) UNDECATREX CAPSULE (TESTOSTERONE UNDECANOATE) VOLGELXO GEL PACKET, PUMP, TUBE (TESTOSTERONE) XYOSTED AUTOINJECTOR (TESTOSTERONE ENANTHATE)

Preferred Drug List

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

*Please refer to the PDL Criteria Overview for more detail

Preferred Drug List

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

[*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
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 UPDATED: 4/1/2026 <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 (LONAPEGSSOMATROPIN-TCGD) SOGROYA (SOMAPACITAN-BECO) ZOMACTON (SOMATROPIN)	HEREDITARY ANGIOEDEMA AGENTS ACUTE HAE TREATMENT ORIGINAL POSTED PREFERRED STATUS: 4/1/2026 <u>PREFERRED</u> BERINERT KIT (HUMAN C1-ESTERASE INHIBITOR)* ICATIBANT SYRINGE (generic for SAJAZIR AND FIRAZYR)* <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> EKTERLY TABLET (SEBETRALSTAT)* FIRAZYR SYRINGE (ICATIBANT)* RUCONEST VIAL (C1 ESTERASE INHIBITOR RECOMBINANT)* SAJAZIR SYRINGE (ICATIBANT)*	HEREDITARY ANGIOEDEMA AGENTS PREVENTATIVE HAE TREATMENT ORIGINAL POSTED PREFERRED STATUS: 4/1/2026 <u>PREFERRED</u> HAEGARDA VIAL (HUMAN C1-ESTERASE INHIBITOR)* <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> ANDEMBRY AUTOINJECTOR (GARADACIMAB)* CINRYZE VIAL (HUMAN C1-ESTERASE INHIBITOR)* DAWNZERA AUTOINJECTOR (DONIDALORSEN)* ORLADEYO CAPSULE AND ORAL PELLET (BEROTRALSTAT)* TAKHZYRO SYRINGE (LANADELUMAB-FLYO)*

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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ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS
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 UPDATED: 4/1/2026 <u>PREFERRED</u> CREON CAPSULE (PANCRELIPASE) ZENPEP CAPSULE (PANCRELIPASE) <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> PERTZYE CAPSULE (PANCRELIPASE) VIOKACE CAPSULE(PANCRELIPASE)	PITUITARY SUPPRESSIVE AGENTS ORIGINAL POSTED PREFERRED STATUS: 7/1/2023 <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>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> TRIPTODUR 22.5MG 6-MONTH	VAGINAL HORMONES ORIGINAL POSTED PREFERRED STATUS: 10/1/2024 <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)

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GASTROINTESTINAL	GASTROINTESTINAL	GASTROINTESTINAL
ANTIEMETICS	BOWEL PREP KITS	CHRONIC GI MOTILITY AGENTS
5-HT3 & NK1 Receptor Antagonists 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 ODT (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 – 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)	ORIGINAL POSTED PREFERRED STATUS: 11/15/2018 ORIGINAL EDIT EFFECTIVE DATE: 1/1/2019 REVISED EDIT EFFECTIVE DATE: 7/1/2022 UPDATED: 1/1/2026 <u>PREFERRED</u> GAVILYTE-C SOLUTION GAVILYTE-G SOLUTION GAVILYTE-N SOLUTION PEG-3350 WITH ELECTROLYTES SOLUTION (generic for GOLYTELY AND NULYTELY) <u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> CLENPIQ SOLUTION GOLYTELY SOLUTION PEG-3350 with electrolytes powder pack (generic for MOVIPREP®) SOD SULF-POTASS SULF-MAG SULF (generic for SUPREP) SUFLAVE SOLUTION SUPREP SOLUTION SUTAB TABLET	ORIGINAL POSTED PREFERRED STATUS: 2/16/2018 ORIGINAL EDIT EFFECTIVE DATE: 4/1/2018 UPDATED: 4/1/2021 UPDATED: 10/1/2025 <u>PREFERRED</u> LINZESS* CAPSULE (LINACLOTIDE) LUBIPROSTONE* CAPSULE (generic for AMITIZA) MOVANTIK* TABLET (NALOXEGOL) <u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> ALOSETRON TABLET (generic for LOTRONEX) AMITIZA CAPSULE (LUBIPROSTONE) IBSRELA TABLET (TENAPANOR) LOTRONEX TABLET (ALOSETRON) MOTEGRITY TABLET (PRUCALOPRIDE) PRUCALOPRIDE TABLET (generic for MOTEGRITY) SYMPROIC TABLET (NALDEMEDINE) VIBERZI TABLET (ELUXADOLINE)

