 

New Hampshire Department of Health and Human Services

Fee-for-Service Medicaid Preferred Drug List (PDL)

Effective Date: February 3, 2025

[ANALGESICS – LONG-ACTING OPIOIDS\*\*\* 5](#_bookmark0)

TABLE OF CONTENTS

[ANALGESICS – ANTI-INFLAMMATORY – NON-SELECTIVE NSAIDS 5](#_bookmark1)

[ANALGESICS – TRAMADOL AND TRAMADOL-LIKE DERIVATIVES 6](#_bookmark2)

[ANTIBIOTICS – SECOND GENERATION CEPHALOSPORINS 6](#_bookmark3)

[ANTIBIOTICS – THIRD GENERATION CEPHALOSPORINS 6](#_bookmark4)

[ANTIBIOTICS – MACROLIDES 7](#_bookmark5)

[ANTIBIOTICS – SECOND GENERATION QUINOLONES 7](#_bookmark6)

[ANTIBIOTICS – THIRD GENERATION QUINOLONES 7](#_bookmark7)

[ANTIBIOTICS – HERPETIC ANTIVIRALS 8](#_bookmark8)

[ANTIBIOTICS – INHALED 8](#_bookmark9)

[ANTIBIOTICS – VAGINAL 8](#_bookmark10)

[ANTICONVULSANTS – CARBAMAZEPINE DERIVATIVES 9](#_bookmark11)

[ANTICONVULSANTS – FIRST GENERATION 9](#_bookmark12)

[ANTICONVULSANTS – ACUTE TREATMENT 10](#_bookmark13)

[ANTICONVULSANTS – SECOND GENERATION 10](#_bookmark14)

[ANTIFUNGALS 11](#_bookmark15)

[ANTIPARKINSON’S AGENTS – DOPAMINE RECEPTOR AGONISTS 11](#_bookmark16)

[ANTIVIRALS – TREATMENT/PROPHYLAXIS OF INFLUENZA 11](#_bookmark17)

[ATOPIC DERMATITIS TREATMENTS 12](#_bookmark18)

[BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS AND COMBOS 12](#_bookmark19)

[BEHAVIORAL HEALTH – ALZHEIMER’S AGENTS 13](#_bookmark20)

[BEHAVIORAL HEALTH – NOVEL ANTIDEPRESSANTS 13](#_bookmark21)

[BEHAVIORAL HEALTH – ANXIOLYTICS 14](#_bookmark22)

[BEHAVIORAL HEALTH – SEROTONIN REUPTAKE INHIBITORS AND COMBOS 14](#_bookmark23)

[BEHAVIORAL HEALTH – SEDATIVE HYPNOTICS 15](#_bookmark24)

[BEHAVIORAL HEALTH – ANTIHYPERKINESIS\*\*\* 16](#_bookmark25)

[CARDIOVASCULAR – ACE INHIBITORS AND COMBINATIONS 17](#_bookmark26)

[CARDIOVASCULAR – ANGIOTENSIN II RECEPTOR BLOCKERS AND COMBINATIONS 18](#_bookmark27)

Proprietary & Confidential

All brand names are property of their respective owners.

© 2019–2025 Prime Therapeutics Management LLC, a Prime Therapeutics LLC company

[CARDIOVASCULAR – ANTIANGINAL AND ANTI-ISCHEMIC 18](#_bookmark28)

[CARDIOVASCULAR – BETA-BLOCKERS AND COMBINATION 19](#_bookmark29)

[CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (DHP) 20](#_bookmark30)

[CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (NON-DHP) AND COMBINATIONS 20](#_bookmark31)

[CARDIOVASCULAR – CHOLESTEROL ABSORPTION INHIBITORS AND COMBINATIONS 20](#_bookmark32)

[CARDIOVASCULAR – STATINS AND COMBINATIONS 21](#_bookmark33)

[CARDIOVASCULAR – HIGH POTENCY STATINS AND COMBINATIONS 21](#_bookmark34)

[CARDIOVASCULAR – TRIGLYCERIDE LOWERING AGENTS 21](#_bookmark35)

[CARDIOVASCULAR – PLATELET INHIBITORS 22](#_bookmark36)

[CARDIOVASCULAR – NIACIN DERIVATIVES 22](#_bookmark37)

[CARDIOVASCULAR – ORAL PULMONARY HYPERTENSION AGENTS 22](#_bookmark38)

[CENTRAL NERVOUS SYSTEM – TRIPTANS 23](#_bookmark39)

[CENTRAL NERVOUS SYSTEM – CALCITONIN GENE-RELATED PEPTIDE INHIBITORS –](#_bookmark40) [MIGRAINE AND CLUSTER HEADACHE PREVENTION 23](#_bookmark40)

[CENTRAL NERVOUS SYSTEM – CALCITONIN GENE-RELATED PEPTIDE INHIBITORS –](#_bookmark41) [MIGRAINE AND CLUSTER HEADACHE TREATMENT 23](#_bookmark41)

[CENTRAL NERVOUS SYSTEM – MULTIPLE SCLEROSIS 24](#_bookmark42)

[CENTRAL NERVOUS SYSTEM – MOVEMENT DISORDERS 25](#_bookmark43)

[DUCHENNE MUSCULAR DYSTROPHY TREATMENTS 25](#_bookmark44)

[ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS 25](#_bookmark45)

[ENDOCRINOLOGY – BIGUANIDES AND COMBOS 25](#_bookmark46)

[ENDOCRINOLOGY – DIPEPTIDYL PEPTIDASE-4 (DPP4) INHIBITORS AND COMBINATIONS 26](#_bookmark47)

[ENDOCRINOLOGY – GLUCAGON AGENTS 26](#_bookmark48)

[ENDOCRINOLOGY – GLUCAGON-LIKE PEPTIDE-1 (GLP-1) AGONISTS AND COMBINATIONS 27](#_bookmark49)

[ENDOCRINOLOGY – GROWTH HORMONE 27](#_bookmark50)

[ENDOCRINOLOGY – PITUITARY SUPPRESSIVE AGENTS - LHRH 27](#_bookmark51)

[ENDOCRINOLOGY – INSULINS 28](#_bookmark52)

[ENDOCRINOLOGY – MEGLITINIDES 30](#_bookmark53)

[ENDOCRINOLOGY – POTASSIUM BINDERS 30](#_bookmark54)

[ENDOCRINOLOGY – SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR AND COMBINATIONS](#_bookmark55)

[. 30](#_bookmark55)

[ENDOCRINOLOGY – THIAZOLIDINEDIONES AND COMBINATIONS 30](#_bookmark56)

[ENDOCRINOLOGY – SECOND GENERATION SULFONYLUREAS AND COMBINATIONS 31](#_bookmark57)

[ENDOCRINOLOGY – WEIGHT MANAGEMENT 31](#_bookmark58)

[GASTROINTESTINAL – ANTIEMETICS\*\*\* 31](#_bookmark59)

[GASTROINTESTINAL – BOWEL DISORDERS/GI MOTILITY, CHRONIC 32](#_bookmark60)

[GASTROINTESTINAL – HEPATITIS C AGENTS 32](#_bookmark61)

[GASTROINTESTINAL – PROTON PUMP INHIBITORS AND COMBINATIONS\*\*\* 33](#_bookmark62)

[GASTROINTESTINAL – ULCERATIVE COLITIS 34](#_bookmark63)

[GENITOURINARY/RENAL – ALPHA BLOCKERS FOR BENIGN PROSTATIC HYPERPLASIA 35](#_bookmark64)

[GENITOURINARY/RENAL – ANDROGEN HORMONE INHIBITORS 35](#_bookmark65)

[GENITOURINARY/RENAL – ELECTROLYTE DEPLETERS 35](#_bookmark66)

[GENITOURINARY/RENAL – URINARY ANTISPASMODICS 36](#_bookmark67)

[HEMATOLOGIC – ANTICOAGULANTS 36](#_bookmark68)

[HEMATOLOGIC – COLONY STIMULATING FACTORS 37](#_bookmark69)

[HEMATOLOGIC – HEMATOPOIETIC AGENTS 37](#_bookmark70)

[HEMATOLOGIC – SICKLE CELL GENE THERAPY 37](#_bookmark71)

[HIV/AIDS – ORAL PRODUCTS 38](#_bookmark72)

[IMMUNOLOGIC – SYSTEMIC IMMUNOMODULATORS 39](#_bookmark73)

[MISCELLANEOUS – PANCREATIC ENZYMES 41](#_bookmark74)

[MISCELLANEOUS – SKELETAL MUSCLE RELAXANTS 41](#_bookmark75)

[MISCELLANEOUS – SMOKING CESSATION 41](#_bookmark76)

[MISCELLANEOUS – TOPICAL ANDROGENIC AGENTS 42](#_bookmark77)

