



New Hampshire Department of Health and Human Services Fee-for-Service Medicaid Preferred Drug List (PDL)

Effective Date: July 1, 2023

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* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

ANALGESICS – LONG-ACTING OPIOIDS***

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> • 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®) • Xtampza ER® 	<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • celecoxib (generic for Celebrex®) • meloxicam cap (generic for Vivlodex®) • meloxicam tab (generic for Mobic®) • naproxen/esomeprazole tab (generic for Vimovo®) 	<ul style="list-style-type: none"> • Celebrex®* • Vimovo®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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*** Indicates when quantity limits apply.

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ANALGESICS – TRAMADOL AND TRAMADOL-LIKE DERIVATIVES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> tramadol (generic for Ultram®) tramadol/acetaminophen (generic for Ultracet®) tramadol ER (generic for ConZip®, Ryzolt ER®, Ultram ER®)** tramadol solution (generic for Qdolo™) 	<ul style="list-style-type: none"> ConZip®*** Nucynta® Nucynta ER®***
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ANTIBIOTICS – SECOND GENERATION CEPHALOSPORINS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> cefdinir caps/susp. (generic for Omnicef cap/susp®) cefixime caps/susp. (generic for Suprax®) cefepodoxime tabs, susp. (generic for Vantin®) 	<ul style="list-style-type: none"> Suprax caps*/chew® Suprax susp.®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ANTIBIOTICS – MACROLIDES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> 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.®) 	<ul style="list-style-type: none"> 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***
<ul style="list-style-type: none"> ciprofloxacin (generic for Cipro®) Cipro susp® ofloxacin (generic for Floxin®) 	<ul style="list-style-type: none"> Cipro®*
Qty limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIBIOTICS – THIRD GENERATION QUINOLONES

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> levofloxacin (generic for Levaquin®) moxifloxacin (generic for Avelox®) 	<ul style="list-style-type: none"> Baxdela®
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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ANTIBIOTICS – HERPETIC ANTIVIRALS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> acyclovir (generic for Zovirax®) famciclovir (generic for Famvir®) valacyclovir (generic for Valtrex®) 	<ul style="list-style-type: none"> Sitavig® Valtrex®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIBIOTICS – INHALED

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Bethkis® Kitabis® Pak Tobi Podhaler® tobramycin (generic for Bethkis®) tobramycin pak/ solution (generic for Kitabis®, Tobi®) 	<ul style="list-style-type: none"> Arikayce® Cayston® Tobi®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIBIOTICS – VAGINAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> clindamycin Clindesse® metronidazole Nuessa™ 	<ul style="list-style-type: none"> Cleocin® Cream*/Ovules Vandazole® Xaciato®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ANTICONVULSANTS – CARBAMAZEPINE DERIVATIVES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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®) 	<ul style="list-style-type: none"> 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

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ANTICONVULSANTS – OTHER

NASAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Nayzilam® Valtoco® 	

RECTAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Diastat®/AcuDial™ diazepam (generic for Diastat®) 	

ANTICONVULSANTS – SECOND GENERATION

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> clobazam (generic for Onfi®) Epidiolex® gabapentin (generic for Neurontin®) Gabitril® lacosamide (generic for Vimpat®) lamotrigine/ODT/XR (generic for Lamictal®/ODT/XR) levetiracetam/ER (generic for Keppra/XR®) pregabalin (generic for Lyrica®) (requires additional clinical PA) 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®) 	<ul style="list-style-type: none"> 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) 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

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ANTIFUNGALS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> ciclopirox solution (generic for Penlac®) itraconazole luliconazole (generic for Luzu®) oxiconazole (generic for Oxistat®) tavaborole (generic for Kerydin®) terbinafine (generic of Lamisil®) 	<ul style="list-style-type: none"> Jublia® Kerydin® (tavaborole) 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
<ul style="list-style-type: none"> pramipexole/ER (generic for Mirapex®/ER) ropinirole/ER (generic for Requip®/XL) 	<ul style="list-style-type: none"> Inbrija™ Kynmobi™ Mirapex*ER®* 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
<ul style="list-style-type: none"> amantadine (generic for Symmetrel®) oseltamivir (generic for Tamiflu®) rimantadine (generic for Flumadine®) 	<ul style="list-style-type: none"> Flumadine tablet®* Relenza®**** Tamiflu®**** Xofluza™****
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ATOPIC DERMATITIS TREATMENTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> Dupixent® Elidel® Eucrisa® pimecrolimus (generic for Elidel®) Protopic® tacrolimus (generic for Protopic®) 	<ul style="list-style-type: none"> Adbry™ Opzelura®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS AND COMBOS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> 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) Vraylar® ziprasidone/IM (generic for Geodon®) 	<ul style="list-style-type: none"> Abilify®* Abilify MyCite® Caplyta® Clozaril®* Fanapt® Geodon®/IM* Invega®* Latuda®* Lybalvi™ Rexulti® Risperdal®* 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