*Please refer to the PDL Criteria Overview for more detail

Preferred Drug List

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GASTROINTESTINAL	GASTROINTESTINAL	GASTROINTESTINAL
PROTON PUMP INHIBITORS 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 UPDATED: 1/1/2026 <u>PREFERRED</u> OMEPRAZOLE CAPSULE* (generic for PRILOSEC) PANTOPRAZOLE TABLET* (generic for PROTONIX) <u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> DEXILANT CAPSULE (DEXLANSOPRAZOLE) DEXLANSOPRAZOLE CAPSULE (generic for DEXILANT) ESOMEPRAZOLE CAPSULE (generic for NEXIUM) ESOMEPRAZOLE PACKET (generic for NEXIUM) ESOMEPRAZOLE/NAPROXEN TABLET (generic for VIMOVO) KONVOMEK SUSPENSION (OMEPRAZOLE/SODIUM BICARBONATE) LANSOPRAZOLE CAPSULE (generic for PREVACID) LANSOPRAZOLE ODT (generic for PREVACID SOLUTAB) NEXIUM CAPSULE (ESOMEPRAZOLE) OMEPRAZOLE/SODIUM BICARB CAPSULE/PACKET (generic for ZEGERID) PANTOPRAZOLE SUSPENSION (generic for PROTONIX) PREVACID CAPSULE (LANSOPRAZOLE) PREVACID SOLUTAB (LANSOPRAZOLE) PRILOSEC SUSPENSION (OMEPRAZOLE) PROTONIX TABLET (PANTOPRAZOLE) RABEPRAZOLE TABLET (generic for ACIPHEX) <u>NON-PREFERRED –WITH CRITERIA</u> NEXIUM PACKET* (ESOMEPRAZOLE)-BRAND ONLY PROTONIX SUSPENSION * (OMEPRAZOLE)-BRAND ONLY	ULCERATIVE COLITIS AGENTS (excluding biologics) ORIGINAL POSTED PREFERRED STATUS: 4/1/2025 <u>PREFERRED</u> BUDESONIDE ER TABLET* (generic for UCERIS) MESALAMINE ER CAPSULE (generic for APRISO) MESALAMINE SUPPOSITORY (generic for CANASA) PENTASA CAPSULE (MESALAMINE ER)-BRAND ONLY SULFASALAZINE TABLET (generic for AZULFIDINE) SULFASALAZINE DR TABLET (generic for AZULFIDINE EN-tab) <u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> AZULFIDINE TABLET, AZULFIDINE EN-TAB (SULFASALAZINE) BALSALAZIDE (generic for COLAZAL) BUDESONIDE FOAM (generic for UCERIS) CANASA SUPPOSITORY (MESALAMINE) DELZICOL CAPSULE (MESALAMINE DR) DIPENTUM CAPSULE (OLSALAZINE) LIALDA TABLET (MESALAMINE DR) MESALAMINE DR TABLET (generic for ASACOL HD) MESALAMINE DR CAPSULE (generic for DELZICOL) MESALAMINE DR TABLET (generic for LIALDA) MESALAMINE ENEMA (generic for ROWASA, sfROWASA) MESALAMINE ER CAPSULE (generic for PENTASA) ROWASA KIT, sfROWASA ENEMA (MESALAMINE)	