[OPHTHALMIC/GLAUCOMA – ALPHA 2 ADRENERGIC AGENTS 42](#_bookmark78)

[OPHTHALMIC/GLAUCOMA – BETA BLOCKER AGENTS 42](#_bookmark79)

[OPHTHALMIC/GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS 43](#_bookmark80)

[OPHTHALMIC/GLAUCOMA – PROSTAGLANDIN AGONISTS 43](#_bookmark81)

[OPHTHALMIC/GLAUCOMA – RHO KINASE INHIBITOR\*\*\* 43](#_bookmark82)

[OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES 44](#_bookmark83)

[OPHTHALMIC/ANTIBIOTIC – QUINOLONES 44](#_bookmark84)

[OPHTHALMIC – NONSTEROIDAL ANTIINFLAMMATORY 44](#_bookmark85)

[OPHTHALMIC – ANTIINFLAMMATORY/IMMUNOMODULATORS 45](#_bookmark86)

[OPIATE DEPENDENCE TREATMENT\*\* 45](#_bookmark87)

[OPIOID REVERSAL AGENTS 45](#_bookmark88)

[OSTEOPOROSIS – BISPHOSPHONATES 46](#_bookmark89)

[OSTEOPOROSIS – NASAL CALCITONINS 46](#_bookmark90)

[OTIC/ANTIBIOTIC – QUINOLONES AND COMBINATIONS 46](#_bookmark91)

[RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) 47](#_bookmark92)

[RESPIRATORY – LEUKOTRIENE MODIFIERS 47](#_bookmark93)

[RESPIRATORY – SHORT ACTING BETA ADRENERGICS AND COMBINATIONS – INHALERS/NEBS](#_bookmark94)

[. 48](#_bookmark94)

[RESPIRATORY – LONG ACTING BETA ADRENERGICS AND COMBINATIONS – INHALERS/NEBS48](#_bookmark95) [RESPIRATORY – INHALED CORTICOSTEROIDS 49](#_bookmark96)

[RESPIRATORY – INHALED CORTICOSTEROIDS ADRENERGIC AND COMBINATIONS 49](#_bookmark97)

[RESPIRATORY – NASAL ANTIHISTAMINES AND COMBINATIONS 50](#_bookmark98)

[RESPIRATORY – NASAL CORTICOSTEROIDS AND COMBINATIONS\*\*\* 50](#_bookmark99)

[RESPIRATORY – LOW SEDATING ANTIHISTAMINES 50](#_bookmark100)

[RESPIRATORY – IDIOPATHIC PULMONARY FIBROSIS 51](#_bookmark101)

[RESPIRATORY – ASTHMA IMMUNOMODULATORS\*\* 51](#_bookmark102)

[SELF-INJECTION EPINEPHRINE\*\*\* 51](#_bookmark103)

[SPINAL MUSCULAR ATROPHY 51](#_bookmark104)

[TOPICAL – ANTIPARASITICS 52](#_bookmark105)

[TOPICAL – STEROIDS 52](#_bookmark106)

[TOPICAL – TOPICAL AGENTS FOR PSORIASIS 53](#_bookmark107)

[TOPICAL – TOPICAL COMBINATION BENZOYL PEROXIDE AND CLINDAMYCIN PRODUCTS 54](#_bookmark108)

[TOPICAL – TOPICAL RETINOIDS 54](#_bookmark109)

[TOPICAL – TOPICAL ANTIVIRALS 55](#_bookmark110)

[TOPICAL – TOPICAL ANTIBIOTICS 55](#_bookmark111)

[UREA CYCLE DISORDERS, ORAL 55](#_bookmark112)

[UTERINE DISORDER TREATMENTS 55](#_bookmark113)

ANALGESICS – LONG-ACTING OPIOIDS\*\*\*

|  |  |
| --- | --- |
| **PREFERRED\*\*** | **NON-PREFERRED\*\*** |
| * buprenorphine patch (generic for Butrans) * Butrans * fentanyl patch (generic for Duragesic) * hydrocodone bitartrate ER (generic for Hysingla) * hydrocodone bitartrate ER (generic for Zohydro ER) * hydromorphone ER (generic for Exalgo) * morphine ER (generic for Avinza, Kadian, MS Contin) * oxycodone ER (generic for Oxycontin) * oxymorphone ER (generic for Opana ER) | * Belbuca * Hysingla ER * MS Contin * Oxycontin |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

ANALGESICS – ANTI-INFLAMMATORY – NON-SELECTIVE NSAIDS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * celecoxib (generic for Celebrex) * meloxicam cap (generic for Vivlodex) * meloxicam tab (generic for Mobic) * naproxen/esomeprazole tab (generic for Vimovo) | * Celebrex\* * Vimovo\* |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

ANALGESICS – TRAMADOL AND TRAMADOL-LIKE DERIVATIVES

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * tramadol (generic for Ultram) * tramadol/acetaminophen (generic for Ultracet) * tramadol ER (generic for ConZip, Ryzolt ER, Ultram ER)\*\* * tramadol solution (generic for Qdolo) | * ConZip\*\* |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products. |

ANTIBIOTICS – SECOND GENERATION CEPHALOSPORINS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * cefaclor caps, ER tabs, susp. (generic for Ceclor) * cefprozil susp./tabs (generic for Cefzil Susp/Tabs) * cefuroxime (generic for Ceftin) |  |

ANTIBIOTICS – THIRD GENERATION CEPHALOSPORINS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * cefdinir caps/susp. (generic for Omnicef cap/susp) * cefixime caps/susp. (generic for Suprax) * cefpodoxime tabs, susp. (generic for Vantin) |  |

ANTIBIOTICS – MACROLIDES

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * azithromycin (generic for Zithromax)\*\*\* * clarithromycin/ER/susp (generic for Biaxin/XL/susp)\*\*\* * E.E.S. * EryPed 200 susp * erythromycin base cap * erythromycin base tab (generic for E-Mycin) * erythromycin ethylsuccinate (generic for E.E.S.) | * EryPed 400 susp * Ery-Tab * Erythrocin * Zithromax\* |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

ANTIBIOTICS – SECOND GENERATION QUINOLONES

|  |  |
| --- | --- |
| **PREFERRED\*\*\*** | **NON-PREFERRED\*\*\*** |
| * ciprofloxacin (generic for Cipro) * Cipro susp * ofloxacin (generic for Floxin) | * Cipro\* |
| Qty limits apply | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

ANTIBIOTICS – THIRD GENERATION QUINOLONES

|  |  |
| --- | --- |
| **PREFERRED\*\*\*** | **NON-PREFERRED\*\*\*** |
| * levofloxacin (generic for Levaquin) * moxifloxacin (generic for Avelox) | * Baxdela |
| Qty limits apply | Trial and failure of 1 Preferred product required prior to Non-Preferred products. |

ANTIBIOTICS – HERPETIC ANTIVIRALS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * acyclovir (generic for Zovirax) * famciclovir (generic for Famvir) * valacyclovir (generic for Valtrex) | * Valtrex\* |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

ANTIBIOTICS – INHALED

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Bethkis * Kitabis Pak * Tobi Podhaler * tobramycin (generic for Bethkis) * tobramycin pak/ solution (generic for Kitabis, Tobi) | * Arikayce * Cayston * Tobi\* |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

ANTIBIOTICS – VAGINAL

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * clindamycin * Clindesse * metronidazole * Nuvessa | * Cleocin Cream\*/Ovules * Vandazole * Xaciato |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

ANTICONVULSANTS – CARBAMAZEPINE DERIVATIVES

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * carbamazepine chew/susp/tab/XR (generic for Tegretol/XR) * carbamazepine ER (generic for Carbatrol) * Carbatrol * Epitol * oxcarbazepine susp (generic for Trileptal Susp) * oxcarbazepine tab (generic for Trileptal) * Tegretol XR * Trileptal suspension | * Equetro * Oxtellar XR * Tegretol susp/tab\* * Trileptal tab\* |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products |

ANTICONVULSANTS – FIRST GENERATION

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Celontin * Depakote Sprinkle * Dilantin Infatab * divalproex/ER/sprinkle (generic for Depakote/ER/Sprinkle) * ethosuximide cap/syrup (generic for Zarontin) * felbamate (generic for Felbatol) * methsuximide (generic for Celontin) * phenytoin cap/susp/chew (generic for Dilantin/cap/susp/chew) * phenytoin (generic for Phenytek) * primidone (generic for Mysoline) * valproic acid cap/syrup (generic for Depakene) | * Depakote\* * Depakote ER\* * Dilantin cap/susp\* * Felbatol\* * Mysoline\* * Phenytek\* * Zarontin cap/syrup\* |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

