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<https://www.kdhe.ks.gov/206/General-Clinical-Prior-Authorization>
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INHALATION AGENTS	
Anticholinergics for the Maintenance Treatment of COPD	
Preferred	Non-Preferred, Prior Authorization Required
Atrovent® HFA (ipratropium bromide) Ipratropium Bromide nebulizer solution Incruse Ellipta® (umeclidinium bromide) Spiriva® Handihaler® (tiotropium) Spiriva® Respimat (tiotropium)	Lonhala™ Magnair™ (glycopyrrolate) Seebri Neohaler® (glycopyrrolate) Tudorza PressAir® (aclidinium) Yupelri™ (revefenacin)
Beta ₂ -Agonists - Long-Acting	
Preferred	Non-Preferred, Prior Authorization Required
Brovana® (arformoterol) for ages ≥ 65 years old Serevent® Diskus® (salmeterol)	Arcapta® (indacaterol) Brovana® (arformoterol) Perforomist® (formoterol) Striverdi® Respimat® (olodaterol)
Beta ₂ -Agonists - Short-Acting	
Preferred	Non-Preferred, Prior Authorization Required
AccuNeb® (albuterol) ProAir HFA® (albuterol) Proventil® HFA (albuterol) Proventil® (albuterol) Inhalation Solution Ventolin HFA® (albuterol) Ventolin® (albuterol) Inhalation Solution	ProAir® Digihaler™ (albuterol) ProAir RespiClick® (albuterol) Xopenex® (levalbuterol) Inhalation Solution Xopenex HFA® (levalbuterol)
Beta ₂ -Agonists - Long-Acting/Anticholinergics	
Preferred	Non-Preferred, Prior Authorization Required
<u>Anoro Ellipta® (umeclidinium/vilanterol)</u> Bevespi Aerosphere™ (glycopyrrolate/formoterol) Stiolto® Respimat® (tiotropium/olodaterol)	Duaklir® Pressair® (aclidinium/formoterol)
Beta ₂ -Agonists - Long-Acting/Corticosteroids	
Preferred	Non-Preferred, Prior Authorization Required
Advair Diskus® (fluticasone/salmeterol) Advair® HFA (fluticasone/salmeterol) Breo Ellipta® (fluticasone/vilanterol) Dulera® (formoterol/mometasone) Symbicort® (budesonide/formoterol)	Airduo® Digihaler® (fluticasone/salmeterol) Airduo® Respiclick® (fluticasone/salmeterol)

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INHALATION AGENTS (CONTINUED)

COPD Agents – Triple Therapy

Preferred	Non-Preferred, Prior Authorization Required
Trelegy (fluticasone/umeclidinium/vilanterol)	Breztri™ (budesonide/glycopyrrolate/formoterol)

Corticosteroids

Preferred	Non-Preferred, Prior Authorization Required
Arnuity Ellipta® (fluticasone) Asmanex® (mometasone) Flovent® Diskus® (fluticasone) Flovent® HFA (fluticasone) Pulmicort Flexhaler™ (budesonide) Pulmicort Respules® (budesonide) QVAR® (beclomethasone) QVAR RediHaler® (beclomethasone)	Aerospan® (flunisolide) Alvesco® (ciclesonide) ArmonAir® Digihaler® (fluticasone) ArmonAir™ RespiClick® (fluticasone) Asmanex® HFA (mometasone)

Tobramycin Products

Preferred	Non-Preferred, Prior Authorization Required
Generic tobramycin 300 mg/5 mL nebulization solution	Bethkis® (tobramycin) Kitabis pak® (tobramycin nebulizer) BRAND ONLY Tobi® (tobramycin) Tobi® Podhaler™ (tobramycin)

INTRANASAL AGENTS

Antihistamines

Preferred	Non-Preferred, Prior Authorization Required
Astelin® (azelastine) ⁺	Astepro® (azelastine) Patanase® (olopatadine)

Corticosteroids

Preferred	Non-Preferred, Prior Authorization Required
Flonase® (fluticasone)	Beconase AQ® (beclomethasone) Nasacort AQ® (triamcinolone) Nasarel® (flunisolide) ⁺ Nasonex® (mometasone) Omnaris® (ciclesonide) Qnasl® (beclomethasone) Xhance™ (fluticasone) Zetonna® (ciclesonide)



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OPHTHALMIC AGENTS	
Alpha-Adrenergic Agonists	
Preferred	Non-Preferred, Prior Authorization Required
Alphagan® P (brimonidine) 0.1% Brimonidine 0.2% Iopidine® (apraclonidine)	Alphagan® P (brimonidine) 0.15%

Antihistamines/Mast Cell Stabilizers	
Preferred	Non-Preferred, Prior Authorization Required
Alaway® (ketotifen) Cromolyn® (cromolyn) Optivar® (azelastine) Pataday® 0.1%, 0.2% (olopatadine) Patanol® (olopatadine) Refresh® (ketotifen) Zaditor® (ketotifen)	Alocril® (nedocromil) Alomide® (lodoxamide) Bepreve® (bepotastine) Elestat® (epinastine) Emadine® (emedastine) Lastacast® (alcaftadine) Pataday® 0.7% (olopatadine) Pazeo® (olopatadine) Zerviate™ (cetirizine)

Anti-Infective/Steroid Combinations	
Preferred	Non-Preferred, Prior Authorization Required
Blephamide® (sulfacetamide/prednisolone) Maxitrol® (neomycin/polymyxin/dexamethasone) Pred-G® (prednisolone/gentamicin) Pred-G S.O.P.® (prednisolone/gentamicin)	Blephamide S.O.P.® (sulfacetamide/prednisolone) TobraDex® (tobramycin/dexamethasone) TobraDex® ST (tobramycin/dexamethasone) Zylet® (loteprednol/tobramycin)

Beta-Blockers	
Preferred	Non-Preferred, Prior Authorization Required
Betagan® (levobunolol) Betimol® (timolol) Betoptic® (betaxolol) + Betoptic®-S (betaxolol) Carteolol OptiPranolol® (metipranolol) + Timoptic® (timolol) Timoptic-XE® (timolol)	Istalol® (timolol) Timoptic® Ocudose® (timolol)

Carbonic Anhydrase Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Azopt® (brinzolamide)	Trusopt® (dorzolamide)

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OPHTHALMIC AGENTS (CONTINUED)

Corticosteroids - Ophthalmic	
Preferred	Non-Preferred, Prior Authorization Required
Dexamethasone Sodium Phosphate 0.1% Solution	Alrex® (loteprednol etabonate) Suspension
Durezol® (difluprednate) Emulsion	Eysuvis™ (loteprednol etabonate) Suspension
FML® Forte (fluorometholone) Suspension	Flarex® (fluorometholone) Suspension
FML® Liquifilm (fluorometholone) Suspension	Inveltys® (loteprednol etabonate) Suspension
FML® (fluorometholone) Ointment	Lotemax® (loteprednol etabonate) Gel
FML® (fluorometholone) Suspension	Lotemax® (loteprednol etabonate) Ointment
Maxidex® (dexamethasone sodium phosphate) Suspension	Lotemax® (loteprednol etabonate) Suspension
Omnipred® (prednisolone acetate) Suspension	Lotemax® SM (loteprednol etabonate) Gel
Pred Forte® (prednisolone acetate) Suspension	
Pred Mild® (prednisolone acetate) Suspension	
Prednisolone Sodium Phosphate 1% Solution	

Glaucoma Combination Products	
Preferred	Non-Preferred, Prior Authorization Required
Combigan® (brimonidine/timolol)	Cosopt® PF (dorzolamide/timolol PF)
Cosopt® (dorzolamide/timolol)	Simbrinza™ (brinzolamide/brimonidine)

Non-Steroidal Anti-Inflammatory Drugs	
Preferred	Non-Preferred, Prior Authorization Required
Acular® (ketorolac)	Acular LS® (ketorolac)
Ocufen® (flurbiprofen) +	Acuvail® (ketorolac)
Voltaren® ophthalmic (diclofenac) +	Bromday® (bromfenac)
	BromSite® (bromfenac)
	Ilevro® (nepafenac)
	Prolensa® (bromfenac)
	Nevanac® (nepafenac)

Prostaglandin Analogs	
Preferred	Non-Preferred, Prior Authorization Required
Xalatan® (latanoprost)	iDose® TR (travoprost intracameral implant)
	Iyuzeh™ (latanoprost)
	Lumigan® (bimatoprost)
	Travatan Z® (travoprost)
	Vyzulta™ (latanoprostene bunod)
	Xelpros™ (latanoprost)
	Zioptan® (tafluprost)
	Zioptan® dropperette (tafluprost)