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

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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GENITOURINARY AND RENAL AGENTS BENIGN PROSTATIC HYPERPLASIA	GENITOURINARY AND RENAL AGENTS CYSTINE-DEPLETING AGENTS	GENITOURINARY AND RENAL AGENTS OVERACTIVE BLADDER AGENTS
ORIGINAL POSTED PREFERRED STATUS: 10/1/2021 UPDATED: 10/1/2025 <u>PREFERRED</u> ALFUZOSIN ER TABLET (generic for UROXATRAL) DOXAZOSIN TABLET (generic for CARDURA) DUTASTERIDE CAPSULE (generic for AVODART) FINASTERIDE TABLET (generic for PROSCAR)* TAMSULOSIN CAPSULE (generic for FLOMAX) TERAZOSIN TABLET (generic for HYTRIN) <u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> CARDURA TABLET (DOXAZOSIN) CARDURA XL TABLET (DOXAZOSIN) CIALIS TABLET (TADALAFIL) DUTASTERIDE/ TAMSULOSIN CAPSULE (generic for JALYN) FLOMAX CAPSULE (TAMSULOSIN) PROSCAR TABLET (FINASTERIDE) RAPAFLO CAPSULE (SILODOSIN) SILODOSIN CAPSULE (generic for RAPAFLO) TADALAFIL TABLET (generic for CIALIS) TEZRULY ORAL SOLUTION (TERAZOSIN)	ORIGINAL POSTED PREFERRED STATUS: 8/10/2018 ORIGINAL EDIT EFFECTIVE DATE: 10/1/2018 REVISED POSTED PREFERRED STATUS: 7/1/2022 UPDATED: 1/1/2026 <u>PREFERRED</u> DEPEN TABLET (PENICILLAMINE)-BRAND ONLY POTASSIUM CITRATE TABLET (generic for UROCIT-K) THIOLA TABLET (TIOPRONIN)-BRAND ONLY THIOLA EC TABLET (TIOPRONIN)-BRAND ONLY <u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> PENICILLAMINE CAPSULE (generic for CUPRIMINE) PENICILLAMINE TABLET (generic for DEPEN) TIOPRONIN TABLET (generic for THIOLA) TIOPRONIN DR TABLET (generic for THIOLA EC) UROKIT-K ER TABLET (POTASSIUM CITRATE) VENXXIVA DR TABLET (generic for THIOLA EC)	ORIGINAL POSTED PREFERRED STATUS: 6/16/2006 ORIGINAL EDIT EFFECTIVE DATE: 8/15/2006 REVISED POSTED PREFERRED STATUS: 5/14/2009 REVISED EDIT EFFECTIVE DATE: 7/14/2009 RE-REVIEW POSTED PREFERRED STATUS: 2/16/2012 REVISED EDIT EFFECTIVE DATE: 5/8/2012 RE-REVIEW POSTED PREFERRED STATUS: 5/21/2014 REVISED EDIT EFFECTIVE DATE: 5/30/2014 RE-REVIEW: 11/09/2016 REVISED EDIT EFFECTIVE DATE: 4/1/2020 UPDATED: 1/1/2025 <u>PREFERRED</u> FESOTERODINE ER TABLET (generic for TOVIAZ) MYRBETRIQ TABLET-BRAND ONLY OXYBUTYNIN 5MG/5ML SYRUP, 5MG TABLET (DITROPAN) OXYBUTYNIN ER TABLET (DITROPAN XL)* SOLIFENACIN TABLET (VESICARE) <u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> DARIFENACIN ER TABLET (ENABLEX) DETROL, DETROL LA TABLET FLAVOXATE TABLET (URISPAS) GEMTESA TABLET MIRABEGRON ER TABLET (MYRBETRIQ) MYRBETRIQ ER GRANULES OXYBUTYNIN 2.5MG TABLET OXYTROL PATCH TOLTERODINE TAB, TOLTERODINE ER CAP (DETROL, DETROL LA) TOVIAZ TABLET TROSPIMUM TAB, TROSPIMUM ER CAP (SANCTURA, SANCTURA XR) VESICARE TABLET, VESICARE LS SUSPENSION