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BEHAVIORAL HEALTH – ALZHEIMER’S AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> Adlarity® Aricept®* Aricept 23mg®* Namenda®/XR* (not a cholinesterase inhibitor) Namzaric® Razadyne® ER*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

BEHAVIORAL HEALTH – NOVEL ANTIDEPRESSANTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> 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™) (requires additional clinical PA) 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®) 	<ul style="list-style-type: none"> Aplenzin® Auvelity® Cymbalta®*** (requires additional clinical PA) Drizalma® Sprinkle** (requires additional clinical PA) 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®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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BEHAVIORAL HEALTH – ANXIOLYTICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> alprazolam/XR (generic for Xanax®/XR) bupirone (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®) 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> citalopram (generic for Celexa®) escitalopram/soln (generic for Lexapro®) fluoxetine/Weekly (generic for Prozac®/Weekly/Sarafem®) fluvoxamine/ER (generic for Luvox® CR) olanzapine/fluoxetine (generic for Symbyax®) paroxetine/ER (generic for Paxil®/Brisdelle®/CR) sertraline (generic for Zoloft®) sertraline capsule 	<ul style="list-style-type: none"> Celexa®* Lexapro tab®* Paxil®/CR* Pexeva® Prozac®* Symbyax®* Zoloft®*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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BEHAVIORAL HEALTH – SEDATIVE HYPNOTICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • 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/ER (generic for Ambien®/CR) • zolpidem SL (generic for Intermezzo®) 	<ul style="list-style-type: none"> • Ambien®/CR* • Belsomra® • Dayvigo® • Doral® • Edluar® • Halcion®* • Igalmi™ • Lunesta®* • Quviviq® • Restoril®* • Rozerem®* • Silenor®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

* Indicates a generic is available without PA.

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*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

BEHAVIORAL HEALTH – ANTIHYPERKINESIS***

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

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> • Adderall® (generic) • Adderall XR® • amphetamine salt combo/XR (generic for Adderall®/XR) • amphetamine sulfate (generic for Evekeo®) • atomoxetine (generic for Strattera®) • clonidine ER (generic for Kapvay®) • Concerta® • dexamethylphenidate/XR (generic for Focalin/XR®) • dextroamphetamine /ER (generic for Dexedrine®/ER) • dextroamphetamine soln. (generic for ProCentra®) • Focalin XR® • guanfacine ER (generic for Intuniv®) • 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® 	<ul style="list-style-type: none"> • Adhansia XR® • Adzenys XR-ODT® • Aptensio XR® • Azstarys® • Cotempla XR-ODT® • Daytrana® • Desoxyn® • Dexedrine ER® • Dyanavel XR® • Evekeo®/ODT • Focalin® • Intuniv® • Jornay PM® • Mydayis® • ProCentra® • Qelbree® • QuilliChew ER® • Quillivant XR® • Ritalin® • Ritalin LA® • Strattera® • Xelstrym® • Zenedi®
	<p>Trial and failure of 2 Preferred products required prior to Non-Preferred products</p>

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CARDIOVASCULAR – ACE INHIBITORS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • 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®) 	<ul style="list-style-type: none"> • Accupril®* • Accuretic®* • Altace®* • Epaned®* (non-preferred for adults only) • Lotensin®*/HCT • Lotrel®* • Qbrelis® • Vaseretic®* • Vasotec®* • Zestoretic®* • Zestril®*
	<p>Trial and failure of 3 Preferred products required prior to Non-Preferred products.</p>

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CARDIOVASCULAR – ANGIOTENSIN II RECEPTOR BLOCKERS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> 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[®]) 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[®]) 	<ul style="list-style-type: none"> Atacand[®]*/HCT Avalide[®]* Avapro[®]* Azor[®]* Benicar[®]*/HCT* Cozaar[®]* Diovan[®] Diovan HCT[®]* Edarbi[®] Edarbyclor[®] 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
<ul style="list-style-type: none"> ranolazine ER 	<ul style="list-style-type: none"> Aspruzo™ Sprinkle Ranexa[®]*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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CARDIOVASCULAR – BETA-BLOCKERS AND COMBINATION

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • 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®) • Sorine® • timolol (generic for Blocadren®) 	<ul style="list-style-type: none"> • Betapace®* • Betapace AF®* • Bystolic®* • Coreg®/CR* • Corgard®* • Inderal LA®* • Inderal XL®* • InnoPran XL® • Kapspargo Sprinkle® • Lopressor®* • Sotylize® • Tenoretic®* • Tenormin®* • Toprol XL®* • Ziac®*
	<p>Trial and failure of 3 Preferred products required prior to Non-Preferred products.</p>

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CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (DHP)

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> amlodipine (generic for Norvasc®) felodipine ER (generic for Plendil®) isradipine (generic for DynaCirc®) levamlodipine (generic for Conjugpri®) nicardipine (generic for Cardene®) nifedipine IR (generic for Procardia®) nifedipine ER (generic for Procardia XL®) nimodipine (generic for Nimotop®) nisoldipine 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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®) 	<ul style="list-style-type: none"> Calan SR®* 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
<ul style="list-style-type: none"> ezetimibe (generic for Zetia®) ezetimibe/simvastatin (generic for Vytorin®) 	<ul style="list-style-type: none"> Vytorin®* Zetia®*
	Trial and failure of 2 high potency statins Preferred products required prior to Non-Preferred products.

