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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) |

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| **Beta2-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) |

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| **Beta2-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) |

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| **Beta2-Agonists - Long-Acting/Anticholinergics** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Anoro Ellipta® (umeclidinium/vilanterol)  Bevespi Aerosphere™ (glycopyrrolate/formoterol) Stiolto® Respimat® (tiotropium/olodaterol) | Duaklir® Pressair® (aclidinium/formoterol) |

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| **Beta2-Agonists - Long-Acting/Corticosteroids** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Advair Diskus® (fluticasone/salmeterol) Advair® HFA (fluticasone/salmeterol)  Breo Ellipta® (fluticasone/vilanterol) | Airduo® Digihaler® (fluticasone/salmeterol) Airduo® Respiclick® (fluticasone/salmeterol) |
| Dulera® (formoterol/mometasone) |
| Symbicort® (budesonide/formoterol) |

**INHALATION AGENTS** (CONTINUED)

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| **COPD Agents – Triple Therapy** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Trelegy (fluticasone/umeclidinium/vilanterol) | Breztri™ (budesonide/glycopyrrolate/formoterol) |

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| **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) |
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| **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) |
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| **INTRANASAL AGENTS** | |
| **Antihistamines** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Astelin® (azelastine)+ | Astepro® (azelastine) |
| Patanase® (olopatadine) |

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| **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% | Alphagan® P (brimonidine) 0.15% |
| Brimonidine 0.2% |
| Iopidine® (apraclonidine) |

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| **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) |
| Lastacaft® (alcaftadine)  Pataday® 0.7% (olopatadine) |
| Pazeo® (olopatadine) |
| Zerviate™ (cetirizine) |

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

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

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

**OPHTHALMIC AGENTS** (CONTINUED)

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

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

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| **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) |

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| **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® droperette (tafluprost) |

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| **OTIC AGENTS** | |
| **Anti-Infective/Steroid Combinations** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Cipro® HC (ciprofloxacin/hydrocortisone) suspension | Acetasol HC® (acetic acid/hydrocortisone) solution |
| Ciprodex® (ciprofloxacin/dexameth) suspension | Cortisporin® Otic (neomycin/polymyxin B/hc) suspension |
| Cortisporin® Otic (neomycin/polymyxin b/hc) solution | Cortisporin® TC (neomycin/col/hc/thon) suspension  Otovel® (ciprofloxacin/fluocinolone) solution |

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| **ORAL/INJECTABLE/TOPICAL AGENTS** | |
| **ACE Inhibitors** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Accupril® (quinapril) | Aceon® (perindopril) |
| Altace® (ramipril)\* | Capoten® (captopril) + |
| Lotensin® (benazepril) | Epaned® (enalapril) solution |
| Monopril® (fosinopril) + | Mavik®(trandolapril) + |
| Prinivil® (lisinopril) | Qbrelis® (lisinopril solution) |
| Vasotec® (enalapril) | Univasc® (moexipril) + |
| Zestril® (lisinopril) |  |
| **ACE Inhibitor/Calcium Channel Blocker Combinations** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Lotrel® (benazepril/amlodipine) | Prestalia® (perindopril/amlodipine) |
| Tarka® (trandolapril/verapamil) |

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| **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 Twyneo® (Tretinoin and Benzoyl Peroxide) cream Veltin® (clindamycin-tretinoin)  Ziana® (clindamycin-tretinoin) |

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| **Acne Agents – Isotretinoin Products** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Amnesteem™ (isotretinoin) Claravis™ (isotretinoin) Myorisan™ (isotretinoin)  Zenatane™ (isotretinoin) | Absorica™ (isotretinoin) Absorica™ LD (isotretinoin) |

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| **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 |

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| **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 | Brand Acticlate® (doxycycline hyclate) |
| Generic Doxycycline | Brand Avidoxy® (doxycycline monohydrate) |
| Generic Minocycline | Brand CoreMino™ (minocycline) |
| Generic Tetracycline | 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 |

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| **Actinic Keratosis Agents** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Efudex® (fluorouracil) | Carac® (fluorouracil) |
| Picato® (ingenol mebutate) |
| Solaraze 3% (diclofenac sodium) + gel |
| Tolak® (fluorouracil) |

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| **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) Xelstrym (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) |

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| **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) |

