Preferred Drug List

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10/1/2024

ANALGESICS

NARCOTIC AGONIST ANALGESICS

LONG-ACTING OPIOIDS

ORIGINAL POSTED PREFERRED STATUS: 8/26/2005
ORIGINAL EDIT EFFECTIVE DATE: 10/26/2005
REVISED POSTED PREFERRED STATUS: 8/4/2008
REVISED EDIT EFFECTIVE DATE: 8/1/2008
RE-REVIEW POSTED PREFERRED STATUS: 10/14/2011
REVISED EDIT EFFECTIVE DATE: 1/10/2012
REVISED EDIT EFFECTIVE DATE: 05/13/2016
REVISED EDIT EFFECTIVE DATE: 04/01/2019
UPDATED 1/1/2024

PREFERRED

BUTRANS PATCH* (BUPRENORPHINE) **BRAND ONLY**
MORPHINE LONG-ACTING TABLET* (generic for MS CONTIN)
TRAMADOL ER TABLET* (generic for ULTRAM ER)
XTAMPZA ER* CAPSULE (OXYCODONE)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

BELBUCA FILMS (BUPRENORPHINE)*
BUPRENORPHINE PATCH (generic for BUTRANS)*
CONZIP CAPSULE (TRAMADOL ER)
FENTANYL PATCH (generic for DURAGESIC)*
HYDROCODONE ER CAPSULE (generic for ZOHYDRO ER)*
HYDROCODONE ER TABLET (generic for HYSINGLA ER)*
HYDROMORPHONE ER TABLET (generic for EXALGO ER)*
HYSINGLA ER TABLET (HYDROCODONE ER)
METHADONE TABLET, SOLUTION, INTESOL CONC*
MORPHINE SULFATE ER CAPSULE (generic for AVINZA, KADIAN)*
MS CONTIN TABLET (MORPHINE SULFATE)

NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN

ANALGESICS

NARCOTIC AGONIST ANALGESICS

LONG-ACTING OPIOIDS

ORIGINAL POSTED PREFERRED STATUS: 8/26/2005
ORIGINAL EDIT EFFECTIVE DATE: 10/26/2005
UPDATED 1/1/2024

NON-PREFERRED – *(continued)*
INCLUDE BUT NOT LIMITED TO

NUCYNTA ER TABLET (TAPENTADOL)*
OXYCODONE ER TABLET (generic for OXYCONTIN)*
OXYCONTIN TABLET (OXYCODONE)*
OXYMORPHONE ER TABLET (generic for OPANA ER)*
TRAMADOL ER CAPSULE (generic for CONZIP)*
TRAMADOL ER TABLET (generic for RYZOLT)*

ANALGESICS

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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10/1/2024

ANALGESICS

NARCOTIC AGONIST ANALGESICS

SHORT-ACTING OPIOIDS

ORIGINAL POSTED PREFERRED STATUS: 5/12/17

ORIGINAL EDIT EFFECTIVE DATE: 7/1/17

UPDATED 7/1/2020

PREFERRED

APAP/CODEINE ELIXIR
APAP/CODEINE TABLET (300-15 mg, 300-30 mg, 300-60 mg)
CODEINE TABLET (15 mg, 30 mg, 60 mg)
HYDROMORPHONE TABLET (2 mg, 4 mg, 8 mg)
HYDROCODONE/APAP SOLUTION (7.5-325 mg/15 ml)
HYDROCODONE/APAP TABLET (5-325 mg,7.5-325 mg, 10-325 mg)
HYDROCODONE/IBUPROFEN (7.5-200 mg)
MEPERIDINE SOLUTION
MEPERIDINE TABLET (50 MG)
MORPHINE CONC. SOLUTION (100 mg/5 ml)
MORPHINE IR TABLET (15 mg, 30 mg)
MORPHINE SOLUTION (10 mg/5 ml, 20 mg/5 ml)
OXYCODONE/APAP SOLUTION (5-325 mg/5 ml)
OXYCODONE/APAP TABLET (5-325 mg, 7.5-325 mg 10-325 mg)
OXYCODONE SOLUTION (5 mg/5 ml)
OXYCODONE TABLET
TRAMADOL 50MG TABLET
TRAMADOL/APAP TABLET

NON-PREFERRED –

INCLUDE BUT NOT LIMITED TO

APAP/CODEINE (unit dose cups)
APADAZ
BENZHYDROCODONE-ACETAMINOPHEN
BUTALBITAL/CAFFEINE/APAP W/CODEINE
BUTALBITAL COMPOUND W/CODEINE
BUTORPHANOL TARTRATE

NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN

ANALGESICS

NARCOTIC AGONIST ANALGESICS

SHORT-ACTING OPIOIDS- *CONTINUED*

ORIGINAL POSTED PREFERRED STATUS: 5/12/17

ORIGINAL EDIT EFFECTIVE DATE: 7/1/17

UPDATED 7/1/2020

NON-PREFERRED – *(continued)*

INCLUDE BUT NOT LIMITED TO

CAPITAL W-CODEINE
CARISOPRODOL COMPOUND W/CODEINE
DIHYDROCODEINE/APAP/CAFFEINE (TABLET, CAPSULE)
DILAUDID TABLET, ORAL SOLUTION
FIORICET/CODEINE
FIORINAL/CODEINE
HYDROMORPHONE LIQUID, RECTAL SUPP
HYDROCODONE/APAP TABLET (2.5-325, 5-300, 7.5-300, 10-300 mg)
HYDROCODONE/APAP SOLUTION (unit dose cups)
HYDROCODONE/IBUPROFEN (5-200mg, 10-200mg)
MEPERIDINE TABLET (100 MG)
NUCYNTA
OPANA
OXAYDO
OXYCODONE/ASA
OXYCODONE CAPSULE
OXYCODONE CONCENTRATED ORAL SOLUTION
OXYCODONE/IBUPROFEN
OXYCODONE/APAP TABLET (2.5-325mg)
OXYMORPHONE
PENTAZOCINE/NALOXONE
PRIMLEV (5-300mg, 7.5-300mg, 10-300mg)
REPREXAIN
ROXICODONE TABLET
SEGLENTIS (TRAMADOL/CELECOXIB)
TRAMADOL 25MG, 100 MG
ZAMICET

ANALGESICS

NONSTEROIDAL

ANTIINFLAMMATORY AGENTS

ORIGINAL POSTED PREFERRED STATUS: 4/13/2007

ORIGINAL EDIT EFFECTIVE DATE: 6/18/2007

RE-REVIEW POSTED PREFERRED STATUS: 4/07/2011

REVISED EDIT EFFECTIVE DATE: 6/7/2011

PREFERRED

CELECOXIB CAPSULES (CELEBREX)
DICLOFENAC SODIUM DR 25MG, 50MG, 75MG TABLETS
DICLOFENAC SODIUM 1% TOPICAL GEL (VOLTAREN)
IBUPROFEN 100MG/5ML SUSPENSION, 400MG, 600MG, 800MG TABLET (MOTRIN)
INDOMETHACIN 25MG, 50MG CAPSULE (INDOCIN)
KETOROLAC TABLET (TORADOL)*
MELOXICAM 7.5MG, 15MG TABLET (MOBIC)
NABUMETONE (RELAFEN)
NAPROXEN 250MG, 375MG, 500MG TABLET (NAPROSYN)
NAPROXEN 375MG, 500MG EC TABLET (EC-NAPROSYN)
NAPROXEN SODIUM 275MG, 550MG TABLET (ANAPROX)
NAPROXEN SODIUM CR 750 MG

NON-PREFERRED –

INCLUDE BUT NOT LIMITED TO

CELEBREX (CELECOXIB)
COXANTO (OXAPROZIN)
DICLOFENAC EPOLAMINE (FLECTOR, LICART)
DICLOFENAC POTASSIUM (CAMBIA, CATAFLAM, ZIPSOR)
DICLOFENAC SODIUM/MISOPROSTOL (ARTHROTEC)
DICLOFENAC SODIUM ER 100MG TABLETS (VOLTAREN XR)
DICLOFENAC SUBMICRONIZED (ZORVOLEX)
DICLOFENAC SODIUM 1.5% , 2% , AND 3% TOPICAL (PENNSAID, SOLARAZE)

NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN

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GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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10/1/2024

ANALGESICS

NONSTEROIDAL ANTIINFLAMMATORY AGENTS- *CONTINUED*

ORIGINAL POSTED PREFERRED STATUS: 4/13/2007
ORIGINAL EDIT EFFECTIVE DATE: 6/18/2007
RE-REVIEW POSTED PREFERRED STATUS: 4/07/2011
REVISED EDIT EFFECTIVE DATE: 6/7/2011

NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN
INCLUDE BUT NOT LIMITED TO

DIFLUNISAL (DOLOBID)
ETODOLAC (LODINE)
FENOPROFEN (NALFON)
FLURBIPROFEN (ANSAID)
IBUPROFEN/FAMOTIDINE (DUEXIS)
INDOMETHACIN 75MG SA CAPSULE
INDOMETHACIN 20MG, 25MG and 40MG CAPSULE (TIVORBEX)
INDOMETHACIN 25MG/5ML SUSPENSION (INDOCIN)
INDOMETHACIN 50MG SUPPOSITORY
KETOPROFEN CAPSULES
KETOROLAC NASAL SPRAY (SPRIX)
MECLOFENAMATE (MECLOMEN)
MEFENAMIC ACID (PONSTEL)
NABUMETONE DS (RELAFEN DS)
NAPROXEN/ESOMEPRAZOLE (VIMOVO)
NAPROXEN SUSPENSION (NAPROSYN)
NAPROXEN ER 375MG, 500MG TABLET (NAPRELAN)
OXAPROZIN (DAYPRO)
PIROXICAM (FELDENE)
QMIZ ODT (MELOXICAM)
SULINDAC (CLINORIL)
TOLMETIN (TOLECTIN)

ANALGESICS

MEDICATION ASSISTED TREATMENT MEDICATIONS

ORIGINAL POSTED PREFERRED STATUS: 2/3/2017
ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017
RE-REVIEW: 8/10/18
UPDATED (ORAL AGENTS) 10/1/2021
UPDATED (INJECTABLE AGENTS) 1/1/2023 & 5/23/2023
UPDATED 9/1/2023
UPDATED (MAT INJECTABLES) 7/1/2024

PREFERRED OPIOID DEPENDENCE AGENTS

BUPRENORPHINE SUBLINGUAL TABLETS
NALTREXONE
SUBOXONE FILM **BRAND ONLY**
ZUBSOLV SL TABLETS

PREFERRED OPIATE OVERDOSE AGENTS/RESCUE MEDS

KLOXXADO NASAL SPRAY
NALOXONE 0.4MG/ML VIAL
NALOXONE 2MG/2MIL SYRINGE
NALOXONE 4MG NASAL SPRAY
NARCAN 4MG NASAL SPRAY
REXTOVY 4MG NASAL SPRAY
ZIMHI 5MG/0.5ML SYRINGE

PREFERRED ALCOHOL DEPENDENCE AGENTS

ACAMPROSATE DR
DISULFIRAM
NALTREXONE

PREFERRED MAT INJECTABLES - NO PA REQUIRED FOR PHARMACY

BRIXADI SQ SYRINGE (BUPRENORPHINE)
SUBLOCADE SQ INJECTION (BUPRENORPHINE)
VIVITROL IM (NALTREXONE)
MAY BILL THROUGH PHARMACY OR MEDICAL BENEFITS

ANALGESICS

MEDICATION ASSISTED TREATMENT MEDICATIONS

ORIGINAL POSTED PREFERRED STATUS: 2/3/2017
ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017
RE-REVIEW: 8/10/18
UPDATED (ORAL AGENTS) 10/1/2021
UPDATED (INJECTABLE AGENTS) 1/1/2023 & 5/23/2023
UPDATED 9/1/2023
UPDATED (MAT INJECTABLES) 7/1/2024

CONTINUED FROM PREVIOUS COLUMN
NON-PREFERRED OPIOID DEPENDENCE AGENTS
INCLUDE BUT NOT LIMITED TO

BUPRENORPHINE/NALOXONE SLTAB * (generic for SUBOXONE TABS)
BUPRENORPHINE/NALOXONE SL FILM* (generic for SUBOXONE FILMS)

NON-PREFERRED OPIATE OVERDOSE/RESCUE MEDS
INCLUDE BUT NOT LIMITED TO

LIFEMS NALOXONE 2MG/2ML KIT
LUCEMYRA
NALMEFENE 2MG/2ML VIAL
NALOXONE 0.4MG/ML CARPUJECT
OPVEE NASAL SPRAY

*Please refer to the PDL Criteria Overview for more detail

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10/1/2024

ANALGESICS

ANTIMIGRAINE AGENTS

Serotonin 5-HT1 Receptor Agonist (TRIPTANS)

ORIGINAL POSTED PREFERRED STATUS: 12/8/2005
ORIGINAL EDIT EFFECTIVE DATE: 2/7/2006
REVISED POSTED PREFERRED STATUS: 7/25/2007
REVISED EDIT EFFECTIVE DATE: 10/1/2007
RE-REVIEW POSTED PREFERRED STATUS: 4/26/2010
REVISED EDIT EFFECTIVE DATE: 7/1/2010
RE-REVIEW POSTED PREFERRED STATUS: 1/1/2020
RE-REVIEW POSTED PREFERRED STATUS: 7/1/2024

PREFERRED

NARATRIPTAN (AMERGE)
RIZATRIPTAN TABLET, ORALLY DISINTEGRATING (MAXALT, MAXALT MLT)
SUMATRIPTAN TABLET (IMITREX)
SUMATRIPTAN 4MG/0.5ML KIT REFILL (IMITREX)*
SUMATRIPTAN 6MG/0.5ML KIT REFILL (IMITREX)*
SUMATRIPTAN 6MG/0.5ML VIAL (IMITREX)*
SUMATRIPTAN 5MG NASAL SPRAY (IMITREX)*
SUMATRIPTAN 20MG NASAL SPRAY (IMITREX)*
ZOLMITRIPTAN TABLET, ORALLY DISINTEGRATING (ZOMIG, ZOMIG ZMT)

NON-PREFERRED –INCLUDE BUT NOT LIMITED TO

AMLOTRIPTAN (AXERT)
ELETRIPTAN (RELPAX)
FROVA
FROVATRIPTAN (FROVA)
IMITREX KIT, TABLET
MAXALT MLT, TABLET
RELPAX
SUMATRIPTAN 4 MG/0.5 ML AND 6MG/0.5ML KIT SYRINGE (IMITREX)*
SUMATRIPTAN/NAPROXEN (TREXIMET)
TOSYMRA NASAL SORAY
ZEMBRACE SYMTOUCH PEN
ZOLMITRIPTAN 2.5 MG AND 5 MG NASAL SPRAY (ZOMIG)
ZOMIG TABLET

ANALGESICS

ANTIMIGRAINE AGENTS

FOR PREVENTION

ORIGINAL POSTED PREFERRED STATUS: 8/14/2019
ORIGINAL EDIT EFFECTIVE DATE: 10/1/19
UPDATED 1/1/2023

PREFERRED

AIMOVIG (ERENUMAB)*
EMGALITY 120 MG (GALACANEZUMAB) PEN*
EMGALITY 120 MG (GALACANEZUMAB) SYRINGE*
NURTEC ODT*

NON-PREFERRED

INCLUDE BUT NOT LIMITED TO

AJOVY (FREMANEZUMAB) SYRINGE
EMGALITY 100 MG (GALACANEZUMAB) PEN
EMGALITY 100 MG (GALACANEZUMAB)SYRINGE
QULIPTA (ATOGEPANT) TABLETS

ANALGESICS

ANTIMIGRAINE AGENTS

FOR TREATMENT

ORIGINAL POSTED PREFERRED STATUS: 1/1/2023

PREFERRED

NURTEC ODT*

NON-PREFERRED

INCLUDE BUT NOT LIMITED TO

DIHYDROERGOTAMINE NASAL SPRAY (generic for MIGRANAL*)
DIHYDROERGOTAMINE INJECTION
ELYXYB (CELECOXIB)
MIGRANAL NASAL SPRAY
REYVOW (LASMIDITAN) TABLETS
TRUDHESA (DIHYDROERGOTAMINE) NASAL SPRAY
UBRELVY (UBROGEPANT) TABLETS
ZAVZPRET NASAL SPRAY (ZAVEGEPANT)

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10/1/2024

ANTI-INFECTIVES

CEPHALOSPORINS

ORIGINAL POSTED PREFERRED STATUS: 4/1/2023

PREFERRED

CEFADROXIL CAPSULE AND SUSPENSION (GENERIC FOR DURICEF)
CEFDINIR CAPSULE AND SUSPENSION (GENERIC FOR OMNICEF)
CEFPODOXIME TABLET AND SUSPENSION (GENERIC FOR VANTIN)
CEFPROZIL TABLET AND SUSPENSION (GENERIC FOR CEFZIL)
CEFUROXIME TABLET (GENERIC FOR CEFTIN)
CEPHALEXIN CAPSULE AND SUSPENSION (GENERIC FOR KEFLEX)

NON-PREFERRED - INCLUDE BUT NOT LIMITED TO

CEFACLOR CAPSULE, ER TABLET, SUSPENSION (GENERIC FOR CECLOR)
CEFADROXIL TABLET (GENERIC FOR DURICEF)
CEFIXIME CAPSULE AND SUSPENSION (GENERIC FOR SUPRAX)
CEPHALEXIN TABLET (GENERIC FOR KEFLEX)
SUPRAX CHEW TABLET, CAPSULE, AND SUSPENSION (CEFIXIME)

ANTI-INFECTIVES

HEPATITIS C AGENTS

ORIGINAL POSTED PREFERRED STATUS: 8/10/2016
ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016
RE-REVIEW POSTED PREFERRED STATUS: 2/14/18
REVISED EDIT EFFECTIVE DATE: 4/1/2018
UPDATED 4/1/2021

PREFERRED

MAVYRET* (GLECAPREVIR/PIBRENTASVIR)
RIBAVIRIN TABLETS OR CAPSULES 200MG*
SOFOSBUVIR/VELPATASVIR (GENERIC FOR EPCLUSA)*
ELBASVIR/GRAZOPREVIR (ZEPATIER)*

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

EPCLUSA (SOFOSBUVIR/VELPATASVIR)
HARVONI* (LEDIPASVIR/ SOFOSBUVIR)
LEDIPASVIR/ SOFOSBUVIR (GENERIC FOR HARVONI)
SOVALDI* (SOFOSBUVIR)
VIEKIRA PAK* (OMBITASVIR/ PARITAPREVIR/ RITONAVIR/ DASABUVIR)
VOSEVI* (SOFOSBUVIR/VELPATASVIR/VOXILAPREVIR)

Preferred Drug List

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10/1/2024

ANTI-INFECTIVES

HUMAN IMMUNODEFICIENCY VIRUS (HIV) AGENTS

ORIGINAL POSTED PREFERRED STATUS: 10/1/2023

PREFERRED

ABACAVIR TABLET & SOLUTION (generic for ZIAGEN)
ABACAVIR/LAMIVUDINE TABLET (generic for EPZICOM)
ATAZANAVIR CAPSULE (generic for REYATAZ)
BIKTARVY TABLET (BICTEGRAVIR/EMTRICITABINE/TENOFOVIR)
CIMDUO TABLET (LAMIVUDINE/TENOFOVIR)
COMPLERA TABLET (EMTRICITABINE/RILPIVIRINE/TENOFOVIR)
DARUNAVIR ETHANOLATE 600MG, 800MG TABLETS (generic for PREZISTA)
DELSTRIGO TABLET (DORAVIRINE/LAMIVUDINE/TENOFOVIR)
DESCOVY TABLET (EMTRICITABINE/TENOFOVIR ALAFENAM)
DOVATO TABLET (DOLUTEGRAVIR/LAMIVUDINE)
EDURANT TABLET (RILPIVIRINE)
EFAVIRENZ TABLET (generic for SUSTIVA)
EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (generic for ATRIPLA)
EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (generic for TRUVADA)
EMTRIVA SOLUTION (EMTRICITABINE)
EVOTAZ TABLET (ATAZANAVIR/COBICISTAT)
FOSAMPRENAVIR TABLET (generic for LEXIVA)
GENVOYA TAB (ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR)
ISENTRESS POWDER, CHEW, TABLET, AND HD TABLET (RALTEGRAVIR)
JULUCA TABLET (DOLUTEGRAVIR/RILPIVIRINE)
LAMIVUDINE TABLET AND SOLUTION (generic for EPIVIR)
LAMIVUDINE/ZIDOVUDINE TABLET (generic for COMBIVIR)
LEXIVA SUSPENSION (FOSAMPRENAVIR)
LOPINAVIR/RITONAVIR SOLUTION AND TABLET (generic for KALETRA)
NEVIRAPINE TABLET, SUSPENSION, AND ER TABLET (generic for VIRAMUNE)
NORVIR POWDER (RITONAVIR)
ODEFSEY TABLET (EMTRICITABINE/RILPIVIRINE/TENOFOVIR)
PIFELTRO TABLET (DORAVIRINE)