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CARDIOVASCULAR – STATINS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> fluvastatin/ER (generic for Lescol[®]/XL) lovastatin (generic for Mevacor[®]) pravastatin (generic for Pravachol[®]) 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> amlodipine/atorvastatin (generic for Caduet[®]) atorvastatin (generic for Lipitor[®]) ezetimibe/simvastatin (generic for Vytorin[®]) rosuvastatin (generic for Crestor[®]) simvastatin (generic for Zocor[®]) 	<ul style="list-style-type: none"> Caduet^{®*} Crestor^{®*} Ezallor Sprinkle[®] Lipitor^{®*} Livalo[®] Vytorin^{®*} Zocor^{®*}
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

CARDIOVASCULAR – TRIGLYCERIDE LOWERING AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> fenofibrate (generic for Antara[®], Fenoglide[®], Lofibra[®], Lipofen[®], Tricor[®], Triglide[®]) fenofibric acid (generic for Fibracor[®], Trilipix[®]) gemfibrozil (generic for Lopid[®]) icosapent ethyl (generic for Vascepa[®]) omega-3 ethyl ester (generic for Lovaza[®]) 	<ul style="list-style-type: none"> Antara^{®*} Fenoglide^{®*} Lipofen^{®*} Lopid^{®*} Lovaza^{®*} Tricor^{®*} Trilipix^{®*} Vascepa^{®*}
	Trial and failure of 2 high potency statins required prior to Non-Preferred products.

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CARDIOVASCULAR – PLATELET INHIBITORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> aspirin/dipyridamole (generic for Aggrenox®) aspirin/omeprazole (generic for Yosprala®) Brilinta® clopidogrel (generic for Plavix®) dipyridamole (generic for Persantine®) prasugrel (generic for Effient®) 	<ul style="list-style-type: none"> Effient®* Plavix®**
Trial and failure of 2 Preferred products required prior to Non-Preferred products.	

CARDIOVASCULAR – NIACIN DERIVATIVES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> niacin ER 	

CARDIOVASCULAR – ORAL PULMONARY HYPERTENSION AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> ambrisentan (generic for Letairis®) bosentan (generic for Tracleer®) sildenafil (generic for Revatio®)** tadalafil (generic for Adcirca®)** 	<ul style="list-style-type: none"> Adcirca®*** Adempas® Letairis®* Opsumit® Orenitram® ER Revatio®** Tadliq®** Tracleer®* Uptravi®
Trial and failure of 1 Preferred product required prior to Non-Preferred products.	

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CENTRAL NERVOUS SYSTEM – TRIPTANS

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> • 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®) 	<ul style="list-style-type: none"> • Frova®* • Imitrex®* • Maxalt tablet/MLT®* • ONZETRA® Xsail® • Relpax®* • Reyvow® • Tosymra® • Treximet®* • 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**/**
<ul style="list-style-type: none"> • Ajovy® • Emgality® 120 mg 	<ul style="list-style-type: none"> • Aimovig® • Emgality® 100 mg • Qulipta™ • Vyepti®
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**/**
<ul style="list-style-type: none"> • Ubrelvy® 	<ul style="list-style-type: none"> • Nurtec® ODT
Qty. limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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CENTRAL NERVOUS SYSTEM – MULTIPLE SCLEROSIS

DISEASE MODIFYING THERAPY

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> Avonex® Betaseron® Copaxone® dimethyl fumarate DR (generic for Tecfidera®) fingolimod (generic for Gilenya®) Glatopa® glatiramer (generic for Copaxone®) Kesimpta® teriflunomide (generic for Aubagio®) 	<ul style="list-style-type: none"> Aubagio®* Bafiertam™ Extavia® 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***
<ul style="list-style-type: none"> dalfampridine ER (generic for Ampyra®) 	<ul style="list-style-type: none"> Ampyra®*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