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| **Adjunct Anti-epileptics** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Keppra® (levetiracetam) | Banzel® (rufinamide) |
| Keppra® (levetiracetam) solution | Fycompa® (perampanel) |
| Keppra XR® (levetiracetam XR) tabs | Fycompa® (perampanel) suspension |
| Lyrica® (pregabalin) | Gabitril® (tiagabine) |
| Lyrica®Solution (pregabalin) | Spritam® (levetiracetam) |
| Neurontin® (gabapentin) | Sympazan®(clobazam) |
| Neurontin® (gabapentin) solution |  |
| Zonegran® (zonisamide) |  |
| Onfi® (clobazam) suspension |  |
| Onfi® (clobazam)\* tabs |  |

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| **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) |

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| **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) + |

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| **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) |

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| **Anticoagulants** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Coumadin® (warfarin) | Bevyxxa® (betrixaban) |
| Eliquis® (apixaban) | Savaysa® (edoxaban) |
| Pradaxa® (dabigatran) |  |
| Xarelto® (rivaroxaban) |  |

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| **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) |

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| **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 |

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| **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 |

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| **Antidepressants – Tricyclics** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Anafranil® (clomipramine) Doxepin caps and solution | Amoxapine  Pamelor® (nortriptyline) + solution |
| Elavil® (amitriptyline)  Norpramin® (desipramine) | Surmontil® (trimipramine)  Tofranil-PM® (imipramine) + |
| Pamelor® (nortriptyline) caps | Vivactil® (protriptyline) + |
| Tofranil® (imipramine) |  |

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| **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) |

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| **Anti-emetics Serotonin 5HT3 Antagonists** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Zofran® (ondansetron) | Anzemet® (dolasetron) |
| Zofran ODT® (ondansetron) | Kytril® (granisetron) + |
|  | Ondansetron ODT 16mg  Sancuso® (granisetron) |
|  | Zuplenz® (ondansetron) |

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| **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) |

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| **Anti-Obesity Medications** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Zepbound® (tirzepatide) | Saxenda® (liraglutide)  Wegovy® (semaglutide) |

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| **Anti-Viral - Coronavirus** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Paxlovid™ (nirmatrelvir/ritonavir) |  |
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| **Anti-Viral – Herpes** | |
| **Preferred** | **Non-Preferred, Prior Authoriation 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)** |

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| **ARB/Calcium Channel Blocker Combinations** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Azor® (amlodipine/olmesartan) | Twynsta® (amlodipine/telmisartan) |
| Exforge® (amlodipine/valsartan) |

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|  | **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)  Kapspargo™ Sprinkle (metoprolol succinate)\* Kerlone® (betaxolol) +  Lopressor HCT® (metoprolol/HCTZ) Visken® (pindolol) + |

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|  | **Beta Thalassemia Gene Therapy** | |  |
| **Preferred** | | **Non-Preferred, Prior Authorization Required** | |
| Casgevy® (exagamglogene autotemcel) | | Zynteglo™ (betibeglogene autotemcel) | |

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| **Biguanides** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Fortamet® (metformin ER) Glucophage® (metformin) Glucophage® XR (metformin ER) Glumetza® (metformin ER) | Metformin 625mg tablets Metformin 750mg IR tablets Riomet® (metformin) oral solution Riomet® ER suspension |

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| **Bile Acid Sequestrants** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Colestid® (colestipol) tabs | Colestid® (colestipol) Granules |
| Prevalite® (cholestyramine light) powder | Questran® (cholestyramine) |
| Prevalite® (cholestyramine light) powder packs  Welchol® (colesevelam) tabs | 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) |

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| **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) + |

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| **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) | Adalat® (nifedipine IR) + |
| Norvasc® (amlodipine) Plendil® (felodipine) + Procardia® XL (nifedipine ER) | Cardene® (nicardipine IR) + Conjupri® (levamlodipine) DynaCirc® (isradipine IR) + Katerzia (amlodipine) suspension Levamlodipine  Norliqva® (amlodipine) Sular® (nisoldipine) |

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| **Calcium Channel Blockers - Non-Dihydropyridines** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Calan® (verapamil IR) | Cardizem® LA (diltiazem) |
| Calan SR® (verapamil SR) | Cardizem® SR (diltiazem) |
| Cardizem® (diltiazem IR)\* | Matzim LA® (diltiazem ER) |
| Cardizem® CD (diltiazem) | Tiazac® (diltiazem) |
| Cartia XT® (diltiazem ER) | Verelan® (verapamil SR) |
| Dilt-XR® (diltiazem ER) | Verelan PM® (verapamil) |
| Isoptin® SR (verapamil SR) + |  |
| Taztia XT ®(diltiazem ER)\* |  |