ANTICONVULSANTS – ACUTE TREATMENT

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * diazepam (generic for Diastat) * Nayzilam * Valtoco | * Libervant |

ANTICONVULSANTS – SECOND GENERATION

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * clobazam (generic for Onfi) * Epidiolex * gabapentin (generic for Neurontin) * lacosamide (generic for Vimpat) * lamotrigine/ODT/XR (generic for Lamictal/ODT/XR) * levetiracetam/ER (generic for Keppra/XR) * pregabalin (generic for Lyrica) * rufinamide susp/tab (generic for Banzel) * Sabril * tiagabine (generic for Gabitril) * Topamax sprinkle * topiramate (generic for Topamax) * topiramate ER (generic for Qudexy XR) * topiramate ER (generic for Trokendi XR) * vigabatrin (generic for Sabril) * zonisamide (generic for Zonegran) | * Aptiom * Banzel\* * Briviact * Diacomit * Elepsia XR * Eprontia * Fintepla * Fycompa * Keppra tab/sol\* * Keppra XR\* * Lamictal tab\* * Lamictal ODT\* * Lamictal XR\* * Lyrica (requires additional clinical PA) * Motpoly XR * Neurontin\* * Onfi\* * Qudexy XR\* * Spritam * Sympazan * Topamax\* * Trokendi XR\* * Vimpat\* * Xcopri * Zonisade * Ztalmy |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

ANTIFUNGALS

|  |  |
| --- | --- |
| **PREFERRED\*\*** | **NON-PREFERRED\*\*** |
| * ciclopirox solution (generic for Penlac) * itraconazole * luliconazole (generic for Luzu) * oxiconazole (generic for Oxistat) * tavaborole (generic for Kerydin) * terbinafine (generic of Lamisil) | * Jublia * Luzu * Oxistat * Sporanox |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

ANTIPARKINSON’S AGENTS – DOPAMINE RECEPTOR AGONISTS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * pramipexole/ER (generic for Mirapex/ER) * ropinirole/ER (generic for Requip/XL) | * Inbrija * Neupro |
|  | Trial and failure of 1 Preferred products based on diagnosis required prior to Non-Preferred products |

ANTIVIRALS – TREATMENT/PROPHYLAXIS OF INFLUENZA

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * amantadine (generic for Symmetrel) * oseltamivir (generic for Tamiflu) * rimantadine (generic for Flumadine) | * Flumadine tablet\* * Relenza\*\*\* * Tamiflu\*\*\* * Xofluza\*\*\* |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

ATOPIC DERMATITIS TREATMENTS

|  |  |
| --- | --- |
| **PREFERRED\*\*** | **NON-PREFERRED\*\*** |
| * Adbry * Dupixent * Elidel * Eucrisa * pimecrolimus (generic for Elidel) * tacrolimus (generic for Protopic) | * Opzelura |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS AND COMBOS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Abilify Asimtufii * Abilify Maintena * aripiprazole/ODT/solution (generic for Abilify/Discmelt/oral solution) * Aristada * Aristada Initio * asenapine (generic for Saphris) * clozapine (generic for Clozaril) * clozapine ODT (generic for Fazaclo) * Invega Sustenna/Trinza/Hafyera * lurasidone (generic for Latuda) * olanzapine/ODT/IM (generic for Zyprexa) * olanzapine/fluoxetine (generic for Symbyax) * paliperidone (generic for Invega) * Perseris * quetiapine/ER (generic for Seroquel/XR) * Risperdal Consta\*\*\* * risperidone/ODT (generic for Risperdal/MT) * risperidone IM * Uzedy * Vraylar * ziprasidone/IM (generic for Geodon) | * Abilify\* * Abilify MyCite * Caplyta * Clozaril\* * Fanapt * Geodon/IM\* * Invega\* * Latuda\* * Lybalvi * Rexulti * Risperdal\* * Rykindo * Saphris\* * Secuado Transdermal System * Seroquel/XR\* * Symbyax\* * Versacloz * Zyprexa\*/IM/Relprevv/Zydis |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products |

BEHAVIORAL HEALTH – ALZHEIMER’S AGENTS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * donepezil/ODT/23 mg (generic for Aricept/ODT/23 mg) * Exelon patch * galantamine/ER (generic for Razadyne) * memantine tab/dose pack/soln (generic for Namenda tab/dose pack/soln) * memantine ER (generic for Namenda XR) * rivastigmine capsule/patch (generic for Exelon capsule/patch) | * Adlarity * Aricept\* * Aricept 23 mg\* * Namenda XR\* (not a cholinesterase inhibitor) * Namzaric |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

BEHAVIORAL HEALTH – NOVEL ANTIDEPRESSANTS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * bupropion (generic for Wellbutrin) * bupropion SR (generic for Wellbutrin SR) * bupropion XL (generic for Forfivo XL) * bupropion XL (generic for Wellbutrin XL) * desvenlafaxine ER (generic for Pristiq) * duloxetine (generic for Cymbalta, Irenka) * mirtazapine (generic for Remeron) * mirtazapine ODT (generic for Remeron Sol- Tabs) * nefazodone (generic for Serzone) * trazodone (generic for Desyrel) * venlafaxine (generic for Effexor) * venlafaxine ER (generic for Effexor XR/Venlafaxine XR) * vilazodone (generic for Viibryd) | * Aplenzin * Auvelity * Cymbalta * Drizalma Sprinkle * Effexor XR\* * Emsam * Fetzima * Forfivo XL\* * Pristiq\* * Remeron\* * Remeron Sol-Tabs\* * Spravato\*\* (requires additional clinical PA) * Trintellix * Venlafaxine Besylate ER * Viibryd\* * Wellbutrin SR\* * Wellbutrin XL\* * Zurzuvae |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

BEHAVIORAL HEALTH – ANXIOLYTICS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * alprazolam/XR (generic for Xanax/XR) * buspirone (generic for Buspar) * chlordiazepoxide (generic for Librium) * clonazepam (generic for Klonopin) * clorazepate (generic for Tranxene) * diazepam (generic for Valium) * lorazepam (generic for Ativan) * oxazepam (generic for Serax) | * Ativan\* * Loreev XR * Klonopin\* * Xanax\* * Xanax XR\* |
|  | Trial and failure of 3 Preferred products required prior to Non-Preferred products |

BEHAVIORAL HEALTH – SEROTONIN REUPTAKE INHIBITORS AND COMBOS

**Note**: Recipients < 12 years of age exempt from PDL in SSRI category.

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * citalopram (generic for Celexa) * escitalopram/soln (generic for Lexapro) * fluoxetine/Weekly (generic for Prozac/Weekly/Sarafem) * fluvoxamine/ER (generic for Luvox CR) * paroxetine/ER (generic for Paxil/Brisdelle/CR) * sertraline (generic for Zoloft) * sertraline capsule | * Celexa\* * Lexapro tab\* * Paxil/CR\* * Prozac\* * Zoloft\* |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products |

BEHAVIORAL HEALTH – SEDATIVE HYPNOTICS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * doxepin (generic for Silenor) * estazolam (generic for Prosom) * eszopiclone (generic for Lunesta) * flurazepam (generic for Dalmane) * ramelteon (generic for Rozerem) * temazepam (generic for Restoril) * triazolam (generic for Halcion) * zaleplon (generic for Sonata) * zolpidem capsule * zolpidem/ER (generic for Ambien/CR) * zolpidem SL (generic for Intermezzo) | * Ambien/CR\* * Belsomra * Dayvigo * Doral * Edluar * Halcion\* * Igalmi * Quviviq * Restoril\* * Rozerem\* |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

BEHAVIORAL HEALTH – ANTIHYPERKINESIS\*\*\*

**\*\*Criteria for approval**: < 21 years of age exempt from prior approval for preferred drugs.

|  |  |
| --- | --- |
| **PREFERRED\*\*** | **NON-PREFERRED\*\*** |
| * Adderall (generic) * amphetamine salt combo/XR (generic for Adderall/XR) * amphetamine sulfate (generic for Evekeo) * atomoxetine (generic for Strattera) * clonidine ER (generic for Kapvay) * Concerta * dexmethylphenidate/XR (generic for Focalin/XR) * dextroamphetamine /ER (generic for Dexedrine/ER) * dextroamphetamine soln. (generic for ProCentra) * guanfacine ER (generic for Intuniv) * lisdexamfetamine (generic for Vyvanse) * methamphetamine (generic for Desoxyn) * Methylin soln. * methylphenidate CD (generic for Metadate CD) * methylphenidate chewable (generic for Methylin chew) * methylphenidate ER (generic for Aptensio XR) * methylphenidate ER (generic for Concerta/Ritalin LA) * methylphenidate patch (generic for Daytrana) * methylphenidate soln. (generic for Methylin soln.) * methylphenidate/SR (generic for Ritalin/ SR) * Relexxii * Vyvanse | * Adderall XR * Adzenys XR-ODT * Aptensio XR * Azstarys * Cotempla XR-ODT * Daytrana * Dexedrine ER * Dyanavel XR * Evekeo/ODT * Focalin * Focalin XR * Intuniv * Jornay PM * Mydayis * ProCentra * Qelbree * QuilliChew ER * Quillivant XR * Ritalin * Ritalin LA * Strattera * Xelstrym * Zenzedi |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