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OTIC AGENTS	
Anti-Infective/Steroid Combinations	
Preferred	Non-Preferred, Prior Authorization Required
Cipro [®] HC (ciprofloxacin/hydrocortisone) suspension Ciprodex [®] (ciprofloxacin/dexameth) suspension Cortisporin [®] Otic (neomycin/polymyxin b/hc) solution	Acetasol HC [®] (acetic acid/hydrocortisone) solution Cortisporin [®] Otic (neomycin/polymyxin B/hc) suspension Cortisporin [®] TC (neomycin/col/hc/thon) suspension Otovel [®] (ciprofloxacin/fluocinolone) solution
ORAL/INJECTABLE/TOPICAL AGENTS	
ACE Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Accupril [®] (quinapril) Altace [®] (ramipril)* Lotensin [®] (benazepril) Monopril [®] (fosinopril) + Prinivil [®] (lisinopril) Vasotec [®] (enalapril) Zestril [®] (lisinopril)	Aceon [®] (perindopril) Capoten [®] (captopril) + Epaned [®] (enalapril) solution Mavik [®] (trandolapril) + Qbrelis [®] (lisinopril solution) Univasc [®] (moexipril) +
ACE Inhibitor/Calcium Channel Blocker Combinations	
Preferred	Non-Preferred, Prior Authorization Required
Lotrel [®] (benazepril/amlodipine)	Prestalia [®] (perindopril/amlodipine) Tarka [®] (trandolapril/verapamil)
Acne Agents – Antibiotics- Topical	
Preferred	Non-Preferred, Prior Authorization Required
Cleocin-T [®] (clindamycin) gel Cleocin-T [®] (clindamycin) lotion Cleocin-T [®] (clindamycin) solution Cleocin-T [®] (clindamycin) swab Ery [®] (erythromycin) pads Erygel [®] (erythromycin) gel Erythromycin solution Klaron [®] (sulfacetamide) lotion (suspension) Sumadan [®] Wash (sulfacetamide-sulfur cleanser)	Amzeeq [™] (minocycline) Avar [®] (sulfacetamide-sulfur) pads Avar-E [®] Emollient (sulfacetamide-sulfur) cream Avar-E Green [®] (sulfacetamide-sulfur) cream Avar LS [®] (sulfacetamide-sulfur) pads BP 10-1 [®] (sulfacetamide/sulfur cleanser) Clindacin [®] ETZ (clindamycin) swab Clindacin-P [®] (clindamycin) swab Clindacin Pac [®] (clindamycin) kit Clindagel [®] (clindamycin) gel Evoclin [®] (clindamycin phosphate) foam Rosanil [®] Cleanser (sulfacetamide-sulfur) emulsion SSS 10-5 [®] (sulfacetamide-sulfur) cream Sulfacetamide-Sulfur lotion Sumadan [®] , Sumadan XLT [®] (sulfacetamide-sulfur) kit Sumaxin [®] (sulfacetamide-sulfur) pads Sumaxin [®] TS (sulfacetamide-sulfur) suspension Sumaxin [®] Wash (sulfacetamide-sulfur) liquid

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Acne Agents – Combination Agents- Topical

Preferred	Non-Preferred, Prior Authorization Required
Duac® (benzoyl peroxide-clindamycin) gel Epiduo® (benzoyl peroxide-adapalene) gel	Acanya® (benzoyl peroxide-clindamycin) gel Aktipak® (benzoyl peroxide-erythromycin) gel Benzaclin® (benzoyl peroxide – clindamycin) gel Benzamycin® (benzoyl peroxide-erythromycin) gel Cabtreo™ (clindamycin-benzoyl peroxide-adapalene) Epiduo® Forte (adapalene/benzoyl peroxide) Neuac® (clindamycin/benzoyl peroxide) Onexton® (benzoyl peroxide-clindamycin) gel Twynéo® (Tretinoin and Benzoyl Peroxide) cream Veltrin® (clindamycin-tretinoin) Ziana® (clindamycin-tretinoin)

Acne Agents – Isotretinoin Products

Preferred	Non-Preferred, Prior Authorization Required
Amnesteem™ (isotretinoin) Claravis™ (isotretinoin) Myorisan™ (isotretinoin) Zenatane™ (isotretinoin)	Absorica™ (isotretinoin) Absorica™ LD (isotretinoin)

Acne Agents - Other - Topical

Preferred	Non-Preferred, Prior Authorization Required
Aczone® (dapsone) 5% gel	Aczone® (dapsone) 7.5% gel Azelex® (azelaic acid) cream Winlevi® (Clascoterone) cream

Acne Agents – Retinoids- Topical

Preferred	Non-Preferred, Prior Authorization Required
Atralin® (tretinoin) gel Avita® (tretinoin) gel Differin® (adapalene) 0.1% and 0.3% gel tube Retin-A® (tretinoin) cream Retin-A® (tretinoin) 0.01% gel Tazorac® (tazarotene) cream Tazorac® (tazarotene) gel	Aklief (trifarotene) cream Altreno™ (tretinoin) lotion Arazlo™ (tazarotene) lotion Avita® (tretinoin) cream Differin® (adapalene) cream Differin® (adapalene) 0.3% gel pump Differin® (adapalene) lotion Differin® (adapalene) 0.1% solution Fabior® (tazarotene) foam Retin-A® Micro (tretinoin) gel

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Acne Agents- Tetracyclines - Oral	
Preferred	Non-Preferred, Prior Authorization Required
Generic Demeclocycline Generic Doxycycline Generic Minocycline Generic Tetracycline	Brand Acticlate® (doxycycline hyclate) Brand Avidoxy® (doxycycline monohydrate) Brand CoreMino™ (minocycline) Brand Doryx® and Doryx® MPC (doxycycline hyclate) Brand Minolira™ (minocycline) Brand Morgidox® (doxycycline hyclate) Brand Seysara™ (sarecycline) Brand Solodyn® (minocycline) Brand Targadox® (doxycycline hyclate) Brand Vibramycin® (doxycycline calc./hyclate/monohydrate) Brand Ximino™ (minocycline) Tetracycline tablets
Actinic Keratosis Agents	
Preferred	Non-Preferred, Prior Authorization Required
Efudex® (fluorouracil)	Carac® (fluorouracil) Picato® (ingenol mebutate) Solaraze 3% (diclofenac sodium) + gel Tolak® (fluorouracil)
ADHD – Amphetamine Type	
Preferred	Non-Preferred, Prior Authorization Required
Adderall® (dextroamphetamine/amphetamine) Adderall XR® (dextroamphetamine/amphetamine ER)* Dexedrine® (dextroamphetamine) tabs Dexedrine® ER (dextroamphetamine ER) caps Dextrostat® (dextroamphetamine) + tabs Evekeo® (amphetamine) Mydayis® (dextroamphetamine/amphetamine) cap Vyvanse® (lisdexamfetamine)*	Adzenys XR-ODT™ (amphetamine ER) Desoxyn® (methamphetamine) Dyanavel® XR (amphetamine ER) suspension & tabs Evekeo® ODT Procentra® (dextroamphetamine) Xelstryl (dextroamphetamine) Zenzedi® (dextroamphetamine) BRAND only

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
ADHD – Methylphenidate Type	
Preferred	Non-Preferred, Prior Authorization Required
Aptensio XR® (methylphenidate ER)* Concerta® (methylphenidate ER) Focalin® (dexmethylphenidate) Focalin® XR (dexmethylphenidate ER)* Metadate CD® (methylphenidate 30/70)* + Metadate® ER (methylphenidate ER) Methylin (methylphenidate) + Chewable®, Solution® Quillichew ER™ (methylphenidate ER) Quillivant XR® (methylphenidate ER) Ritalin® (methylphenidate) Ritalin LA® (methylphenidate 50/50) Ritalin SR® (methylphenidate ER) +	Azstarys™ (serdexmethylphenidate/dexmethylphenidate) Cotempla XR-ODT™ (methylphenidate) Jornay PM™ (methylphenidate ER)* Relexxii™ (methylphenidate ER)
ADHD – Miscellaneous Type	
Preferred	Non-Preferred, Prior Authorization Required
Catapres (clonidine) tabs Intuniv (guanfacine) tabs Kapvay (clonidine ER) tabs Qelbree® (viloxazine) caps Strattera (atomoxetine) caps Tenex (guanfacine) tabs+	Onyda XR (clonidine extended-release)
Adjunct Anti-epileptics	
Preferred	Non-Preferred, Prior Authorization Required
Keppra® (levetiracetam) Keppra® (levetiracetam) solution Keppra XR® (levetiracetam XR) tabs Lyrica® (pregabalin) Lyrica® Solution (pregabalin) Neurontin® (gabapentin) Neurontin® (gabapentin) solution Zonegran® (zonisamide) Onfi® (clobazam) suspension Onfi® (clobazam)* tabs	Banzel® (rufinamide) Fycompa® (perampanel) Fycompa® (perampanel) suspension Gabitril® (tiagabine) Spritam® (levetiracetam) Sympazan® (clobazam)
5-Alpha Reductase Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Avodart® (dutasteride) Proscar® (finasteride)	