CENTRAL NERVOUS SYSTEM – MOVEMENT DISORDERS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> Austedo® Ingrezza® tetrabenazine (generic for Xenazine®) 	<ul style="list-style-type: none"> Xenazine®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> acarbose (generic for Precose®) miglitol (generic for Glyset®) 	<ul style="list-style-type: none"> Precose®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ENDOCRINOLOGY – BIGUANIDES AND COMBOS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> alogliptin/metformin (generic for Kazano®) Invokamet® Janumet® Janumet XR® Kazano®* metformin (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®) pioglitazone/metformin (generic for Actoplus Met®) repaglinide/metformin (generic for PrandiMet®) Synjardy® Xigduo XR® 	<ul style="list-style-type: none"> Actoplus met®* Glumetza®* Invokamet XR® Riomet®*/ER Susp Segluromet® Synjardy XR® Trijardy XR®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> 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® Tradjenta® 	<ul style="list-style-type: none"> Jentadueto XR® Qtern® Steglujan® Trijardy XR®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – GLUCAGON AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Baqsimi® Nasal Powder diazoxide suspension Glucagon emergency kit (human recombinant injection, Eli Lilly) glucagon injection Gvoke® HypoPen, PFS Proglycem® suspension (oral) 	<ul style="list-style-type: none"> Glucagon Emergency Kit (Fresenius Kabi) Zegalogue®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Byetta® • Ozempic® • Trulicity® • Victoza® 	<ul style="list-style-type: none"> • Adlyxin® • 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**
<ul style="list-style-type: none"> • Genotropin® • Norditropin® 	<ul style="list-style-type: none"> • Humatrope® • Nutropin AQ® • Omnitrope® • Saizen® • Serostim® • Skytrofa™ • Zomacton® •
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ENDOCRINOLOGY – PITUITARY SUPPRESSIVE AGENTS - LHRH

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Camcevi™ • Eligard® • Fensolvi® • leuprolide acetate • Lupron Depot® • Synarel® • Trelstar® 	<ul style="list-style-type: none"> • Supprelin® LA Kit • Triptodur™
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ENDOCRINOLOGY – INSULINS

RAPID ACTING

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> 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® 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Humulin R® Humulin R 500 KwikPen®/pen/vial 	<ul style="list-style-type: none"> Novolin R®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

INTERMEDIATE ACTING

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Humulin N® 	<ul style="list-style-type: none"> Humulin N KwikPen® Novolin N®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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LONG ACTING

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> insulin degludec (generic for Tresiba®) insulin glargine insulin glargine-yfgn Lantus SoloSTAR® Lantus® vial Levemir FlexTouch® Levemir vial® 	<ul style="list-style-type: none"> Basaglar KwikPen® Basaglar® Tempo Pen™ 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
<ul style="list-style-type: none"> Humalog Mix 75/25 vial and KwikPen® Humalog Mix 50/50 vial and 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® 	<ul style="list-style-type: none"> Novolin 70/30®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – MEGLITINIDES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> nateglinide (generic for Starlix®) repaglinide (generic for Prandin®) 	

ENDOCRINOLOGY – POTASSIUM BINDERS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Lokelma® sodium polystyrene sulfonate 	<ul style="list-style-type: none"> Veltassa®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ENDOCRINOLOGY – SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Farxiga® Glyxambi® Invokamet® Invokana® Jardiance® Synjardy® Xigduo XR® 	<ul style="list-style-type: none"> Invokamet XR® Qtern® 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
<ul style="list-style-type: none"> alogliptin/pioglitazone (generic for Oseni®) Oseni®* pioglitazone (generic for Actos®) pioglitazone/glimepiride (generic for Duetact®) pioglitazone/metformin (generic for Actoplus Met®) 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> glimepiride (generic for Amaryl®) glipizide/ metformin (generic for Metaglip®) glipizide (generic for Glucotrol®) glipizide ER (generic for Glucotrol XL®) glyburide (generic for Micronase®, DiaBeta®) glyburide/metformin (generic for Glucovance®) glyburide micronized (generic for Glynase®) pioglitazone/glimepiride (generic for Duetact®) 	<ul style="list-style-type: none"> Amaryl®* Duetact®* Glucotrol XL®* Glynase®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ENDOCRINOLOGY – WEIGHT MANAGEMENT

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> • Contrave® • orlistat (generic for Xenical®) • Saxenda® • Wegovy® 	<ul style="list-style-type: none"> • Imcivree® • Xenical®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

GASTROINTESTINAL – ANTIEMETICS***

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • aprepitant/ pack (generic for Emend®/pack) • Bonjesta® • doxylamine succ/pyridoxine HCL (generic for Diclegis®) • granisetron tab (generic for Kytril®) • ondansetron (generic for Zofran®) 	<ul style="list-style-type: none"> • Akynzeo® • Anzemet® • 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**
<ul style="list-style-type: none"> • alosetron • Amitiza® • Linzess® • lubiprostone (generic for Amitiza®) • Movantik® 	<ul style="list-style-type: none"> • Ibsrela® • Lotronex® • Motegrity® • Relistor® • Symproic® • Trulance® • Viberzi®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