CARDIOVASCULAR – ACE INHIBITORS AND COMBINATIONS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * amlodipine/benazepril (generic for Lotrel) * benazepril (generic for Lotensin) * benazepril/HCTZ (generic for Lotensin HCT) * captopril (generic for Capoten) * captopril/HCTZ (generic for Capozide) * enalapril (generic for Vasotec) * enalapril solution (generic for Epaned) * enalapril/HCTZ (generic for Vaseretic) * fosinopril * fosinopril/HCTZ * lisinopril (generic for Prinivil and Zestril) * lisinopril/HCTZ (generic for Prinzide and Zestoretic) * moexipril * perindopril (generic for Aceon) * quinapril (generic for Accupril) * quinapril/HCTZ (generic for Accuretic) * ramipril (generic for Altace) * trandolapril (generic for Mavik) * trandolapril/verapamil (generic for Tarka) | * Accupril\* * Accuretic\* * Altace\* * Epaned\* (non-preferred for adults only) * Lotensin\*/HCT * Lotrel\* * Qbrelis * Vaseretic\* * Vasotec\* * Zestoretic\* * Zestril\* |
|  | Trial and failure of 3 Preferred products required prior to Non-Preferred products. |

CARDIOVASCULAR – ANGIOTENSIN II RECEPTOR BLOCKERS AND COMBINATIONS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * amlodipine/olmesartan (generic for Azor) * amlodipine/olmesartan/HCTZ (generic for Tribenzor) * amlodipine/valsartan (generic for Exforge) * amlodipine/valsartan/HCTZ (generic for Tribenzor) * candesartan (generic for Atacand) * candesartan/HCTZ (generic for Atacand HCT) * Entresto * eprosartan (generic for Teveten) * irbesartan (generic for Avapro) * irbesartan/HCTZ (generic for Avalide) * losartan (generic for Cozaar) * losartan/HCTZ (generic for Hyzaar) * olmesartan (generic for Benicar) * olmesartan/HCTZ (generic for Benicar HCT) * sacubitril/valsartan (generic for Entresto) * telmisartan (generic for Micardis) * telmisartan/amlodipine (generic for Twynsta) * telmisartan /HCTZ (generic for Micardis HCT) * valsartan (generic for Diovan) * valsartan solution * valsartan/HCTZ (generic for Diovan HCT) | * Atacand\*/HCT * Avalide\* * Avapro\* * Azor\* * Benicar\*/HCT\* * Cozaar\* * Diovan * Diovan HCT\* * Edarbi * Edarbyclor * Entresto Sprinkle * Exforge/HCT\* * Hyzaar\* * Micardis/HCT\* * Tribenzor\* |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

CARDIOVASCULAR – ANTIANGINAL AND ANTI-ISCHEMIC

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * ranolazine ER | * Aspruzyo Sprinkle |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products. |

CARDIOVASCULAR – BETA-BLOCKERS AND COMBINATION

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * acebutolol (generic for Sectral) * atenolol (generic for Tenormin) * atenolol/chlorthalidone (generic for Tenoretic) * betaxolol (generic for Kerlone) * bisoprolol (generic for Zebeta) * bisoprolol /HCTZ (generic for Ziac) * carvedilol/ER (generic for Coreg/CR) * Hemangeol * labetalol (generic for Normodyne and Trandate) * metoprolol (generic for Lopressor) * metoprolol/HCTZ (generic for Lopressor HCT) * metoprolol succinate (generic for Toprol XL) * nadolol (generic for Corgard) * nebivolol (generic for Bystolic) * pindolol (generic for Visken) * propranolol (generic for Inderal) * propranolol ER (generic for Inderal LA) * propranolol/HCTZ * sotalol (generic for Betapace) * sotalol AF (generic for Betapace AF) * timolol (generic for Blocadren) | * Betapace\* * Betapace AF\* * Bystolic\* * Inderal LA\* * Inderal XL\* * InnoPran XL * Kapspargo Sprinkle * Lopressor\* * Sotylize * Tenoretic\* * Tenormin\* * Toprol XL\* |
|  | Trial and failure of 3 Preferred products required prior to Non-Preferred products. |

CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (DHP)

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * amlodipine (generic for Norvasc) * felodipine ER (generic for Plendil) * isradipine (generic for DynaCirc) * levamlodipine (generic for Conjupri) * nicardipine (generic for Cardene) * nifedipine IR (generic for Procardia) * nifedipine ER (generic for Procardia XL) * nimodipine (generic for Nimotop) * nisoldipine | * Katerzia * Norliqva * Norvasc\* * Nymalize * Procardia XL\* * Sular |
|  | Trial and failure of 3 Preferred products required prior to Non-Preferred products. |

CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (NON-DHP) AND COMBINATIONS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * diltiazem ER (generic for Cardizem CD) * diltiazem HCL (generic for Cardizem) * diltiazem SR (generic for Cardizem SR) * diltiazem XR (generic for Dilacor XR) * Taztia XT * verapamil (generic for Calan, Isoptin and Verelan) * verapamil ER (generic for Calan SR and Isoptin SR) * verapamil ER PM (generic for Verelan PM) | * Cardizem\* * Cardizem CD\* * Cardizem LA * Tiazac * Verelan PM\* |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

CARDIOVASCULAR – CHOLESTEROL ABSORPTION INHIBITORS AND COMBINATIONS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * ezetimibe (generic for Zetia) * ezetimibe/simvastatin (generic for Vytorin) | * Vytorin\* * Zetia\* |
|  | Trial and failure of 2 high potency statins Preferred products required prior to Non-Preferred products. |

CARDIOVASCULAR – STATINS AND COMBINATIONS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * fluvastatin/ER (generic for Lescol/XL) * lovastatin (generic for Mevacor) * pravastatin (generic for Pravachol) | * Altoprev * Lescol XL\* * Zypitamag\* |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

CARDIOVASCULAR – HIGH POTENCY STATINS AND COMBINATIONS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * amlodipine/atorvastatin (generic for Caduet) * atorvastatin (generic for Lipitor) * ezetimibe/simvastatin (generic for Vytorin) * pitavastatin (generic for Livalo) * rosuvastatin (generic for Crestor) * simvastatin (generic for Zocor) | * Atorvaliq * Caduet\* * Crestor * Ezallor Sprinkle * Flolipid * Lipitor\* * Livalo * Vytorin\* * Zocor\* |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

CARDIOVASCULAR – TRIGLYCERIDE LOWERING AGENTS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * fenofibrate (generic for Antara, Fenoglide, Lofibra, Lipofen, Tricor, Triglide) * fenofibric acid (generic for Fibricor, Trilipix) * gemfibrozil (generic for Lopid) * icosapent ethyl (generic for Vascepa) * omega-3 ethyl ester (generic for Lovaza) | * Fenoglide\* * Fibricor * Lipofen\* * Lopid\* * Lovaza\* * Tricor\* * Trilipix\* |
|  | Trial and failure of 2 high potency statins required prior to Non-Preferred products. |

CARDIOVASCULAR – PLATELET INHIBITORS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * aspirin/dipyridamole (generic for Aggrenox) * Brilinta * clopidogrel (generic for Plavix) * dipyridamole (generic for Persantine) * prasugrel (generic for Effient) | * Effient\* * Plavix\* |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

CARDIOVASCULAR – NIACIN DERIVATIVES

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * niacin ER |  |

CARDIOVASCULAR – ORAL PULMONARY HYPERTENSION AGENTS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * ambrisentan (generic for Letairis) * bosentan (generic for Tracleer) * sildenafil (generic for Revatio)\*\* * tadalafil (generic for Adcirca)\*\* | * Adcirca\*\* * Adempas * Letairis\* * Liqrev * Opsumit * Opsynvi * Orenitram ER * Revatio\*\* * Tadliq\*\* * Tracleer\* * Uptravi |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products. |

CENTRAL NERVOUS SYSTEM – TRIPTANS

|  |  |
| --- | --- |
| **PREFERRED\*\*\*** | **NON-PREFERRED\*\*\*** |
| * almotriptan (generic for Axert) * eletriptan (generic for Relpax) * frovatriptan (generic for Frova) * naratriptan (generic for Amerge) * rizatriptan/ODT (generic for Maxalt/MLT) * sumatriptan (generic for Imitrex) * sumatriptan/naproxen (generic for Treximet) * zolmitriptan (generic for Zomig) | * Frova\* * Imitrex\* * Maxalt tablet/MLT\* * Relpax\* * Reyvow * Tosymra * Zembrace SymTouch * Zomig\* |
| Qty. limits apply | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