PREFERRED AGENTS CONTINUED IN NEXT COLUMN

ANTI-INFECTIVES

HUMAN IMMUNODEFICIENCY VIRUS (HIV) AGENTS

ORIGINAL POSTED PREFERRED STATUS: 10/1/2023

PREFERRED - CONTINUED FROM PREVIOUS COLUMN

PREZCOBIX TABLET (DARUNAVIR/COBICISTAT)
PREZISTA SUSPENSION (DARUNAVIR)
PREZISTA 75MG, 150NG TABLETS (DARUNAVIR)
REYATAZ POWDER (ATAZANAVIR)
RITONAVIR TABLET (generic for NORVIR)
STRIBILD (ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR)
SYMFI LO TAB (EFAVIRENZ/LAMIVUDINE/TENOFOVIR) **BRAND ONLY**
SYMFI TABLET (EFAVIRENZ/LAMIVUDINE/TENOFOVIR) **BRAND ONLY**
SYMTUZA TAB (DARUNAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR)
TENOFOVIR DISOPROXIL FUMARATE TABLET (generic for VIREAD)
TIVICAY PD TABLET FOR SUSPENSION (DOLUTEGRAVIR)
TIVICAY TABLET (DOLUTEGRAVIR)
TRIUMEQ PD TABLET FOR SUSPENSION (ABACAVIR/DOLUTEGRAVIR/LAMIVUDINE)
TRIUMEQ TABLET (ABACAVIR/DOLUTEGRAVIR/LAMIVUDINE)
TYBOST TABLET (COBICISTAT)
ZIDOVUDINE TABLET AND SYRUP (generic for RETROVIR)

NON-PREFERRED - INCLUDE BUT NOT LIMITED TO

APTIVUS CAPSULE (TIPRANAVIR)
ATRIPLA TABLET (EFAVIRENZ/EMTRICITABINE/TENOFOVIR)
COMBIVIR TABLET (LAMIVUDINE/ZIDOVUDINE)
DIDANOSINE CAPSULE (generic for VIDEX EC)
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (generic for SYMFI/SYMFI LO)
EMTRICITABINE CAPSULE (generic for EMTRIVA)
EMTRIVA CAPSULE (EMTRICITABINE)
EPIVIR SOLUTION AND TABLET (LAMIVUDINE)
EPZICOM TABLET (ABACAVIR/LAMIVUDINE)
ETRAVIRINE TABLET (generic for INTELENCE)

NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN

ANTI-INFECTIVES

HUMAN IMMUNODEFICIENCY VIRUS (HIV) AGENTS

ORIGINAL POSTED PREFERRED STATUS: 10/1/2023

NON-PREFERRED - CONTINUED FROM PREVIOUS COLUMN

FUZEON VIAL (ENFUVIRTIDE)
INTELENCE TABLET (ETRAVIRINE)
KALETRA SOLUTION AND TABLET (LOPINAVIR/RITONAVIR)
LEXIVA TABLET (FOSAMPRENAVIR)
NORVIR TABLET (RITONAVIR)
PREZISTA 600MG, 800MG TABLETS
RETROVIR SYRUP (ZIDOVUDINE)
REYATAZ CAPSULE (ATAZANAVIR)
RUKOBIA TABLET (FOSTEMSAVIR TROMETHAMINE)
STAVUDINE CAPSULE (generic for ZERIT)
SUSTIVA CAPSULE (EFAVIRENZ)
TEMIXYS TABLET (LAMIVUDINE/TENOFOVIR)
TRIZIVIR TABLET (ABACAVIR/LAMIVUDINE/ZIDOVUDINE)
TRUVADA TABLET (EMTRICITABINE/TENOFOVIR)
VIRACEPT TABLET (NELFINAVIR)
VIRAMUNE XR TABLET (NEVIRAPINE)
VIREAD TABLET AND POWDER (TENOFOVIR)
ZIAGEN SOLUTION AND TABLET (ABACAVIR)
ZIDOVUDINE CAPSULE (generic for RETROVIR)

NON-PREFERRED –WITH CRITERIA

APRETUDE VIAL* (CABOTEGRAVIR)
CABENUVA VIAL* (CABOTEGRAVIR/RILPIVIRINE)
MARAVIROC TABLET* (generic for SELZENTRY)
SELZENTRY SOLUTION AND TABLET* (MARAVIROC)
SUNLENCA TABLET AND VIAL* (LENACAPAVIR SODIUM)

Preferred Drug List

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10/1/2024

BIOLOGIC AND IMMUNOLOGIC AGENTS

TARGETED IMMUNE MODULATORS

ORIGINAL POSTED PREFERRED STATUS: 4/14/2006
REVISED EDIT EFFECTIVE DATE: 1/1/18
UPDATED 01/01/2021

PREFERRED

ENBREL* (ETANERCEPT)
HUMIRA *(ADALIMUMAB)
OTEZLA* (APREMILAST)

NON-PREFERRED – INCLUDE BUT NOT LIMITED TO

ABRILADA (ADALIMUMAB-AFZB)
ACTEMRA (TOCILIZUMAB)
ADALIMUMAB-AACF (generic for IDACIO)
ADALIMUMAB-AATY (generic for YUFLYMA)
ADALIMUMAB-ADAZ (generic for HYRIMOZ)
ADALIMUMAB-ADBM (generic for CYLTEZO)
ADALIMUMAB-FKJP (generic for HULIO)
ADALIMUMAB-RYVK (generic for SIMLANDI)
AMJEVITA (ADALIMUMAB-ATTO)
ARCALYST (RILONACEPT)
BIMZELX (BIMEKIZUMAB-BKZX)
CIBINQO (ABROCITINIB)
CIMZIA (CERTOLIZUMAB)
COSENTYX (SECUKINUMAB)
CYLTEZO (ADALIMUMAB-ADBM)
EBGLYSS (LEBRIKIZUMAB-LBKZ)
ENSPRYNG (SATRALIZUMAB)
ENTYVIO PEN (VEDOLIZUMAB)
HADLIMA (ADALIMUMAB-BWWD)
HULIO (ADALIMUMAB-FKJP)
HYRIMOZ (ADALIMUMAB-ADAZ)
IDACIO (ADALIMUMAB-AACF)

NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN

BIOLOGIC AND IMMUNOLOGIC AGENTS

TARGETED IMMUNE MODULATORS-*CONTINUED*

NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN
INCLUDE BUT NOT LIMITED TO

ILARIS (CANAKINUMAB)
ILUMYA (TIDRAKIZUMAB -ASMM)
KEVZARA (SARILUMAB)
KINERET (ANAKINRA)
LITFULO (RITLECITINIB)
OLUMIANT (BARICITINIB)
OMVOH (MIRIKIZUMAB-MRKZ)
ORENCIA (ABATACEPT)
RINVOQ (UPADACITINIB)
SILIQ (BRODALUMAB)
SIMLANDI (ADALIMUMAB-RYVK)
SIMPONI (GOLIMUMAB)
SKYRIZI (RISANKIZUMAB-RZAA)
SOTYKTU (DEUCRAVACITINIB)
SPEVIGO (SPESOLIMAB-SBZO)
STELARA (USTEKINUMAB)
TALTZ (IXEKIZUMAB)
TREMFYA (GUSELKUMAB)
TYENNE (TOCILIZUMAB-AAZG)
VELSIPITY (ETRASIMOD)
XELJANZ, XELJANZ XR (TOFACITINIB)
YUFLYMA (ADALIMUMAB-AATY)
YUSIMRY (ADALIMUMAB-AQVH)
ZYMFENTRA (INFLIXIMAB-DYYB)

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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10/1/2024

BIOLOGIC AND IMMUNOLOGIC AGENTS

IMMUNOMODULATORS FOR ASTHMA

ORIGINAL POSTED PREFERRED STATUS: 01/01/2021
UPDATED 10/1/2023

PREFERRED

DUPIXENT* (DUPILUMAB)
FASENRA PEN AND SYRINGE* (BENRALIZUMAB)
XOLAIR AUTOINJECTOR* (OMALIZUMAB)
XOLAIR SYRINGE* (OMALIZUMAB)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

NUCALA AUTOINJECT, SYRINGE, VIAL* (MEPOLIZUMAB)
TEZSPIRE* (TEZEPELUMAB-EKKO)
XOLAIR VIAL* (OMALIZUMAB)

BIOLOGIC AND IMMUNOLOGIC AGENTS

IMMUNE GLOBULINS

ORIGINAL POSTED PREFERRED STATUS: 4/1/2022

PREFERRED

GAMMAGARD LIQUID VIAL*
GAMUNEX-C VIAL*
HIZENTRA *

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ASCENIV VIAL
BIVIGAM VIAL
CUTAQUIG VIAL
CUVITRU VIAL
CYTOGAM VIAL
FLEBOGAMMA DIF VIAL
GAMASTAN S-D VIAL
GAMASTAN VIAL
GAMMAGARD S-D VIAL
GAMMAKED VIAL
GAMMAPLEX VIAL
HYPERRHO S-D SYRINGE
HYQVIA VIAL
HYQVIA IG COMPONENT VIAL
MICRHOGAM ULTRA FILTERED PLUS SYRINGE
OCTAGAM VIAL
PANZYGA VIAL
PRIVIGEN VIAL
RHOGAM ULTRA FILTERED SYRINGE
RHOPHYLAC SYRINGE
WINRHO SDF VIAL
XEMBIFY VIAL

BIOLOGIC AND IMMUNOLOGIC AGENTS

MULTIPLE SCLEROSIS

ORIGINAL POSTED PREFERRED STATUS: 7/28/2011
RE-REVIEW: 1/1/2023
UPDATED: 10/1/2024

PREFERRED

AMPYRA ER TABLET (DALFAMPRIDINE ER)
AVONEX INJ (INTERFERON BETA - 1A)
COPAXONE **20MG INJ** (GLATIRAMER) **BRAND ONLY**
DALFAMPRIDINE ER TABLET (generic for AMPYRA ER)
DIMETHYL FUMARATE CAPSULE (generic for TECFIDERA)
FINGOLIMOD CAPSULE (generic for GILENYA)
KESIMPTA PEN* (OFATUMUMAB)
TERIFLUNOMIDE (generic for AUBAGIO)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

AUBAGIO TABLET (TERIFLUNOMIDE)
BAFIERTAM CAPSULE (MONOMETHYL FUMARATE)
BETASERON INJECTION (INTERFERON BETA - 1B)
COPAXONE **40MG** INJ (GLATIRAMER) **BRAND AND GENERIC**
EXTAVIA INJECTION (INTERFERON BETA - 1B KIT)
GILENYA CAPSULE (FINGOLIMOD)
GLATIRAMER 20MG and 40 MG INJ-(generic for COPAXONE and GLATOPA)
GLATOPA INJECTION (GLATIRAMER)
MAVENCLAD TABLET (CLADRIBINE)
MAYZENT TABLET (SIPONIMOD)
PLEGRIDY PEN AND SYRINGE (PEGOMTERFERPM BETA - 1A)
PONVORY TABLET (PONESIMOD)
REBIF/REBIF REBIDOSE (INTERFERON BETA - 1A/ALBUMIN)
TASCENSO ODT (FINGOLIMOD)
TECFIDERA CAPSULE (DIMETHYL FUMARATE)
VUMERITY CAPSULE (DIROXIMEL FUMARATE)
ZEPOSIA CAPSULE (OZANIMOD)

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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10/1/2024

BLOOD MODIFIERS

ANTIHYPERURICEMICS

ORIGINAL POSTED PREFERRED STATUS: 2/16/18
ORIGINAL EDIT EFFECTIVE DATE: 4/1/18
UPDATED 4/1/2021

PREFERRED

ALLOPURINOL (GENERIC FOR ZYLOPRIM)
COLCHICINE TABLET* (GENERIC FOR COLCRYS)
PROBENECID
PROBENECID/COLCHICINE

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

COLCHICINE CAPSULE-(GENERIC FOR MITIGARE)
FEBUXOSTAT (GENERIC FOR ULORIC)
GLOPERBA SOLUTION
MITIGARE
ULORIC
ZYLOPRIM

BLOOD MODIFIERS

COLONY STIMULATING FACTORS

ORIGINAL POSTED PREFERRED STATUS: 5/10/18
ORIGINAL EDIT EFFECTIVE DATE: 7/1/18
UPDATED 7/1/2021
UPDATED 1/1/2024

PREFERRED

FYLNETRA SYRINGE (PEGFILGRASTIM-PBBK)
NEUPOGEN DISP SYRINGE (FILGRASTIM)
NEUPOGEN VIAL (FILGRASTIM)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

FULPHILA SYRINGE (PEGFILGRASTIM-JMDB)
GRANIX SYRINGE/VIAL (TBO-FILGRASTIM)
LEUKINE VIAL (SARGRAMOSTIM)
NEULASTA SYRINGE (PEGFILGRASTIM)
NEULASTA ONPRO KIT (PEGFILGRASTIM)
NIVESTYM SYRINGE/VIAL (FILGRASTIM-AAFI)
NYVEPRIA SYRINGE (PEGFILGRASTIM-APGF)
RELEUKO SYRINGE/VIAL (FILGRASTIM-AYOW)
ROLVEDON SYRINGE (EFLAPEGRASTIM-XNST)
STIMUFEND (PEGFILGRASTIM-FPGK)
UDENYCA SYRINGE/AUTOINJECTOR (PEGFILGRASTIM-CBQV)
ZARXIO SYRINGE (FILGRASTIM-SNDZ)
ZIEXTENZIO SYRINGE (PEGFILGRASTIM-BMEZ)

BLOOD MODIFIERS

ERYTHROPOIESIS STIMULATING AGENTS

ORIGINAL POSTED PREFERRED STATUS: 5/10/18
ORIGINAL EDIT EFFECTIVE DATE: 7/1/18
UPDATED 4/1/2024

PREFERRED

ARANESP* (DARBEPOETIN ALFA IN POLYSORBATE) SYRINGE
EPOGEN* (EPOETIN ALFA) VIAL
RETACRIT* (EPOETIN ALFA) VIAL

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ARANESP (DARBEPOETIN ALFA IN POLYSORBATE) VIAL
MIRCERA (METHOXY PEG-EPOETIN BETA) SYRINGE
PROCRIT (EPOETIN ALFA) VIAL
REBLOZYL (LUSPATERCEPT) VIAL

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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10/1/2024

BLOOD MODIFIERS

PHOSPHATE BINDERS FOR CKD

ORIGINAL POSTED PREFERRED STATUS: 5/10/18
ORIGINAL EDIT EFFECTIVE DATE: 7/1/18
UPDATED 7/1/2021

PREFERRED

CALCIUM ACETATE CAPSULE
CALCIUM ACETATE TABLET
SEVELAMER CARBONATE TABLET (generic for RENVELA)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

AURYXIA
FOSRENOL CHEWABLE TABLET
LANTHANUM CARBONATE CHEWABLE TABLET
PHOSLYRA
RENVELA POWDER PACK, TABLET
SEVELAMER CARBONATE POWDER PACK (generic for RENVELA)
SEVELAMER HCL TABLETS (generic for RENAGEL)
VELPHORO
XPHOZAH

BLOOD MODIFIERS

THROMBOPOIESIS STIMULATING PROTEINS

ORIGINAL POSTED PREFERRED STATUS: 1/1/2021

PREFERRED

PROMACTA* (eltrombopag olamine)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ALVAIZ (eltrombopag choline)
DOPTELET TABLETS (avatrombopag maleate)
MULPLETA TABLETS (lusutrombopag)
PROMACTA SUSPENSION (eltrombopag olamine)
TAVALISSE TABLETS (fostamatinib disodium)

BLOOD MODIFIERS

UREA CYCLE DISORDER AGENTS

ORIGINAL POSTED PREFERRED STATUS: 4/1/2024

PREFERRED

CARBAGLU* (CARGLUMIC ACID) TABLETS **BRAND ONLY**
PHEBURANE* (SODIUM PHENYLBUTYRATE) PELLETS

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

BUPHENYL* (SODIUM PHENYLBUTYRATE) POWDER
BUPHENYL* (SODIUM PHENYLBUTYRATE) TABLET
CARGLUMIC ACID* TABLETS (generic for CARBAGLU)
OLPRUVA* (SODIUM PHENYLBUTYRATE) PELLETS
RAVICTI* (GLYCEROL PHENYLBUTYRATE) LIQUID
SODIUM PHENYLBUTYRATE POWDER* (generic for BUPHENYL)
SODIUM PHENYLBUTYRATE TABLET* (generic for BUPHENYL)

*Please refer to the PDL Criteria Overview for more detail

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10/1/2024

CARDIOVASCULAR AGENTS

ANTICOAGULANTS

ORIGINAL POSTED PREFERRED STATUS: 2/16/18
ORIGINAL EDIT EFFECTIVE DATE: 4/1/18
UPDATED 4/1/2021

PREFERRED

ELIQUIS (APIXIBAN)
ENOXAPARIN- VIAL, SYRINGE (GENERIC FOR LOVENOX)
PRADAXA -**BRAND ONLY**
WARFARIN (GENERIC FOR COUMADIN)
XARELTO (RIVAROXABAN)

NON-PREFERRED – INCLUDE BUT NOT LIMITED TO

ARIXTRA (FONDAPARINUX)
COUMADIN
DABIGATRAN CAPSULE (generic for PRADAXA)
DALTEPARIN (GENERIC FOR FRAGMIN)
FRAGMIN
LOVENOX
PRADAXA PELLET PACK
SAVAYSA (EDOXABAN)
XARELTO SUSPENSION

CARDIOVASCULAR AGENTS

ANTIHYPERLIPIDEMICS
HMG-CoA REDUCTASE INHIBITORS

RE-REVIEW POSTED PREFERRED STATUS: 5/27/2014
REVISED EDIT EFFECTIVE DATE: 5/30/2014
UPDATED 7/1/2021

PREFERRED

ATORVASTATIN (generic for LIPITOR)
LOVASTATIN (generic for MEVACOR)
PRAVASTATIN (generic for PRAVACHOL)
ROSUVASTATIN (generic for CRESTOR)
SIMVASTATIN (generic for ZOCOR)

NON-PREFERRED – INCLUDE BUT NOT LIMITED TO

ALTOPREV (LOVASTATIN ER)
ATORVALIQ SUSPENSION (ATORVASTATIN)
ATORVASTATIN/AMLODIPINE (generic for CADUET)
CADUET (ATORVASTATIN/AMLODIPINE)
CRESTOR (ROSUVASTATIN)
FLUVASTATIN (generic for LESCOL)
LESCOL XL (FLUVASTATIN ER)
LIPITOR (ATORVASTATIN)
LIVALO (PITAVASTATIN)
PITAVASTATIN (generic for LIVALO)
SIMVASTATIN/EZETIMIBE (generic for VYTORIN)
VYTORIN (SIMVASTATIN/EZETIMIBE)
ZOCOR (SIMVASTATIN)