GASTROINTESTINAL – HEPATITIS C AGENTS

PEGYLATED INTERFERON ALPHA PRODUCTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> Pegasys® syringe/vial 	

RIBAVIRIN PRODUCTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> Ribavirin 	

DIRECT ACTING ANTIVIRAL PRODUCTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> ledipasvir-sofosbuvir (generic for Harvoni®) Mavyret™ sofosbuvir/velpatasvir (generic for Epclusa®) 	<ul style="list-style-type: none"> Epclusa® Harvoni® Harvoni® Pellet Pack Sovaldi® Sovaldi® Pellet Pack Viekira Pak® Vosevi® Zepatier®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

GASTROINTESTINAL – PROTON PUMP INHIBITORS AND COMBINATIONS***

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> 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®) 	<ul style="list-style-type: none"> AcipHex®* Nexium® (RX)* Prevacid® capsules (RX)/SoluTab* Prilosec® suspension (RX) Protonix®** Zegerid®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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GASTROINTESTINAL – ULCERATIVE COLITIS

ORAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • 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®) 	<ul style="list-style-type: none"> • Asacol HD®* • Azulfidine®* • Colazal®* • Delzicol®* • Dipentum® • Uceris®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

RECTAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • budesonide (generic for Uceris®) • mesalamine enema (generic for Rowasa®) • mesalamine kit (generic for Rowasa® kit) • mesalamine supp. (generic for Canasa supp.®) 	<ul style="list-style-type: none"> • Rowasa®* • SfRowasa® • Uceris® Rectal Foam*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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GENITOURINARY/RENAL – ALPHA BLOCKERS FOR BENIGN PROSTATIC HYPERPLASIA

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> alfuzosin (generic for Uroxatral®) dutasteride/tamsulosin (generic for Jalyn®) silodosin (generic for Rapaflo®) tamsulosin (generic for Flomax®) 	<ul style="list-style-type: none"> Entadfi™ Flomax®* Jalyn®* Rapaflo®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

GENITOURINARY/RENAL – ANDROGEN HORMONE INHIBITORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> dutasteride (generic for Avodart®) finasteride (generic for Proscar®) 	<ul style="list-style-type: none"> Avodart®* Proscar®*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

GENITOURINARY/RENAL – ELECTROLYTE DEPLETERS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> calcium acetate (generic for PhosLo®) lanthanum (generic for Fosrenol®) Renagel® Renvela® sevelamer (generic for Renvela®) sevelamer HCL (generic for Renagel®) 	<ul style="list-style-type: none"> Auryxia® Fosrenol®* MagneBind 400® Phoslyra® Renvela Powder Pack® Velphoro®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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GENITOURINARY/RENAL – URINARY ANTISPASMODICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> darifenacin ER (generic for Enablex®) fesoterodine (generic for Toviaz®) flavoxate Myrbetriq® oxybutynin /ER (generic for Ditropan®/XL) solifenacin (generic for Vesicare®) tolterodine/ER (generic for Detrol®/LA) Toviaz® tropium /ER (generic for Sanctura /XR®) 	<ul style="list-style-type: none"> Detrol/LA®* Ditropan XL®* Gelnique® Gemtesa® Myrbetriq® granules Oxytrol® Vesicare®/LS*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

HEMATOLOGIC – ANTICOAGULANTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> dabigatran (generic for Pradaxa®) Eliquis® enoxaparin (generic for Lovenox®) fondaparinux (generic for Arixtra®) Pradaxa® warfarin (generic for Coumadin®) Xarelto® Xarelto dose pack® Xarelto® suspension 	<ul style="list-style-type: none"> Arixtra®* Fragmin®* Lovenox®* Savaysa®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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*** Indicates when quantity limits apply.

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HEMATOLOGIC – COLONY STIMULATING FACTORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Neupogen® syringe • Nyvepria® 	<ul style="list-style-type: none"> • Fulphila®*** • Fylnetra® • Granix®*** • Leukine®*** • Neulasta® • Neulasta Onpro® • Neupogen® vial • 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**
<ul style="list-style-type: none"> • Aranesp®*** • Retacrit®*** 	<ul style="list-style-type: none"> • Epogen®*** • Mircera®*** • Procrit®*** • Reblozyl®
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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*** Indicates when quantity limits apply.