CENTRAL NERVOUS SYSTEM – CALCITONIN GENE-RELATED PEPTIDE INHIBITORS – MIGRAINE AND CLUSTER HEADACHE PREVENTION

|  |  |
| --- | --- |
| **PREFERRED\*\*/\*\*\*** | **NON-PREFERRED\*\*/\*\*\*** |
| * Ajovy * Emgality 120 mg * Qulipta | * Aimovig * Emgality 100 mg * Vyepti * Zavzpret |
| Qty. limits apply | Trial and failure of 1 Preferred product required prior to Non-Preferred products |

CENTRAL NERVOUS SYSTEM – CALCITONIN GENE-RELATED PEPTIDE INHIBITORS – MIGRAINE AND CLUSTER HEADACHE TREATMENT

|  |  |
| --- | --- |
| **PREFERRED\*\*/\*\*\*** | **NON-PREFERRED\*\*/\*\*\*** |
| * Nurtec ODT * Ubrelvy |  |
| Qty. limits apply |  |

CENTRAL NERVOUS SYSTEM – MULTIPLE SCLEROSIS

DISEASE MODIFYING THERAPY

|  |  |
| --- | --- |
| **PREFERRED\*\*\*** | **NON-PREFERRED\*\*\*** |
| * Avonex * Betaseron * Copaxone * dimethyl fumarate DR (generic for Tecfidera) * fingolimod (generic for Gilenya) * Glatopa * glatiramer (generic for Copaxone) * Kesimpta * teriflunomide (generic for Aubagio) | * Aubagio\* * Bafiertam * Briumvi * Gilenya\* * Lemtrada * Mavenclad * Mayzent * Ocrevus * Plegridy/IM * Ponvory * Rebif * Tascenso ODT * Tecfidera\* * Tysabri * Vumerity * Zeposia |
|  | Trial and failure of 3 Preferred products required prior to Non-Preferred products |

OTHER

|  |  |
| --- | --- |
| **PREFERRED\*\*\*** | **NON-PREFERRED\*\*\*** |
| * dalfampridine ER (generic for Ampyra) | * Ampyra\* |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products |

CENTRAL NERVOUS SYSTEM – MOVEMENT DISORDERS

|  |  |
| --- | --- |
| **PREFERRED\*\*** | **NON-PREFERRED\*\*** |
| * Austedo * Austedo XR * Ingrezza * Ingrezza Sprinkle * tetrabenazine (generic for Xenazine) | * Xenazine |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products |

DUCHENNE MUSCULAR DYSTROPHY TREATMENTS

|  |  |
| --- | --- |
| **PREFERRED\*\*** | **NON-PREFERRED\*\*** |
| * Amondys 45 * Elevidys * Exondys 51 * Viltepso * Vyondys 53 |  |

ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * acarbose (generic for Precose) * miglitol (generic for Glyset) | * Precose\* |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

ENDOCRINOLOGY – BIGUANIDES AND COMBOS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * metformin solution (generic for Riomet) * metformin (generic for Glucophage) * metformin ER (generic for Glumetza) * metformin ER (generic for Fortamet) * metformin/glipizide (generic for Metaglip) * metformin/glyburide (generic for Glucovance) * metformin XL (generic for Glucophage XR) | * Glumetza\* * Riomet\* |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products. |

ENDOCRINOLOGY – DIPEPTIDYL PEPTIDASE-4 (DPP4) INHIBITORS AND COMBINATIONS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * alogliptin (generic for Nesina) * alogliptin/pioglitazone (generic for Oseni) * alogliptin/metformin (generic for Kazano) * Glyxambi * Janumet * Janumet XR * Januvia * Jentadueto * Kazano\* * Kombiglyze XR * Nesina * Onglyza * Oseni * saxagliptin (generic for Onglyza) * saxagliptin/metformin (generic for Kombiglyze XR) * sitagliptin (generic for Zituvio) * sitagliptin/metformin (generic for Zituvimet) * Tradjenta | * Jentadueto XR * Qtern * Steglujan * Trijardy XR * Zituvimet * Zituvio |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products. |

ENDOCRINOLOGY – GLUCAGON AGENTS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Baqsimi Nasal Powder | * Glucagon Emergency Kit (Fresenius Kabi) |
| * diazoxide suspension | * Gvoke HypoPen, PFS |
| * Glucagon emergency kit (human recombinant injection, Eli Lilly) |  |
| * glucagon injection |  |
| * Proglycem suspension (oral) |  |
| * Zegalogue |  |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products |

ENDOCRINOLOGY – GLUCAGON-LIKE PEPTIDE-1 (GLP-1) AGONISTS AND COMBINATIONS

|  |  |
| --- | --- |
| **PREFERRED\*\*** | **NON-PREFERRED\*\*** |
| * Byetta * exenatide (generic for Byetta) * liraglutide (generic for Victoza) * Ozempic * Trulicity * Victoza | * Bydureon BCise * Mounjaro * Rybelsus * Soliqua * Symlin Pens * Xultophy |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

ENDOCRINOLOGY – GROWTH HORMONE

|  |  |
| --- | --- |
| **PREFERRED\*\*** | **NON-PREFERRED\*\*** |
| * Genotropin * Norditropin * Sogroya | * Humatrope * Ngenla * Nutropin AQ * Omnitrope * Serostim * Skytrofa * Zomacton |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

ENDOCRINOLOGY – PITUITARY SUPPRESSIVE AGENTS - LHRH

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Camcevi | * Supprelin LA Kit |
| * Eligard | * Triptodur |
| * Fensolvi |  |
| * leuprolide acetate |  |
| * Lupron Depot |  |
| * Synarel |  |
| * Trelstar |  |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

ENDOCRINOLOGY – INSULINS

RAPID ACTING

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Humalog vial * Humalog cartridge * Humalog Junior KwikPen (100 units/mL) * Humalog KwikPen (100 units/mL) * Humalog Tempo Pen * insulin aspart vial/cartridge/pen (generic for Novolog) * insulin lispro vial/kwikpen (generic for Humalog vial/cartridge/pen) * Novolog vial/cartridge/FlexPen | * Admelog * Afrezza * Apidra vial/SoloSTAR * Fiasp FlexTouch/vial/Penfill * Humalog KwikPen (200 units/mL) * Lyumjev * Lyumjev Tempo Pen |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products. |

SHORT ACTING

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Humulin R * Humulin R 500 KwikPen/ vial | * Novolin R |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products. |

INTERMEDIATE ACTING

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Humulin N | * Humulin N KwikPen * Novolin N |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products. |

LONG ACTING

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * insulin degludec (generic for Tresiba) * insulin glargine * insulin glargine-yfgn * Lantus SoloSTAR * Lantus vial * Levemir FlexTouch * Levemir vial | * Basaglar KwikPen * Basaglar Tempo Pen * Rezvoglar Kwikpen * Semglee * Toujeo Solostar/Max Solostar * Tresiba FlexTouch pen * Tresiba vial |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products. |

PREMIXED COMBINATIONS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Humalog Mix 75/25 vial and KwikPen * Humalog Mix 50/50 KwikPen * Humulin 70/30 KwikPen * Humulin 70/30 vial * insulin aspart protamine vial/pen (generic for Novolog Mix 70/30) * insulin lispro protamine vial/pen (generic for Humalog Mix 75/25) * Novolog Mix 70/30 * Novolog Mix 70/30 FlexPen | * Novolin 70/30 |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products. |

ENDOCRINOLOGY – MEGLITINIDES

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * nateglinide (generic for Starlix) * repaglinide (generic for Prandin) |  |

ENDOCRINOLOGY – POTASSIUM BINDERS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Lokelma * sodium polystyrene sulfonate | * Veltassa |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

ENDOCRINOLOGY – SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR AND COMBINATIONS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * dapagliflozin (generic for Farxiga) * dapagliflozin/metformin ER (generic for Xigduo XR) * Farxiga * Glyxambi * Jardiance * Synjardy * Xigduo XR | * Inpefa * Invokamet * Invokana * Invokamet XR * Segluromet * Steglatro * Steglujan * Synjardy XR * Trijardy XR |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products. |

ENDOCRINOLOGY – THIAZOLIDINEDIONES AND COMBINATIONS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * pioglitazone (generic for Actos) * pioglitazone/glimepiride (generic for Duetact) * pioglitazone/metformin (generic for Actoplus Met) | * Actos\* * Actoplus Met \* * Duetact\* |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products. |