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Alpha glucosidase Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Precose® (acarbose)	Glyset® (miglitol)
Anaphylaxis Agents	
Preferred	Non-Preferred, Prior Authorization Required
Adrenaclick®+ (epinephrine) auto injection Epinephrine auto injection Epipen® (epinephrine) auto injection Epipen Jr® (epinephrine) auto injection	Neffy® (epinephrine) Symjepi®(epinephrine) +
Androgenic Agents	
Preferred	Non-Preferred, Prior Authorization Required
Androgel® (testosterone) Depo-Testosterone® (testosterone cypionate) Vogelxo® (testosterone)	Androderm® (testosterone) Android® (methyltestosterone) Aveed® (testosterone undecanoate) Axiron® (testosterone) Fortesta® (testosterone) Jatenzo® (testosterone) Methitest® (methyltestosterone) Natesto® (testosterone) Oxandrin® (oxandrolone) Striant® (testosterone) Testim® (testosterone) Testred® (methyltestosterone) Tlando® (testosterone undecanoate) Undecatrex™ (testosterone undecanoate) Xyosted™ (testosterone)
Anticoagulants	
Preferred	Non-Preferred, Prior Authorization Required
Coumadin® (warfarin) Eliquis® (apixaban) Pradaxa® (dabigatran) Xarelto® (rivaroxaban)	Bevyxxa® (betrixaban) Savaysa® (edoxaban)
Anti-Constipation Agents	
Preferred	Non-Preferred, Prior Authorization Required
Amitiza®(lubiprostone) Linzess®(linaclotide)*	Ibsrela® (tenapanor) tab Motegrity™ (prucalopride) Trulance®(plecanatide)

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Anti-Constipation Agents – Opioid Induced	
Preferred	Non-Preferred, Prior Authorization Required
Amitiza® (lubiprostone)	Relistor® (methylnaltrexone) (tabs and inj.) Movantik® (naloxegol) Symproic® (naldemedine)
Antidepressants – SNRIs	
Preferred	Non-Preferred, Prior Authorization Required
Cymbalta® (duloxetine) Effexor® (venlafaxine)+ Effexor® XR (venlafaxine ER) caps Pristiq® (desvenlafaxine)	Drizalma (duloxetine) Sprinkle* Effexor® XR (venlafaxine ER)+ tabs Fetzima® (levomilnacipran) Khedezla®+ (desvenlafaxine ER) Savella® (milnacipran) Venlafaxine besylate ER tabs
Antidepressants – SSRIs	
Preferred	Non-Preferred, Prior Authorization Required
Celexa® (citalopram) tabs Lexapro® (escitalopram) tabs Luvox® (fluvoxamine) + tabs Paxil® (paroxetine) tabs Prozac® (fluoxetine) caps Prozac® (fluoxetine) + solution Zoloft® (sertraline) tabs	Celexa® (citalopram) + solution Citalopram caps Lexapro® (escitalopram) + solution Luvox CR® (fluvoxamine CR) + caps Paxil® (paroxetine) solution Paxil CR® (paroxetine CR) tabs Pexeva® (paroxetine) tabs Prozac® (fluoxetine) + tabs Prozac Weekly® (fluoxetine) + caps Sertraline caps Zoloft® (sertraline) solution
Antidepressants – Tricyclics	
Preferred	Non-Preferred, Prior Authorization Required
Anafranil® (clomipramine) Doxepin caps and solution Elavil® (amitriptyline) Norpramin® (desipramine) Pamelor® (nortriptyline) caps Tofranil® (imipramine)	Amoxapine Pamelor® (nortriptyline) + solution Surmontil® (trimipramine) Tofranil-PM® (imipramine) + Vivactil® (protriptyline) +
Anti-Diarrheal Agents	
Preferred	Non-Preferred, Prior Authorization Required
Lotronex® (alosetron)	Viberzi® (eluxadoline) Xermelo® (telotristat)

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Anti-emetics Cannabinoid	
Preferred	Non-Preferred, Prior Authorization Required
Marinol® (dronabinol)	Cesamet® (nabilone) Syndros® (dronabinol)
Anti-emetics Serotonin 5HT ₃ Antagonists	
Preferred	Non-Preferred, Prior Authorization Required
Zofran® (ondansetron) Zofran ODT® (ondansetron)	Anzemet® (dolasetron) Kytril® (granisetron) + Ondansetron ODT 16mg Sancuso® (granisetron) Zuplenz® (ondansetron)
Antihistamines - Non-Sedating	
Preferred	Non-Preferred, Prior Authorization Required
Allegra® (fexofenadine) Claritin® (loratadine) Claritin 24-hr Allergy® (loratadine) Claritin Hives Relief® (loratadine) Claritin® (loratadine) syrup Xyzal® (levocetirizine) + tabs Zyrtec® (cetirizine) syrup & regular tabs	Allegra® ODT (fexofenadine) Clarinex® (desloratadine) Claritin RediTabs® (loratadine) Xyzal® (levocetirizine) + solution Zyrtec® (cetirizine) chewable & oral disintegrating tabs The following drugs are covered for KBH only: Allegra-D® (fexofenadine/pseudoephedrine) Allegra-D24® (fexofenadine/pseudoephedrine) Clarinex-D 12-hour® (desloratadine/pseudoephedrine) Clarinex-D 24-hour® (desloratadine/pseudoephedrine)
Anti-Obesity Medications	
Preferred	Non-Preferred, Prior Authorization Required
Zepbound® (tirzepatide)	Saxenda® (liraglutide) Wegovy® (semaglutide)
Anti-Viral - Coronavirus	
Preferred	Non-Preferred, Prior Authorization Required
Paxlovid™ (nirmatrelvir/ritonavir)	
Anti-Viral – Herpes	
Preferred	Non-Preferred, Prior Authorization Required
Valtrex® (valacyclovir) Zovirax® (acyclovir) (oral dosage forms only)	Famvir® (famciclovir) + Sitavig® (acyclovir) +



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
ARBs	
Preferred	Non-Preferred, Prior Authorization Required
Avalide® (irbesartan/HCTZ) Avapro® (irbesartan) Benicar® (Olmesartan) Benicar HCT® (Olmesartan/HCTZ) Cozaar® (losartan) Diovan® (valsartan) Diovan HCT® (valsartan/HCTZ) Edarbyclor® (azilsartan medoxomil/chlorthalidone) Entresto® (sacubitril/valsartan) Hyzaar® (losartan/HCTZ) Tribenzor® (olmesartan/amlodipine/HCTZ) Valsartan Oral Solution (Labeler 70954)	Atacand® (candesartan) Atacand HCT® (candesartan/HCTZ) Edarbi® (azilsartan medoxomil) Entresto® Sprinkles (sacubitril/valsartan) Valsartan Oral Solution (Labeler 72336)
ARB/Calcium Channel Blocker Combinations	
Preferred	Non-Preferred, Prior Authorization Required
Azor® (amlodipine/olmesartan) Exforge® (amlodipine/valsartan)	Twynsta® (amlodipine/telmisartan)
Atopic Dermatitis Agents -Topical	
Preferred	Non-Preferred, Prior Authorization Required
Eucrisa® (crisaborole) Protopic® (tacrolimus)	Elidel® (pimecrolimus) Opzelura™ (Ruxolitinib) Vtama® (tapinarof) Zoryve® (roflumilast)

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Beta-Blockers	
Preferred	Non-Preferred, Prior Authorization Required
Betapace® (sotalol) Betapace AF® (sotalol AF) Bystolic® (nebivolol) Coreg® (carvedilol) Corgard® (nadolol) Inderal® (propranolol) + Labetalol® (labetalol) Lopressor® (metoprolol tartrate) Sectral® (acebutolol) + Tenormin® (atenolol) Toprol-XL® (metoprolol succinate) Zebeta® (bisoprolol) + Ziac® (bisoprolol/HCTZ)	Blocadren® (timolol) + Byvalson® (nebivolol/valsartan) Coreg CR® (carvedilol CR) Corzide® (nadolol/bendroflumethiazide) Dutoprol® (metoprolol/HCTZ) Inderal® LA (propranolol XL) InnoPran® XL (propranolol XL) Kapsargo™ Sprinkle (metoprolol succinate)* Kerlone® (betaxolol) + Lopressor HCT® (metoprolol/HCTZ) Visken® (pindolol) +
Beta Thalassemia Gene Therapy	
Preferred	Non-Preferred, Prior Authorization Required
Casgevy® (exagamglogene autotemcel)	Zynteglo™ (betibeglogene autotemcel)
Biguanides	
Preferred	Non-Preferred, Prior Authorization Required
Fortamet® (metformin ER) Glucophage® (metformin) Glucophage® XR (metformin ER) Glumetza® (metformin ER)	Metformin 625mg tablets <u>Metformin 750mg IR tablets</u> Riomet® (metformin) oral solution Riomet® ER suspension
Bile Acid Sequestrants	
Preferred	Non-Preferred, Prior Authorization Required
Colestid® (colestipol) tabs Prevalite® (cholestyramine light) powder Prevalite® (cholestyramine light) powder packs Welchol® (colesevelam) tabs	Colestid® (colestipol) Granules Questran® (cholestyramine) Questran Light® (cholestyramine light) Welchol® (colesevelam) packs