*Please refer to the PDL Criteria Overview for more detail

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OPHTHALMOLOGY ALLERGIC CONJUNCTIVITIS	OPHTHALMOLOGY OPHTHALMIC ANTIBIOTICS	OPHTHALMOLOGY OPHTHALMIC ANTIBIOTICS-STEROID COMBINATIONS
IMPLEMENTED 1/12/2012 UPDATED AND ADDED TO PDL: 7/1/2020 UPDATED: 7/1/2025 PREFERRED AZELASTINE 0.05% DROPS (generic for OPTIVAR) CROMOLYN SODIUM 4% DROPS (generic for OPTICROM) KETOTIFEN FUMARATE 0.025% DROPS (generic for ALAWAY/ ZADITOR) OLOPATADINE 0.1% DROPS (generic for PATANOL) - HCFA termed OLOPATADINE 0.2% DROPS (generic for PATADAY) <u>NON-PREFERRED – 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	ORIGINAL POSTED PREFERRED STATUS: 5/12/2017 ORIGINAL EDIT EFFECTIVE DATE: 7/1/2017 UPDATED: 4/1/2024 PREFERRED 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 – INCLUDE BUT NOT LIMITED TO</u> AZASITE (AZITHROMYCIN) 1% SOLUTION BACITRACIN 500 UNITS/GM OINTMENT BESIFLOXACIN 0.6% DROPS (generic for BESIVANCE) BESIVANCE 0.6% DROPS (BESIFLOXACIN)-BRAND PREFERRED 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	ORIGINAL POSTED PREFERRED STATUS: 5/12/2017 ORIGINAL EDIT EFFECTIVE DATE: 7/1/2017 UPDATED: 7/1/2020 UPDATED: 7/1/2025 PREFERRED 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 – 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 TOBRAMYCIN/LOTEPRED SUSP DROPS (generic for ZYLET) ZYLET SUSP DROPS-BRAND PREFERRED <u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u>

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OPHTHALMOLOGY GLAUCOMA AGENTS	OPHTHALMOLOGY GLAUCOMA AGENTS- CONTINUED	OPHTHALMOLOGY OPHTHALMICS, DRY EYE AGENTS
ORIGINAL POSTED PREFERRED STATUS: 5/12/2017 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)-BRAND ONLY 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	<u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> ALPHAGAN P 0.1% (BRIMONIDINE) APRACLOLONIDINE 0.5% (generic for IOPIDINE) AZOPT 1% BETAXOLOL 0.5% (generic for BETOPTIC) BETIMOL 0.25%, 0.5% BETOPTIC S 0.25% BIMATOPROST 0.01%, 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% 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) TRAVOPROST 0.004% (generic for TRAVATAN Z) VYZULTA 0.024 % XALATAN 0.005% XELPROS ZIOPTAN	NEW PDL CATEGORY STARTING 4/1/2020 UPDATED: 10/1/2025 <u>PREFERRED</u> RESTASIS 0.05% SINGLE DOSE EMULSION VIAL*-BRAND ONLY <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> CEQUA 0.05% SOLUTION (CYCLOSPORINE) CYCLOSPORINE 0.05% EYE EMULSION (generic for RESTASIS) EYSUVIS 0.25% DROP (LOTEPREDNOL ETABONATE) MIEBO 100% DROP (PERFLUOROHXYLOCTANE) RESTASIS 0.05% MULTIDOSE (CYCLOSPORINE) TRYPTIR SOLUTION (ACOLTREMON) TYRVAYA NASAL SPRAY (VARENICLINE) VERKAZIA 0.1% EMULSION (CYCLOSPORINE) VEVYE 0.1% SOLUTION (CYCLOSPORINE) XIIDRA 5% SOLUTION (LIFITEGRAST)

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OPHTHALMOLOGY	OPHTHALMOLOGY	OTICS
ANTI-INFLAMMATORY AGENTS IMPLEMENTED: 1/12/2010 UPDATED AND ADDED TO PDL: 7/1/2020 UPDATED: 7/1/2025 PREFERRED 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) <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 <u>NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN</u>	ANTI-INFLAMMATORY AGENTS - CONTINUED IMPLEMENTED: 1/12/2010 UPDATED AND ADDED TO PDL: 7/1/2020 UPDATED: 7/1/2025 <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> LOTEMAX 0.5% GEL DROPS 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	OTICS ANTI-INFECTIVE & OTIC ANTIBIOTIC/CORTICOSTEROID COMBINATIONS 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 <u>PREFERRED</u> ACETIC ACID 2% OTIC SOLUTION ACETIC ACID/HC OTIC DROPS CIPRODEX SUSPENSION (CIPROFLOXACIN/DEXAMETHASONE) CIPROFLOXACIN/DEXAMETHASONE SUSPENSION (generic for CIPRODEX) NEOMYCIN/POLYMXIN/HC SOLN/SUSP (generic for CORTISPORIN) OFLOXACIN 0.3% SOLUTION (generic for FLOXIN) <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> CIPRO HC SUSPENSION (CIPROFLOXACIN/HC)-BRAND PREFERRED CIPROFLOXACIN/HYDROCORTISONE SUSPENSION (generic for CIPRO HC) 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)