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HIV/AIDS – ORAL PRODUCTS

PREFERRED		NON-PREFERRED
<ul style="list-style-type: none"> • abacavir • abacavir/lamivudine • Aptivus® • atazanavir • Atripla® • Biktarvy® • Cimduo® • Combivir® • Complera® • Delstrigo™ • Descovy® • didanosine • Dovato® • Edurant® • efavirenz • efavirenz/emtricitabine/tenofovir 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® • Epzicom® • etravirine (generic for Intelence®) • Evotaz® • fosamprenavir • Genvoya® • Intelence® • Isentress® • Isentress® HD • Juluca® • Kaletra® • lamivudine • lamivudine/zidovudine • Lexiva® 	<ul style="list-style-type: none"> • lopinavir/ritonavir • maraviroc (generic for Selzentry®) • nevirapine ER • nevirapine • Norvir® • Odefsey® • Pifeltro™ • Prezcobix® • Prezista® • Retrovir® • Reyataz® • ritonavir • Rukobia® • Selzentry® solution • stavudine • Stribild® • Sunlenca® tablet • Sustiva® • Symfi® • Symfi lo® • Symtuza® • Temixys™ • tenofovir disoproxil fumarate • Tivicay®/PD Susp • Triumeq®/PD Susp • Trizivir® • Truvada® • Tybost® • Viracept® • Viread® • Vocabria® • Ziagen® • zidovudine 	<ul style="list-style-type: none"> • Selzentry® tablet*

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IMMUNOLOGIC – SYSTEMIC IMMUNOMODULATORS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> • Enbrel® • Humira® • infliximab (generic for Remicade®) • Otezla® • Taltz® • Xeljanz® 	<ul style="list-style-type: none"> • Actemra®/ACTPen • Arcalyst® • Avsola® • Cibinqo™ • Cimzia® • Cosentyx® • Entyvio® • Ilaris® • Ilumya™ • Inflectra® • Kevzara® • Kineret® • Olumiant® • Orencia® • Remicade® • Renflexis® • Rinvoq® • Siliq® • Simponi/Aria® • Skyrizi™ • Sotyktu™ • Spevigo™ • Stelara® • Tremfya® • Xeljanz® solution • Xeljanz XR®
	<p>Trial and failure of 1 or more Preferred products based on diagnosis required prior to Non-Preferred products</p>

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*** Indicates when quantity limits apply.

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MISCELLANEOUS – PANCREATIC ENZYMES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Creon® Zenpep® 	<ul style="list-style-type: none"> Pertzye® Viokace®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

MISCELLANEOUS – SKELETAL MUSCLE RELAXANTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> 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 (generic for Norflex®) tizanidine (generic for Zanaflex®) 	<ul style="list-style-type: none"> Amrix®* Dantrium®* Fexmid® Fleqsuvy® Lorzone® Lyvispah™ Norgesic Forte® Soma®** Zanaflex®*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

MISCELLANEOUS – SMOKING CESSATION

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> bupropion SR (generic for Zyban®) Chantix® nicotine gum/lozenges/patch varenicline (generic for Chantix®) 	<ul style="list-style-type: none"> Nicotrol inhalation/NS®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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MISCELLANEOUS – TOPICAL ANDROGENIC AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> testosterone (generic for AndroGel®, Fortesta® Testim®, Vogelxo®) 	<ul style="list-style-type: none"> Androderm® AndroGel®* Fortesta®* Testim®* Vogelxo®*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

OPHTHALMIC/GLAUCOMA – ALPHA 2 ADRENERGIC AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Alphagan P® apraclonidine (generic for Iopidine®) brimonidine/P (generic for Alphagan®/P) Simbrinza® 	<ul style="list-style-type: none"> Iopidine®*
	Trial and failure of all Preferred products required prior to Non-Preferred products

OPHTHALMIC/GLAUCOMA – BETA BLOCKER AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> 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 Timoptic®) timolol (generic for Timoptic® Ocudose) timolol XE (generic for Timoptic XE®) 	<ul style="list-style-type: none"> Betimol® Betoptic S® Cosopt®*/PF® Istalol®* Timoptic®/XE* Timoptic® Ocudose*
	Trial and failure of 5 Preferred products required prior to Non-Preferred products

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OPHTHALMIC/GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> brinzolamide (generic for Azopt®) dorzolamide/PF (generic for Trusopt®) dorzolamide/timolol/PF (generic for Cosopt®*/PF®) Simbrinza® 	<ul style="list-style-type: none"> Azopt®* Cosopt®**/PF®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPHTHALMIC/GLAUCOMA – PROSTAGLANDIN AGONISTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> bimatoprost (generic for Lumigan®) latanoprost/PF (generic for Xalatan®) tafluprost (generic for Zioptan®) travoprost (generic for Travatan®) Travatan Z® 	<ul style="list-style-type: none"> 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**
<ul style="list-style-type: none"> Rhopressa™ Rocklatan™ 	