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| **Colchicine Products – Gout Prophylaxis** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Colcrys™ (colchicine) | Gloperba® (colchicine) |
| Mitigare™ (colchicine) |

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| **Colony Stimulating Factors- Short Acting** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Nivestym® Releuko® | Granix®  Neupogen® Zarxio® |

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| **Colony Stimulating Factors- Long Acting** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Fulphila® Fylnetra® 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) | Cortone® (cortisone)+ |
| Decadron® (dexamethasone) | Dexamethasone Intensol® (dexamethasone) concentrate |
| Deltasone® (prednisone) | Dexpak DP® (dexamethasone) |
| Dexamethasone 0.5 mg/5 mL elixir  Dexamethasone 0.5 mg/5 mL solution | Millipred™ (prednisolone)  Millipred™ DP 12-day (prednisolone) |
| Medrol®(methylprednisolone)  Medrol Dosepak®(methylprednisolone) Orapred®(prednisolone)  Pediapred® (prednisolone) Prednisone solution  Prednisone syrup | Millipred™ DP (prednisolone)  Orapred® ODT™(prednisolone)  Prednisone Intensol™ (prednisone concentrate) Rayos® (prednisone DR)  TaperDex DP®(dexamethasone)  Veripred® 20 (prednisolone) |

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| **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) + |

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| **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-Smoothe/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) |

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| **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® (elexacaftor/tezacaftor/ivacaftor; ivacaftor) | Alyftrek™ (vanzacaftor/tezacaftor/deutivacaftor) |

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| **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 |
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| **DPP-4 Inhibitors** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Januvia® (sitagliptin) | Nesina® (alogliptin) |
| Onglyza® (saxagliptin) | Tradjenta® (linagliptin)  Zituvio™ (sitagliptin) |

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| **DPP-4 Inhibitor Combination Agents** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Janumet® (sitaliptin/metformin) | Jentadueto® (linagliptin/metformin) |
| Janumet® XR (sitagliptin/metformin XR) | Jentadueto® XR (linagliptin/metformin XR) |
| Kombiglyze® XR (saxagliptin/metformin) | Kazano® (alogliptin/metformin) |
|  | Oseni®(alogliptin/pioglitazone)  Zituvimet™ XR (sitagliptin/metformin XR) |

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| **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) |

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| **Erythropoiesis-Stimulating Agents** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Epogen® (epoetin alfa) | Aranesp® (darbepoetin alfa) |
| Retacrit™ (epoetin alfa-epbx) | 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 | Antara® (fenofibrate) |
| Lofibra® (fenofibrate)  Lopid® (gemfibrozil) | Fenoglide® (fenofibrate)  Lipofen® (fenofibrate) |
| Tricor® (fenofibrate) |  |
| Triglide® (fenofibrate) |  |
| Trilipix® (fenofibric acid) |  |
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| **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) |

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| **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) |

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| **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) |

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| **H2 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 |

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| **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) |

**ORAL/INJECTABLE/TOPICAL AGENTS** (CONTINUED)

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

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| **Immunomodulation Agents – Atopic Dermatitis** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Adbry™ (tralokinumab)  Dupixent® (dupilumab) Ebglyss™ (lebrikizumab-lbkz) | Nemluvio® (nemolizumab-ilto) |

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| **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) Otulfi® (ustekinumab-aauz) Pyzchiva® (ustekinumab-ttwe) Selarsdi™ (ustekinumab-aekn)  Simlandi® (adalimumab-ryvk) (**Labeler 51759**) Steqeyma® (ustekinumab-stba)  Yesintek™ (ustekinumab-kfce) 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) Otulfi® (ustekinumab-aauz)  Pyzchiva® (ustekinumab-ttwe) Selarsdi™ (ustekinumab-aekn)  Simlandi® (adalimumab-ryvk) (**Labeler 51759**) Steqeyma® (ustekinumab-stba)  Taltz® (ixekizumab)  Yesintek™ (ustekinumab-kfce) 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) Otulfi® (ustekinumab-aauz)  Pyzchiva® (ustekinumab-ttwe) Selarsdi™ (ustekinumab-aekn)  Simlandi® (adalimumab-ryvk) (**Labeler 51759**) Steqeyma® (ustekinumab-stba)  Taltz® (ixekizumab)  Xeljanz®, Xeljanz® XR (tofacitinib) Yesintek™ (ustekinumab-kfce) 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  Otulfi® (ustekinumab-aauz) Pyzchiva® (ustekinumab-ttwe) Selarsdi™ (ustekinumab-aekn)  Simlandi® (adalimumab-ryvk) (**Labeler 51759**) Steqeyma® (ustekinumab-stba)  Xeljanz®, Xeljanz® XR (tofacitinib) Yesintek™ (ustekinumab-kfce) 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) |