[*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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RESPIRATORY AGENTS	RESPIRATORY AGENTS	RESPIRATORY AGENTS
ANTIHISTAMINES -- NON-SEDATING-ORAL	INTRANASAL RHINITIS AGENTS	LEUKOTRIENE RECEPTOR ANTAGONISTS
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 <u>PREFERRED</u> CETIRIZINE 1 MG/ML SOL, 10 MG SWALLOW TAB (generic for ZYRTEC) LORATADINE (generic for CLARITIN) <u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> CETIRIZINE OTC 5 MG SWALLOW TABLET (generic for ZYRTEC) CETIRIZINE OTC 5 MG, 10 MG CHEWABLE TABLET (generic for ZYRTEC) CLARINEX (DESLORATADINE) DESLORATADINE TABLET AND SOLUTION (generic for CLARINEX) FEXOFENADINE OTC 180MG TABLET (generic for ALLEGRA) LEVOCETIRIZINE (generic for XYZAL) RX ONLY	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 <u>PREFERRED</u> AZELASTINE 137 MCG (generic for ASTELIN) AZELASTINE 205.5 MCG (generic for ASTEPRO) FLUTICASONE 50 MCG (generic for FLONASE) RX ONLY IPRATROPIUM 21 MCG AND 42 MCG (generic for ATROVENT) MOMETASONE (generic for NASONEX)* <u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> 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)	ORIGINAL POSTED PREFERRED STATUS: 5/11/2009 ORIGINAL EDIT EFFECTIVE DATE: 8/11/2009 RE-REVIEW POSTED PREFERRED STATUS: 4/1/2023 UPDATED: 4/1/2026 <u>PREFERRED</u> MONTELUKAST* TABLET, CHEW TAB, GRANULE (generic for SINGULAIR) <u>NON-PREFERRED – INCLUDE BUT NOT LIMITED TO</u> ACCOLATE TABLET (ZAFIRLUKAST) SINGULAIR TABLET, CHEW TAB (MONTELUKAST) ZAFIRLUKAST TABLET (generic fiorACCOLATE) ZILEUTON ER TABLET (generic for ZYFLO CR) ZYFLO TABLET (ZILEUTON)-MFR OBSOLETE 9/30/2025

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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RESPIRATORY AGENTS	RESPIRATORY AGENTS	RESPIRATORY AGENTS
IDIOPATHIC PULMONARY FIBROSIS AGENTS ORIGINAL POSTED PREFERRED STATUS: 4/1/2026 <u>PREFERRED</u> PIRFENIDONE TABLET* <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> ESBRIET TABLET (PIRFENIDONE)* JASCAYD TABLET (NERANDOMILAST)* OFEV CAPSULE (NINTEDANIB)* PIRFENIDONE CAPSULE (generic for ESBRIET)*	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 UPDATED: 4/1/2026 <u>PREFERRED</u> ALBUTEROL NEBULIZATION SOLUTIONS (ALL STRENGTHS) PROAIR RESPIClick (ALBUTEROL)- BRAND ONLY VENTOLIN HFA (ALBUTEROL)- BRAND ONLY XOPENEX HFA (ALBUTEROL)- 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) LEVALBUTEROLINHALATION SOLUTION (generic for XOPENEX)	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 UPDATED: 4/1/2026 <u>PREFERRED</u> ATROVENT HFA* (IPRATROPIUM HFA)- BRAND ONLY 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> IPRATROPIUM HFA (generic for ATROVENT HFA)