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OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • azelastine (generic for Optivar®) • bepotastine (generic for Bepreve®) • cromolyn sodium • epinastine (generic for Elestat®) • olopatadine (generic for Patanol®/Pataday®) 	<ul style="list-style-type: none"> • Alocril® • Alomide® • Alrex® • Bepreve®* • Zerviate®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPHTHALMIC/ANTIBIOTIC – QUINOLONES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • ciprofloxacin (generic for Ciloxan®) • gatifloxacin (generic for Zymaxid®) • levofloxacin (generic for Quixin®) • moxifloxacin (generic for Moxeza®) • moxifloxacin (generic for Vigamox®) • ofloxacin 	<ul style="list-style-type: none"> • Besivance® • Ciloxan®* • Ocuflax® • Vigamox®* • Zymaxid®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPHTHALMIC – NONSTEROIDAL ANTIINFLAMMATORY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • bromfenac (generic for Xibrom®) • diclofenac drops (generic for Voltaren oph drops®) • flurbiprofen (generic for Ocufer®) • ketorolac 0.5% (generic for Acular®) • ketorolac 0.4% (generic for Acular LS®) 	<ul style="list-style-type: none"> • Acular®* • Acular LS®* • Acuvail® • BromSite® • Ilevro® • Nevanac® • Prolensa®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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OPHTHALMIC – ANTIINFLAMMATORY/IMMUNOMODULATORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> cyclosporine (generic for Restasis®) Restasis® Restasis Multi-dose® Xiidra® 	<ul style="list-style-type: none"> Cequa™ Eysuvis™ Verkazia®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

OPIATE DEPENDENCE TREATMENT**

BUPRENORPHINE – CONTAINING ORAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> buprenorphine (generic for Subutex®)** buprenorphine/naloxone (generic for Suboxone®) Zubsolv® 	<ul style="list-style-type: none"> Suboxone®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

BUPRENORPHINE – CONTAINING INJECTABLE

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Sublocade™ 	

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OSTEOPOROSIS – BISPHOSPHONATES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> alendronate (generic for Fosamax®) ibandronate (generic for Boniva®) risedronate (generic for Actonel®) risedronate DR (generic for Atelvia®) 	<ul style="list-style-type: none"> Actonel®* Atelvia®** Boniva®* Fosamax®*/D
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

OSTEOPOROSIS – NASAL CALCITONINS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> calcitonin salmon (generic for Miacalcin®) 	

OTIC/ANTIBIOTIC – QUINOLONES AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Ciprodex otic® ciprofloxacin (generic for Cetraxal) ciprofloxacin/dexamethasone (generic for Ciprodex otic®) ciprofloxacin/fluocinolone (generic for Otovel®) ofloxacin otic (generic for Floxin otic®) 	<ul style="list-style-type: none"> Cipro HC otic® Otovel®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> 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® 	<ul style="list-style-type: none"> Bevespi Aerosphere® Daliresp®* Duaklir® Pressair Lonhala Magnair® Tudorza 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
<ul style="list-style-type: none"> montelukast (generic for Singulair®) zafirlukast (generic for Accolate®) zileuton ER (generic for Zyflo CR®) 	<ul style="list-style-type: none"> Accolate®* Singulair®* Zyflo®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> 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 HFA® ProAir RespiClick® Proventil HFA® Ventolin HFA®* Xopenex HFA®* 	<ul style="list-style-type: none"> ProAir Digihaler® Xopenex®
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***
<ul style="list-style-type: none"> arformoterol (generic for Brovana®) Dulera® formoterol (generic for Perforomist®) Serevent Diskus® 	<ul style="list-style-type: none"> Bevespi Aerosphere® Brovana®* Perforomist®* Striverdi Respimat® Trelegy Ellipta®
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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RESPIRATORY – INHALED CORTICOSTEROIDS

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> Asmanex® budesonide (generic for Pulmicort®) Flovent Diskus® Flovent HFA® fluticasone (generic for Flovent HFA®) 	<ul style="list-style-type: none"> Alvesco® Arnuity Ellipta® Asmanex HFA® Pulmicort Flexhaler® Pulmicort® respules* QVAR® RediHaler
Qty limits apply	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

RESPIRATORY – INHALED CORTICOSTEROIDS ADRENERGIC AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Advair Diskus® Advair HFA® 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®) 	<ul style="list-style-type: none"> AirDuo Digihaler® AirDuo RespiClick®* ArmonAir® Digihaler Breztri Aerosphere™ Trelegy Ellipta®
Qty limits apply	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

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*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

RESPIRATORY – NASAL ANTIHISTAMINES AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • azelastine (generic for Astelin®/Astepro®) • azelastine/fluticasone (generic for Dymista®) • olopatadine (generic for Patanase®) 	<ul style="list-style-type: none"> • Dymista®* • Patanase®* • Ryaltris™ • Xhance™
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

RESPIRATORY – NASAL CORTICOSTEROIDS AND COMBINATIONS***

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • azelastine/fluticasone (generic for Dymista®) • flunisolide (generic for Nasarel®) • fluticasone (generic for Flonase®) • mometasone (generic for Nasonex®) 	<ul style="list-style-type: none"> • Beconase AQ® • 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
<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • Clarinex®*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

* Indicates a generic is available without PA.

** Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

*** Indicates when quantity limits apply.

This list may not include all available formulations listed specifically by name.

RESPIRATORY – IDIOPATHIC PULMONARY FIBROSIS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Ofev® pirfenidone (generic for Esbriet®) 	<ul style="list-style-type: none"> Esbriet®*
	Trial and failure of 1 Preferred product required prior to Non-Preferred product

RESPIRATORY – ASTHMA IMMUNOMODULATORS**

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Fasenra® Xolair® 	<ul style="list-style-type: none"> Cinqair® Nucala® Tezspire™
	Trial and failure of 1 Preferred product required prior to Non-Preferred product

SELF-INJECTION EPINEPHRINE***

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> epinephrine (generic for Adrenaclick®, EpiPen®, EpiPen Jr.®) EpiPen® EpiPen Jr.® 	<ul style="list-style-type: none"> Auvi-Q® Symjepi®
Qty. limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products

TOPICAL – ANTIPARASITICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> lindane malathion Natroba® permethrin (OTC/RX) spinosad (generic for Natroba®) 	<ul style="list-style-type: none"> Crotan® Eurax® Ovide® Sklice®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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TOPICAL – STEROIDS

VERY HIGH POTENCY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> 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[®]) 	<ul style="list-style-type: none"> ApexiCon E[®] Bryhali[®] Clobex^{®*} Impeklo lotion[™] Lexette[®] Olux/E^{®*} Temovate^{®*} Tovet Kit[®] Ultravate^{®*}
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

HIGH POTENCY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> amcinonide betamethasone dipropionate (augmented generic for Diprolene AF) betamethasone valerate desoximetasone (generic for Topicort[®]) diflorasone diacetate fluocinonide/E halcinonide (generic for Halog[®]) triamcinolone 	<ul style="list-style-type: none"> Diprolene^{®*} Halog^{®*} Kenalog aerosol[®] Topicort^{®*} Vanos[®]
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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MEDIUM POTENCY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Beser™ betamethasone valerate foam (generic for Luxiq®) clocortolone (generic for Cloderm®) fluocinolone acetate (generic for Synalar®) flurandrenolide (generic for Cordran®) fluticasone propionate hydrocortisone butyrate/valerate hydrocortisone butyrate lotion (generic for Locoid®) mometasone prednicarbate 	<ul style="list-style-type: none"> Beser Kit™ Cloderm®* Locoid®* Luxiq®* Pandel® Synalar®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

LOW POTENCY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> alclometasone dipropionate desonide fluocinolone (generic for Derma Smoothe®) hydrocortisone acetate (OTC/RX) cr./lotion/ointment 	<ul style="list-style-type: none"> Aqua Glycolic HC® Derma-Smoothe FS®* Texacort®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

TOPICAL – TOPICAL AGENTS FOR PSORIASIS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> betamethasone/calcipotriene (generic for Taclonex®) calcipotriene cream/ solution/oint. (generic for Dovonex®) calcitriol (generic for Vectical®) 	<ul style="list-style-type: none"> Dovonex®* Duobrii® Enstilar® Sorilux® Taclonex®* Vtama® Zoryve™
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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TOPICAL – TOPICAL COMBINATION BENZOYL PEROXIDE AND CLINDAMYCIN PRODUCTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> BenzaClin® clindamycin/benzoyl peroxide (generic for BenzaClin®, Duac®, Acanya®) 	<ul style="list-style-type: none"> Acanya®* Onexton®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

TOPICAL – TOPICAL RETINOIDS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> adapalene (generic for Differin®, Plixda®) adapalene/benzoyl peroxide (generic for Epiduo®, Epiduo® Forte) clindamycin/tretinoin (generic for Veltin®) Retin-A cream/gel® tazarotene cream (generic for Tazorac®) tazarotene foam (generic for Fabior®) tretinoin (generic for Atralin®, Avita®, Retin-A®/Micro) 	<ul style="list-style-type: none"> Altreno® Arazlo® Atralin®* Avita®* Fabior® Retin A Micro®* Retin A Micro Pump®* Ziana®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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TOPICAL – TOPICAL ANTIVIRALS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> acyclovir (generic for Zovirax oint/cream®) Denavir® penciclovir (generic for Denavir®) Zovirax cream® Zovirax oint® 	<ul style="list-style-type: none"> Xerese®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

TOPICAL – TOPICAL ANTIBIOTICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> mupirocin oint/cream (generic for Bactroban® oint/cream) 	<ul style="list-style-type: none"> Centany®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

UREA CYCLE DISORDERS, ORAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Buphenyl® powder Buphenyl® tablet Carbaglu® carglumic acid Pheburane® Ravicti® sodium phenylbutyrate powder sodium phenylbutyrate tablet 	

UTERINE DISORDER TREATMENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Myfembree® Oriahnn® Orilissa® 	