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| **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 |

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| **Insulin - Long-Acting/GLP-1 RA** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Soliqua® (insulin glargine/lixisenatide) | Xultophy® (insulin degludec/liraglutide) |

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| **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 |

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| **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) |

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| **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) | Ovide® (malathion) |
| Sklice® (ivermectin) |

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| **Meglitinides** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Prandin® (repaglinide) | Starlix® (nateglinide) |

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| **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 |

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|  | **Migraine- Acute Treatment- Non-Triptans** | |  |
| **Preferred** | | **Non-Preferred, Prior Authorization Required** | |
| Reyvow® (lasmiditan) Ubrelvy® (ubrogepant) | | Elyxyb™ (celecoxib) oral solution Nurtec™ (rimegepant) ODT  Zavzpret™ (zavegepant) nasal solution | |

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|  | **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 | |

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|  | **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/caffeine) Norgesic® Forte (orphenadrine/aspirin/caffeine) Parafon Forte DSC® (chlorzoxazone) +  Skelaxin® (metaxalone)  Soma® (carisoprodol) |

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| **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 |

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| **Narcotic Antagonists** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Naloxone – generics, all dose forms Narcan (naloxone)  Kloxxado (naloxone) Zimhi (naloxone)  Opvee (nalmefene) | Evzio (naloxone) LifEMS (naloxone) |

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| **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)  Fioricet® with Codeine 50/325/40/30 mg (butalbital/acetaminophen/caffeine/codeine) Hycet® (hydrocodone bitartrate/acetaminophen) + Levorphanol (all generics)  Lorcet® (hydrocodone bitartrate/acetaminophen) Lortab® (hydrocodone bitartrate/acetaminophen) Morphine sulfate (all generics) \*  Norco® (hydrocodone bitartrate/acetaminophen) Oxycodone HCl (all generics) \*  Percocet® (oxycodone HCl/acetaminophen) Percodan® (oxycodone HCl/aspirin) + Roxicet™ (oxycodone HCl/acetaminophen) + Talwin® NX (pentazocine/naloxone) +  Tylenol® No. 2 (codeine phosphate/acetaminophen) Tylenol® No. 3 (codeine phosphate/acetaminophen) Tylenol® No. 4 (codeine phosphate/acetaminophen) Ultracet® (tramadol/acetaminophen)  Ultram® (tramadol)  Vicodin® (hydrocodone bitartrate/acetaminophen) Vicodin ES® (hydrocodone bitartrate/acetaminophen) | Actiq® (fentanyl)  Combunox™ (oxycodone/ibuprofen) +  Demerol® (meperidine HCl) Fentora® (fentanyl)  Fioricet® with Codeine 50/300/40/30 (butalbital/acetaminophen/caffeine/acetaminophen) Fiorinal® with Codeine (butalbital/aspirin/caffeine/codeine)  Lazanda™ (fentanyl)  Lorcet HD® (hydrocodone bitartrate/acetaminophen) Lorcet Plus® (hydrocodone bitartrate/acetaminophen) Nalocet (Oxycodone and Acetaminophen)  Opana® (oxymorphone HCl) Oxaydo® (oxycodone HCl)  Primlev™ (oxycodone HCl/acetaminophen)  Prolate (Oxycodone and Acetaminophen) solution, tabs Qdolo™ (tramadol) solution  Roxybond™ (oxycodone)  Seglentis® (celecoxib/tramadol) tab Subsys® (fentanyl)  Tramadol 25mg tablets  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) | Arymo™ ER (morphine sulfate ER) Avinza® (morphine sulfate ER) + |
| MS Contin® (morphine sulfate ER) | Belbuca® (buprenorphine) |
| OxyContin® (oxycodone SR) | Butrans® (buprenorphine) |
| Ultram® ER (tramadol ER) + | ConZip® (tramadol) |
|  | Duragesic® (fentanyl) |
|  | Exalgo® (hydromorphone HCl ER) |
|  | Kadian® (morphine sulfate ER) |
|  | MorphaBond ER® (morphine sulfate ER)  Opana® ER (oxymorphone) Ryzolt® (tramadol ER) + Zohydro® ER (hydrocodone ER) |