CARDIOVASCULAR AGENTS

ANTIHYPERLIPIDEMICS
EXCLUDING STATINS

ORIGINAL POSTED PREFERRED STATUS: 5/10/18
ORIGINAL EDIT EFFECTIVE DATE: 7/1/18
UPDATED 1/1/2024

PREFERRED FIBRIC ACIDS

FENOFIBRATE TABLET 48MG, 145MG (generic for TRICOR)
FENOFIBRATE TABLET 54MG, 160MG (generic for LOFIBRA)
GEMFIBROZIL 600MG (generic for LOPID)

PREFERRED BILE ACID SEQUESTRANTS

CHOLESTYRAMINE LIGHT (generic for QUESTRAN LIGHT, PREVALITE)
CHOLESTYRAMINE (generic for QUESTRAN)
COLESTIPOL GRANULES, PACKET, TABLET (generic for COLESTID)

PREFERRED CHOLESTEROL ABSORPTION INHIBITOR

EZETIMIBE TABLET (generic for ZETIA)

PREFERRED NIACIN

NIACIN ER TABLET (generic for NIASPAN ER)

PREFERRED OMEGA-3 FATTY ACIDS

OMEGA-3 ACID ETHYL ESTERS CAPSULE (generic for LOVAZA)*

PREFERRED PCSK9 INHIBITORS

PRALUENT PEN (ALIROCUMAB)*
REPATHA SYRINGE, AUTOINJECTOR, PUSHTRONEX (EVOLOCUMAB)*

NON-PREFERRED FIBRIC ACIDS

FENOFIBRATE CAPSULE (generic for LOFIBRA, ANTARA, LIPOFEN, TRICOR)
FENOFIBRATE TABLET (generic for FENOGLIDE)
FENOFIBRIC ACID CAPSULE (generic for TRILIPIX)

NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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10/1/2024

CARDIOVASCULAR AGENTS

ANTIHYPERLIPIDEMICS

EXCLUDING STATINS

ORIGINAL POSTED PREFERRED STATUS: 5/10/18

UPDATED 1/1/2024

NON-PREFERRED – CONTINUED FROM PREVIOUS COLUMN

FENOFIBRIC ACID TABLET (generic for FIBRICOR)
FENOGLIDE (FENOFIBRATE)
LIPOFEN (FENOFIBRATE)
LOPID (GEMFIBROZIL)
TRICOR (FENOFIBRATE)
TRILIPIX (FENOFIBRIC ACID)

NONPREFERRED BILE ACID SEQUESTRANTS

COLESEVELAM POWDER PACK, TABLET (generic for WELCHOL)
COLESTID TABLET AND PACKET (COLESTIPOL)
PREVALITE POWDER (CHOLESTYRAMINE)
QUESTRAN POWDER (CHOLESTYRAMINE)
QUESTRAN LIGHT POWDER (CHOLESTYRAMINE)
WELCHOL POWDER PACK, TABLET (COLESEVELAM)

NONPREFERRED CHOLESTEROL ABSORPTION INHIBITOR

ZETIA TABLET (EZETIMIBE)

NONPREFERRED ACL INHIBITOR & COMBO

NEXLETOL TABLET (BEMPEDOIC ACID)*
NEXLIZET TABLET (BEMPEDOIC ACID/EZETIMIBE)*

NONPREFERRED APOLIPOPROTEIN B SYNTHESIS INHIBITOR

JUXTAPID CAPSULE (LOMITAPIDE)*

NONPREFERRED OMEGA-3 FATTY ACIDS

ICOSAPENT ETHYL CAPSULE (generic for VASCEPA)*
LOVAZA CAPSULE (OMEGA-3 ACID ETHYL ESTERS)*
VASCEPA CAPSULE (ICOSAPENT ETHYL)*

NONPREFERRED PCSK9-DIRECTED SIRNA

LEQVIO SYRINGE (INCLISIRAN)*

CARDIOVASCULAR AGENTS

ANTIHYPERTENSIVE AGENTS

ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

ORIGINAL POSTED PREFERRED STATUS: 11/16/2005
ORIGINAL EDIT EFFECTIVE DATE: 11/16/2005
REVISED POSTED PREFERRED STATUS: 11/21/2007
REVISED EDIT EFFECTIVE DATE: 1/23/2008
RE-REVIEW POSTED PREFERRED STATUS: 6/17/2010
REVISED EDIT EFFECTIVE DATE: 8/17/2010
RE-REVIEW POSTED PREFERRED STATUS: 11/10/17
REVISED EDIT EFFECTIVE DATE: 1/1/18
UPDATED: 01/01/2021

PREFERRED

BENAZEPRIL (LOTENSIN)
BENAZEPRIL/AMLODIPINE (LOTREL)
BENAZEPRIL/HCTZ (LOTENSIN HCT)
ENALAPRIL (VASOTEC)
ENALAPRIL/HCTZ (VASERETIC)
FOSINOPRIL (MONOPRIL)
FOSINOPRIL/HCTZ (MONOPRIL HCT)
LISINOPRIL (PRINIVIL, ZESTRIL)
LISINOPRIL/HCTZ (PRINZIDE, ZESTORETIC)
QUINAPRIL (ACCUPRIL)
QUINAPRIL/HCTZ (ACCURETIC)
RAMIPRIL CAPSULES (ALTACE CAPSULES)

NON-PREFERRED –
NON-PREFERRED AGENTS LISTED IN NEXT COLUMN

CARDIOVASCULAR AGENTS

ANTIHYPERTENSIVE AGENTS

ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

CONTINUED

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ACCUPRIL
ACCUPRETIC
ALTACE
CAPTOPRIL* (CAPOTEN)
CAPTOPRIL/HCTZ (CAPOZIDE))
ENALAPRIL SOLUTION (EPANED)
EPANED
LOTENSIN
LOTENSIN HCT
LOTREL
MOEXIPRIL (UNIVASC)
MOEXIPRIL/HCTZ (UNIRETIC)
PERINDOPRIL (ACEON)
QBRELIS
TARKA
TRANDOLAPRIL (MAVIK)
TRANDOLAPRIL/VERAPAMIL (TARKA)
VASOTEC
ZESTORETIC
ZESTRIL

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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10/1/2024

CARDIOVASCULAR AGENTS

ANTIHYPERTENSIVE AGENTS

ANGIOTENSIN II RECEPTOR ANTAGONISTS

ORIGINAL POSTED PREFERRED STATUS: 12/20/2005
ORIGINAL EDIT EFFECTIVE DATE: 2/21/2006
REVISED POSTED PREFERRED STATUS: 8/12/2011
REVISED EDIT EFFECTIVE DATE: 10/12/2011
RE-REVIEW POSTED PREFERRED STATUS: 3/6/2013
REVISED EDIT EFFECTIVE DATE: 5/7/2013
REVISED EDIT EFFECTIVE DATE: 02/15/2016
RE-REVIEW POSTED PREFERRED STATUS: 11/10/17
REVISED EDIT EFFECTIVE DATE: 1/1/18
UPDATED: 01/01/2021

PREFERRED

ENTRESTO*
IRBESARTAN (AVAPRO)
IRBESARTAN/HCTZ (AVALIDE)
LOSARTAN (COZAAR)
LOSARTAN/HCTZ (HYZAAR)
OLMESARTAN (BENICAR)
OLMESARTAN/AMLODIPINE (AZOR)
VALSARTAN (DIOVAN)
VALSARTAN/HCTZ (DIOVAN HCT)
VALSARTAN/AMLODIPINE (EXFORGE)
VALSARTAN/AMLODIPINE/HCTZ (EXFORGE HCT)

NON-PREFERRED –
NON-PREFERRED AGENTS LISTED IN NEXT COLUMN

CARDIOVASCULAR AGENTS

ANTIHYPERTENSIVE AGENTS

ANGIOTENSIN II RECEPTOR ANTAGONISTS

CONTINUED

ORIGINAL POSTED PREFERRED STATUS: 12/20/2005

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ATACAND/ATACAND HCT
AVAPRO/AVALIDE
AZOR
BENICAR/BENICAR HCT
CANDESARTAN (ATACAND)
CANDESARTAN/HCTZ (ATANCAND HCT)
COZAAR
DIOVAN/DIOVAN HCT
EDARBI/EDARBYCLOR
EPROSARTAN (TEVETEN)
EXFORGE HCT
HYZAAR
MICARDIS/MICARDIS HCT
OLMESARTAN/HCTZ (BENICAR HCT)
OLMESARTAN/AMLODIPINE/HCTZ (TRIBENZOR)
TELMISARTAN (MICARDIS)
TELMISARTAN/AMLODIPINE (TWYNSTA)
TELMISARTAN/HCTZ (MICARDIS HCT)

CARDIOVASCULAR AGENTS

ANTIHYPERTENSIVE AGENTS

BETA ADRENERGIC BLOCKERS

ORIGINAL POSTED PREFERRED STATUS: 7/18/2005
RE-REVIEW POSTED PREFERRED STATUS: 10/17/2007
RE-REVIEW POSTED PREFERRED STATUS: 11/15/2018
RE-REVIEW POSTED PREFERRED STATUS: 1/1/2022

PREFERRED

ACEBUTOLOL (generic for SECTRAL)
ATENOLOL (generic for TENORMIN)
ATENOLOL/CHLORTHALIDONE (generic for TENORETIC)
BISOPROLOL (generic for ZEBETA)
BISOPROLOL/HCTZ (generic for ZIAC)
BYSTOLIC **BRAND ONLY**
CARVEDILOL (generic for COREG)
LABETALOL (generic for NORMODYNE)
METOPROLOL SUCCINATE (generic for TOPROL XL)
METOPROLOL TARTRATE (generic for LOPRESSOR)
PROPRANOLOL IMMEDIATE RELEASE (generic for INDERAL)
SOTALOL tablets (generic for BETAPACE)

NON-PREFERRED –
NON-PREFERRED AGENTS LISTED IN NEXT COLUMN

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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CARDIOVASCULAR AGENTS

ANTIHYPERTENSIVE AGENTS

BETA ADRENERGIC BLOCKERS

CONTINUED

ORIGINAL POSTED PREFERRED STATUS: 7/18/2005

RE-REVIEW POSTED PREFERRED STATUS: 1/1/2022

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

BETAPACE
BETAXOLOL (generic for KERLONE)
CARVEDILOL ER (generic for COREG CR)
COREG CR
CORGARD
HEMANGEOL (propranolol) SOLUTION
INDERAL LA
KAPSPARGO (metoprolol succinate) SPRINKLE
LOPRESSOR
METOPROLOL /HCTZ (generic for LOPRESSOR HCT)
PINDOLOL (generic for VISKEN)
PROPRANOLOL ER capsule (generic for INDERAL LA, INNOPRAN XL)
PROPRANOLOL/HCTZ (generic for INDERIDE)
SOTYLIZE* solution
TENORETIC
TENORMIN
TIMOLOL MALEATE
TOPROL XL
ZIAC

CARDIOVASCULAR AGENTS

ANTIHYPERTENSIVE AGENTS

CALCIUM CHANNEL BLOCKERS

ORIGINAL POSTED PREFERRED STATUS: 5/12/2005

UPDATED 01/01/2021

PREFERRED

AMLODIPINE (NORVASC)
AMLODIPINE/VALSARTAN (EXFORGE)
AMLODIPINE./BENAZEPRIL (LOTREL)
AMLODIPINE/OLMESARTAN (AZOR)
AMLODIPINE/VALSARTAN/HCT (EXFORGE HCT)
DILTIAZEM ER CAPSULE (DILACOR XR, TIAZAC)
DILTIAZEM TABLET
NIFEDIPINE IR (PROCARDIA)
NIFEDIPINE CC, ER (ADALAT CC, PROCARDIA XL)
VERAPAMIL TABLET
VERAPAMIL ER TABLETS (CALAN SR)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

AMLODIPINE/ATORVASTATIN (CADUET)
AMLODIPINE/OLMESARTAN/HCTZ (TRIBENZOR)
AMLODIPINE SOLUTION (NORLIQVA)
DILTIAZEM CD, ER, LA, XR, OR XT (CARDIZEM)
FELODIPINE ER (PLENDIL)
ISRADIPINE (DYNACIRC)
ISRADIPINE CR (DYNACIRC CR)
LEVAMLODIPINE (CONJUPRI)
NICARDIPINE (CARDENE), NICARDIPINE ER (CARDENE SR)
NIMODIPINE
NISOLDIPINE ER (SULAR ER)
NORVASC
PROCARDIA XL
VERAPAMIL ER CAPSULES (VERELAN)
VERAPAMIL ER PM CAPSULES (VERELAN PM)

CARDIOVASCULAR AGENTS

ANTIHYPERTENSIVE AGENTS

DIRECT RENIN INHIBITORS

ORIGINAL POSTED PREFERRED STATUS: 6/17/2010

ORIGINAL EDIT EFFECTIVE DATE: 8/17/2010

UPDATED: 01/01/2021

PREFERRED

NONE

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ALISKIREN (TEKTURNA)
TEKTURNA
TEKTURNA HCT

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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CARDIOVASCULAR AGENTS

PLATELET AGGREGATION INHIBITORS

ORIGINAL POSTED PREFERRED STATUS: 5/10/18
ORIGINAL EDIT EFFECTIVE DATE: 7/1/18
UPDATED 7/1/2021

PREFERRED

ASPIRIN/DIPYRIDAMOLE (generic for AGGRENOX)
BRILINTA (ticagrelor)
CLOPIDOGREL (generic for PLAVIX)
DIPYRIDAMOLE
PRASUGREL (generic for EFFIENT)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

EFFIENT
PLAVIX
ZONTIVITY

CARDIOVASCULAR AGENTS

PULMONARY HYPERTENSION TREATMENTS ORAL/ INHALED/ INJECTED

ORIGINAL POSTED PREFERRED STATUS: 2/3/2017
ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017
RE-REVIEW POSTED PREFERRED STATUS: 10/1/2019
RE-REVIEW POSTED PREFERRED STATUS: 1/1/2023

PREFERRED

AMBRISENTAN TABLETS (generic for LETAIRIS)*
REMODULIN (TREPROSTINIL) VIALS* - **BRAND ONLY**
SILDENAFIL TABLETS (REVATIO)*
SILDENAFIL VIAL*
TADALAFIL TABLETS (ADCIRCA)*
TRACLEER (BOSENTAN) TABLET* - **BRAND ONLY**
VELETRI (EPOPROSTENOL)*-**BRAND ONLY**

NON-PREFERRED –
NON-PREFERRED AGENTS LISTED IN NEXT COLUMN

CARDIOVASCULAR AGENTS

PULMONARY HYPERTENSION TREATMENTS ORAL/ INHALED/ INJECTED

ORIGINAL POSTED PREFERRED STATUS: 2/3/2017
RE-REVIEW POSTED PREFERRED STATUS: 1/1/2023

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ADCIRCA TABLETS
ADEMPAS TABLETS (RIOCIGUAT)
BOSENTAN TABLETS (generic for TRACLEER)
EPOPROSTENOL VIALS (generic for FLOLAN and VELETR))
FLOLAN VIALS
LETAIRIS TABLETS
LIQREV SUSPENSION (SILDENAFIL)
OPSUMIT (MACITENTAN)
OPSYNVI (MACITENTAN/TADALAFIL)
ORENITRAM ER (TREPROSTINIL) TABLETS
REVATIO SUSPENSION
REVATIO TABLETS
SILDENAFIL SUSPENSION (generic for REVATIO)
TADLIQ (TADALAFIL) SUSPENSION
TRACLEER SUSPENSION
TREPROSTINIL VIAL
TYVASO DPI AND TYVASO VIAL
UPTRAVI (SELEXIPAG) INJECTION AND TABLETS
VENTAVIS INHALATION (ILOPROST)
WINREVAIR VIALS

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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10/1/2024

CENTRAL NERVOUS SYSTEM AGENTS

ALZHEIMER'S AGENTS

ORIGINAL POSTED PREFERRED STATUS: 10/1/2021

PREFERRED

DONEPEZIL 5, 10 mg tablet (generic for ARICEPT)
EXELON PATCH- **BRAND ONLY**
MEMANTINE tablet (generic for NAMENDA)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ADLARITY (donepezil patch)
ARICEPT tablet
DONEPEZIL ODT (generic for ARICEPT ODT)
DONEPEZIL 23mg tablet (generic for ARICEPT)
GALANTAMINE tablet (generic for RAZADYNE)
GALANTAMINE ER tablet (generic for RAZADYNE ER)
GALANTAMINE solution (generic for RAZADYNE solution)
MEMANTINE solution (generic for NAMENDA solution)
MEMANTINE tablet (generic for NAMENDA XR)
NAMZARIC capsule (memantine/donepezil)
RAZADYNE ER capsule
RIVASTIGMINE patch (generic for EXELON patch)
RIVASTIGMINE capsuke (generic for EXELON capsule)

CENTRAL NERVOUS SYSTEM AGENTS

ANTICONVULSANTS

ORIGINAL POSTED PREFERRED STATUS: 4/1/2022

PREFERRED

CARBAMAZEPINE CHEW TABLET (generic for TEGRETOL)
CARBAMAZEPINE TABLET (generic for TEGRETOL)
CLOBAZAM SUSPENSION (generic for ONFI)*
CLOBAZAM TABLET (generic for ONFI)
DIVALPROEX DR TABLET (generic for DEPAKOTE DR)
DIVALPROEX ER TABLET (generic for DEPAKOTE ER)
EPITOL TABLET
ETHOSUXIMIDE CAPSULE (generic for ZARONTIN)
GABAPENTIN CAPSULE/TABLET (generic for NEURONTIN)
LACOSAMIDE TABLETS and SOLUTION (generic for VIMPAT)
LAMOTRIGINE TABLETS (generic for LAMICTAL)
LEVETIRACETAM SOLUTION (generic for KEPPRA)*
LEVETIRACETAM TABLET (generic for KEPPRA)
OXCARBAZEPINE SUSPENSION (generic for TRILEPTAL)
OXCARBAZEPINE TABLET (generic for TRILEPTAL)
PHENYTOIN CAPSULE (generic for DILANTIN)
PREGABALIN CAPSULE (generic for LYRICA)
PRIMIDONE TABLET (generic MYSOLINE)
QUDEXY XR CAPSULE-- **BRAND ONLY**
ROWEEPRA TABLET
SABRIL TABLET --- **BRAND ONLY**
TEGRETOL SUSPENSION - **-BRAND ONLY***
TOPIRAMATE TABLET (generic for TOPAMAX)
TRILEPTAL SUSPENSION
VALPROIC ACID CAPSULE (generic for DEPAKENE)
VALPROIC ACID SOLUTION (generic for DEPAKENE)*
VIGABATRIN POWDER PAK (generic for SABRIL)
ZONISAMIDE CAPSULE (generic for ZONEGRAN)

NON-PREFERRED AGENTS LISTED IN NEXT COLUMN

CENTRAL NERVOUS SYSTEM AGENTS

ANTICONVULSANTS *(continued)*

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO *(continued)*

APTIOM (ESLICARBAZEPINE)
BANZEL SUSPENSION (RUFINAMIDE) BRAND PREFERRED OVER GENERIC WHEN APPROVED
BANZEL TABLET (RUFINAMIDE) BRAND PREFERRED OVER GENERIC WHEN APPROVED
BRIVIACT SOLUTION (BRIVARACETAM)
BRIVIACT TABLET (BRIVARACETAM)
CARBAMAZEPINE ER CAPSULE (generic for CARBATROL)
CARBAMAZEPINE ER SUSPENSION (generic for TEGERETOL)
CARBAMAZEPINE ER TABLET (generic for TEGERETOL XR)
CARBATROL ER CAPSULE
CELONTIN CAPSULE
DEPAKOTE DR TABLET
DEPAKOTE ER TABLET
DEPAKOTE SPRINKLE CAPSULE
DIACOMIT CAPSULE
DIACOMIT POWDER PACKET
DILANTIN CAPSULE
DILANTIN INFATAB TABLET
DILANTIN SUSPENSION
DIVALPROEX SPRINKLE CAPSULE
ELEPSIA XR TABLET
EPIDIOLEX SOLUTION*
EPRONTIA SOUTION
EQUETRO CAPSULE
ETHOSUXIMIDE SOLUTION (generic for ZARONTIN)
FELBAMATE SUSPENSION (generic for FELBATOL)
FELBAMATE TABLET (generic for FELBATOL)
FELBATOL SUSPENSION/TABLET
FINTEPLA SOLUTION*
FYCOMPA SUSPENSION
FYCOMPA TABLET
GABITRIL TABLET
KEPPRA SOLUTION