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
BRONCHODILATORS, LONG-ACTING BETA AGONISTS (LABA) Controller Medications for Asthma/COPD ORIGINAL POSTED PREFERRED STATUS: 3/30/2007 ORIGINAL EDIT EFFECTIVE DATE: 5/29/2007 RE-REVIEW POSTED PREFERRED STATUS: 5/11/2009 RE-REVIEW EDIT EFFECTIVE DATE: 8/11/2009 RE-REVIEW POSTED PREFERRED STATUS: 7/21/2014 RE-REVIEW EDIT EFFECTIVE DATE: 9/23/2014 RE-REVIEW POSTED PREFERRED STATUS: 11/09/2016 RE-REVIEW EDIT EFFECTIVE DATE: 1/01/2017 RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2020 RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2023 UPDATED: 4/1/2026 <u>PREFERRED</u> SEREVENT DISKUS* (SALMETEROL INHALER) <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> ARFORMOTEROL INHALATION SOLUTION (generic for BROVANA) BROVANA INHALATION SOLUTION (ARFORMOTEROL) FORMOTEROL INHALATION SOLUTION (generic for PERFORMIST) PERFORMIST INHALATION SOLUTION (FORMOTEROL FUMARATE) STRIVERDI RESPIMAT (OLODATEROL)	BRONCHODILATORS, LONG-ACTING ANTICHOLINERGICS (LAMA) Controller Medications for Asthma/COPD REVISED POSTED PREFERRED STATUS: 1/1/2020 RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2023 UPDATED: 4/1/2026 <u>PREFERRED</u> SPIRIVA HANDIHALER* (TIOTROPIUM INHALER)-BRAND ONLY <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> INCRUSE ELLIPTA (UMECLIDINIUM BROMIDE) SPIRIVA RESPIMAT (TIOTROPIUM) TIOTROPIUM BROMIDE (generic for SPIRIVA) TUDORZA PRESSAIR (ACLIDINIUM) YUPELRI (REVEFENACIN)	BRONCHODILATORS, COMBINATION AGONISTS (LAMA/LABA) Controller Medications for Asthma/COPD ORIGINAL POSTED PREFERRED STATUS: 3/30/2007 REVISED POSTED PREFERRED STATUS: 1/1/2020 RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2023 UPDATED: 4/1/2026 <u>PREFERRED</u> ANORO ELLIPTA* (UMECLIDINIUM/VILANTEROL)-BRAND ONLY BEVESPI AEROSPHERE* (FORMOTEROL/GLYCOPYRROLATE) STIOLTO RESPIMAT* (TIOTROPIUM/OLODATEROL) <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> DUAKLIR PRESSAIR (ACLIDINIUM/FORMOTEROL) UMECLIDINIUM/VILANTEROL (generic for ANORO ELLIPTA)

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)- BRAND ONLY ASMANEX HFA (MOMETASONE) ASMANEX TWISTHALER (MOMETASONE) BUDESONIDE AMPULE* GENERIC ONLY PULMICORT FLEXHALER (BUDESONIDE) - ASTRAZENECA/H2 PHARMA UNTIL NO MORE PRODUCT IS AVAILABLE ON THE MARKET QVAR REDIHALER (BECLOMETHASONE) <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> BECLOMETHASONE INHALER (generic for QVAR) FLUTICASONE DISKUS (generic for FLOVENT DISKUS) FLUTICASONE FUROATE (generic for ARNUITY ELLIPTA) 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> 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) UPDATED: 4/1/2026 <u>NON-PREFERRED –ICS/LABA/LAMA</u> BREZTRI INHALER (BUDESONIDE/GLYCOPYROLATE/FORMOTEROL) TRELEGY ELLIPTA (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 UPDATED: 4/1/2026 <u>PREFERRED</u> BETHKIS* (TOBRAMYCIN)- BRAND ONLY KITABIS PAK* (TOBRAMYCIN)- BRAND ONLY TOBRAMYCIN (generic for TOBI)* <u>NON-PREFERRED –</u> <u>INCLUDE BUT NOT LIMITED TO</u> ARIKAYCE (AMIKACIN LIPOSOME)* CAYSTON (AZTREONAM) TOBI (TOBRAMYCIN) TOBI PODHALER (TOBRAMYCIN) TOBRAMYCIN (generic fo BETHKIS) TOBRAMYCIN PAK (generic for KITABIS PAK)

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