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| **Oral Non-Statins - Non-Fibrates** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Zetia® (ezetimibe) | Nexletol® (bempedoic acid)  Nexlizet® (bempedoic acid/ezetimibe) |

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| **Pancreatic Enzyme Replacements** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Creon® (pancrelipase)\* | Pertzye ® (pancrelipase) |
| Pancreaze® (pancrelipase)\* | Viokace® (pancrelipase) |
| Zenpep® (pancrelipase)\* |  |

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| **PCSK-9 Modulators** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Praluent® (alirocumab) | Leqvio® (Inclisiran) syringe |
| Repatha® (evolocumab) |

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| **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) |

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

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

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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 |

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| **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) Tadliq (tadalafil)  Tracleer (bosentan) suspension  Tyvaso®, (DPI, Refill, Starter) (treprostinil) Uptravi® (selexipag) tabs, IV  Ventavis® (iloprost) |

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| **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) |

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| **SGLT2 Inhibitors/Biguanide Combination Agents** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Invokamet® (canagliflozin/metformin) | Segluromet™ (ertugliflozin/metformin) |
| Invokamet® XR (canagliflozin/metformin ER)  Synjardy® (empagliflozin/metformin) Synjardy® XR (empagliflozin/metformin ER) |
| Xigduo XR® (dapagliflozin/metformin ER) |

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| **SGLT2 Inhibitor/DPP-4 Inhibitor Combination Agents** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Glyxambi® (empagliflozin/linagliptin)  Qtern® (dapagliflozin/saxagliptin) | Steglujan™ (ertugliflozin/sitagliptin) |

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| **SGLT2 Inhibitor/DPP-4 Inhibitor/Biguanide Agents** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Trijardy® XR (empagliflozin/linagliptin/metformin) |  |

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| **Sickle Cell Gene Therapy** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Casgevy (exagamglogene autotemcel)  Lyfgenia (lovotibeglogene autotemcel) |  |

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| **Sleep Agents - Non-Scheduled** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Rozerem® (ramelteon) | Hetlioz® (tasimelteon)  Silenor® (doxepin) |

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| **Sleep Agents – Scheduled - Non-Benzodiazepine** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Ambien® (zolpidem) | Ambien® CR (zolpidem CR) |
| Generics Zolpidem | Edluar® (zolpidem) |
| Lunesta® (eszopiclone)  Sonata® (zaleplon) | 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) |

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| **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) |

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| **Statin Combination** | |
| **Preferred** | **Non-Preferred** |
| Caduet® (amlodipine/atorvastatin) Vytorin® (ezetimibe/simvastatin) |  |

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| **Sulfonylureas – 2nd Generation** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Amaryl® (glimepiride) | Glimepiride 3mg (**Labeler 72336**) |
| DiaBeta® (glyburide) + | Metaglip® (glipizide/metformin) + |
| Glucotrol® (glipizide)  Glucotrol XL® (glipizide XL) |  |
| Glucovance® (glyburide/metformin) |  |
| Glynase (micronized glyburide) PresTab® |  |
| Micronase® (glyburide) + |  |

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| **Sympatholytic Agents** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Aldomet® (methyldopa) Catapres® (clonidine)  Catapres-TTS® (clonidine, transdermal) | Nexiclon™ XR (clonidine ER) |
| Tenex® (guanfacine) |

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| **Thiazolidinediones** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Actos® (pioglitazone) | ACTOplus Met® XR (pioglitazone/metformin)+ |
| ACTOplus Met® (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) | Alvaiz™ (eltrombopag choline) |
| Promacta® (eltrombopag)  Promacta®(eltrombopag) powder packs |

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| **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 |

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| **Xanthine Oxidase Inhibitors** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Zyloprim® (allopurinol) | Uloric® (febuxostat) |