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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CENTRAL NERVOUS SYSTEM AGENTS

ANTICONVULSANTS *(continued)*

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO *(continued)*

KEPPRA TABLET
KEPPRA XR TABLET
LAMICTAL ODT
LAMICTAL AND LAMICTAL XR TABLET
LAMOTRIGINE ODT (generic for LAMICTAL ODT)
LAMOTRIGINE ER TABLET (generic for LAMICTAL XR)
LEVETIRACETAM ER TABLET (generic for KEPPRA XR)
METHSUXIMIDE CAPSULE (generic for CELONTIN)
MOTPOLY XR
MYSOLINE
ONFI SUSPENSION
ONFI TABLET
OXCARBAZEPINE ER TABLET (generic for OXTELLAR XR)
OXTELLAR XR TABLET - **Brand PFD over Generic when approved**
PHENOBARBITAL ELIXIR
PHENOBARBITAL TABLET
PHENYTEK CAPSULE
PHENYTOIN CHEW TABLET (generic for DILANTIN INFATAB)
PHENYTOIN ER CAPSULE (generic for PHENYTEK)
PHENYTOIN SUSPENSION (generic for DILANTIN)
RUFINAMIDE SUSPENSION (generic for BANZEL)
RUFINAMIDE TABLET (generic for BANZEL)
SABRIL POWDER PACK
SPRITAM TABLET
SYMPANZAN FILM
TEGRETOL TABLET
TEGRETOL XR TABLET
TIAGABINE TABLET (generic for GABITRIL)
TOPAMAX SPRINKLE
TOPAMAX TABLET

CENTRAL NERVOUS SYSTEM AGENTS

ANTICONVULSANTS *(continued)*

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO *(continued)*

TOPIRAMATE ER CAPSULE (generic for QUDEXY and TROKENDI XR)
TOPIRAMATE SPRINKLE (generic for TOPAMAX)
TRILEPTAL TABLET
TROKENDI XR CAPSULE
VIGABATRIN TABLET (generic for SABRIL)
VIGAFYDE SOLUTION (VIGABATRIN)
VIMPAT SOLUTION
VIMPAT TABLET
XCOPRI TABLET
ZARONTIN CAPSULE
ZARONTIN SOLUTION
ZONISADE SUSPENSION

CENTRAL NERVOUS SYSTEM AGENTS

ANTICONVULSANTS FOR SEIZURE RESCUE
ORIGINAL POSTED PREFERRED STATUS: 4/1/2022

PREFERRED

DIASTAT ACUDIAL **- BRAND ONLY**
DIASTAT RECTAL GEL - **BRAND ONLY**
DIAZEPAM RECTAL GEL SYSTEM (generic for DIASTAT ACUDIAL)
DIAZEPAM RECTAL GEL KIT (generic for DIASTAT)
NAYZILAM NASAL SPRAY
VALTOCO NASAL SPRAY

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

LIBERVANT BUCCAL FILM

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10/1/2024

CENTRAL NERVOUS SYSTEM AGENTS

ANTIDEPRESSANTS

SSRIs, SSNRIs, SNRIs

ORIGINAL POSTED PREFERRED STATUS: 2/7/2007
ORIGINAL EDIT EFFECTIVE DATE: 4/10/2007
RE-REVIEW POSTED PREFERRED STATUS: 10/8/2009
REVISED EDIT EFFECTIVE DATE: 1/1/2010
RE-REVIEW POSTED PREFERRED STATUS: 5/2/2011
REVISED EDIT EFFECTIVE DATE: 7/1/2011
RE-REVIEW POSTED PREFERRED STATUS: 5/6/2014
REVISED EDIT EFFECTIVE DATE: 6/5/2014
RE-REVIEW POSTED PREFERRED STATUS: 11/15/18
UPDATED: 10/1/2023

PREFERRED

BUPROPION EXTENDED RELEASE (generic for WELLBUTRIN XL)*
BUPROPION REGULAR RELEASE (generic for WELLBUTRIN)*
BUPROPION SUSTAINED RELEASE (generic for WELLBUTRIN SR)*
CITALOPRAM TABLET (generic for CELEXA)*
DESVENLAFAXINE SUCCINATE ER (generic for PRISTIQ)*
DULOXETINE (generic for CYMBALTA)*
ESCITALOPRAM TABLET AND SOLUTION (generic for LEXAPRO)*
FLUOXETINE 10MG, 20MG, 40MG CAPSULE, 20MG/5ML SOLN (generic for PROZAC)*
FLUOXETINE/OLANZAPINE (generic for SYMBYAX)*
FLUVOXAMINE (generic for LUVOX)*
MIRTAZAPINE 7.5MG, 15MG, 30MG, 45MG TABLET (generic for REMERON)*
PAROXETINE HCL TABLET (generic for PAXIL)*
SERTRALINE (generic for ZOLOFT)*
TRAZODONE 50MG, 100MG, 150MG TABLET (generic for DESYREL)*
VENLAFAXINE ER CAPSULES (generic for EFFEXOR XR)*
VENLAFAXINE REGULAR RELEASE TABLET (generic for EFFEXOR)*

NON-PREFERRED AGENTS LISTED IN NEXT COLUMN

CENTRAL NERVOUS SYSTEM AGENTS

ANTIDEPRESSANTS

SSRIs, SSNRIs, SNRIs

UPDATED: 10/1/2023

NON-PREFERRED --
INCLUDE BUT NOT LIMITED TO

APLENZIN (BUPROPION HYDROBROMIDE ER)
AUVELITY (DEXTROMETHORPHAN/BUPROPION)
BUPROPION HCL ER TABLET (generic for FORFIVO XL)*
CELEXA (CITALOPRAM)
CITALOPRAM CAPSULE (generic for CELEXA)
CITALOPRAM SOLUTION (generic for CELEXA)
DESVENLAFAXINE EXTENDED-RELEASE TABLET
DULOXETINE 40MG DR CAPSULE (generic for IRENKA DR)
EFFEXOR XR CAPSULE (VENLAFAXINE)
EMSAM PATCH (SELEGILINE)
FETZIMA CAPSULE (LEVOMILNACIPRAN)
FLUOXETINE 10MG, 15MG, 20MG, 60MG TABLET (generic for PROZAC)
FLUOXETINE 90MG WEEKLY CAPSULE (generic for PROZAC)
FLUVOXAMINE EXTENDED RELEASE (generic for LUVOX CR)
FORFIVO XL TABLET (BUPROPION)
LEXAPRO TABLET (ESCITALOPRAM)
MARPLAN (ISOCARBOXAZID)
MIRTAZAPINE ODT TABLET (generic for REMERON SOLTAB)*
NARDIL (PHENELZINE)
NEFAZODONE (generic for SERZONE)*
PAROXETINE CR TABLET; SUSPENSION (generic for PAXIL)*
PAROXETINE MESYLATE (generic for BRISDELLE)
PAXIL IR TABLET, CR TABLET, AND SUSPENSION
PEXEVA (PAROXETINE MESYLATE)
PHENELZINE (generic for NARDIL)

NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN

CENTRAL NERVOUS SYSTEM AGENTS

ANTIDEPRESSANTS

SSRIs, SSNRIs, SNRIs

UPDATED: 10/1/2023

NON-PREFERRED – *(continued)*
INCLUDE BUT NOT LIMITED TO

PRISTIQ ER TABLET (DESVENLAFAXINE)
PROZAC CAPSULE (FLUOXETINE)
REMERON SOLTAB AND TABLET (MIRTAZAPINE)
SAVELLA (MILNACIPRAN)
SERTRALINE CAPSULE (generic for ZOLOFT)
SPRAVATO NASAL SPRAY (ESKETAMINE)* **- MANUAL REVIEW**
TRANYLCYPROMINE (generic for PARNATE)
TRAZODONE 300MG TABLET
TRINTELLIX (VORTIOXETINE HBR)
VENLAFAXINE ER TABLET (generic for EFFEXOR)
VIIBRYD (VILAZODONE)
VILAZODONE (generic for VIIBRYD)
WELLBUTRIN SR AND XL (BUPROPION)
ZOLOFT TABLET AND ORAL CONC (SERTRALINE)
ZURZUVAE (ZURANOLONE) - **MANUAL REVIEW**

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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CENTRAL NERVOUS SYSTEM AGENTS

ANTI-PARKINSON'S AGENTS

ORIGINAL POSTED PREFERRED STATUS: 1/1/2022

PREFERRED

AMANTADINE capsule (generic for SYMMETREL)
AMANTADINE syrup (generic for SYMMETREL)
BENZTROPINE tablets (generic for COGENTIN)
CARBIDOPA/LEVODOPA ER tablets (generic for SINEMET ER)
CARBIDOPA/LEVODOPA tablets (generic for SINEMET)
PRAMIPEXOLE tablets (generic for MIRAPEX)
ROPINIROLE tablets (generic for REQUIP)
TRIHEXYPHENIDYL tablets

NON-PREFERRED – INCLUDE BUT NOT LIMITED TO

AMANTADINE tablets (generic for SYMMETREL)
APOKYN tablets (APOMORPHINE)
AZILECT tablets
BROMOCRIPTINE capsules/tablets
CARBIDOPA tablets (generic for Lodsyn)
CARBIDOPA/LEVODOPA ODT
CARBIDOPA/LEVODOPA/ENTACAPONE tablets (generic for STALEVO)
COMTAN tablets
CREXONT ER capsules
DUOPA SUSPENSION
ENTACAPONE tablets
GOCOVORI capsule
INBRIJA* capsule
KYNMOBI * film
LODOSYN tablets
MIRAPEX ER tablets

NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN

CENTRAL NERVOUS SYSTEM AGENTS

ANTI-PARKINSON'S AGENTS

ORIGINAL POSTED PREFERRED STATUS: 1/1/2022

NON-PREFERRED – *(continued)*

INCLUDE BUT NOT LIMITED TO

NEUPRO patch
NOURIANZ* tablets
ONGENTYS* capsule
OSMOLEX ER tablets
PARLODEL capsules/tablets
PRAMIPEXOLE ER (generic for MIRAPEX ER)
RASAGILINE tablets (generic for AZILECT)
ROPINIROLE ER tablets (generic for REQUIP XL)
RYTARY CAPSULE
SELEGILINE capsule/tablet
SINEMET tablets
STALEVO tablets
TASMAR tablets
TOLCAPONE tablets (generic for TASMAR)
XADAGO tablets
ZELAPAR ODT

CENTRAL NERVOUS SYSTEM AGENTS

Preferred Drug List

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CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT DISORDER/HYPERACTIVITY DISORDER
Amphetamine Salts, Amphetamine-Like Drugs,
Norepinephrine Reuptake Inhibitors, Alpha-2 Agonist

ORIGINAL POSTED PREFERRED STATUS: 5/7/2007
UPDATED 01/01/2021
UPDATED 10/1/2023

PREFERRED

ADDERALL XR*
AMPHETAMINE SALTS ER CAPSULE* (generic for ADDERALL XR)
AMPHETAMINE SALTS TABLET* (generic for ADDERALL)
ATOMOXETINE* (generic for STRATTERA)*
CLONIDINE IR* (generic for CATAPRES)*
CLONIDINE ER* (generic for KAPVAY ER)
CONCERTA*
DAYTRANA PATCH* (METHYLPHENIDATE) **BRAND ONLY**
DEXMETHYLPHENIDATE ER CAPSULE* (generic for FOCALIN XR)
DEXMETHYLPHENIDATE IR TABLET* (generic for FOCALIN)
DEXTROAMPHETAMINE 5MG, 10MG TABLET* (generic for Zenzedi)
FOCALIN* (DEXMETHYLPHENIDATE)
FOCALIN XR* (DEXMETHYLPHENIDATE)
GUANFACINE IR TABLET* (generic for TENEX)
GUANFACINE ER TABLET* (generic for INTUNIV)
METHYLPHENIDATE TABLET *(generic for METHYLIN, RITALIN)
METHYLPHENIDATE ER TABLET *(generic for CONCERTA)
VYVANSE CAPSULES * (LISDEXAMFETAMINE) **BRAND ONLY**
VYVANSE CHEW TABLETS * (LISDEXAMFETAMINE) **BRAND ONLY**

NON-PREFERRED AGENTS LISTED IN NEXT COLUMN

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT DISORDER/HYPERACTIVITY DISORDER
Amphetamine Salts, Amphetamine-Like Drugs,
Norepinephrine Reuptake Inhibitors, Alpha-2 Agonist

ORIGINAL POSTED PREFERRED STATUS: 5/7/2007
UPDATED 01/01/2021
UPDATED 10/1/2023

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ADHANSIA XR (METHYLPHENIDATE)
ADZENYS ER SUSPENSION, ADZENYS XR ODT (AMPHETAMINE)
AMPHETAMINE/DEXTROAMPHETAMINE ER CAPSULE (generic for MYDAYIS)
AMPHETAMINE SUSPENSION (generic for ADZENYS ER)
APTENSIO XR CAPSULE (METHYLPHENIDATE)
AZSTARYS CAPSULE (SERDEXMETHYLPHENIDATE/DEXMETHYLPHENIDATE)
CLONIDINE ER SUSPENSION AND TABLET (generic for NEXICLON XR)
COTEMPLA XR -ODT (METHYLPHENIDATE)
DESOXYN (METHAMPHETAMINE)
DEXEDRINE SPANSULE (DEXTROAMPHETAMINE)
DEXTROAMPHETAMINE CAPSULE (generic for DEXEDRINE)
DEXTROAMPHETAMINE SOLUTION (generic for PROCENTRA)
DYANAVEL XR SUSPENSION (AMPHETAMINE)
DYANAVEL XR TABLET (AMPHETAMINE)
EVEKEO SUSPENSION, EVEKEO ODT (AMPHETAMINE)
INTUNIV ER TABLET (GUANFACINE)
JORNAY PM (METHYLPHENIDATE)
LISDEXAMFETAMINE CAPS AND CHEW TABS (generic for VYVANSE)
METHAMPHETAMINE TABLET (generic for DESOXYN)
METHYLIN SOLUTION (METHYLPHENIDATE)
METHYLPHENIDATE CHEWABLE TABLET (generic for METHYLIN)

NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT DISORDER/HYPERACTIVITY DISORDER
Amphetamine Salts, Amphetamine-Like Drugs,
Norepinephrine Reuptake Inhibitors, Alpha-2 Agonist

ORIGINAL POSTED PREFERRED STATUS: 5/7/2007
UPDATED 01/01/2021
UPDATED 10/1/2023

NON-PREFERRED – *(continued)*
INCLUDE BUT NOT LIMITED TO

METHYLPHENIDATE ER CAPS (generic for METADATE CD, RITALIN LA, APTENSIO XR)
METHYLPHENIDATE ER TABLET (generic for METADATE ER, RITALIN SR)
METHYLPHENIDATE ER TABLET (generic for RELEXXII)
METHYLPHENIDATE PATCH (generic for DAYTRANA)
METHYLPHENIDATE SOLUTION (generic for METHYLIN)
MYDAYIS ER CAPSULE (AMPHETAMINE/DEXAMPHETAMINE SALTS)
ONYDA XR SUSPENSION (CLONIDINE ER)
PROCENTRA SOLUTION (DEXTROAMPHETAMINE)
QELBREE CAPSULE (VILOXAZINE)
QUILLICHEW ER CHEW TABLET (METHYLPHENIDATE)
QUILLIVANT XR SUSPENSION (METHYLPHENIDATE)
RITALIN IR TABLET (METHYLPHENIDATE)
RITALIN LA CAPSULE (METHYLPHENIDATE)
STRATTERA CAPSULE (ATOMOXETINE)
XELSTRYM PATCH (DEXTROAMPHETAMINE)
ZENZEDI TABLET (DEXTROAMPHETAMINE)

Preferred Drug List

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10/1/2024

CENTRAL NERVOUS SYSTEM AGENTS

NARCOLEPSY AGENTS

ORIGINAL POSTED PREFERRED STATUS: 5/10/18
ORIGINAL EDIT EFFECTIVE DATE: 7/1/18
UPDATED: 10/1/2023

PREFERRED

NUVIGIL* (ARMODAFINIL) **BRAND ONLY**
XYREM SOLUTION* (SODIUM OXYBATE) **BRAND ONLY**

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ARMODAFINIL (generic for NUVIGIL)
LUMRYZ ER SUSPENSION (SODIUM OXYBATE) WHEN REBATE ELIGIBLE
MODAFINIL (generic for PROVIGIL)
PROVIGIL (MODAFINIL)
SODIUM OXYBATE SOLUTION (generic for XYREM)
SUNOSI TABLET (SOLRIAMFETOL)
WAKIX TABLET (PITOLISANT)
XYWAV SOLUTION (CALCIUM, MAGNESIUM, POTASSIUM, SODIUM OXYBATES)

CENTRAL NERVOUS SYSTEM AGENTS

NEUROPATHIC PAIN AGENTS

ORIGINAL POSTED PREFERRED STATUS: 4/3/2008
ORIGINAL EDIT EFFECTIVE DATE: 6/5/2008
RE-REVIEW POSTED PREFERRED STATUS: 10/14/2011
REVISED EDIT EFFECTIVE DATE: 12/13/2011
REVISED EDIT EFFECTIVE DATE: 1/1/2022

PREFERRED

DULOXETINE* (generic for CYMBALTA)
GABAPENTIN capsules* (generic for NEURONTIN)
GABAPENTIN tablets* (generic for NEURONTIN)
PREGABALIN* (generic for LYRICA)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

CYMBALTA
GABAPENTIN 250MG/5ML SOLUTION (generic for NEURONTIN)*
GABAPENTIN ER TABLET (generic for GRALISE)
GRALISE tablet
HORIZANT tablet
LIDOCAINE PATCH (generic for LIDODERM)*
LYRICA
LYRICA CR
LYRICA SOLUTION
NEURONTIN capsules
NEURONTIN solution
NEURONTIN tablets
PREGABALIN soltution (generic for LYRICA)
PREGABALIN ER (generic for LYRICA CR)
SAVELLA (milnacipran)
ZTILDO (lidocaine) patch

CENTRAL NERVOUS SYSTEM AGENTS

LONG ACTING INJECTABLE ANTIPSYCHOTICS

ORIGINAL POSTED PREFERRED STATUS: 8/11/17
ORIGINAL EDIT EFFECTIVE DATE: 10/1/17
UPDATE EFFECTIVE 10/1/2020
UPDATED 10/1/2023

PREFERRED

ABILIFY ASIMTUFII* (ARIPIPRAZOLE ER)
ABILIFY MAINTENA* (ARIPIPRAZOLE ER)
ARISTADA* AND ARISTADA INITIO* (ARIPIPRAZOLE LAUROXIL ER)
FLUPHENAZINE DECANOATE* (generic for PROLIXIN DECANOATE)
HALOPERIDOL DECANOATE* (generic for HALDOL DECANOATE)
INVEGA HAFYERA* (PALIPERIDONE PALMITATE)
INVEGA SUSTENNA* (PALIPERIDONE PALMITATE)
INVEGA TRINZA* (PALIPERIDONE PALMITATE)
PERSERIS ER* (RISPERIDONE)
RISPERDAL CONSTA* (RISPERIDONE MICROSPHERES) **BRAND ONLY**