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Bisphosphonates	
Preferred	Non-Preferred, Prior Authorization Required
Fosamax® (alendronate)	Actonel® (risedronate) Atelvia® (risedronate) Binosto® (alendronate) Boniva® (ibandronate) Fosamax® oral solution (alendronate) + Fosamax Plus D® (alendronate/cholecalciferol)
Bladder Relaxant Agents	
Preferred	Non-Preferred, Prior Authorization Required
Detrol® (tolterodine) Detrol® LA (tolterodine ER) Ditropan XL® (oxybutynin ER) Sanctura® (trospium) + Toviaz® (fesoterodine) Vesicare® (solifenacin)	Enablex® (darifenacin ER) Gelnique® Gel (oxybutynin) Gemtesa® (vibegron) tab Myrbetriq® (mirabegron) suspension and tab Oxytrol® Patch (oxybutynin) Sanctura® XR (trospium ER) + Urispas® (flavoxate) +
Bowel Prep Agents	
Preferred	Non-Preferred, Prior Authorization Required
Gavilyte®-C (polyethylene glycol-electrolyte solution) Gavilyte®-G (polyethylene glycol-electrolyte solution) Gavilyte®-N (polyethylene glycol-electrolyte solution) GoLYTELY® (polyethylene glycol-electrolyte solution) Polyethylene glycol 3350 with electrolytes Trilyte® (polyethylene glycol-electrolyte solution)	Clenpiq™ (sodium picosulfate/magnesium oxide/citric acid) MoviPrep® (polyethylene glycol-electrolyte solution) NuLYTELY® (polyethylene glycol-electrolyte solution) OsmoPrep® (sodium phosphate) Plenvu® (polyethylene glycol-electrolyte solution) Prepopik® (sodium picosulfate/magnesium oxide/citric acid) Suflave™ (polyethylene glycol-electrolyte solution) Suprep® (sodium sulfate/potassium sulfate/magnesium sulfate) Sutab® (Sodium Sulfate/Magnesium Sulfate/Potassium Chloride)

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Calcium Channel Blockers – Dihydropyridines	
Preferred	Non-Preferred, Prior Authorization Required
Adalat CC® (nifedipine ER) Norvasc® (amlodipine) Plendil® (felodipine) + Procardia® XL (nifedipine ER)	Adalat® (nifedipine IR) + Cardene® (nicardipine IR) + Conjupri® (levamlodipine) DynaCirc® (isradipine IR) + Katerzia (amlodipine) suspension Levamlodipine Norliqva® (amlodipine) Sular® (nisoldipine)
Calcium Channel Blockers - Non-Dihydropyridines	
Preferred	Non-Preferred, Prior Authorization Required
Calan® (verapamil IR) Calan SR® (verapamil SR) Cardizem® (diltiazem IR)* Cardizem® CD (diltiazem) Cartia XT® (diltiazem ER) Dilt-XR® (diltiazem ER) Isoptin® SR (verapamil SR) + Taztia XT® (diltiazem ER)*	Cardizem® LA (diltiazem) Cardizem® SR (diltiazem) Matzim LA® (diltiazem ER) Tiazac® (diltiazem) Verelan® (verapamil SR) Verelan PM® (verapamil)
Colchicine Products – Gout Prophylaxis	
Preferred	Non-Preferred, Prior Authorization Required
Colcrys™ (colchicine)	Gloperba® (colchicine) Mitigare™ (colchicine)
Colony Stimulating Factors- Short Acting	
Preferred	Non-Preferred, Prior Authorization Required
Nivestym® Releuko®	Granix® Neupogen® Zarxio®
Colony Stimulating Factors- Long Acting	
Preferred	Non-Preferred, Prior Authorization Required
Fulphila® Flyneta® Nyvepria™ Udenyca® Ziextenzo®	Neulasta® Neulasta® OnPro® Rolvedon (elfapegrastim) Stimufend (pegfilgrastim-fpgk) Udenyca OnBody® (Pegfilgrastim-cbqv)

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Corticosteroids – Oral	
Preferred	Non-Preferred, Prior Authorization Required
Cortef® (hydrocortisone) Decadron® (dexamethasone) Deltasone® (prednisone) Dexamethasone 0.5 mg/5 mL elixir Dexamethasone 0.5 mg/5 mL solution Medrol® (methylprednisolone) Medrol Dosepak® (methylprednisolone) Orapred® (prednisolone) Pediapred® (prednisolone) Prednisone solution Prednisone syrup	Cortone® (cortisone) ⁺ Dexamethasone Intensol® (dexamethasone) concentrate Dexpak DP® (dexamethasone) Millipred™ (prednisolone) Millipred™ DP 12-day (prednisolone) Millipred™ DP (prednisolone) Orapred® ODT™ (prednisolone) Prednisone Intensol™ (prednisone concentrate) Rayos® (prednisone DR) TaperDex DP® (dexamethasone) Veripred® 20 (prednisolone)
Corticosteroids – Topical – High Potency	
Preferred	Non-Preferred, Prior Authorization Required
Clobetasol Propionate E® (clobetasol propionate) Clobex® (clobetasol propionate) Cormax Scalp® (clobetasol propionate) ⁺ Diprolene® (betamethasone dipropionate augmented) Diprolene AF® (betamethasone dipropionate augmented) Temovate® (clobetasol propionate) Ultravate® (halobetasol propionate) Cream & Ointment	ApexiCon E® (diflorasone diacetate) Bryhali™ (halobetasol propionate) Clobetasol Propionate topical 0.025% cream Clodan® (clobetasol propionate) Halog® (halcinonide) Impeklo™ (clobetasol propionate) lotion Lidex® (fluocinonide) ⁺ Lidex E® (fluocinonide) ⁺ Lexette™ (halobetasol Propionate) Foam Olux® (clobetasol propionate) Olux-E® (clobetasol propionate) Psorcon® (diflorasone diacetate) Sernivo® (betamethasone dipropionate) Topicort® (desoximetasone) Ultravate® (halobetasol propionate) Lotion Vanos® (fluocinonide)

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Corticosteroids – Topical –Intermediate Potency	
Preferred	Non-Preferred, Prior Authorization Required
Cutivate® (fluticasone propionate) DesOwen® (desonide) Elocon® (mometasone furoate) Dermatop® (prednicarbate) + Kenalog® (triamcinolone acetonide) Synalar® (fluocinolone acetonide) Triamcinolone acetonide (all generics of brand products on the PDL)	Ala-Scalp® (Hydrocortisone) lotion Beser (Fluticasone Propionate) kit Beser (Fluticasone Propionate) lotion Cloderm® (clocortolone pivalate) Cordran® (flurandrenolide) Dermazone® (triamcinolone acetonide) Locoid® (hydrocortisone butyrate) Locoid Lipocream® (hydrocortisone butyrate) LoKara® (desonide) + Luxiq® (betamethasone valerate) Nolix® (flurandrenolide) Pandel® (hydrocortisone probutate) Trianex® (triamcinolone acetonide) Triderm® (triamcinolone acetonide) Tridesilon® (desonide) Valisone® (betamethasone valerate) + Westcort® (hydrocortisone valerate) +
Corticosteroids – Topical –Mild Potency	
Preferred	Non-Preferred, Prior Authorization Required
Aclovate® (alclometasone diporopionate) + Hydrocortisone base (all generics of brand products on the PDL) Synalar® (fluocinolone acetonide)	Ala-Cort® (hydrocortisone base) BRAND only Capex® (fluocinolone acetonide) Derma-Smothe/FS Body & Scalp® (fluocinolone acetonide) Desonate® (desonide) Fluocinolone Body & Scalp® (fluocinolone acetonide) PEDIADERM HC® (hydrocortisone base) BRAND only Texacort® (hydrocortisone base) BRAND only Verdeso® (desonide)
COX-II Inhibitors	
Preferred	Non-Preferred
Celebrex® (celecoxib)*	

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) Modulators	
Preferred	Non-Preferred
Kalydeco® (ivacaftor) Orkambi® (lumacaftor/ivacaftor) Symdeko® (tezacaftor/ivacaftor; ivacaftor) Trikafta® (elixacaftor/tezacaftor/ivacaftor; ivacaftor)	Alyftrek™ (vanzacaftor/tezacaftor/deutivacaftor)
Desmopressin Products	
Preferred	Non-Preferred, Prior Authorization Required
DDAVP® (desmopressin) nasal solution DDAVP® (desmopressin) tabs	DDAVP® Rhinal Tube (desmopressin) nasal solution Nocdurna® (desmopressin) sublingual tabs Noctiva™ (desmopressin) nasal emulsion
DPP-4 Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Januvia® (sitagliptin) Onglyza® (saxagliptin)	Nesina® (alogliptin) Tradjenta® (linagliptin) Zituvio™ (sitagliptin)
DPP-4 Inhibitor Combination Agents	
Preferred	Non-Preferred, Prior Authorization Required
Janumet® (sitaliptin/metformin) Janumet® XR (sitagliptin/metformin XR) Kombiglyze® XR (saxagliptin/metformin)	Jentadueto® (linagliptin/metformin) Jentadueto® XR (linagliptin/metformin XR) Kazano® (alogliptin/metformin) Oseni® (alogliptin/pioglitazone) Zituvimet™ XR (sitagliptin/metformin XR)
Dry Eye Disease Agents	
Preferred	Non-Preferred, Prior Authorization Required
Restasis® (cyclosporine)	Cequa™ 0.09% (cyclosporine) Miebo™ (perfluorohexyloctane) Tyrvaya® (varenicline) Vevye 1% (cyclosporine) Xiidra® 5% (lifitegrast)
Erythropoiesis-Stimulating Agents	
Preferred	Non-Preferred, Prior Authorization Required
Epogen® (epoetin alfa) Retacrit™ (epoetin alfa-epbx)	Aranesp® (darbepoetin alfa) Mircera® (methoxy polyethylene glycol-epoetin beta) Procrit® (epoetin alfa)