ENDOCRINOLOGY – SECOND GENERATION SULFONYLUREAS AND COMBINATIONS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * glimepiride (generic for Amaryl) * glipizide (generic for Glucotrol) * glipizide ER (generic for Glucotrol XL) * glyburide (generic for Micronase, DiaBeta) * glyburide micronized (generic for Glynase) | * Glucotrol XL\* |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

ENDOCRINOLOGY – WEIGHT MANAGEMENT

|  |  |
| --- | --- |
| **PREFERRED\*\*** | **NON-PREFERRED\*\*** |
| * orlistat (generic for Xenical) * Saxenda * Wegovy | * Imcivree * Xenical * Zepbound |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

GASTROINTESTINAL – ANTIEMETICS\*\*\*

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * aprepitant/ pack (generic for Emend/pack) * Bonjesta * doxylamine succ/pyridoxine HCL (generic for Diclegis) * granisetron tab (generic for Kytril) * ondansetron (generic for Zofran) | * Akynzeo * Anzemet * Aponvie * Cinvanti * Diclegis\* * Emend\*/pack * Sancuso * Sustol |
| Qty. limits apply | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

GASTROINTESTINAL – BOWEL DISORDERS/GI MOTILITY, CHRONIC

|  |  |
| --- | --- |
| **PREFERRED\*\*** | **NON-PREFERRED\*\*** |
| * alosetron * Amitiza * Linzess * lubiprostone (generic for Amitiza) * Movantik * Trulance | * Ibsrela * Lotronex * Motegrity * Relistor * Symproic * Viberzi |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

GASTROINTESTINAL – HEPATITIS C AGENTS

PEGYLATED INTERFERON ALPHA PRODUCTS

|  |  |
| --- | --- |
| **PREFERRED\*\*** | **NON-PREFERRED\*\*** |
| * Pegasys syringe/vial |  |

RIBAVIRIN PRODUCTS

|  |  |
| --- | --- |
| **PREFERRED\*\*** | **NON-PREFERRED\*\*** |
| * ribavirin |  |

DIRECT ACTING ANTIVIRAL PRODUCTS

|  |  |
| --- | --- |
| **PREFERRED\*\*** | **NON-PREFERRED\*\*** |
| * ledipasvir/sofosbuvir (generic for Harvoni) * Mavyret * sofosbuvir/velpatasvir (generic for Epclusa) | * Epclusa * Harvoni * Harvoni Pellet Pack * Sovaldi * Sovaldi Pellet Pack * Vosevi * Zepatier |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products. |

GASTROINTESTINAL – PROTON PUMP INHIBITORS AND COMBINATIONS\*\*\*

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Dexilant * dexlansoprazole (generic for Dexilant) * esomeprazole (generic for Nexium) (RX) * lansoprazole/solutab (generic for Prevacid/SoluTab) (RX) * Nexium suspension * omeprazole (generic for Prilosec) (RX) * omeprazole/sodium bicarbonate (generic for Zegerid) * pantoprazole tab/susp (generic for Protonix) * Protonix suspension * rabeprazole (generic for AcipHex) | * Konvomep * Nexium (RX)\* * Prevacid capsules (RX)/SoluTab\* * Prilosec suspension (RX) * Protonix\* * Zegerid\* |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

GASTROINTESTINAL – ULCERATIVE COLITIS

ORAL

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Apriso * balsalazide (generic for Colazal) * budesonide ER (generic for Uceris) * Lialda * mesalamine (generic for Asacol HD, Lialda, Pentasa) * mesalamine DR (generic for Delzicol) * mesalamine ER (generic for Apriso) * Pentasa * sulfasalazine (generic for Azulfidine) | * Azulfidine\* * Colazal\* * Delzicol\* * Dipentum * Uceris\* |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

RECTAL

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * budesonide (generic for Uceris) * Canasa * mesalamine enema (generic for Rowasa) * mesalamine kit (generic for Rowasa kit) * mesalamine supp. (generic for Canasa supp.) | * Rowasa\* * SfRowasa * Uceris Rectal Foam\* |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

GENITOURINARY/RENAL – ALPHA BLOCKERS FOR BENIGN PROSTATIC HYPERPLASIA

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * alfuzosin (generic for Uroxatral) * dutasteride/tamsulosin (generic for Jalyn) * silodosin (generic for Rapaflo) * tamsulosin (generic for Flomax) | * Flomax\* * Rapaflo\* |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

GENITOURINARY/RENAL – ANDROGEN HORMONE INHIBITORS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * dutasteride (generic for Avodart) * finasteride (generic for Proscar) | * Proscar\* |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products |

GENITOURINARY/RENAL – ELECTROLYTE DEPLETERS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * calcium acetate (generic for PhosLo) * lanthanum (generic for Fosrenol) * sevelamer (generic for Renvela) * sevelamer HCL (generic for Renagel) | * Auryxia * Fosrenol\* * MagneBind 400 * Phoslyra * Renvela * Renvela Powder Pack * Velphoro * Xphozah |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products |

GENITOURINARY/RENAL – URINARY ANTISPASMODICS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * darifenacin ER (generic for Enablex) * fesoterodine (generic for Toviaz) * flavoxate * mirabegron ER (generic for Myrbetriq) * Myrbetriq * oxybutynin /ER (generic for Ditropan/XL) * solifenacin (generic for Vesicare) * tolterodine/ER (generic for Detrol/LA) * trospium /ER (generic for Sanctura /XR) | * Detrol/LA\* * Ditropan XL\* * Gemtesa * Myrbetriq granules * Oxytrol * Toviaz * Vesicare/LS\* |
|  | Trial and failure of 3 Preferred products required prior to Non-Preferred products |

HEMATOLOGIC – ANTICOAGULANTS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * dabigatran (generic for Pradaxa) * Eliquis * enoxaparin (generic for Lovenox) * fondaparinux (generic for Arixtra) * Pradaxa * warfarin (generic for Coumadin) * Xarelto * Xarelto dose pack * Xarelto suspension | * Arixtra\* * Fragmin\* * Lovenox\* * Savaysa |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

HEMATOLOGIC – COLONY STIMULATING FACTORS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Neupogen syringe/vial | * Fulphila\*\*\* |
| * Nyvepria | * Fylnetra |
|  | * Granix\*\*\* |
|  | * Leukine\*\*\* |
|  | * Neulasta |
|  | * Neulasta Onpro |
|  | * Nivestym |
|  | * Releuko |
|  | * Rolvedon |
|  | * Stimufend |
|  | * Udenyca |
|  | * Zarxio |
|  | * Ziextenzo |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products |

HEMATOLOGIC – HEMATOPOIETIC AGENTS

|  |  |
| --- | --- |
| **PREFERRED\*\*** | **NON-PREFERRED\*\*** |
| * Aranesp\*\*\* * Retacrit\*\*\* | * Epogen\*\*\* * Mircera\*\*\* * Procrit\*\*\* * Reblozyl |
| Qty limits apply | Trial and failure of 1 Preferred product required prior to Non-Preferred products |

HEMATOLOGIC – SICKLE CELL GENE THERAPY

|  |  |
| --- | --- |
| **PREFERRED\*\*** | **NON-PREFERRED\*\*** |
| * Casgevy | * Lyfgenia |
|  |  |

HIV/AIDS – ORAL PRODUCTS

|  |  |  |
| --- | --- | --- |
| **PREFERRED** | | **NON-PREFERRED** |
| * abacavir * abacavir/lamivudine * Aptivus * atazanavir * Atripla * Biktarvy * Cimduo * Complera * darunavir * Delstrigo * Descovy * didanosine * Dovato * Edurant * efavirenz * efavirenz/emtricitabine/tenofo vir disoproxil fumarate (generic for Atripla) * efavirenz/lamivudine/tenofovir disoproxil fumarate (generic for Symfi) * efavirenz/lamivudine/tenofovir disoproxil fumarate (generic for Symfi lo) * emtricitabine (generic for Emtriva) * emtricitabine/tenofovir disoproxil fumarate (generic for Truvada) * Emtriva * Epivir * etravirine (generic for Intelence) * Evotaz * fosamprenavir * Genvoya * Intelence * Isentress * Isentress HD * Juluca * Kaletra * lamivudine * lamivudine/zidovudine | * lopinavir/ritonavir * maraviroc (generic for Selzentry) * nevirapine ER * nevirapine * Norvir * Odefsey * Pifeltro * Prezcobix * Prezista * Retrovir * Reyataz * ritonavir * Rukobia * Selzentry solution * stavudine * Stribild * Sunlenca tablet * Symfi * Symfi lo * Symtuza * tenofovir disoproxil fumarate * Tivicay/PD Susp * Triumeq/PD Susp * Trizivir * Truvada * Tybost * Viracept * Viread * Vocabria * Ziagen * zidovudine | * Selzentry tablet\* |