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

RISPERIDONE ER* (generic for RISPERDAL CONSTA)
RYKINDO ER* (RISPERIDONE)
UZEDY ER* (RISPERIDONE)
ZYPREXA RELPREVV* (OLANZAPINE)

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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CENTRAL NERVOUS SYSTEM AGENTS

ORAL ANTIPSYCHOTICS

ORIGINAL POSTED PREFERRED STATUS: 05/22/2019
ORIGINAL EDIT EFFECTIVE DATE: 7/1/19
UPDATE EFFECTIVE 7/1/2022

PREFERRED

ARIPIPRAZOLE TABLETS* (generic for ABILFY)
CHLORPROMAZINE TABLETS *
CLOZAPINE TABLETS*
FLUPHENAZINE TABLETS *
HALOPERIDOL LACTATE CONC*
HALOPERIDOL TABLETS*
LOXAPINE TABLETS*
LURASIDONE (generic for LATUDA)*
OLANZAPINE TABLETS* (generic for ZYREXA)
OLANZAPINE ODT* (generic for ZYREXA ZYDIS)
OLANZAPINE/FLUOXETINE CAPSULE* (generic for SYMBYAX)
PALIPERIDONE TABLETS* (generic for INVEGA)
PERPHENAZINE TABLETS*
QUETIAPINE TABLETS* (generic for SEROQUEL)
RISPERIDONE TABLETS* (generic for RISPERDAL)
RISPERIDONE ODT* (generic for RISPERDAL M-TAB)
RISPERIDONE SOLUTION* (generic for RISPERDAL SOLUTION)
THIORIDAZINE TABLETS*
ZIPRASIDONE CAPSULES* (generic for GEODON)

NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN

CENTRAL NERVOUS SYSTEM AGENTS

ORAL ANTIPSYCHOTICS-*CONTINUED*

ORIGINAL POSTED PREFERRED STATUS: 05/22/2019
ORIGINAL EDIT EFFECTIVE DATE: 7/1/19
UPDATE EFFECTIVE 7/1/2022

NON-PREFERRED
INCLUDE BUT NOT LIMITED TO

ABILIFY MYCITE *
ABILIFY TABLETS/DISCMELT/SOLUTION*
AMITRIPTYLINE/PERPHENAZINE TABLETS*
ARIPIPRAZOLE ODT/SOLUTION*
ASENAPINE SL (generic for SAPHRIS)*
CAPLYTA (LUMATEPERONE)*
CLOZAPINE ODT*
FANAPT (ILOPERIDONE) TABLETS*
FAZACLOZ (CLOZAPINE) ODT*
FLUPHENAZINE ELIXIR/SOLUTION*
GEODON CAPSULE
LATUDA (LURASIDONE) TABLETS*
LYBALVI (OLANZAPINE/SAMIDORPHAN)*
MOLINDONE TABLETS*
NUPLAZID CAPSULES AND TABLETS (PIMAVANSERIN)*
PIMOZIDE TABLETS*
QUETIAPINE ER TABLETS* (generic for SEROQUEL XR)
REXULTI (BREXPIPRAZOLE) TABLETS *
RISPERDAL M-TAB/SOLUTION/TABLETS*
SAPHRIS SL TABLETS (ASENAPINE)*
SECUADO TRANSDERMAL (ASENAPINE)
SEROQUEL XR TABLETS
THIOTHIXENE TABLETS*
TRIFLUOPERAZINE TABLETS *
VERSACLOZ (CLOZAPINE ODT)*
VRAYLAR (CARIPRAZINE)*
ZYREXA ZYDIS *

CENTRAL NERVOUS SYSTEM AGENTS

NON-BENZODIAZEPINE SEDATIVE HYNOTICS

ORIGINAL POSTED PREFERRED STATUS: 3/7/2006
ORIGINAL EDIT EFFECTIVE DATE: 5/9/2006
REVISED POSTED PREFERRED STATUS: 12/15/2008
REVISED EDIT EFFECTIVE DATE: 3/1/2009
RE-REVIEW POSTED PREFERRED STATUS: 11/28/2011
REVISED EDIT EFFECTIVE DATE: 2/28/2012
REVISED EDIT EFFECTIVE DATE: 1/1/2022

PREFERRED

ESZOPICLONE (generic for LUNESTA)
ZALEPLON (generic for SONATA)*
ZOLPIDEM TABLET (generic for AMBIEN)*

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

AMBIEN
AMBIEN CR
BELSOMRA (SUVOREXANT)
DAYVIGO (LEMBOREXANT)
DOXEPIN (SILENOR)
HETLIOZ* capsules (TASIMELTEON)
EDLUAR (ZOLPIDEM SL)
LUNESTA
QUVIVIQ (DARIDOREXANT)
RAMELTEON (generic for ROZEREM)
ROZEREM
SILENOR (doxepin)
TASIMELTEON (GENERIC FOR HETLIOZ)
ZOLPIDEM CR TABLET (generic for AMBIEN CR)
ZOLPIDEM SL TABLET (generic for INTERMEZZO)
ZOLPIDEM 7.5MG CAPSULE

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CENTRAL NERVOUS SYSTEM AGENTS

BENZODIAZEPINE SEDATIVE HYPNOTICS

ORIGINAL POSTED PREFERRED STATUS: 1/1/2022

PREFERRED

TEMAZEPAM 15mg AND 30mg (generic for RESTORIL)
TRIAZOLAM (generic for HALCION)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ESTAZOLAM (generic for PROSOM)
FLURAZEPAM (generic for DALMANE)
HALCION
RESTORIL
TEMAZEPAM* 7.5mg AND 22.5mg (generic for RESTORIL)

CENTRAL NERVOUS SYSTEM AGENTS

SKELETAL MUSCLE RELAXANTS

ORIGINAL POSTED PREFERRED STATUS: 1/18/2006
ORIGINAL EDIT EFFECTIVE DATE: 3/20/2006
UPDATED 10/1/2021

PREFERRED

BACLOFEN 5MG, 10MG, 20MG tablets (generic for LIORESAL)*
CHLORZOXAZONE 500MG tablet (generic for PARAFON)
CYCLOBENZAPRINE tablet (generic for FLEXERIL)
METHOCARBAMOL tablet (generic for ROBAXIN)
METAXOLONE tablet (generic for SKELAXIN)
TIZANIDINE tablet (generic for ZANAFLEX)*

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

AMRIX ER capsule
BACLOFEN SUSPENSION (generic for FLEQSUVY)
BACLOFEN SUSPENSION (generic for OZOBAX)
BACLOFEN 15MG TABLET
CARISOPRODOL (generic for SOMA)
CARISOPRODOL/ASA (generic for SOMA COMPOUND)
CARISOPRODOL/ASA/CODEINE (generic for SOMA COMPOUND W/ COD)
CHLORZOXAZONE 375MG, 750MG (LORZONE)
CYCLOBENZAPRINE 7.5MG TABLET (generic for FEXMID)
CYCLOBENZAPRINE ER CAPSULE (AMRIX)
DANTRIUM capsule
DANTROLENE capsule (DANTRIUM capsule)
FLEQSUVY (BACLOFEN SUSPENSION)
LYVISPAH (BACLOFEN GRANULES)
NORGESIC FORTE tablet
ORPHENADRINE CITRATE tablet (generic for NORFLEX)
ORPHENADRINE/ASPIRIN/CAFFEINE tablet (generic for NORGESIC FORTE)
TANLOR 1000MG tablet
TIZANIDINE capsule (ZANAFLEX)

CENTRAL NERVOUS SYSTEM AGENTS

VESICULAR MONOAMINE TRANSPORTER 2 INHIBITORS

ORIGINAL POSTED PREFERRED STATUS: 1/1/2024

PREFERRED

AUSTEDO TABLET (DEUTETRABENAZINE)*
AUSTEDO XR TABLET (DEUTETRABENAZINE)*
INGREZZA CAPSULE (VALBENAZINE)*
INGREZZA SPRINKLE (VALBENAZINE)*
TETRABENAZINE TABLET (generic for XENAZINE)*

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

XENAZINE TABLET (TETRABENAZINE)*

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10/1/2024

DERMATOLOGY

TOPICAL ANTIFUNGALS

ORIGINAL POSTED PREFERRED STATUS: 2/3/2017
ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017
UPDATED 4/1/2020

PREFERRED

TOLNAFTATE 1% TOPICAL CREAM OTC
TOLNAFTATE 1% TOPICAL POWDER OTC
TOLNAFTATE 1% TOPICAL SOLUTION OTC
CLOTRIMAZOLE RX CREAM
CLOTRIMAZOLE-BETAMETHASONE RX CREAM
KETOCONAZOLE 2% RX SHAMPOO
NYSTATIN (OINTMENT, CREAM, POWDER)
NYSTATIN-TRIAMCINOLONE OINTMENT

NON-PREFERRED – INCLUDE BUT NOT LIMITED TO

BUTENAFINE (MENTAX)
CICLOPIROX SHAMPOO, SOLUTION, SUSPENSION (LOPROX)
CLOTRIMAZOLE SOLUTION RX
CLOTRIMAZOLE / BETAMETHASONE LOTION
ECONAZOLE CREAM
ECONAZOLE FOAM (ECOZA)
KETOCONAZOLE CREAM
KETOCONAZOLE FOAM (EXTINA)
KLAYESTA POWDER
LULICONAZOLE CREAM (LUZU)
OXICONAZOLE (OXISTAT)
SERTACONAZOLE (ERTACZO)
SULCONAZOLE (EXELDERM)
MICONAZOLE /ZINC OXIDE/PETROLATUM (VUSION)
MICONAZOLE CREAM
NAFTIFINE (NAFTIN)
NYSTATIN/EMOLLIENT (PEDIADERM AF)
NYSTATIN / TRIAMCINOLONE CREAM

DERMATOLOGY

TOPICAL ANTIFUNGALS

ORIGINAL POSTED PREFERRED STATUS: 2/3/2017
ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017

PREFERRED

NONE

NON-PREFERRED – ONYCHOMYCOSIS INCLUDE BUT NOT LIMITED TO

CICLOPIROX (PENLAC NAIL LACQUER)
EFINACONAZOLE (JUBLIA)
TAVABOROLE (KERYDIN)

DERMATOLOGY

TOPICAL ANTIPARASITICS

ORIGINAL POSTED PREFERRED STATUS: 2/3/2017
ORIGINAL EDIT EFFECTIVE DATE: 4/1/2017
UPDATED 1/1/2023

PREFERRED

PIP BUTOXIDE/PYRETHRINS/PERMETHRIN KIT OTC
[LICE SOLUTION, COMPLETE LICE TREATMENT]
PIPERONYL BUTOXIDE/PYRETHRINS SHAMPOO OTC
[LICE KILLING SHAMPOO, LICE TREATMENT]
PERMETHRIN 1% LIQUID OTC
PERMETHRIN 5% CREAM (ELIMITE)
NATROBA 0.9% (SPINOSAD) **BRAND ONLY**

NON-PREFERRED –INCLUDE BUT NOT LIMITED TO

CROTON (CROTAMITON) 10% LOTION
EURAX (CROTAMITON) 10% CREAM/ LOTION
IVERMECTIN (generic for SKLICE)
LINDANE
MALATHION (generic for OVIDE)
OVIDE 0.5% LOTION
SKLICE 0.5% LOTION
SPINOSAD (NATROBA)-GENERIC ONLY
VANALICE GEL

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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10/1/2024

DERMATOLOGY

TOPICAL STEROIDS
Class 1 (Superpotent)

ORIGINAL POSTED PREFERRED STATUS: 5/12/17
ORIGINAL EDIT EFFECTIVE DATE: 7/1/17
UPDATED 7/1/2020

PREFERRED CLASS 1 (SUPERPOTENT)

CLOBETASOL PROP 0.05% CREAM (15, 30, 45, 60 gm)
CLOBETASOL PROP 0.05% CREAM-EMOLLIENT (15, 30, 60 gm)
CLOBETASOL PROP. 0.05% OINT (15, 30, 45, 60 gm)
CLOBETASOL 0.05% SOLUTION (50ML)
FLUOCINONIDE 0.1% CREAM (30,60,120 gm)
HALOBETASOL PROP 0.05% CREAM (15gm, 50gm)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

BETAMETHASONE DP/PROP GLYC (AUG) 0.05% GEL
BETAMETHASONE DP/PROP GLYC (AUG) 0.05% LOTION
BETAMETHASONE DP/PROP GLYC (AUG) 0.05% OINT (Diprolene)
CLOBETASOL PROPIONATE 0.05% EMOLL FOAM (e.g., OLUX-E)
CLOBETASOL PROPIONATE 0.05% FOAM (e.g., OLUX)
CLOBETASOL PROPIONATE 0.05% GEL
CLOBETASOL PROPIONATE 0.05% LOTION
CLOBETASOL PROPIONATE 0.05% SHAMPOO
CLOBETASOL PROPIONATE 0.05% SPRAY (CLOBEX)
DESOXIMETASONE 0.25% SPRAY TOPICAL (TOPICORT)
DIFLORASONE DIACETATE 0.05% OINTMENT
HALOBETASOL PROP 0.05% FOAM (LEXETTE)
HALOBETASOL PROP 0.01% LOTION (BRYHALI)
HALOBETASOL PROP 0.01% LOTION
HALOBETASOL PROP 0.05% OINT (15gm, 50gm)

DERMATOLOGY

TOPICAL STEROIDS
Class 2 (Potent)

ORIGINAL POSTED PREFERRED STATUS: 5/12/17
ORIGINAL EDIT EFFECTIVE DATE: 7/1/17
UPDATED 7/1/2020

PREFERRED CLASS 2 (POTENT)

BETAMETHASONE DP/PROP GLYC (AUG) 0.05% CREAM (15gm, 50gm)
FLUOCINONIDE 0.05% CREAM (15gm, 30gm, 60gm)
FLUOCINONIDE 0.05% OINTMENT (15gm, 30gm,60gm)
TRIAMCINOLONE 0.5% OINTMENT (15 gm)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

AMCINONIDE 0.1% OINTMENT
DESOXIMETASONE 0.05% GEL
DESOXIMETASONE 0.25% CREAM, OINTMENT
DIFLORASONE 0.05% CREAM
FLUOCINONIDE 0.05% GEL, SOLUTION
HALCINONIDE (HALOG) 0.1% CREAM, OINTMENT

DERMATOLOGY

TOPICAL STEROIDS
Class 3 (Upper-Mid)

ORIGINAL POSTED PREFERRED STATUS:5/12/17
ORIGINAL EDIT EFFECTIVE DATE: 7/1/17
UPDATED 7/1/2020

PREFERRED CLASS 3 (UPPER-MID STRENGTH)

BETAMETHASONE DP 0.05% LOT (not augmented) 60ml
BETAMETHASONE VAL 0.1% OINTMENT (15gm, 45gm)
MOMETASONE 0.1% OINT (15, 45gm)
TRIAMCINOLONE 0.5% CREAM (15gm)
TRIAMCINOLONE 0.1% OINTMENT (15gm,80gm)

NON-PREFERRED
INCLUDE BUT NOT LIMITED TO

AMCINONIDE 0.1% CREAM
AMCINONIDE 0.1% LOTION
BETAMETHASONE DIPROPIONATE 0.05% CREAM (not augmented)
BETAMETHASONE DIPROPIONATE 0.05% OINTMENT (not augmented)
BETAMETHASONE DIPROPIONATE 0.05% SPRAY EMULSION (not aug.)
BETAMETHASONE VALERATE 0.12% FOAM
FLUOCINONIDE 0.05% EMOLLIENT CREAM
FLUTICASONE PROPIONATE 0.005% OINTMENT
TRIAMCINOLONE 0.1% OINTMENT (454 gm)

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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DERMATOLOGY

TOPICAL STEROIDS

Class 4 (Mid)

ORIGINAL POSTED PREFERRED STATUS:5/12/17
ORIGINAL EDIT EFFECTIVE DATE: 7/1/17
UPDATED 7/1/2020

PREFERRED CLASS 4 (MID-STRENGTH)

FLUOCINOLONE 0.025% OINT (15gm, 60gm, 120gm)
MOMETASONE 0.1% CREAM (15, 45gm)
MOMETASONE FUROATE 0.1% SOLN, LOTION (30ml, 60ml)
TRIAMCINOLONE 0.1% CREAM (15gm, 28.4gm, 30gm, 45gm, 80gm, 85.2gm)

NON-PREFERRED
INCLUDE BUT NOT LIMITED TO

CLOCORTOLONE PIVALATE 0.1% CREAM AND CREAM PUMP
DESOXIMETASONE 0.05% CREAM
DESOXIMETASONE 0.05% OINTMENT
FLURANDRENOLIDE 0.05% OINTMENT
HYDROCORTISONE VALERATE 0.2% OINTMENT
TRIAMCINOLONE ACETONIDE 0.1% AEROSOL SPRAY
TRIAMCINOLONE 0.1% CREAM (454gm)

DERMATOLOGY

TOPICAL STEROIDS

Class 5 (Lower-Mid)

ORIGINAL POSTED PREFERRED STATUS:5/12/17
ORIGINAL EDIT EFFECTIVE DATE: 7/1/17
UPDATED 7/1/2020

PREFERRED CLASS 5 (LOWER-MID STRENGTH)

BETAMETHASONE VAL 0.1% CREAM (15gm, 45gm)
FLUOCINOLONE 0.01% CREAM (15, 60gm)
FLUOCINOLONE 0.025% CREAM (15gm, 60gm, 120gm)
FLUTICASONE PROP 0.05% CREAM (15gm, 30gm, 60gm)
TRIAMCINOLONE 0.025% LOTION, OINTMENT (60ml, 15gm, 80gm)
TRIAMCINOLONE 0.1% LOTION (60ml)

NON-PREFERRED
INCLUDE BUT NOT LIMITED TO

BETAMETHASONE VALERATE 0.1% LOTION
DESONIDE 0.05% LOTION
DESONIDE 0.05% OINTMENT
FLUOCINOLONE SHAMPOO
FLURANDRENOLIDE 0.05% CREAM
FLURANDRENOLIDE 0.05% LOTION
FLURANDRENOLIDE 4 MCG/SQ. CM TAPE, SMALL AND LARGE SIZE
FLUTICASONE PROPIONATE 0.05% LOTION
HYDROCORTISONE BUTYRATE 0.1% CREAM
HYDROCORTISONE BUTYRATE 0.1% CREAM EMOLLIENT
HYDROCORTISONE BUTYRATE 0.1% OINTMENT
HYDROCORTISONE BUTYRATE 0.1% SOLUTION
HYDROCORTISONE PROBUTATE 0.1% CREAM
HYDROCORTISONE VALERATE 0.2% CREAM
PREDNICARBATE 0.1% CREAM EMOLLIENT
PREDNICARBATE 0.1% OINTMENT
TRIAMCINOLONE 0.025% OINTMENT (453.6 gm, 430 gm)
TRIAMCINOLONE 0.05% OINTMENT (430 gm)

DERMATOLOGY

TOPICAL STEROIDS

Class 6 (Mild)

ORIGINAL POSTED PREFERRED STATUS: 5/12/17
ORIGINAL EDIT EFFECTIVE DATE: 7/1/17
UPDATED 7/1/2020

PREFERRED CLASS 6 (MILD)

DESONIDE 0.05% CREAM
FLUOCINOLONE 0.01% SOLUTION (60ml)
TRIAMCINOLONE 0.025% CREAM (15 gm, 60 gm, 80 gm)

NON-PREFERRED
INCLUDE BUT NOT LIMITED TO

ALCLOMETASONE DIPROPIONATE 0.05% CREAM
ALCLOMETASONE DIPR 0.05% OINTMENT
DESONIDE 0.05% GEL
FLUOCINOLONE 0.01% SOLUTION (90 ML)
FLUOCINOLONE SCALP OIL 0.01%
TRIAMCINOLONE 0.025% CREAM (453.6 GM, 454 GM)