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Fibric Acid Derivatives	
Preferred	Non-Preferred, Prior Authorization Required
Fenofibrate generics Lofibra® (fenofibrate) Lopid® (gemfibrozil) Tricor® (fenofibrate) Triglide® (fenofibrate) Trilipix® (fenofibric acid)	Antara® (fenofibrate) Fenoglide® (fenofibrate) Lipofen® (fenofibrate)
GLP- 1 Receptor Agonists	
Preferred	Non-Preferred, Prior Authorization Required
Ozempic® (semaglutide) Trulicity® (dulaglutide) Victoza® (liraglutide)	Adlyxin® (lixisenatide) Bydureon® BCise™ (exenatide ER) Byetta® (exenatide) Rybelsus® (semaglutide)
Growth Hormones	
Preferred	Non-Preferred, Prior Authorization Required
Genotropin® & Genotropin® MiniQuick (somatropin) Norditropin® FlexPro (somatropin) Omnitrope® (somatropin)	Humatrope® (somatropin) Ngenla™ (somatrogon-ghla) Nutropin AQ NuSpin® (somatropin) Saizen®, Saizenprep®, Saizen Click Easy® (somatropin) Skytrofa® (Lonapegsomatropin) Sogroya® (somapacitan-beco) Zomacton® (somatropin)
Hepatitis C Agents – Direct Acting	
Preferred	Non-Preferred, Prior Authorization Required
Generic Sofosbuvir/Velpatasvir tabs Mavyret®(glecaprevir/pibrentasvir) tabs and pellets	Epclusa® (sofosbuvir/velpatasvir) BRAND tabs and pellets Harvoni® (ledipasvir/sofosbuvir)tabs & pellets Sovaldi® (sofosbuvir)/tabs & pellets Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir) Zepatier® (elbasvir/grazoprevir) tabs



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Hepatitis C Agents - Refractory Treatment	
Preferred	Non-Preferred, Prior Authorization Required
Mavyret® (glecaprevir/pibrentasvir) tabs and pellets	Vosevi® (sofosbuvir/velpatasvir/voxilaprevir)
H ₂ Antagonists	
Preferred	Non-Preferred, Prior Authorization Required
Pepcid® (famotidine) suspension and tabs Tagamet® (cimetidine)+ tabs & solution	Axid® (nizatidine)+ tabs & solution Zantac® (ranitidine) all oral dose forms
Imiquimod Products	
Preferred	Non-Preferred, Prior Authorization Required
Aldara® cream	Zyclara® cream



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Immunomodulation Agents - Adult Rheumatoid Arthritis	
Preferred	Non-Preferred, Prior Authorization Required
Adalimumab-aacf Adalimumab-adaz Adalimumab-adbm (Labeler 00597) Adalimumab-fkjp Avsola™ (infliximab-axxq) Enbrel® (etanercept) Hadlima (adalimumab-bwwd) Humira® (adalimumab) Infliximab Riabni (rituximab-arrx) Ruxience (rituximab-pvvr) Simlandi® (adalimumab-ryvk) (Labeler 51759) Xeljanz®, Xeljanz® XR (tofacitinib) Yusimry (Adalimumab-aqvh)	Abrilada (adalimumab-afzb) Actemra® (tocilizumab) & Actemra® ACTpen™ Adalimumab-adbm (Labeler 82009) Adalimumab-ryvk (Labeler 82009) Amjevita™ (adalimumab) (Labeler 72511) Amjevita™ (adalimumab) (Labeler 55513) Cimzia® (certolizumab) Cyltezo (adalimumab-adbm) Hulio (adalimumab-fkjp) Hyrimoz (adalimumab-adaz) Idacio (adalimumab-aacf) Inflectra® (infliximab) Kevzara® (sarilumab) Kineret® (anakinra) Olumiant® (baricitinib) Orencia® (abatacept) Remicade® (infliximab) Renflexis® (infliximab) Rituxan® (rituximab) Rinvoq® (upadacitinib) Simponi® (golimumab) Simponi Aria® (golimumab) Tofidence™ (tocilizumab-bavi) Truxima® (rituximab-abbs) Tyenne® (tocilizumab-aazg) Yuflyma (adalimumab-aaty)



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Immunomodulation Agents - Asthma

Preferred	Non-Preferred, Prior Authorization Required
Dupixent® (dupilumab) Nucala® (mepolizumab) Xolair® (omalizumab)	Cinqair® (reslizumab) Fasenra™ (benralizumab) Tezspire® (tezepelumab) autoinjector, syringe

Immunomodulation Agents – Atopic Dermatitis

Preferred	Non-Preferred, Prior Authorization Required
Adbry™ (tralokinumab) Dupixent® (dupilumab) Ebglyss™ (lebrikizumab-lbkz)	Nemluvio® (nemolizumab-ilto)

Immunomodulation Agents – Axial Spondyloarthritis

Preferred	Non-Preferred, Prior Authorization Required
Adalimumab-aacf Adalimumab-adaz Adalimumab-adbm (Labeler 00597) Adalimumab-fkjp Avsola™ (infliximab-axxq) Enbrel® (etanercept) Hadlima (adalimumab-bwwd) Humira® (adalimumab) Infliximab Simlandi® (adalimumab-ryvk) (Labeler 51759) Taltz® (ixekizumab) Xeljanz®, Xeljanz® XR (tofacitinib) Yusimry (Adalimumab-aqvh)	Abrilada (adalimumab-afzb) Adalimumab-adbm (Labeler 82009) Adalimumab-ryvk (Labeler 82009) Amjevita™ (adalimumab) (Labeler 55513) Amjevita™ (adalimumab) (Labeler 72511) Bimzelx® (bimekizumab-bkzx) Cimzia® (certolizumab) Cosentyx®, Cosentyx® UnoReady, Cosentyx® Sensoready (secukinumab) Cyltezo (adalimumab-adbm) Hulio (adalimumab-fkjp) Hyrimoz (adalimumab-adaz) Idacio (adalimumab-aacf) Inflectra® (infliximab) Remicade® (infliximab) Renflexis® (infliximab) Rinvoq® (upadacitinib) Simponi®, Simponi Aria® (golimumab) Yuflyma (adalimumab-aaty)

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Immunomodulation Agents - Crohn's Disease	
Preferred	Non-Preferred, Prior Authorization Required
Adalimumab-aacf Adalimumab-adaz Adalimumab-adbm (Labeler 00597) Adalimumab-fkjp Avsola™ (infliximab-axxq) Hadlima (adalimumab-bwwd) Humira® (adalimumab) Infliximab Entyvio® (vedolizumab) <u>Otulf® (ustekinumab-aaaz)</u> <u>Pyzchiva® (ustekinumab-ttwe)</u> <u>Selarsdi™ (ustekinumab-aekn)</u> Simlandi® (adalimumab-ryvk) (Labeler 51759) <u>Steqeyma® (ustekinumab-stba)</u> <u>Yesintek™ (ustekinumab-kfce)</u> Yusimry (Adalimumab-aqvh)	Abrilada (adalimumab-afzb) Adalimumab-adbm (Labeler 82009) Adalimumab-ryvk (Labeler 82009) Amjevita™ (adalimumab) (Labeler 55513) Amjevita™ (adalimumab) (Labeler 72511) Cimzia® (certolizumab) Cyltezo (adalimumab-adbm) Hulio (adalimumab-fkjp) Hyrimoz (adalimumab-adaz) Idacio (adalimumab-aacf) Inflectra® (infliximab) Remicade® (infliximab) Renflexis® (infliximab) Rinvoq® (upadacitinib) Skyrizi™ (risankizumab-rzaa) Stelara® (ustekinumab) Tysabri® (natalizumab) Yuflyma (adalimumab-aaty) Zymfentra™ (infliximab-dyyb)