IMMUNOLOGIC – SYSTEMIC IMMUNOMODULATORS

|  |  |
| --- | --- |
| **PREFERRED\*\*** | **NON-PREFERRED\*\*** |
| * adalimumab-aacf * adalimumab-aaty * adalimumab-adaz * adalimumab-adbm * adalimumab-fjkp * adalimumab-ryvk * Enbrel * Humira * infliximab (generic for Remicade) * Otezla * Rinvoq/LQ * Taltz * Xeljanz | * Abrilada * Actemra/ACTPen * Amjevita * Arcalyst * Avsola * Bimzelx * Cibinqo * Cimzia * Cosentyx * Cyltezo * Entyvio * Hadlima * Hulio * Hyrimoz * Idacio * Ilaris * Ilumya * Inflectra * Kevzara * Kineret * Litfulo * Olumiant * Omvoh * Orencia * Remicade * Renflexis * Siliq * Simlandi * Simponi/Aria * Skyrizi * Sotyktu * Spevigo * Stelara * Tofidence * Tremfya * Tyenne * Velsipity * Xeljanz solution |

|  |  |
| --- | --- |
| **PREFERRED\*\*** | **NON-PREFERRED\*\*** |
|  | * Xeljanz XR * Yuflyma * Yusimry * Zymfentra |
|  | Trial and failure of 1 or more Preferred products based on diagnosis required prior to Non-Preferred  products |

MISCELLANEOUS – PANCREATIC ENZYMES

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Creon * Zenpep | * Pertzye * Viokace |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

MISCELLANEOUS – SKELETAL MUSCLE RELAXANTS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * baclofen * carisoprodol/compound (generic for Soma/ compound)\*\* * chlorzoxazone (generic for Parafon Forte) * cyclobenzaprine (generic for Flexeril) * cyclobenzaprine ER (generic for Amrix) * dantrolene sodium (generic for Dantrium) * metaxalone (generic for Skelaxin) * methocarbamol (generic for Robaxin) * orphenadrine citrate/compound (generic for Norflex) * tizanidine (generic for Zanaflex) | * Amrix\* * Dantrium\* * Fexmid * Fleqsuvy * Lorzone * Lyvispah * Norgesic * Norgesic Forte * Soma\*\* * Zanaflex\* |
|  | Trial and failure of 3 Preferred products required prior to Non-Preferred products |

MISCELLANEOUS – SMOKING CESSATION

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * bupropion SR (generic for Zyban) * Chantix * nicotine gum/lozenges/patch * varenicline (generic for Chantix) | * Nicotrol NS |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products |

MISCELLANEOUS – TOPICAL ANDROGENIC AGENTS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * testosterone (generic for AndroGel, Axiron, Fortesta Testim, Vogelxo) | * AndroGel\* * Testim\* * Vogelxo\* |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products |

OPHTHALMIC/GLAUCOMA – ALPHA 2 ADRENERGIC AGENTS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Alphagan P * apraclonidine (generic for Iopidine) * brimonidine/P (generic for Alphagan/P) * Simbrinza | * Iopidine\* |
|  | Trial and failure of all Preferred products required prior to Non-Preferred products |

OPHTHALMIC/GLAUCOMA – BETA BLOCKER AGENTS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * betaxolol (generic for Betoptic) * brimonidine/timolol (generic for Combigan) * carteolol (generic for Ocupress) * Combigan * dorzolamide/timolol/PF (generic for Cosopt\*/PF) * levobunolol (generic for Betagan) * timolol (generic for Istalol, Timoptic) * timolol (generic for Timoptic Ocudose) * timolol XE (generic for Timoptic XE) | * Betimol * Betoptic S * Cosopt\*/PF * Istalol\* * Timoptic Ocudose\* |
|  | Trial and failure of 5 Preferred products required prior to Non-Preferred products |

OPHTHALMIC/GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * brinzolamide (generic for Azopt) * dorzolamide/PF (generic for Trusopt) * dorzolamide/timolol/PF (generic for Cosopt\*/PF) * Simbrinza | * Azopt\* * Cosopt\*/PF |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

OPHTHALMIC/GLAUCOMA – PROSTAGLANDIN AGONISTS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * bimatoprost (generic for Lumigan) * latanoprost/PF (generic for Xalatan) * tafluprost (generic for Zioptan) * Travatan Z * travoprost (generic for Travatan) | * Iyuzeh * Lumigan \* * Vyzulta * Xalatan\*/\*\*\* * Xelpros * Zioptan\* |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

OPHTHALMIC/GLAUCOMA – RHO KINASE INHIBITOR\*\*\*

|  |  |
| --- | --- |
| **PREFERRED\*\*** | **NON-PREFERRED\*\*** |
| * Rhopressa * Rocklatan |  |

OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * azelastine (generic for Optivar) * bepotastine (generic for Bepreve) * cromolyn sodium * epinastine (generic for Elestat) * loteprednol (generic for Alrex) * olopatadine (generic for Patanol/Pataday) | * Alocril * Alomide * Alrex * Bepreve\* * Zerviate |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

OPHTHALMIC/ANTIBIOTIC – QUINOLONES

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * ciprofloxacin (generic for Ciloxan) * gatifloxacin (generic for Zymaxid) * moxifloxacin (generic for Moxeza) * moxifloxacin (generic for Vigamox) * ofloxacin | * Besivance * Ciloxan\* * Ocuflox * Vigamox\* * ​ |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

OPHTHALMIC – NONSTEROIDAL ANTIINFLAMMATORY

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * bromfenac (generic for Xibrom) * diclofenac drops (generic for Voltaren opth drops) * flurbiprofen (generic for Ocufen) * ketorolac 0.5% (generic for Acular) * ketorolac 0.4% (generic for Acular LS) | * Acular\* * Acular LS\* * Acuvail * BromSite * Ilevro * Nevanac * Prolensa |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

OPHTHALMIC – ANTIINFLAMMATORY/IMMUNOMODULATORS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * cyclosporine (generic for Restasis) * Restasis * Restasis Multi-dose * Xiidra | * Cequa * Eysuvis * Miebo * Verkazia * Vevye |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

OPIATE DEPENDENCE TREATMENT\*\*

BUPRENORPHINE – CONTAINING ORAL

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * buprenorphine (generic for Subutex)\*\* * buprenorphine/naloxone (generic for Suboxone) * Zubsolv | * Suboxone |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products. |

BUPRENORPHINE – CONTAINING INJECTABLE

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Brixadi * Sublocade |  |

OPIOID REVERSAL AGENTS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Kloxxado spray * naloxone spray * naloxone vial/syringe * Narcan spray * Narcan spray OTC * Opvee spray * Rextovy * Zimhi |  |

OSTEOPOROSIS – BISPHOSPHONATES

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * alendronate (generic for Fosamax) * ibandronate (generic for Boniva) * risedronate (generic for Actonel) * risedronate DR (generic for Atelvia) | * Actonel\* * Atelvia\* * Boniva\* * Fosamax\*/D |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

OSTEOPOROSIS – NASAL CALCITONINS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * calcitonin salmon (generic for Miacalcin) |  |

OTIC/ANTIBIOTIC – QUINOLONES AND COMBINATIONS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * ciprofloxacin (generic for Cetraxal) * ciprofloxacin/dexamethasone (generic for Ciprodex otic) * ciprofloxacin/fluocinolone (generic for Otovel) * ofloxacin otic (generic for Floxin otic) | * Cipro HC otic |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

|  |  |
| --- | --- |
| **PREFERRED\*\*\*** | **NON-PREFERRED\*\*\*** |
| * Anoro Ellipta * Atrovent HFA * Combivent Respimat * Incruse Ellipta * ipratropium/albuterol (generic for DuoNeb) * ipratropium nebulizer * roflumilast (generic for Daliresp) * Spiriva HandiHaler * Spiriva Respimat * Stiolto Respimat * tiotropium (generic for Spiriva) * Tudorza Pressair | * Bevespi Aerosphere * Daliresp\* * Duaklir Pressair * Yupelri |
| Qty limits apply | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

RESPIRATORY – LEUKOTRIENE MODIFIERS

**Note**: Recipients ≤ 10 years of age will be exempt from the PDL in the LTRA category.

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * montelukast (generic for Singulair) * zafirlukast (generic for Accolate) * zileuton ER (generic for Zyflo CR) | * Accolate\* * Singulair\* * Zyflo |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products. |

RESPIRATORY – SHORT ACTING BETA ADRENERGICS AND COMBINATIONS – INHALERS/NEBS

|  |  |
| --- | --- |
| **PREFERRED\*\*\*** | **NON-PREFERRED\*\*\*** |
| * albuterol sulfate HFA (generic for ProAir HFA, Proventil HFA, Ventolin HFA) * albuterol neb (generic for Proventil/Ventolin neb) * albuterol/ipratropium (generic for DuoNeb) * levalbuterol (generic for Xopenex) * ProAir RespiClick * Ventolin HFA\* * Xopenex HFA\* | * ProAir Digihaler |
| Qty limits apply | Trial and failure of 1 Preferred product required prior to Non-Preferred products. |

RESPIRATORY – LONG ACTING BETA ADRENERGICS AND COMBINATIONS – INHALERS/NEBS

|  |  |
| --- | --- |
| **PREFERRED\*\*\*** | **NON-PREFERRED\*\*\*** |
| * arformoterol (generic for Brovana) * formoterol (generic for Perforomist) * Serevent Diskus | * Brovana\* * Perforomist\* * Striverdi Respimat * Trelegy Ellipta |
| Qty limits apply | Trial and failure of 1 Preferred product required prior to Non-Preferred products. |

RESPIRATORY – INHALED CORTICOSTEROIDS

|  |  |
| --- | --- |
| **PREFERRED\*\*\*** | **NON-PREFERRED\*\*\*** |
| * Alvesco * Arnuity Ellipta * Asmanex * budesonide (generic for Pulmicort) * fluticasone (generic for Flovent Diskus and HFA) * QVAR RediHaler | * Asmanex HFA * Pulmicort Flexhaler * Pulmicort respules\* |
| Qty limits apply | Trial and failure of 1 Preferred product required prior to Non-Preferred products. |

RESPIRATORY – INHALED CORTICOSTEROIDS ADRENERGIC AND COMBINATIONS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Advair Diskus * Advair HFA * AirDuo RespiClick\* * Breo Ellipta * budesonide/formoterol fumarate (generic for Symbicort) * Dulera * fluticasone/salmeterol (generic for Advair Diskus) * fluticasone/salmeterol (generic for AirDuo RespiClick) * fluticasone/salmeterol HFA (generic for Advair HFA) * fluticasone/vilanterol (generic for Breo Ellipta) * Symbicort * Wixela Inhub (generic for Advair Diskus) | * AirDuo Digihaler * Airsupra HFA * ArmonAir Digihaler * Breztri Aerosphere * Trelegy Ellipta |
| Qty limits apply | Trial and failure of 3 Preferred products required prior to Non-Preferred products. |

RESPIRATORY – NASAL ANTIHISTAMINES AND COMBINATIONS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * azelastine (generic for Astelin/Astepro) * azelastine/fluticasone (generic for Dymista) * olopatadine (generic for Patanase) | * Dymista\* * Ryaltris * Xhance |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

RESPIRATORY – NASAL CORTICOSTEROIDS AND COMBINATIONS\*\*\*

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * azelastine/fluticasone (generic for Dymista) * flunisolide (generic for Nasarel) * fluticasone (generic for Flonase) * mometasone (generic for Nasonex) | * Dymista\* * Omnaris * Qnasl * Ryaltris * Zetonna |
| Qty limits apply | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

RESPIRATORY – LOW SEDATING ANTIHISTAMINES

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * cetirizine tabs/syrup/chew (generic for Zyrtec OTC/chew) * desloratadine/ODT (generic for Clarinex) * fexofenadine (OTC) * levocetirizine tab/solution (generic for Xyzal OTC) * loratadine (OTC) (generic for Claritin OTC) * loratadine syrup (OTC) (generic for Claritin Syrup OTC) * loratadine Dis (OTC) (generic for Claritin Dis OTC) | * Clarinex\* |
|  | Trial and failure of 3 Preferred products required prior to Non-Preferred products |

RESPIRATORY – IDIOPATHIC PULMONARY FIBROSIS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Ofev * pirfenidone (generic for Esbriet) | * Esbriet\* |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred product |

RESPIRATORY – ASTHMA IMMUNOMODULATORS\*\*

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Fasenra * Nucala * Xolair | * Cinqair * Tezspire |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred product |

SELF-INJECTION EPINEPHRINE\*\*\*

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * epinephrine (generic for Adrenaclick, EpiPen, EpiPen Jr.) * EpiPen * EpiPen Jr. | * Auvi-Q |
| Qty. limits apply | Trial and failure of 1 Preferred product required prior to Non-Preferred products |

SPINAL MUSCULAR ATROPHY\*\*

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Evrysdi * Spinraza * Zolgensma |  |

TOPICAL – ANTIPARASITICS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * malathion * Natroba * permethrin (OTC/RX) * spinosad (generic for Natroba) | * Crotan * Eurax * Ovide * Sklice |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products |

TOPICAL – STEROIDS

VERY HIGH POTENCY

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * clobetasol foam (generic for Olux-E foam) * clobetasol cream/soln/gel/oint (generic for Temovate cream/soln/gel/oint) * clobetasol ltn./shamp./spr. (generic for Clobex ltn./shamp./spr.) * halobetasol propionate (generic for Halac, Ultravate, Halonate) * halobetasol propionate foam (generic for Lexette) | * ApexiCon E * Bryhali * Clobex * Clodan kit * Lexette * Olux\* * Tovet Kit * Ultravate\* |
|  | Trial and failure of 2 Preferred product required prior to Non-Preferred products |

HIGH POTENCY

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * amcinonide cream * betamethasone dipropionate (augmented generic for Diprolene AF) * betamethasone valerate * desoximetasone (generic for Topicort) * diflorasone diacetate * fluocinonide/E * halcinonide (generic for Halog) * triamcinolone | * Diprolene\* * Halog\* * Kenalog aerosol * Topicort\* * Vanos |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

MEDIUM POTENCY

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Beser * betamethasone valerate foam (generic for Luxiq) * clocortolone (generic for Cloderm) * fluocinolone acetonide (generic for Synalar) * flurandrenolide (generic for Cordran) * fluticasone propionate * hydrocortisone butyrate/valerate * hydrocortisone butyrate lotion (generic for Locoid) * mometasone * prednicarbate | * Beser Kit * Locoid\* * Pandel * Synalar\* |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

LOW POTENCY

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * alclometasone dipropionate * desonide * fluocinolone (generic for Derma Smoothe) * hydrocortisone acetate (OTC/RX) cr./lotion/ointment | * Capex shampoo * Derma-Smoothe FS\* * Hydroxym gel * Texacort |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

TOPICAL – TOPICAL AGENTS FOR PSORIASIS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * betamethasone/calcipotriene (generic for Taclonex) * calcipotriene cream/ solution/oint. (generic for Dovonex) * calcitriol (generic for Vectical) | * Duobrii * Enstilar * Sorilux * Taclonex\* * Vectical * Vtama * Zoryve 0.3% cream |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

TOPICAL – TOPICAL COMBINATION BENZOYL PEROXIDE AND CLINDAMYCIN PRODUCTS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * clindamycin/benzoyl peroxide (generic for BenzaClin, Duac, Acanya) | * Acanya\* * Onexton |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products |

TOPICAL – TOPICAL RETINOIDS

|  |  |
| --- | --- |
| **PREFERRED\*\*** | **NON-PREFERRED\*\*** |
| * adapalene (generic for Differin, Plixda) * adapalene/benzoyl peroxide (generic for Epiduo, Epiduo Forte) * clindamycin/tretinoin (generic for Veltin) * Differin cream/gel/lotion * Retin-A cream/gel * tazarotene cream, gel (generic for Tazorac) * tazarotene foam (generic for Fabior) * tretinoin (generic for Atralin, Avita, Retin- A/Micro) | * Aklief * Altreno * Arazlo * Atralin\* * Epiduo Forte * Fabior * Retin A Micro\* * Retin A Micro Pump\* * Ziana |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

TOPICAL – TOPICAL ANTIVIRALS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * acyclovir (generic for Zovirax oint/cream) * Denavir * penciclovir (generic for Denavir) * Zovirax cream * Zovirax oint | * Xerese |
|  | Trial and failure of 2 Preferred products required prior to Non-Preferred products |

TOPICAL – TOPICAL ANTIBIOTICS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * mupirocin oint/cream (generic for Bactroban oint/cream) | * Centany |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products |

UREA CYCLE DISORDERS, ORAL

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Buphenyl powder * Buphenyl tablet * Carbaglu * carglumic acid * Pheburane * Ravicti * sodium phenylbutyrate powder * sodium phenylbutyrate tablet | * Olpruva |
|  | Trial and failure of 1 Preferred product required prior to Non-Preferred products |

UTERINE DISORDER TREATMENTS

|  |  |
| --- | --- |
| **PREFERRED** | **NON-PREFERRED** |
| * Myfembree * Oriahnn * Orilissa |  |