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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10/1/2024

DERMATOLOGY

TOPICAL STEROIDS

Class 7 (Least Potent)

ORIGINAL POSTED PREFERRED STATUS: 5/12/17
ORIGINAL EDIT EFFECTIVE DATE: 7/1/17
UPDATED 7/1/2020

PREFERRED CLASS 7 (LEAST POTENT)

HYDROCORTISONE ACETATE 0.5% (covered OTC) 28.4gm
HYDROCORTISONE 0.5% CREAM (covered OTC) 28.4gm, 28.35gm
HYDROCORTISONE 0.5% OINTMENT (covered OTC) 28.35gm
HYDROCORTISONE 1% CREAM (28.35gm, 28.4gm)
HYDROCORTISONE 1% OINTMENT (28.35gm, 28.4gm)
HYDROCORTISONE 2.5% CREAM (20gm, 28gm, 28.35gm, 30gm)
HYDROCORTISONE 2.5% OINTMENT (20gm, 28.35gm, 28.4gm)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

HYDROCORTISONE 1% CREAM (453.6 GM)
HYDROCORTISONE 1% OINTMENT (453.6 GM)
HYDROCORTISONE 1% OINTMENT IN ABSORBASE
HYDROCORTISONE 2.5% CREAM (453.6 GM)
HYDROCORTISONE 2.5% LOTION
HYDROCORTISONE 2.5% OINTMENT (453.6 GM, 454 GM)
HYDROCORTISONE 2.5% SOLUTION

DERMATOLOGY

ATOPIC DERMATITIS AGENTS (TOPICALS & BIOLOGICS)

ORIGINAL POSTED PREFERRED STATUS: 10/1/2023

PREFERRED

TACROLIMUS OINTMENT (generic for PROTOPIC)

PREFERRED WITH CRITERIA (MANUAL REVIEW)

ADBRY* (TRALOKINUMAB-LDRM)
DUPIXENT SYRINGE AND PEN* (DUPILUMAB)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

CIBINQO (ABROCITINIB)
ELIDEL CREAM (PIMECROLIMUS)
EUCRISA OINTMENT (CRISABOROLE)
OPZELURA CREAM (RUXOLITINIB)
PIMECROLIMUS CREAM (generic for ELIDEL)
PROTOPIC OINTMENT (TACROLIMUS)
RINVOQ (UPADACITINIB)

DERMATOLOGY

HEMORRHOIDAL AGENTS

ORIGINAL POSTED PREFERRED STATUS: 10/1/2021

PREFERRED

HYDROCORTISONE 1% cream
HYDROCORTISONE 2.5% cream
HYDROCORTISONE-PRAMOXINE 1%-1% cream
PROCTOFOAM HC 1%-1%
PROCTO-MED HC 2.5% cream
PROCTO-SOL HC 2.5% cream

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ANU-SOL HC 2.5% cream
PROCTOZONE HC 2.5% cream

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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10/1/2024

ENDOCRINE AND METABOLIC AGENTS

ANTIDIABETIC AGENTS
Alpha Glucosidase Inhibitors
NEW CLASS EFFECTIVE 10/1/2020

PREFERRED

ACARBOSE (GENERIC FOR PRECOSE)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

GLYSET (MIGLITOL)
MIGLITOL (GENERIC FOR GLYSET)
PRECOSE (ACARBOSE)

ENDOCRINE AND METABOLIC AGENTS

ANTIDIABETIC AGENTS
DPP-4 Enzyme Inhibitors

ORIGINAL POSTED PREFERRED STATUS: 8/11/17
ORIGINAL EDIT EFFECTIVE DATE: 10/1/17
UPDATE EFFECTIVE: 10/1/2020

PREFERRED

JANUMET* (SITAGLIPTIN/METFORMIN)
JANUVIA* (SITAGLIPTIN)
SAXAGLIPTIN* (GENERIC FOR ONGLYZA)
TRADJENTA* (LINAGLIPTIN)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ALOGLIPTIN (GENERIC FOR NESINA)
ALOGLIPTIN/METFORMIN (GENERIC FOR KAZANO)
ALOGLIPTIN/PIOGLITAZONE (GENERIC FOR OSENI)
GLYXAMBI (LINAGLIPTIN/EMPAGLIFLOZIN)
JANUMET XR (SITAGLIPTIN/METFORMIN ER)
JENTADUETO (LINAGLIPTIN/METFORMIN)
KAZANO (ALOGLIPTIN/METFORMIN)
KOMBIGLYZE XR (SAXAGLIPTIN/METFORMIN ER)
NESINA (ALOGLIPTIN)
ONGLYZA (SAXAGLIPTIN)
OSENI (ALOGLIPTIN/PIOGLITAZONE)
QTERN (SAXAGLIPTIN/DAPAGLIFLOZIN)
SAXAGLIPTIN/METFORMIN ER (GENERIC FOR KOMBIGLYZE XR)
SITAGLIPTAN (generic for ZITUVIO)
SITAGLIPTAN/METFORMIN (GENERIC FOR ZITUVIMET)
STEGLUJAN (SITAGLIPTIN/ERTUGLIFLOZIN)
TRIJARDY XR (LINAGLIPTIN/EMPAGLIFLOZIN/METFORMIN ER)
ZITUVIO (SITAGLIPTAN)

ENDOCRINE AND METABOLIC AGENTS

ANTIDIABETIC AGENTS
GLP-1 Receptor Agonists

ORIGINAL POSTED PREFERRED STATUS: 8/11/17
ORIGINAL EDIT EFFECTIVE DATE: 10/1/17
UPDATE EFFECTIVE: 10/1/2020

PREFERRED

BYDUREON PEN & VIAL* (EXENATIDE ER)
BYETTA* (EXENATIDE)
VICTOZA* (LIRAGLUTIDE) - **BRAND ONLY**

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ADLYXIN (LIXISENATIDE)
BYDUREON BCISE (EXENATIDE ER)
LIRAGLUTIDE (GENERIC FOR VICTOZA)
MOUNJARO (TIRZEPATIDE)
OZEMPIC (SEMAGLUTIDE)
RYBELSUS TABLET (SEMAGLUTIDE)
SOLIQUA (LIXISENATIDE/INSULIN GLARGINE)
TRULICITY (DULAGLUTIDE)

*Please refer to the PDL Criteria Overview for more detail

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10/1/2024

ENDOCRINE AND METABOLIC AGENTS

ANTIDIABETIC AGENTS

Meglitinides

ORIGINAL POSTED PREFERRED STATUS: 9/29/2006
ORIGINAL EDIT EFFECTIVE DATE: 11/28/2006
REVISED POSTED PREFERRED STATUS: 11/12/2008
REVISED EDIT EFFECTIVE DATE: 1/1/2009
RE-REVIEW POSTED PREFERRED STATUS: 9/7/2011
REVISED EDIT EFFECTIVE DATE: 1/1/2012
REVISED POSTED PREFERRED STATUS: 8/11/2017
REVISED EDIT EFFECTIVE DATE: 10/1/2017
UPDATE EFFECTIVE 10/1/2020

PREFERRED

NATEGLINIDE (GENERIC FOR STARLIX)
REPAGLINIDE (GENERIC FOR PRANDIN)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

REPAGLINIDE/ METFORMIN (GENERIC FOR PRANDIMET)
PRANDIN (REPAGLINIDE)
STARLIX (NATEGLINIDE)

ENDOCRINE AND METABOLIC AGENTS

ANTIDIABETIC AGENTS

METFORMINS

NEW CLASS EFFECTIVE 10/1/2020

PREFERRED

METFORMIN 500 MG (GENERIC FOR GLUCOPHAGE)
METFORMIN 850 MG (GENERIC FOR GLUCOPHAGE)
METFORMIN 1000 MG (GENERIC FOR GLUCOPHAGE)
METFORMIN ER 500 MG (GENERIC FOR GLUCOPHAGE XR)
METFORMIN ER 750 MG (GENERIC FOR GLUCOPHAGE XR)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

FORTAMET (METFORMIN ER)
GLUCOPHAGE (METFORMIN)
GLUCOPHAGE XR (METFORMIN ER)
GLUMETZA (METFORMIN ER)
METFORMIN ER GASTRIC 500MG AND 1000MG (GENERIC FOR GLUMETZA)
METFORMIN ER OSMOTIC 500MG AND 1000MG (GENERIC FOR FORTAMET)
METFORMIN SOLUTION (GENERIC FOR RIOMET)
RIOMET SOLUTION (METFORMIN)
RIOMET ER SUSPENSION (METFORMIN ER)

ENDOCRINE AND METABOLIC AGENTS

ANTIDIABETIC AGENTS

SGLT2 Inhibitors

ORIGINAL POSTED PREFERRED STATUS: 8/11/17
ORIGINAL EDIT EFFECTIVE DATE: 10/1/17
UPDATE EFFECTIVE 10/1/2020

PREFERRED

FARXIGA* (DAPAGLIFLOZIN) **BRAND ONLY**
JARDIANCE* (EMPAGLIFLOZIN)
SYNJARDY* (EMPAGLIFLOZIN/METFORMIN)
XIGDUO* XR (DAPAGLIFLOZIN/METFORMIN ER) **BRAND ONLY**

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

BEXAGLIFLOZIN (GENERIC FOR BRENZAVVY)
BRENZAVVY (BEXAGLIFLOZIN)
DAPAGLIFLOZIN (generic for FARXIGA)
DAPAGLIFLOZIN/METFORMIN ER (generic for XIGDUO XR)
INPEFA (SOTAGLIFLOZIN)
INVOKAMET (CANAGLIFLOZIN/METFORMIN)
INVOKAMET XR (CANAGLIFLOZIN/METFORMIN)
INVOKANA (CANAGLIFLOZIN)
SEGLUROMET (ERTUGLIFLOZIN/METFORMIN)
STEGLATRO (ERTUGLIFLOZIN)
SYNJARDY XR (EMPAGLIFLOZIN/METFORMIN ER)

*Please refer to the PDL Criteria Overview for more detail

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10/1/2024

ENDOCRINE AND METABOLIC AGENTS

ANTIDIABETIC AGENTS

Sulfonylurea

ORIGINAL POSTED PREFERRED STATUS: 9/29/2006
ORIGINAL EDIT EFFECTIVE DATE: 11/28/2006
REVISED POSTED PREFERRED STATUS: 11/12/2008
REVISED EDIT EFFECTIVE DATE: 1/1/2009
RE-REVIEW POSTED PREFERRED STATUS: 9/7/2011
REVISED EDIT EFFECTIVE DATE: 1/1/2012
UPDATE EFFECTIVE: 10/1/2020

PREFERRED

GLIMEPIRIDE 1 MG, 2 MG, 4 MG (GENERIC FOR AMARYL)
GLIMEPIRIDE/PIOGLITAZONE (generic for DUETACT)
GLIPIZIDE (GENERIC FOR GLUCOTROL)
GLIPIZIDE ER (GENERIC FOR GLUCOTROL XL)
GLIPIZIDE/METFORMIN (GENERIC METAGLIP)
GLYBURIDE (GENERIC FOR DIABETA)
GLYBURIDE/METFORMIN (GENERIC GLUCOVANCE)
GLYBURIDE MICRONIZED (GENERIC GLYNASE/MICRONASE)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

AMARYL (GLIMEPERIDE)
DUETACT (PIOGLITAZONE/GLIMEPIRIDE)
GLIMEPIRIDE 3 MG
GLUCOTROL (GLIPIZIDE)
GLUCOTROL XL (GLIPIZIDE ER)
GLYBURIDE,MICRONIZED (generic for GLYNASE PRESTAB)
GLYNASE PRESTAB (GLYBURIDE MICRONIZED)

ENDOCRINE AND METABOLIC AGENTS

ANTIDIABETIC AGENTS

Thiazolidinediones

ORIGINAL POSTED PREFERRED STATUS: 9/29/2006
ORIGINAL EDIT EFFECTIVE DATE: 11/28/2006
REVISED POSTED PREFERRED STATUS: 11/12/2008
REVISED EDIT EFFECTIVE DATE: 1/1/2009
RE-REVIEW POSTED PREFERRED STATUS: 9/7/2011
REVISED EDIT EFFECTIVE DATE: 1/1/2012
UPDATE EFFECTIVE: 10/1/2020

PREFERRED

PIOGLITAZONE* (GENERIC FOR ACTOS)
PIOGLITAZONE/GLIMEPIRIDE (GENERIC FOR DUETACT)
PIOGLITAZONE/METFORMIN (GENERIC FOR ACTOPLUS MET)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ACTOS (PIOGLITAZONE)
ACTOPLUS MET (PIOGLITAZONE/METFORMIN)
ACTOPLUS MET XR (PIOGLITAZONE/METFORMIN)
AVANDIA (ROSIGLITAZONE)

*Please refer to the PDL Criteria Overview for more detail

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10/1/2024

ENDOCRINE AND METABOLIC AGENTS

ANTIDIABETIC AGENTS

INSULINS

ORIGINAL POSTED PREFERRED STATUS: 11/10/17
ORIGINAL EDIT EFFECTIVE DATE: 1/1/18
UPDATE EFFECTIVE 10/1/2020

PREFERRED RAPID ACTING INSULIN

APIDRA SOLOSTAR PEN/VIAL
HUMALOG CARTRIDGE/KWIKPEN/VIAL **BRAND ONLY**
HUMALOG JR KWIKPEN **BRAND ONLY**
INSULIN ASPART CARTRIDGE/VIAL/FLEXPEN (GENERIC FOR NOVOLOG)
NOVOLOG CARTRIDGE/FLEXPEN/VIAL

PREFERRED RAPID COMBINATION INSULIN

HUMALOG MIX KWIKPEN **BRAND ONLY**
HUMALOG MIX VIAL (INSULIN LISPRO/INSULIN PROTAMINE)
INSULIN ASPART MIX PEN/VIAL (GENERIC FOR NOVOLOG MIX)
NOVOLOG MIX FLEXPEN
NOVOLOG MIX VIAL

PREFERRED REGULAR INSULIN

HUMULIN R U-100 (OTC)
HUMULIN R U-500 KWIKPEN
HUMULIN R U-500 VIAL
NOVOLIN R U-100 VIAL (OTC)

PREFERRED INTERMEDIATE ACTING INSULIN

HUMULIN N U-100 VIAL (OTC)
NOVOLIN N U-100 VIAL (OTC)

PREFERRED REGULAR/INTERMEDIATE COMBINATION INSULIN

HUMULIN 70/30 KWIKPEN (OTC)
HUMULIN 70/30 VIAL (OTC)

ENDOCRINE AND METABOLIC AGENTS

ANTIDIABETIC AGENTS

INSULINS

ORIGINAL POSTED PREFERRED STATUS: 11/10/17
ORIGINAL EDIT EFFECTIVE DATE: 1/1/18
UPDATE EFFECTIVE 10/1/2020

PREFERRED LONG ACTING

LANTUS SOLOSTAR PEN
LANTUS VIAL
LEVEMIR FLEXTOUCH
LEVEMIR VIAL

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

NON-PREFERRED RAPID ACTING INSULIN

ADMELOG SOLOSTAR PEN/VIAL (INSULIN LISPRO)
AFREZZA INHALATION POWDER (HUMAN INSULIN)
FIASP FLEXTOUCH PEN/PENFILL/ VIAL (INSULIN ASPART)
HUMALOG U-200 KWIKPEN
HUMALOG TEMPO PENS
INSULIN LISPRO KWIKPEN/VIAL (GENERIC FOR HUMALOG)
INSULIN LISPRO JR KWIKPEN (GENERIC FOR HUMALOG)
LYUMJEV PEN/VIAL/TEMPO PEN (INSULIN LISPRO AA-BC)

NON-PREFERRED RAPID COMBINATION

INSULIN LISPRO MIX (GENERIC FOR HUMALOG MIX)

NON- PREFERRED REGULAR INSULIN

NOVOLIN R U-100 FLEXPEN (OTC)

ENDOCRINE AND METABOLIC AGENTS

ANTIDIABETIC AGENTS

INSULINS

ORIGINAL POSTED PREFERRED STATUS: 11/10/17
ORIGINAL EDIT EFFECTIVE DATE: 1/1/18
UPDATE EFFECTIVE 10/1/2020

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

NON-PREFERRED INTERMEDIATE ACTING INSULIN

HUMULIN N U-100 KWIKPEN
NOVOLIN N U-1OO FLEXPEN

NON- PREFERRED REGULAR/INTERMEDIATE COMBINATION

NOVOLIN 70/30 FLEXPEN (OTC)
NOVOLIN 70/30 VIAL (OTC)

NON- PREFERRED LONG ACTING

BASAGLAR KWIKPEN (INSULIN GLARGINE)
INSULIN DEGLUDEC (generic for TRESIBA)
INSULIN GLARGINE MAX SOLOSTAR (generic for TOUJEO)
INSULIN GLARGINE SOLOSTAR (generic for TOUJEO)
REZVOGLAR PEN (INSULIN GLARGINE-AGLR)
SEMGLEE PEN/VIAL (INSULIN GLARGINE-YFGN)
SOLIQUA (INSULIN GLARGINE/LIXISENATIDE)
TOUJEO SOLOSTAR PEN (INSULIN GLARGINE)
TOUJEO MAX SOLOSTAR PEN (INSULIN GLARGINE)
TRESIBA U-100 FLEXTOUCH (INSULIN DEGLUDEC)
TRESIBA U-200 FLEXTOUCH (INSULIN DEGLUDEC)
TRESIBA VIAL (INSULIN DEGLUDEC)
XULTOPHY (INSULIN DEGLUDEC/LIRAGLUTIDE)

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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10/1/2024

ENDOCRINE AND METABOLIC AGENTS

ANTI-HYPOGLYCEMIC AGENTS

ORIGINAL POSTED PREFERRED STATUS: 04/01/2020
UPDATED 7/1/2023

PREFERRED

BAQSIMI (GLUCAGON) INTRANASAL POWDER
GLUCAGEN HYPOKIT (GLUCAGON) 1MG INJECTION
GVOKE (GLUCAGON) PREFILLED SYRINGE AND AUTOINJECTOR
PROGLYCEM (DIAZOXIDE) ORAL SUSPENSION **BRAND ONLY**

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

DIAZOXIDE ORAL SUSPENSION (GENERIC FOR PROGLYCEM)
GLUCAGON 1MG EMERGENCY KIT
GVOKE (GLUCAGON) VIAL
ZEGALOGUE (DASIGLUCAGON) PREFILLED SYRINGE AND AUTOINJECTOR

ENDOCRINE AND METABOLIC AGENTS

ANDROGENIC AGENTS

ORIGINAL POSTED PREFERRED STATUS: 4/1/2020

PREFERRED

TESTOSTERONE CYPIONATE (INTRAMUSC)*
TESTOSTERONE ENANTHATE (INTRAMUSC)*
TESTOSTERONE GEL PUMP (GENERIC FOR ANDROGEL)*

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

TESTOSTERONE CYPIONATE (DEPO-TESTOSTERONE)* **BRAND ONLY**
TESTOSTERONE ENANTHATE (XYOSTED AUTOINJECTOR)
TESTOSTERONE GEL PACKET (ANDROGEL, VOLGELXO)*
TESTOSTERONE GEL PUMP (ANDROGEL)* **BRAND ONLY**
TESTOSTERONE GEL PUMP (VOLGELXO)*
TESTOSTERONE GEL TUBE (TESTIM, VOLGELXO)*
TESTOSTERONE NASAL GEL (NATESTO)*
TESTOSTERONE PUMP (GENERIC- AXIRON) *
TESTOSTERONE UNDECANOATE (AVEED)*
TESTOSTERONE UNDECANOATE (TLANDO)*