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Immunomodulation Agents - Juvenile Idiopathic Arthritis	
Preferred	Non-Preferred, Prior Authorization Required
Adalimumab-aacf Adalimumab-adaz Adalimumab-adbm (Labeler 00597) Adalimumab-fkjp Enbrel® (etanercept) Hadlima (adalimumab-bwwd) Humira® (adalimumab) Simlandi® (adalimumab-ryvk) (Labeler 51759) Xeljanz®, Xeljanz® XR (tofacitinib) Yusimry (Adalimumab-aqvh)	Abrilada (adalimumab-afzb) Actemra® (tocilizumab) Adalimumab-adbm (Labeler 82009) Adalimumab-ryvk (Labeler 82009) Amjevita™ (adalimumab) (Labeler 55513) Amjevita™ (adalimumab) (Labeler 72511) Cimzia® (certolizumab pegol) Cyltezo (adalimumab-adbm) Hulio (adalimumab-fkjp) Hyrimoz (adalimumab-adaz) Idacio (adalimumab-aacf) Ilaris® (canakinumab) Kevzara® (sarilumab) Orencia® (abatacept) Rinvoq®, Rinvoq® LQ (upadacitinib) Simponi Aria (Golimumab) Tofidence™ (tocilizumab-bavi) Tyenne® (tocilizumab-aazg) Yuflyma (adalimumab-aaty)

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Immunomodulation Agents - Plaque Psoriasis	
Preferred	Non-Preferred, Prior Authorization Required
Adalimumab-aacf Adalimumab-adaz Adalimumab-adbm (Labeler 00597) Adalimumab-fkjp Avsola™ (infliximab-axxq) Enbrel® (etanercept) Hadlima (adalimumab-bwwd) Humira® (adalimumab) Infliximab Otezla® (apremilast) <u>Otulf® (ustekinumab-aaaz)</u> <u>Pyzchiva® (ustekinumab-ttwe)</u> <u>Selarsdi™ (ustekinumab-aekn)</u> Simlandi® (adalimumab-ryvk) (Labeler 51759) <u>Stegeyma® (ustekinumab-stba)</u> Taltz® (ixekizumab) <u>Yesintek™ (ustekinumab-kfce)</u> Yusimry (Adalimumab-aqvh)	Abrilada (adalimumab-afzb) Adalimumab-adbm (Labeler 82009) Adalimumab-ryvk (Labeler 82009) Amjevita™ (adalimumab) (Labeler 55513) Amjevita™ (adalimumab) (Labeler 72511) Bimzelx (bimekizumab-bkzx) Cimzia (Certolizumab Pegol) PFS and vial Cosentyx®, Cosentyx® UnoReady, Cosentyx® Sensoready (secukinumab) Ilumya® (Tildrakizumab-asmn) Cyltezo (adalimumab-adbm) Hulio (adalimumab-fkjp) Hyrimoz (adalimumab-adaz) Idacio (adalimumab-aacf) Inflectra® (infliximab) Remicade® (infliximab) Renflexis® (infliximab) Siliq® (brodalumab) Skyrizi™ (risankizumab-rzaa) Sotyktu (deucravacitinib) Stelara® (ustekinumab) Tremfya® (Guselkumab) Yuflyma (adalimumab-aaty)

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Immunomodulation Agents - Psoriatic Arthritis	
Preferred	Non-Preferred, Prior Authorization Required
Adalimumab-aacf Adalimumab-adaz Adalimumab-adbm (Labeler 00597) Adalimumab-fkjp Avsola™ (infliximab-axxq) Enbrel® (etanercept) Hadlima (adalimumab-bwwd) Humira® (adalimumab) Infliximab Otezla® (apremilast) <u>Otufi® (ustekinumab-aaaz)</u> <u>Pyzchiva® (ustekinumab-ttwe)</u> <u>Selarsdi™ (ustekinumab-aekn)</u> Simlandi® (adalimumab-ryvk) (Labeler 51759) <u>Stegeyma® (ustekinumab-stba)</u> Taltz® (ixekizumab) Xeljanz®, Xeljanz® XR (tofacitinib) <u>Yesintek™ (ustekinumab-kfce)</u> Yusimry (Adalimumab-aqvh)	Abrilada (adalimumab-afzb) Adalimumab-adbm (Labeler 82009) Adalimumab-ryvk (Labeler 82009) Amjevita™ (adalimumab) (Labeler 55513) Amjevita™ (adalimumab) (Labeler 72511) Bimzelx® (bimekizumab-bkzx) Cimzia® (certolizumab) Cosentyx®, Cosentyx® UnoReady, Cosentyx® Sensoready (secukinumab) Cyltezo (adalimumab-adbm) Hulio (adalimumab-fkjp) Hyrimoz (adalimumab-adaz) Idacio (adalimumab-aacf) Inflectra® (infliximab) Orencia® (abatacept) Remicade® (infliximab) Renflexis® (infliximab) Rinvoq®, Rinvoq® LQ (upadacitinib) Simponi® (golimumab) Simponi Aria® (golimumab) Skyrizi (risankizumab) Pen, PFS Stelara® (ustekinumab) Tremfya (guselkumab) device, PFS Yuflyma (adalimumab-aaty)

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Immunomodulation Agents - Ulcerative Colitis	
Preferred	Non-Preferred, Prior Authorization Required
Adalimumab-aacf Adalimumab-adaz Adalimumab-adbm (Labeler 00597) Adalimumab-fkjp Avsola™ (infliximab-axxq) Entyvio® (vedolizumab) vials, pen Hadlima (adalimumab-bwwd) Humira® (adalimumab) Infliximab <u>Otufi® (ustekinumab-aaaz)</u> <u>Pyzchiva® (ustekinumab-ttwe)</u> <u>Selarsdi™ (ustekinumab-aekn)</u> Simlandi® (adalimumab-ryvk) (Labeler 51759) <u>Stegeyma® (ustekinumab-stba)</u> Xeljanz®, Xeljanz® XR (tofacitinib) <u>Yesintek™ (ustekinumab-kfce)</u> Yusimry (Adalimumab-aqvh)	Abrilada (adalimumab-afzb) Adalimumab-adbm (Labeler 82009) Adalimumab-ryvk (Labeler 82009) Amjevita™ (adalimumab) (Labeler 55513) Amjevita™ (adalimumab) (Labeler 72511) Cyltezo (adalimumab-adbm) Hulio (adalimumab-fkjp) Hyrimoz (adalimumab-adaz) Idacio (adalimumab-aacf) Inflectra® (infliximab) Omvoh® (mirikizumab-mrkz) pen, vial, syringe Remicade® (infliximab) Renflexis® (infliximab) Rinvoq® (upadacitinib) Simponi® (golimumab) Skyrizi® (risankizumab) Stelara® (ustekinumab) Tremfya® (guselkumab) Velsipity (etrasimod) Yuflyma (adalimumab-aaty) Zeposia® (Ozanimod) caps Zymfentra™ (infliximab-dyyb)

Inflammatory Bowel Disease Agents – Oral	
Preferred	Non-Preferred, Prior Authorization Required
Azulfidine® (sulfasalazine) Azulfadine® EN-tabs (sulfasalazine) Colazal® (balsalazide disodium) Delzicol® (mesalamine DR)* Pentasa® (mesalamine ER) *	Apriso® (mesalamine ER 24hr) Asacol® HD (mesalamine DR) Dipentum® (olsalazine) Entocort® EC (budesonide) Lialda® (mesalamine DR) Ortikos™ (budesonide ER) Uceris® (budesonide)

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Insulin - Long-Acting	
Preferred	Non-Preferred, Prior Authorization Required
Insulin glargine Insulin glargine-yfgn pen & vial Levemir® (insulin detemir) FlexPen, FlexTouch, vial Rezvoglar® (insulin glargine-aglr) Semglee™ (insulin glargine) pen & vial Lantus® (insulin glargine) BRAND Only Lantus (insulin glargine) SoloStar® BRAND Only	Basaglar® (insulin glargine) Semglee-yfgn (insulin glargine) pen & vial Toujeo Solostar® (insulin glargine) Tresiba (insulin degludec) Flextouch® & vial
Insulin - Long-Acting/GLP-1 RA	
Preferred	Non-Preferred, Prior Authorization Required
Soliqua® (insulin glargine/lixisenatide)	Xultophy® (insulin degludec/liraglutide)
Insulin- Short Acting and Intermediate Acting	
Preferred	Non-Preferred, Prior Authorization Required
Admelog® (insulin lispro) Solostar, Vial Humalog® (insulin lispro) cartridges Humulin® (insulin regular) Insulin Products Insulin lispro (Non-branded product) Junior pen Insulin lispro 75-25 Mix (Non-branded product) pen Insulin lispro (Non-branded product) pen Insulin lispro (Non-branded product) vial	Afrezza® (insulin regular inhalation) Apidra® Vial, Solostar® Fiasp® Vial, Flextouch®, PumpCart®, PenFill® Humalog® (insulin lispro) Junior Kwikpen BRAND only Humalog® (insulin lispro) 75-25 Mix Pen BRAND only Humalog® Kwikpen (Brand only) pen Humalog® (Brand only) vial Lyumjev™ (insulin lispro) Novolog® Insulin Products Novolin® Insulin Products
Intravenous Iron Products	
Preferred	Non-Preferred, Prior Authorization Required
Ferrlecit (sodium ferric gluconate complex) Venofer (iron sucrose)	INFeD (iron dextran) Injectafer (ferric carboxymaltose) Feraheme (ferumoxytol) Monoferric (ferric derisomaltose)
Leukotriene Modifiers	
Preferred	Non-Preferred, Prior Authorization Required
Singulair® (montelukast Sodium) tabs	Accolate® (zafirlukast) tabs Singulair® (montelukast Sodium) packs Zyflo® (zileuton) tabs Zyflo CR™ (zileuton) tabs

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Lice Treatments	
Preferred	Non-Preferred, Prior Authorization Required
Natroba® (spinosad) Sklice® (ivermectin)	Ovide® (malathion)
Meglitinides	
Preferred	Non-Preferred, Prior Authorization Required
Prandin® (repaglinide)	Starlix® (nateglinide)
Methotrexate Products	
Preferred	Non-Preferred, Prior Authorization Required
Methotrexate 2.5 mg tabs Methotrexate sodium injection	Jylamvo™ (methotrexate) oral solution Otrexup® (methotrexate) tabs Reditrex™ (methotrexate) inj. Rasuvo® (methotrexate) inj. Trexall® (methotrexate) inj. Xatmep® (methotrexate) oral solution
Migraine- Acute Treatment- Non-Triptans	
Preferred	Non-Preferred, Prior Authorization Required
Reyvow® (lasmiditan) Ubrovelvy® (ubrogepant)	Elyxyb™ (celecoxib) oral solution Nurtec™ (rimegepant) ODT Zavzpret™ (zavegepant) nasal solution
Migraine- Acute Treatment-Triptans	
Preferred	Non-Preferred, Prior Authorization Required
Amerge® (naratriptan) Imitrex® (sumatriptan) tabs Maxalt® (rizatriptan) Maxalt-MLT® (rizatriptan) Relpax® (eletriptan) Zomig® (zolmitriptan) nasal solution	Alsuma® (sumatriptan) + Axert® (almotriptan) Frova® (frovatriptan) Imitrex® (sumatriptan) cartridges, nasal spray, pens, vials Onzetra Xsail® (sumatriptan) Sumavel DosePro® (sumatriptan) Tosymra (Sumatriptan) nasal spray Zecuity® (sumatriptan) + Zembrace Symtouch® (sumatriptan) Zomig®, Zomig-ZMT® (zolmitriptan) tabs
Migraine- Prophylaxis Treatment- Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists	
Preferred	Non-Preferred, Prior Authorization Required
Aimovig™(erenumab-aooe) Ajovy®(fremanezumab-vfrm)	Emgality®(galcanezumab-gnlm) Vyepti™ (eptinezumab)

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Muscle Relaxants – Skeletal	
Preferred	Non-Preferred, Prior Authorization Required
Flexeril® (cyclobenzaprine) + Robaxin® (methocarbamol) Robaxin-750® (methocarbamol)	Amrix® (cyclobenzaprine ER) Fexmid® 7.5mg (cyclobenzaprine) Lorzone® (chlorzoxazone) Metaxall® (metaxalone) Metaxalone 640mg Norflex® (orphenadrine) + Norgesic® (orphenadrine/aspirin/cafeine) Norgesic® Forte (orphenadrine/aspirin/cafeine) Parafon Forte DSC® (chlorzoxazone) + Skelaxin® (metaxalone) Soma® (carisoprodol)
Muscle Relaxants – Spasticity	
Preferred	Non-Preferred, Prior Authorization Required
Lioresal® (baclofen) Zanaflex® (tizanidine) tabs	Dantrium® (dantrolene) Fleqsuvy™ (baclofen) Lyvispah® (baclofen) Ozobax™ (baclofen) oral solution Zanaflex® (tizanidine)* caps
Narcotic Antagonists	
Preferred	Non-Preferred, Prior Authorization Required
Naloxone – generics, all dose forms Narcan (naloxone) Kloxxado (naloxone) Zimhi (naloxone) Opvee (nalmeffene)	Evzio (naloxone) LifEMS (naloxone)
Non-Steroidal Anti-Inflammatory Drugs – Topical	
Preferred	Non-Preferred, Prior Authorization Required
Flector® (diclofenac epolamine) patch Voltaren® (diclofenac) gel	Licart™ (diclofenac epolamine) Pennsaid® (diclofenac) Sprix® (ketorolac tromethamine) nasal spray

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Non-Steroidal Anti-Inflammatory Drugs – Oral unless noted otherwise	
Preferred	Non-Preferred, Prior Authorization Required
Advil® (ibuprofen) Aleve® (naproxen) Ansaid® (flurbiprofen) + Cataflam® (diclofenac potassium) + Clinoril® (sulindac) + Indocin® (indomethacin) Mobic® (meloxicam) Motrin® (ibuprofen) Motrin-IB® (ibuprofen) Naprosyn® (naproxen) Naprosyn-EC® (naproxen) Relafen® (nabumetone) + Toradol® (ketorolac) (limited to a 5 day supply) inj. Toradol® (ketorolac) (limited to a 5 day supply) + tabs Voltaren® (diclofenac sodium oral) + Voltaren® XR (diclofenac sodium oral) +	Anaprox® (naproxen) Anaprox DS® (naproxen) Arthrotec® (diclofenac/misoprostol) Cambia® (diclofenac) Daypro® (oxaprozin) Dolobid® (diflunisal) + Feldene® (piroxicam) Indocin® SR (indomethacin) Indomethacin oral suspension Lodine® (etodolac) Lodine® XL (etodolac) + Lofena™ (diclofenac potassium) Meclomen® (meclofenamate) + Nalfon® (fenoprofen) Naprelan® (naproxen) Naprelan® CR Dosepak (naproxen) Orudis® (ketoprofen) + Orudis® KT (ketoprofen) + Oruvail® (ketoprofen) + Ponstel® (mefenamic acid) + Qmiiz ODT™ (Meloxicam) tabs Tivorbex® (indomethacin) Tolectin 600®, Tolectin DS® (tolmetin) + Vimovo® (naproxen/esomeprazole) Vivlodex® (Meloxicam) Zipsor® (diclofenac) Zorvolex® (diclofenac)

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Opioids - Short-Acting	
Preferred	Non-Preferred-Prior Authorization Required
Codeine sulfate (all generics)	Abstral® (fentanyl)
Dilaudid® (hydromorphone HCl)	Actiq® (fentanyl)
Fioricet® with Codeine 50/325/40/30 mg (butalbital/acetaminophen/caffeine/codeine)	Combunox™ (oxycodone/ibuprofen) +
Hycet® (hydrocodone bitartrate/acetaminophen) +	Demerol® (meperidine HCl)
Levorphanol (all generics)	Fentora® (fentanyl)
Lorcet® (hydrocodone bitartrate/acetaminophen)	Fioricet® with Codeine 50/300/40/30 (butalbital/acetaminophen/caffeine/acetaminophen)
Lortab® (hydrocodone bitartrate/acetaminophen)	Fiorinal® with Codeine (butalbital/aspirin/caffeine/codeine)
Morphine sulfate (all generics) *	Lazanda™ (fentanyl)
Norco® (hydrocodone bitartrate/acetaminophen)	Lorcet HD® (hydrocodone bitartrate/acetaminophen)
Oxycodone HCl (all generics) *	Lorcet Plus® (hydrocodone bitartrate/acetaminophen)
Percocet® (oxycodone HCl/acetaminophen)	Nalocet (Oxycodone and Acetaminophen)
Percodan® (oxycodone HCl/aspirin) +	Opana® (oxymorphone HCl)
Roxicet™ (oxycodone HCl/acetaminophen) +	Oxaydo® (oxycodone HCl)
Talwin® NX (pentazocine/naloxone) +	Primlev™ (oxycodone HCl/acetaminophen)
Tylenol® No. 2 (codeine phosphate/acetaminophen)	Prolate (Oxycodone and Acetaminophen) solution, tabs
Tylenol® No. 3 (codeine phosphate/acetaminophen)	Qdolo™ (tramadol) solution
Tylenol® No. 4 (codeine phosphate/acetaminophen)	Roxybond™ (oxycodone)
Ultracet® (tramadol/acetaminophen)	Seglantis® (celecoxib/tramadol) tab
Ultram® (tramadol)	Subsys® (fentanyl)
Vicodin® (hydrocodone bitartrate/acetaminophen)	Tramadol 25mg tablets
Vicodin ES® (hydrocodone bitartrate/acetaminophen)	Vicodin HP® (hydrocodone bitartrate/acetaminophen)
	Xodol® (hydrocodone bitartrate/acetaminophen)

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Opioids - Long-Acting	
Preferred	Non-Preferred-Prior Authorization Required
Embeda® (morphine/naltrexone)* Hysingla® ER (hydrocodone ER) MS Contin® (morphine sulfate ER) OxyContin® (oxycodone SR) Ultram® ER (tramadol ER) +	Arymo™ ER (morphine sulfate ER) Avinza® (morphine sulfate ER) + Belbuca® (buprenorphine) Butrans® (buprenorphine) ConZip® (tramadol) Duragesic® (fentanyl) Exalgo® (hydromorphone HCl ER) Kadian® (morphine sulfate ER) MorphoBond ER® (morphine sulfate ER) Opana® ER (oxymorphone) Ryzolt® (tramadol ER) + Zohydro® ER (hydrocodone ER)
Oral Non-Statins - Non-Fibrates	
Preferred	Non-Preferred, Prior Authorization Required
Zetia® (ezetimibe)	Nexletol® (bempedoic acid) Nexlizet® (bempedoic acid/ezetimibe)
Pancreatic Enzyme Replacements	
Preferred	Non-Preferred, Prior Authorization Required
Creon® (pancrelipase)* Pancreaze® (pancrelipase)* Zenpep® (pancrelipase)*	Pertzye® (pancrelipase) Viokace® (pancrelipase)
PCSK-9 Modulators	
Preferred	Non-Preferred, Prior Authorization Required
Praluent® (alirocumab) Repatha® (evolocumab)	Leqvio® (Inclisiran) syringe
Phosphate Binder Agents	
Preferred	Non-Preferred, Prior Authorization Required
Auryxia® (ferric citrate) Eliphos® (calcium acetate) + Phoslo® (calcium acetate) + Renvela® (sevelamer carbonate) tabs	Fosrenol® (lanthanum carbonate) Phoslyra® (calcium acetate oral solution) Renagel® (sevelamer HCl) tabs Renvela® (sevelamer carbonate) powder packs Velphoro® (sucroferric oxyhydroxide)



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Platelet Aggregation Inhibitors - Secondary Cardiac Prevention	
Preferred	Non-Preferred, Prior Authorization Required
Brilinta® (ticagrelor)* Effient® (prasugrel)* Plavix® (clopidogrel)	Zontivity® (vorapaxar)

Platelet Aggregation Inhibitors – Stroke	
Preferred	Non-Preferred, Prior Authorization Required
Plavix® (clopidogrel)	Aggrenox® (aspirin-dipyridamole ER)

Prenatal Vitamins	
Preferred	Non-Preferred, Prior Authorization Required
Complete Natal DHA Completenate M-Natal Plus Prenatabs RX Prenatal 19 Preplus Pretab Provida OB PVN 29-1 SE-Natal-19 Thrivite RX Trinatal RX 1 Trinate Triveen-DUO DHA Virt-Nate DHA VP-PVN-DHA Westab Plus	Citranatal Rx Nestabs DHA Nestabs OB Complete One Prenate DHA Prenate Elite Prenate Mini Prenate Pixie Primacare Tristart DHA Westgel DHA

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Proton Pump Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Prilosec® (omeprazole)* Protonix® (pantoprazole) Generic Esomeprazole Magnesium* DR caps Generic Esomeprazole Strontium* DR caps Generic Lansoprazole* DR caps	AcipHex® (rabeprazole) AcipHex® (rabeprazole) Sprinkles™ Dexilant® (dexlansoprazole)* Dexilant® SoluTab (dexlansoprazole) Konvomep™ (omeprazole/NaHCO3) suspension Nexium® (esomeprazole) Nexium® (esomeprazole) suspension Prevacid® (lansoprazole) Prevacid (lansoprazole) SoluTab® Prilosec® (omeprazole) packs Protonix® (pantoprazole) packs Voquezna® (vonoprazan) Zegerid® (omeprazole/sodium bicarbonate) caps & packs
Pulmonary Arterial Hypertension Agents	
Preferred	Non-Preferred, Prior Authorization Required
Adcirca® (tadalafil) Adempas® (riociguat) Flolan (epoprostenol) Letairis® (ambrisentan) Revatio® (sildenafil) Tracleer® (bosentan) tabs Veletri (epoprostenol)	Liqrev® (sildenafil) Opsumit® (macitentan) Opsynvi® (macitentan/tadalafil) Orenitram® (treprostinil) Remodulin® (treprostinil) Tadelix (tadalafil) Tracleer (bosentan) suspension Tyvaso®, (DPI, Refill, Starter) (treprostinil) Upravi® (selexipag) tabs, IV Ventavis® (iloprost)
Rosacea Agents - Topical	
Preferred	Non-Preferred, Prior Authorization Required
Metrocream® (metronidazole) Metrogel® (metronidazole)	Azelex® (azelaic acid) Epsolay® (Benzoyl Peroxide) cream Finacea® (azelaic acid) MetroLotion® (metronidazole) Mirvaso® (brimonidine) Noritate® (metronidazole) Rhofade® (oxymetazoline) Rosadan® (metronidazole) Soolantra® (ivermectin) Zilxi™ (minocycline)

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
SGLT2 (sodium-glucose co-transporter 2) Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Farxiga® (dapagliflozin) Invokana® (canagliflozin) Jardiance® (empagliflozin)	Steglatro™ (ertugliflozin)
SGLT2 Inhibitors/Biguanide Combination Agents	
Preferred	Non-Preferred, Prior Authorization Required
Invokamet® (canagliflozin/metformin) Invokamet® XR (canagliflozin/metformin ER) Synjardy® (empagliflozin/metformin) Synjardy® XR (empagliflozin/metformin ER) Xigduo XR® (dapagliflozin/metformin ER)	Segluromet™ (ertugliflozin/metformin)
SGLT2 Inhibitor/DPP-4 Inhibitor Combination Agents	
Preferred	Non-Preferred, Prior Authorization Required
Glyxambi® (empagliflozin/linagliptin) Qtern® (dapagliflozin/saxagliptin)	Steglujan™ (ertugliflozin/sitagliptin)
SGLT2 Inhibitor/DPP-4 Inhibitor/Biguanide Agents	
Preferred	Non-Preferred, Prior Authorization Required
Trijardy® XR (empagliflozin/linagliptin/metformin)	
Sickle Cell Gene Therapy	
Preferred	Non-Preferred, Prior Authorization Required
Casgevy (exagamglogene autotemcel) <u>Lyfgenia (lovotibeglogene autotemcel)</u>	
Sleep Agents - Non-Scheduled	
Preferred	Non-Preferred, Prior Authorization Required
Rozerem® (ramelteon)	Hetlioz® (tasimelteon) Silenor® (doxepin)
Sleep Agents – Scheduled - Non-Benzodiazepine	
Preferred	Non-Preferred, Prior Authorization Required
Ambien® (zolpidem) Generics Zolpidem Lunesta® (eszopiclone) Sonata® (zaleplon)	Ambien® CR (zolpidem CR) Edluar® (zolpidem) Intermezzo® (zolpidem) Zolpimist® (zolpidem)

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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Sleep Agents – Scheduled – Orexin Receptor Antagonists	
Preferred	Non-Preferred, Prior Authorization Required
BelSomra® (suvorexant) Dayvigo® (lemborexant)	Quviviq™ (daridorexant)
Statins	
Preferred	Non-Preferred, Prior Authorization Required
Crestor® (rosuvastatin) Lipitor® (atorvastatin) Mevacor® (lovastatin) + Pravachol® (pravastatin) Zocor® (simvastatin)	Altoprev® (lovastatin) Atorvaliq® (atorvastatin) Flolipid™ (simvastatin) Lescol® (fluvastatin) + Lescol® XL (fluvastatin) Livalo® (pitavastatin) Zypitamag™ (pitavastatin)
Statin Combination	
Preferred	Non-Preferred
Caduet® (amlodipine/atorvastatin) Vytorin® (ezetimibe/simvastatin)	
Sulfonylureas – 2 nd Generation	
Preferred	Non-Preferred, Prior Authorization Required
Amaryl® (glimepiride) DiaBeta® (glyburide) + Glucotrol® (glipizide) Glucotrol XL® (glipizide XL) Glucovance® (glyburide/metformin) Glynase (micronized glyburide) PresTab® Micronase® (glyburide) +	Glimepiride 3mg (Labeler 72336) Metaglip® (glipizide/metformin) +
Sympatholytic Agents	
Preferred	Non-Preferred, Prior Authorization Required
Aldomet® (methyldopa) Catapres® (clonidine) Catapres-TTS® (clonidine, transdermal) Tenex® (guanfacine)	Nexiclon™ XR (clonidine ER)
Thiazolidinediones	
Preferred	Non-Preferred, Prior Authorization Required
Actos® (pioglitazone) ACTOplus Met® (pioglitazone/metformin)	ACTOplus Met® XR (pioglitazone/metformin)+ Avandia® (rosiglitazone) Duetact® (pioglitazone/glimepiride)



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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Thrombopoietin Receptor Agonists	
Preferred	Non-Preferred, Prior Authorization Required
Nplate® (romiplostim) Promacta® (eltrombopag) Promacta®(eltrombopag) powder packs	Alvaiz™ (eltrombopag choline)
Thyroid Hormones	
Preferred	Non-Preferred, Prior Authorization Required
Levoxyl® (levothyroxine) tab Synthroid® (levothyroxine) tab Unithroid® (levothyroxine) tab	Ermeza (Levothyroxine sodium) solution Thyquidity™ (levothyroxine) solution Tirosint®, Tirosint®-SOL (levothyroxine) cap and solution
Xanthine Oxidase Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Zyloprim® (allopurinol)	Uloric® (febuxostat)