ENDOCRINE AND METABOLIC AGENTS

ESTROGEN REPLACEMENT AGENTS

ORIGINAL POSTED PREFERRED STATUS: 2/14/2006
ORIGINAL EDIT EFFECTIVE DATE: 4/17/2006
RE-REVIEW POSTED PREFERRED STATUS: 5/12/2008
REVISED EDIT EFFECTIVE DATE: 7/11/2008
UPDATED 4/1/2021

PREFERRED

CLIMARA PRO (ESTRADIOL/LEVONORGESTREL)
ESTRADIOL TABLET (GENERIC FOR ESTRACE)
ESTRADIOL TRANSDERMAL (GENERIC FOR ALORA, CLIMARA)
PREMARIN (ESTROGENS, CONJUGATED)
PREMPRO (ESTROGENS, CONJUGATED/MEDROXYPROGESTERONE)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ANGELIQ* (ESTRADIOL/DROSPIRENONE)
ACTIVELLA (ESTRADIOL/NORETHINDRONE ACETATE)
ALORA /CLIMARA PATCH (ESTRADIOL)
AMABELZ (ESTRADIOL/NORETHINDRONE ACETATE)
BIJUVA (ESTRADIOL/PROGESTERONE)
COMBIPATCH (ESTRADIOL/NORETHINDRONE ACETATE)
DIVIGEL/ELESTRIN GEL (ESTRADIOL TOPICAL GEL)
DOTTI /LYLLANA/MENOSTAR/MINIVELLE/VIVELLE DOT PATCH (ESTRADIOL)
DUAVEE (ESTROGENS, CONGUATED/BAZEDOXIFENE)
ESTRADIOLGEL (generic for DIVIGEL/ESTROGEL)
ESTRADIOL/NORETHINDRONE ACETATE* (GENERIC FOR ACTIVELLA)
ETHINYL ESTRADIOL/NORETHINDRONE* (GENERIC FOR JINTELLI)
EVAMIST (ESTRADIOL SPRAY)
MENEST TABLET (ESTERIFIED ESTROGENS)
PREFEST* (ESTRADIOL/NORGESTIMATE)
PREMPHASE* (ESTROGENS, CONJUGATED/MEDROXYPROGESTERONE)

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10/1/2024

ENDOCRINE AND METABOLIC AGENTS

VAGINAL HORMONES

ORIGINAL POSTED PREFERRED STATUS: 10/1/2024

PREFERRED

ESTRADIOL CREAM (generic for ESTRACE)

PREMARIN CREAM (ESTROGENS, CONJUGATED)

NON-PREFERRED –

INCLUDE BUT NOT LIMITED TO

ESTRACE CREAM (ESTRADIOL)

ESTRADIOL TABLET (generic for VAGIFEM AND YUVAFEM)

ESTRING VAGINAL RING (ESTRADIOL)

FEMRING VAGINAL RING (ESTRADIOL)

IMVEXXY VAGINAL INSERT (ESTRADIOL)

VAGIFEM VAGINAL TABLET (ESTRADIOL)

YUVAFEM VAGINAL TABLET (ESTRADIOL)

ENDOCRINE AND METABOLIC AGENTS

GROWTH HORMONES

ORIGINAL POSTED PREFERRED STATUS: 8/10/2016

ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016

RE-REVIEW POSTED PREFERRED STATUS: 10/1/2020

RE-REVIEW POSTED PREFERRED STATUS: 1/1/2023

PREFERRED

GENOTROPIN (SOMATROPIN)*

NORDITROPIN (SOMATROPIN)*

NON-PREFERRED –

INCLUDE BUT NOT LIMITED TO

HUMATROPE (SOMATROPIN)

NGENLA (SOMATROGON-GHLA)

NUTROPIN AQ (SOMATROPIN)

OMNITROPE (SOMATROPIN)

SKYTROFA (SOMATROPIN)

ENDOCRINE AND METABOLIC AGENTS

BONE RESORPTIVE AGENTS

ORIGINAL POSTED PREFERRED STATUS: 8/14/2019

ORIGINAL EDIT EFFECTIVE DATE: 10/1/19

PREFERRED

ALENDRONATE

NON-PREFERRED

INCLUDE BUT NOT LIMITED TO

ABALOPARATIDE (TYMLOS)

ALENDRONATE Plus D (FOSAMAX + D)

ALENDRONATE ORAL SOLUTION (FOSAMAX)

ALENDRONATE EFFERVESCENT TABLET (BINOSTO)

CALCITONIN-SALMON (MIACALCIN/FORTICAL)

DENOSUMAB (PROLIA)

IBANDRONATE (BONIVA) TABLET

IBANDRONATE (BONIVA) INJECTION

RALOXIFENE (EVISTA)

RISEDRONATE (ACTONEL)

RISEDRONATE (ATELVIA)

ROMOSOZUMAB-AQQG (EVENITY) INJECTION

TERIPARATIDE (FORTEO)

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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10/1/2024

ENDOCRINE AND METABOLIC AGENTS

ANAPHYLAXIS AGENTS

SELF INJECTED EPINEPHRINE

ORIGINAL POSTED PREFERRED STATUS: 11/14/2016
ORIGINAL EDIT EFFECTIVE DATE: 1/1/17
REVISED POSTED PREFERRED STATUS: 11/10/17
REVISED EDIT EFFECTIVE DATE: 1/1/18

PREFERRED

EPIPEN & EPIPEN Jr. **BRAND ONLY**
EPINEPHRINE 0.15MG AND 0.3MG (AUTHORIZED GENERIC FOR EPIPEN AND EPIPEN JR)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

AUVI-Q 0.1MG, 0.15MG, 0.3MG
EPINEPHRINE 0.15MG AND 0.3MG (GENERIC FOR ADRENACLICK)
EPINEPHRINE 0.15MG AND 0.3MG (NON-AUTHORIZED GENERIC FOR EPIPEN AND EPIPEN JR)
SYMJEPI 0.15MG AND 0.3MG

ENDOCRINE AND METABOLIC AGENTS

PITUITARY SUPPRESSIVE AGENTS

ORIGINAL POSTED PREFERRED STATUS: 7/1/2023

PREFERRED

LUPANETA*
LUPRON DEPOT* 3.75MG, 7.5MG, AND 11.25MG 3-MONTH
FENSOLVI* 45MG
LUPRON DEPOT-PED* 7.5MG, 11.25MG, 15MG, 11.25 3-MONTH, 30MG 3-MONTH, AND 45MG 6-MONTH
SYNAREL NASAL SPRAY*

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

TRIPTODUR 22.5MG 6-MONTH

ENDOCRINE AND METABOLIC AGENTS

PANCREATIC ENZYMES

ORIGINAL POSTED PREFERRED STATUS: 8/10/2016
ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016
RE-REVIEW POSTED PREFERRED STATUS: 1/1/2020
RE-REVIEW POSTED PREFERRED STATUS: 1/1/2023

PREFERRED

CREON
ZENPEP

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

PANCREAZE
PERTZYE
VIOKACE

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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10/1/2024

GASTROINTESTINAL

ANTIEMETICS

5-HT3 & NK1 Receptor Antagonists

ORIGINAL POSTED PREFERRED STATUS: 8/10/2006
ORIGINAL EDIT EFFECTIVE DATE: 10/10/2006
RE-REVIEW POSTED PREFERRED STATUS: 7/14/2009
REVISED EDIT EFFECTIVE DATE: 9/14/2009

PREFERRED

ONDANSETRON 4MG, 8MG ORAL DISINTEGRATING TABLET (ZOFRAN)*
ONDANSETRON 4MG, 8MG TABLET (ZOFRAN)*
ONDANSETRON 4MG/2ML PRESERVATIVE FREE VIAL*
ONDANSETRON 40MG/20ML VIAL (ZOFRAN)*

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

APREPITANT (EMEND)
DOLASETRON (ANZEMET)
GRANISETRON (KYTRIL, SANCUSO)
NETUPITANT-PALONOSETRON (AKYNZEO)
ONDANSETRON 16MG ORAL DISINTEGRATING TABLET
ONDANSETRON 24MG TABLET (ZOFRAN)
ONDANSETRON 32MG/50ML BAG (ZOFRAN)
ONDANSETRON 4MG/2ML AMPULE/SYRINGE (ZOFRAN)
ONDANSETRON 4MG/5ML SOLUTION (ZOFRAN)
ONDANSETRON SOLUBLE FILM (ZUPLENZ)
PALONOSETRON (ALOXI)

GASTROINTESTINAL

BOWEL PREP AGENTS

ORIGINAL POSTED PREFERRED STATUS: 11/15/18
ORIGINAL EDIT EFFECTIVE DATE: 1/1/19
REVISED EDIT EFFECTIVE DATE: 7/1/2022

PREFERRED

GAVILYTE-C
GAVILYTE-G
GAVILYTE-N
GOLYTELY SOLUTION
MOVIPREP- **BRAND ONLY**
PEG-3350 AND ELECTROLYTE SOLUTION
PEG-3350 WITH FLAVOR PACKS SOLUTION

NON-PREFERRED
INCLUDE BUT NOT LIMITED TO

CLENPIQ
OSMOPREP
PREPOPIK
PEG-3350 with electrolytes powder pack (generic for MOVIPREP®)
PLENVU
SOD SULF-POTASS SULF-MAG SULF (generic for SUPREP)
SUFLAVE
SUPREP
SUTAB

GASTROINTESTINAL

CHRONIC GI MOTILITY AGENTS

ORIGINAL POSTED PREFERRED STATUS: 2/16/18
ORIGINAL EDIT EFFECTIVE DATE: 4/1/18
UPDATED 4/1/2021

PREFERRED

LINZESS* (LINACLOTIDE)
LUBIPROSTONE* (GENERIC FOR AMITIZA)
MOVANTIK* (NALOXEGOL)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ALOSETRON (GENERIC FOR LOTRONEX)
AMITIZA (LUBIPROSTONE)+E1540
IBSRELA (TENAPANOR)
LOTRONEX
MOTEGRITY (PRUCALOPRIDE)
ELUXADOLINE (VIBERZI)
RELISTOR (METHYLNALTREXONE)
SYMPROIC (NALDEMEDINE)
TRULANCE (PLECANATIDE)

*Please refer to the PDL Criteria Overview for more detail

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10/1/2024

GASTROINTESTINAL

PROTON PUMP INHIBITORS

ORIGINAL POSTED PREFERRED STATUS: 3/18/2005
ORIGINAL EDIT EFFECTIVE DATE: 5/18/2005
RE-REVIEW POSTED PREFERRED STATUS: 7/1/2019
RE-REVIEW POSTED PREFERRED STATUS: 7/1/2022

PREFERRED

OMEPRAZOLE CAPSULES* (generic for PRILOSEC)
PANTOPRAZOLE TABLETS* (generic for PROTONIX)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ACIPHEX TABLETS
DEXILANT CAPSULES
DEXLANSOPRAZOLE (generic for DEXILANT)
ESOMEPRAZOLE CAPSULE (generic for NEXIUM)
ESOMEPRAZOLE SUSPENSION (generic for NEXIUM)
ESOMEPRAZOLE/NAPROXEN (generic for VIMOVO)
ESOMEPRAZOLE STRONTIUM DR CAPSULE
KONVOMEP SUSPENSION (OMEPRAZOLE/SODIUM BICARBONATE)
LANSOPRAZOLE CAPSULE (PREVACID CAPSULE)
LANSOPRAZOLE SOLUTAB (PREVACID SOLUTAB)*
NEXIUM CAPSULES
OMEPRAZOLE/SODIUM BICARB CAPS/PACKETS (generic ro ZEGERID)
RABEPRAZOLE TABLETS (ACIPHEX)
ZEGERID CAPSULES AND PACKETS
VIMOVO TABLETS

NON-PREFERRED –WITH CRITERIA

NEXIUM PACKET* - **BRAND ONLY**
PROTONIX SUSPENSION *- **BRAND ONLY**

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

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10/1/2024

GENITOURINARY AND RENAL AGENTS

BENIGN PROSTATIC HYPERPLASIA

ORIGINAL POSTED PREFERRED STATUS: 10/1/2021

PREFERRED

ALFUZOSIN ER tablet (generic for UROXATRAL)
DOXAZOSIN tablet (generic for CARDURA)
DUTASTERIDE capsule (generic for AVODART)
FINASTERIDE tablet (generic fo r PROSCAR)
TAMSULOSIN capsule (generic for FLOMAX)
TERAZOSIN tablet (geenric for HYTRIN)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

AVODART capsule
CARDURA tablet
CARDURA XL tablet
CIALIS tablet
DUTASTERIDE/ TAMSULOSI N capsule (geenric for JALYN)
ENTADFI (FINASTERIDE/TADALAFIL) capsule
FLOMAX capsule
JALYN capsule
PROSCAR capsule
RAPAFLO capsule
SILODOSIN capsule (generic for RAPAFLO)
TADALAFIL tablet (generic for CIALIS)

GENITOURINARY AND RENAL AGENTS

OVERACTIVE BLADDER AGENTS

ORIGINAL POSTED PREFERRED STATUS: 6/16/2006
ORIGINAL EDIT EFFECTIVE DATE: 8/15/2006
REVISED POSTED PREFERRED STATUS: 5/14/2009
REVISED EDIT EFFECTIVE DATE: 7/14/2009
RE-REVIEW POSTED PREFERRED STATUS: 2/16/2012
REVISED EDIT EFFECTIVE DATE: 5/8/2012
RE-REVIEW POSTED PREFERRED STATUS: 5/21/2014
REVISED EDIT EFFECTIVE DATE: 5/30/2014
RE-REVIEW: 11/09/16
REVISED EDIT EFFECTIVE DATE: 4/1/2020

PREFERRED

FESOTERODINE ER TABLET (generic for TOVIAZ)
OXYBUTYNIN 5MG/5ML SYRUP, 5MG TABLET (DITROPAN)
OXYBUTYNIN ER (DITROPAN XL)*
SOLIFENACIN (VESICARE)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

DARIFENACIN (ENABLEX)
FLAVOXATE (URISPAS)
OXYBUTYNIN GEL (GELNIQUE)
OXYBUTYNIN PATCH (OXYTROL)
OXYBUTYNIN 2.5MG TABLET
MIRABEGRON ER (MYRBETRIQ)
TOLTERODINE IMMEDIATE RELEASE TABLET (DETROL)
TOLTERODINE LA CAPSULE (DETROL LA)
TOVIAZ
TROSPIUM (SANCTURA)
TROSPIUM ER (SANCTURA XR) Effective 5/8/2012
VESICARE

GENITOURINARY AND RENAL AGENTS

CYSTINE-DEPLETING AGENTS

ORIGINAL POSTED PREFERRED STATUS: 8/10/18
ORIGINAL EDIT EFFECTIVE DATE: 10/1/18
REVISED POSTED PREFERRED STATUS: 7/1/2022

PREFERRED

CUPRIMINE CAPSULES - **BRAND ONLY**
DEPEN TABLETS - **BRAND ONLY**
POTASSIUM CITRATE
THIOLA TABLETS - **BRAND ONLY**
THIOLA EC TABLETS - **BRAND ONLY**

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

PENICILLAMINE CAPSULES (generic for CUPRIMINE)
PENICILLAMINE TABLETS (generic for DEPEN)
TIOPRONIN TABLETS (generic for THIOLA)
TIOPRONIN DR TABLETS (generic for THIOLA EC)
UROCIT-K ER TABLETS

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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10/1/2024

OPHTHALMOLOGY

OPHTHALMIC ANTIBIOTICS

ORIGINAL POSTED PREFERRED STATUS: 5/12/17
ORIGINAL EDIT EFFECTIVE DATE: 7/1/17
UPDATED 4/1/2024

PREFERRED

BACITRACIN/ POLYMYXIN B OINTMENT (generic for POLYCIN)
CILOXAN (CIPROFLOXACIN) 0.3% OINTMENT
CIPROFLOXACIN 0.3% SOLUTION (generic for CILOXAN)
ERYTHROMYCIN 0.5% OINTMENT
GENTAMICIN 0.3% SOLUTION
MOXIFLOXACIN 0.5% SOLUTION (generic for VIGAMOX)
POLYMYXIN B /TRIMETHOPRIM DROPS (generic for POLYTRIM)
TOBRAMYCIN 0.3% DROPS (generic for TOBREX)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

AZASITE (AZITHROMYCIN) 1% SOLUTION
BACITRACIN 500 UNITS/GM OINTMENT
BESIVANCE (BESIFLOXACIN) 0.6% DROPS
GATIFLOXACIN 0.5% SOLUTION (generic for ZYMAXID)
MOXIFLOXACIN 0.5% SOLUTION (generic for MOXEZA)
NATACYN (NATAMYCIN) 5% DROPS
NEOMYCIN/POLYMYXIN B/ BACITRACIN OINTMENT
NEOMYCIN/POLYMYXIN B/ GRAMICIDIN DROPS
OCUFLOX (OFLOXACIN) 0.3% SOLUTION
OFLOXACIN 0.3% SOLUTION (generic for OCUFLOX)
POLYCIN (BACITRACIN/POLYMYXIN B) OINTMENT
SULFACETAMIDE 10% OINTMENT/SOLUTION
TOBREX (TOBRAMYCIN) 0.3% OINTMENT
VIGAMOX (MOXIFLOXACIN) 0.5% SOLUTION
ZYMAXID (GATIFLOXACIN) 0.5% SOLUTION

OPHTHALMOLOGY

OPHTHALMIC ANTIBIOTICS-STEROID COMBINATIONS

ORIGINAL POSTED PREFERRED STATUS: 5/12/17
ORIGINAL EDIT EFFECTIVE DATE: 7/1/17

PREFERRED

DEXAMETHASONE/NEOMYCIN SULFATE/POLYMYXIN B SULFATE
TOBRADEX (DEXAMETHASONE/TOBRAMYCIN)
DEXAMETHASONE/TOBRAMYCIN SUSPENSION (GENERIC)
PREDNISOLONE SODIUM PHOSPHATE/SULFACETAMIDE SODIUM SOLUTION

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

BLEPHAMIDE, BLEPHAMIDE S.O.P. (PREDNISOLONE ACETATE/ SULFACETAMIDE SODIUM) SUSPENSION & OINTMENT
HYDROCORTISONE/NEOMYCIN SULFATE/BACITRACIN ZINC/ POLYMYXIN B SULFATES
HYDROCORTISONE/NEOMYCIN SULFATE/POLYMYXIN B SULFATE
PRED-G, PRED-G S.O.P. (PREDNISOLONE ACETATE/ GENTAMICIN SULFATE)
MAXITROL (NEOMYCIN/POLYMYXIN B/DEXAMETHASONE) SUSPENSION & OINTMENT
TOBRADEX ST (DEXAMETHASONE/TOBRAMYCIN)
ZYLET(LOTEPREDNOL/TOBRAMYCIN)

OPHTHALMOLOGY

GLAUCOMA AGENTS

ORIGINAL POSTED PREFERRED STATUS: 5/12/17
ORIGINAL EDIT EFFECTIVE DATE: 7/1/17-UPDATED 7/1/2020

PREFERRED

ALPHAGAN P 0.15%- **BRAND ONLY**
CARTEOLOL DROPS
COMBIGAN (BRIMONIDINE/TIMOLOL) **BRAND ONLY**
DORZOLAMIDE
DORZOLAMIDE/TIMOLOL (generic)
LATANOPROST
LEVOBUNOLOL
LUMIGAN 0.01% 2.5ML, 5ML (BIMATOPROST)
RHOPRESSA 0.02% DROPS (NETARSUDIL)
ROCKLATAN (NETARSUDIL MESYLAT/LATANOPROST)
TIMOLOL (GENERIC TIMOPTIC DROPS)
TRAVATAN Z -**BRAND ONLY**

NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN

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10/1/2024

OPHTHALMOLOGY

GLAUCOMA AGENTS- *CONTINUED*

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ALPHAGAN P (BRIMONIDINE) 0.1%
APRACLONIDINE 0.5% AND 1%
BETAXOLOL 0.25% AND 0.5%
BIMATOPROST 0.03%
BRIMONIDINE 0.1%, 0.15%, 0.2% (GENERIC FOR ALPHAGAN/ALPHAGAN P)
BRIMONIDINE/TIMOLOL (generic for COMBIGAN)
BRINZOLAMIDE 1% (GENERIC FOR AZOPT)
COSOPT PF (DORZOLAMIDE/TIMOLOL)
DORZOLAMIDE 2%/TIMOLOL 0.5% (GENERIC FOR COSOPT PF)
ECHOTHIOPHATE (PHOSPHOLINE IODIDE) KIT
ISTALOL (TIMOLOL LA)
IYUZEH (LATANOPROST) 0.005%
METIPRANOLOL 0.3%
PILOCARPINE 1%, 2%, 4%
SIMBRINZA (BROMONIDINE/BRINZOLAMIDE)
TAFLUPROST 0.0015% (GENERIC FOR ZIOPTAN)
TIMOLOL MALEATE 0.5% (GENERIC FOR ISTALOL)
TIMOLOL GEL FORMING SOLN 0.25%, 0.5% (GENERIC FOR TIMOPTIC-XE)
TIMOLOL PF OCUDOSE 0.25%, 0.5% (GENERIC FOR TIMOPTIC OCUDOSE)
TIMOPTIC-XE 0.25%, 0.5% GEL
TIMOPTIC 0.25%, 0.5% OCUDOSE
TRAVOPROST 0.004% (GENERIC FOR TRAVATAN Z)
VYZULTA 0.024 % (LATANOPROSTENE)
XALATAN 0.005% (LATANOPROST)
XELPROS (LATANOPROST)
ZIOPTAN (TAFLUPROST)

OPHTHALMOLOGY

ANTI-INFLAMMATORY/IMMUNOMODULATORS

NEW PDL CATEGORY STARTING 4/1/20

PREFERRED

RESTASIS® **BRAND ONLY**

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

CEQUA*
CYCLOSPORINE EYE EMULSION (generic for RESTASIS)
MIEBO* (PERFLUOROHEXYLOCTANE)
RESTASIS MULTIDOSE *
TYRVAYA (VARENICLINE)
VERKAZIA* (CYCLOSPORIN EMULSION)
VEVYE* (CYCLOSPORINE)
XIIDRA* (LIFITEGRAST)

OPHTHALMOLOGY

ALLERGIC CONJUNCTIVITIS

IMPLEMENTED 1/12/2012
UPDATED AND ADDED TO PDL 7/1/2020

PREFERRED

AZELASTINE 0.05% DROPS
CROMOLYN 4% DROPS
KETOTIFEN FUMARATE 0.025% DROPS
OLOPATADINE 0.1% DROPS (PATANOL)
OLOPATADINE 0.2% DROPS (PATADAY)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ALCAFTADINE 0.025% DROPS (LASTACAFT)
BEPOSTATINE 1.5% DROPS (BEPREVE)
CETIRIZINE 0.24% DROPS ZERVIATE)
EPINASTINE 0.05% DROPS (ELESTAT)
LOTEPREDNOL 0.2% DROPS (ALREX)
LODAXAMIDE 0.1% DROPS (ALOMIDE)
NEDOCROMIL 2% DROPS (ALOCRIL)
OLOPATADINE 0.7% DROPS (PAZEO)
OLOPATADINE 0.7% DROPS (PATANOL)

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10/1/2024

OPHTHALMOLOGY

ANTI-INFLAMMATORY AGENTS

IMPLEMENTED 1/12/2010
UPDATE+A591D AND ADDED TO PDL 7/1/2020

PREFERRED

BROMFENAC 0.09% EYE DROPS (BROMDAY)
DEXAMETHASONE SODIUM PHOSPHATE 0.1% (DECADRON)
DICLOFENAC 0.1% EYE DROPS (VOLTAREN)
FLUOROMETHOLONE 0.1% (FML LIQUIFILM)
FLUOROMETHOLONE 0.25% (FML FORTE)
FLURBIPROFEN 0.03% (OCUFEN)
KETOROLAC 0.5% EYE DROPS (ACULAR)
PREDNISOLONE ACETATE 1% (PRED FORTE)
PREDNISOLONE SODIUM 1% (AK-PRED)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

BROMFENAC 0.07% (PROLENSA)
BROMFENAC 0.075% (BROMSITE)
DEXAMETHASONE 0.1% SUSPENSION (MAXIDEX)
DIFLUPEDNATE 0.05% (DUREZOL)
FLUOROMETHOLONE 0.1% (FLAREX)
FLUOROMETHOLONE 0.1% OINTMENT (FML S.O.P.)
KETOROLAC 0.45% (ACUVAIL)
KETOROLAC 0.4% (ACULAR LS)
LOTEPREDNOL ETABONATE 0.25% (EYSUVIS)
LOTEPREDNOL ETABONATE 0.38% GEL (LOTEMAX SM)
LOTEPREDNOL ETABONATE 0.5% EYE DROP/12PS (LOTEMAX)
LOTEPREDNOL ETABONATE 0.5% EYE GEL (LOTEMAX)

NON-PREFERRED AGENTS CONTINUED IN NEXT COLUMN

OPHTHALMOLOGY

ANTI-INFLAMMATORY AGENTS - *CONTINUED*

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

LOTEPREDNOL ETABOLATE 0.5% OINTMENT (LOTEMAX)
LOTEPREDNOL ETABOLATE 1% SUSPENSION (INVELTYS)
NEPAFENAC 0.1% (NEVANAC)
NEPAFENAC 0.3% (ILEVRO)
PREDNISOLONE ACETATE 0.12% EYE DROPS (PRED MILD)

OTICS

ANTI-INFECTIVE & OTIC ANTIBIOTIC/CORTICOSTEROID COMBINATIONS

ORIGINAL POSTED PREFERRED STATUS: 8/10/2016
ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016
RE-REVIEW POSTED PREFERRED STATUS: 10/1/2019
UPDATED 4/1/2024

PREFERRED

ACETIC ACID 2% OTIC SOLUTION
CIPRODEX SUSPENSION (CIPROFLOXACIN/DEXAMETHASONE)
CIPROFLOXACIN/DEXAMETHASONE SUSPENSION (generic for CIPRODEX)
NEOMYCIN/POLYMIXIN/HC SOLN/SUSP (generic for CORTISPORIN)
OFLOXACIN 0.3% SOLUTION (generic for FLOXIN)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

CIPRO HC SUSPENSION (CIPROFLOXACIN/HYDROCORTISONE)
CORTISPORIN-TC SUSPENSION (NEOMYCIN/COLIST/HC/THONZONIUM)
CIPROFLOXACIN OTIC SOLUTION (generic for CETRAXAL)
CIPROFLOXACIN/FLUOCINOLONE SOLUTION (generic for OTOVEL)
OTOVEL 0.3%-0.025% SOLUTION (CIPROFLOXACIN/FLUOCINOLONE)

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10/1/2024

RESPIRATORY AGENTS

ANTIHISTAMINES -- NON-SEDATING-ORAL

ORIGINAL POSTED PREFERRED STATUS: 1/25/2005
ORIGINAL EDIT EFFECTIVE DATE: 3/25/2005
RE-REVIEW POSTED PREFERRED STATUS: 11/2007
RE-REVIEW POSTED PREFERRED STATUS: 10/26/2010
REVISED EDIT EFFECTIVE DATE 12/28/2010
RE-REVIEW POSTED PREFERRED STATUS: 2/14/18
REVISED EDIT EFFECTIVE DATE: 4/1/2018

PREFERRED

CETIRIZINE 1MG/ML SOL, 10MG SWALLOW TAB (ZYRTEC)
LORATADINE (CLARITIN)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ACRIVASTINE/PSEUDOEPHEDRINE (SEMPREX-D)
CETIRIZINE 5MG, 10MG CHEWABLE TAB (ZYRTEC)*
CETIRIZINE/PSEUDOEPHEDRINE (ZYRTEC-D)*
DESLORATADINE (CLARINEX)
DESLORATADINE/PSEUDOEPHEDRINE (CLARINEX-D)*
FEXOFENADINE (ALLEGRA)*
FEXOFENADINE/PSEUDOEPHEDRINE (ALLEGRA-D)*
LEVOCETIRIZINE (XYZAL)*
LORATADINE/PSEUDOEPHEDRINE (CLARITIN-D)*

RESPIRATORY AGENTS

INTRANASAL RHINITIS AGENTS

ORIGINAL POSTED PREFERRED STATUS: 9/29/2006
ORIGINAL EDIT EFFECTIVE DATE: 11/28/2006
REVISED POSTED PREFERRED STATUS: 6/25/2009
REVISED EDIT EFFECTIVE DATE: 8/24/2009
RE-REVIEW POSTED PREFERRED STATUS: 5/17/2012
RE-REVIEW EDIT EFFECTIVE DATE: 7/16/2012
REVISED EDIT EFFECTIVE DATE: 4/1/2020

PREFERRED

AZELASTINE 137 MCG (generic for ASTELIN)
AZELASTINE 205.5 MCG (generic for ASTEPRO)
FLUTICASONE 50 MCG (generic for FLONASE) **RX ONLY**
IPRATROPIUM 21 MCG AND 42 MCG (generic for ATROVENT)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

AZELASTINE/FLUTICASONE (generic for DYMISTA)
BECONASE AQ (BECLOMETHASONE)
DYMISTA
MOMETASONE (generic for NASONEX)
NASONEX
OMNARIS (CICLESONIDE)
QNASL (BECLOMETHASONE)
RYALTIRS (MOMETASONE/OLOPATADINE)
ZETONNA (CICLESONIDE)

RESPIRATORY AGENTS

LEUKOTRIENE RECEPTOR ANTAGONISTS

ORIGINAL POSTED PREFERRED STATUS: 5/11/2009
ORIGINAL EDIT EFFECTIVE DATE: 8/11/2009
RE-REVIEW POSTED PREFERRED STATUS: 4/1/2023

PREFERRED

MONTELUKAST* (generic for SINGULAIR)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ACCOLATE (ZAFIRLUKAST)
SINGULAIR (MONTELUKAST)
ZAFIRLUKAST (generic fiorACCOLATE)
ZILEUTON ER (generic for ZYFLO CR)
ZYFLO (ZILEUTON)

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

Prescribers may request an override for non-preferred drugs by calling the Prime Therapeutics State Government Solutions Help Desk at: Toll Free 1-800-424-7895 and choose the PDL option. This Preferred Drug List is subject to change without notice. New products in a reviewed drug class are considered NON-PREFERRED until the committee has reevaluated the evidence for the drug class. The effective implementation date stated for each drug class is the date claims will be edited at point-of-sale. For the most up-to-date Preferred Drug List visit https://arkansas.primetherapeutics.com/provider-documents

10/1/2024

RESPIRATORY AGENTS

BRONCHODILATORS, SHORT-ACTING BETA AGONISTS
Quick Relief Medications

ORIGINAL POSTED PREFERRED STATUS: 3/30/2007
ORIGINAL EDIT EFFECTIVE DATE: 5/29/2007
RE-REVIEW POSTED PREFERRED STATUS: 11/09/2016
RE-REVIEW EDIT EFFECTIVE DATE: 1/01/2017
UPDATED: 10/1/2023

PREFERRED

ALBUTEROL NEBULIZATION SOLUTIONS (ALL STRENGHTS)
PROAIR HFA - **BRAND ONLY**
PROAIR RESPICLICK - **BRAND ONLY**
PROVENTIL HFA - **BRAND ONLY**
VENTOLIN HFA -**BRAND ONLY**
XOPENEX HFA - **BRAND ONLY**

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ALBUTEROL INHALER HFA - **ALL GENERICS**
LEVALBUTEROL HFA INHALER (generic for XOPENEX HFA)
PROAIR DIGIHALER (ALBUTEROL)
XOPENEX (LEVALBUTEROL SOLUTION)

RESPIRATORY AGENTS

BRONCHODILATORS, SHORT-ACTING ANTICHOLINERGICS AND COMBINATION PRODUCTS
Quick Relief Medications

ORIGINAL POSTED PREFERRED STATUS: 3/30/2007
ORIGINAL EDIT EFFECTIVE DATE: 5/29/2007
RE-REVIEW POSTED PREFERRED STATUS: 11/09/2016
RE-REVIEW EDIT EFFECTIVE DATE: 1/01/2017
RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2020
RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2023

PREFERRED

ATROVENT HFA* (IPRATROPIUM HFA)
COMBIVENT RESPIMAT* (IPRATROPIUM/ALBUTEROL)
IPRATROPIUM INHALATION SOLUTION* (generic for ATROVENT)
IPRATROPIUM/ALBUTEROL (generic for DUONEB INHALATION SOLN)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

NONE

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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10/1/2024

RESPIRATORY AGENTS

BRONCHODILATORS, LONG-ACTING BETA AGONISTS (LABA)

Controller Medications for Asthma/COPD

ORIGINAL POSTED PREFERRED STATUS: 3/30/2007
ORIGINAL EDIT EFFECTIVE DATE: 5/29/2007
RE-REVIEW POSTED PREFERRED STATUS: 5/11/2009
RE-REVIEW EDIT EFFECTIVE DATE: 8/11/2009
RE-REVIEW POSTED PREFERRED STATUS: 7/21/2014
RE-REVIEW EDIT EFFECTIVE DATE: 9/23/2014
RE-REVIEW POSTED PREFERRED STATUS: 11/09/2016
RE-REVIEW EDIT EFFECTIVE DATE: 1/01/2017
RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2020
RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2023

PREFERRED

SEREVENT DISKUS* (SALMETEROL INHALER)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

ARFOMOTEROL (generic for BROVANA)
BROVANA (ARFOMOTEROL)
FORMOTEROL INHALATION SOLUTION (generic for PERFOROMIST)
PERFOROMIST
STRIVERDI RESPIMAT (OLODATEROL)

RESPIRATORY AGENTS

BRONCHODILATORS, LONG-ACTING ANTICHOLINERGICS (LAMA)

Controller Medications for Asthma/COPD

REVISED POSTED PREFERRED STATUS: 1/1/2020
RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2023

PREFERRED

SPIRIVA HANDIHALER* (TIOTROPIUM INHALER) **BRAND ONLY**

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

INCRUSE ELLIPTA (UMECLIDINIUM BROMIDE) INHALER
LONHALA MAGNAIR (GLYCOPYRROLATE) SOLUTION
SPIRIVA RESPIMAT (TIOTROPIUM) INHALER
TIOTROPIUM BROMIDE (generic for SPIRIVA HANDIHALER)
TUDORZA PRESSAIR (ACLIDINIUM) INHALER
YUPELRI (REVEFENACIN) SOLUTION

RESPIRATORY AGENTS

BRONCHODILATORS, COMBINATION AGONISTS (LAMA/LABA)

Controller Medications for Asthma/COPD

ORIGINAL POSTED PREFERRED STATUS: 3/30/2007
REVISED POSTED PREFERRED STATUS: 1/1/2020
RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2023

PREFERRED

ANORO ELLIPTA* (UMECLIDINIUM/VILANTEROL INHALER)
BEVESPI AEROSPHERE* (FORMOTEROL/GLYCOPYRROLATE)
STIOLTO RESPIMAT* (TIOTROPIUM/OLODATEROL)

NON-PREFERRED –
INCLUDE BUT NOT LIMITED TO

DUAKLIR PRESSAIR (ACLIDINIUM/FORMOTEROL)

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY

Preferred Drug List

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10/1/2024

RESPIRATORY AGENTS

INHALED CORTICOSTEROIDS (ICS) Controller Medications for Asthma/COPD

ORIGINAL POSTED PREFERRED STATUS: 5/12/2006
ORIGINAL EDIT EFFECTIVE DATE: 7/11/2006
REVISED POSTED PREFERRED STATUS: 11/9/2016
REVISED EDIT EFFECTIVE DATE: 1/1/17
RE-REVIEWED: 2/14/18
REVISED EDIT EFFECTIVE DATE: 1/1/2020
RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2023
RE-REVIEW EDIT EFFECTIVE DATE: 7/1/2024

PREFERRED

ALVESCO HFA (CICLESONIDE)*
ARNUITY ELLIPTA (FLUTICASONE)
ASMANEX HFA (MOMETASONE)
ASMANEX TWISTHALER (MOMETASONE)
BUDESONIDE AMPULE* **GENERIC ONLY**
PULMICORT FLEXHALER (BUDESONIDE)
QVAR REDIHALER (BECLOMETHASONE)

NON-PREFERRED – INCLUDE BUT NOT LIMITED TO

~~ARMONAIR RESPICLICK (FLUTICASONE PROPRIONATE)~~ dc'ed 6/1/2024
FLUTICASONE DISKUS (generic for FLOVENT DISKUS)
PULMICORT RESPULES* **- BRAND ONLY**

NON-PREFERRED –WITH CRITERIA

FLUTICASONE HFA (generic for FLOVENT HFA)*

RESPIRATORY AGENTS

INHALED CORTICOSTEROIDS AND LONG ACTING BETA AGONISTS (ICS/LABA) Controller Medications for Asthma/COPD

RE-REVIEW EDIT EFFECTIVE DATE: 1/1/2023
RE-REVIEW EDIT EFFECTIVE DATE: 7/1/2024

PREFERRED

ADVAIR DISKUS- (FLUTICASONE/SALMETEROL)*-**BRAND ONLY**
ADVAIR HFA- (FLUTICASONE/SALMETEROL)* -**BRAND ONLY**
AIRDUO RESPICLICK (FLUTICASONE/SALMETEROL)* -**BRAND ONLY**
DULERA HFA (MOMETASONE/FORMOTEROL)*
SYMBICORT HFA (BUDESONIDE/FORMOTEROL)*-**BRAND ONLY**

NON-PREFERRED – INCLUDE BUT NOT LIMITED TO

~~AIRDUO DIGIHALER (FLUTICASONE/SALMETEROL)~~ -dc'ed 6/1/2024
AIRSUPRA (BUDESONIDE/ALBUTEROL)
BREO ELLIPTA (FLUTICASONE/VILANTEROL)
BREYNA (BUDESONIDE/FORMOTEROL)
BUDESONIDE/FORMOTEROL (generic for SYMBICORT)-**GENERIC ONLY**
FLUTICASONE/SALMETEROL (generic for ADVAIR) -**GENERIC ONLY**
FLUTICASONE/SALMETEROL (generic for ADVAIR HFA) -**GENERIC ONLY**
FLUTICASONE/SALMETEROL (generic for AIRDUO RESPICLICK) -**GENERIC ONLY**
FLUTICASONE/VILANTEROL (generic for BREO ELLIPTA)
WIXELA (FLUTICASONE/SALMETEROL)

NON-PREFERRED –ICS/LABA/LAMA

BREZTRI (BUDESONIDE/GLYCOPYRROLLATE/FORMOTEROL)
TRELEGY (FLUTICASONE/UMECLIDINIUM/VILANTEROL)

NON-PREFERRRED PDE4 INHIBITORS

DALIRESP (ROFLUMILAST)
ROFLUMILAST (generic for DALIRESP)

RESPIRATORY AGENTS

INHALED ANTIBIOTICS CF AGENTS

ORIGINAL POSTED PREFERRED STATUS: 8/10/2016
ORIGINAL EDIT EFFECTIVE DATE: 10/1/2016
REVISED EDIT EFFECTIVE DATE: 1/1/2020
REVISED EDIT EFFECTIVE DATE: 1/1/2023

PREFERRED

BETHKIS*- **BRAND ONLY**
KITABIS PAK* -**BRAND ONLY**
TOBRAMYCIN (generic fo TOBI)*

NON-PREFERRED – INCLUDE BUT NOT LIMITED TO

ARIKAYCE (AMIKACIN LIPOSOME)
AZTREONAM (generic for CAYSTON)
CAYSTON
TOBI
TOBI PODHALER
TOBRAMYCIN (generic fo BETHKIS)
TOBRAMYCIN (generic fo KITABIS)

*Please refer to the PDL Criteria Overview for more detail

GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY