North Carolina Division of Health Benefits
North Carolina Medicaid Preferred Drug List (PDL)

(July PDL MEETING)

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

	uct being added as a new to market Non-Preferred product OR current coverage is being clarified
	gnifies a significant change to the drug, category, or a clinical recommendation
	gnifies an Off-Cycle PDL move from Preferred to Non-Preferred or vice versa
	n shade signifies a Brand / Generic switch within the same category
	s that will be open for discussion even though there are no recommendations in that category
Purple shade signifies a pro	oduct either no longer covered (rebatable) or no longer available from the manufacturer
	ALZHEIMER'S AGENTS
Preferred	Non-Preferred
donepezil 5mg, 10mg tablet / ODT (generic for Aricept [®] / ODT)	Adlarity [®] Patch
Exclon [®] Patch memantine tablet / titration pack (generic for Namenda [®])	Aduhelm [®] Vial - Clinical criteria apply Aricept [®] Tablet
rivastignine capsule (generic for Exelon [®])	Article 1 above donce;ezi 22mg tablet (generic for Aricept [®])
Commission of Carton of Carton (galantamine ER capsule / solution / tablet (generic for Razadyne [®] / ER)
NTM: Added memantine ER capsule / solution (generic for Namenda® XR /	Kisunla ^w (donanemub-azbt) Vial
- Solution)and Zunveyl® tablet to non-preferred	Legembi [®] Vial - Clinical criteria apply
	meranitie ER capate / solution (general for Namenda [®] XR / Solution)
	Memuntine HCL-Donepezil HDL ER capsule (generic for NAMZARIC [®]) Namenda [®] Titration Pack / XR Capsule / XR Titration Pack
	Vantenia Tirratori Fak / AK capitor / AK 1 itratori Fak. Narrazie ⁶ Capitol / Titraton Pak
	rivation capace / materials
	Zuweyl [®] tablet
	ANALGESICS
	OPIOID ANALGESICS
	Long Acting Opioids Clinical criteria apply to all drugs in this class
Preferred	Cancel criteria apply to all orags in this cass Non-Preferred
Butrans® Patch	Belbaca [®] (Baccal) Film
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic [®])	buperson/initiation path (generic for Butrans ⁶)
methadone concentrate / diskets / intensol / tablets / solution	Conzip® Capsule
morphine sulfate ER tablet (generic for MS Contin®)	fentanyl patch (37.5. / 62.5 / 87.5mcg dosages) (generic for Duragesic [®])
OxyContin [®] Tablet	hydrocodone ER capsule (generic for Zohydro [®] ER)
Inamador EK tablet (Uttram EKW, Kyzotte)-	hydrocodone ER tablet (generic for Hysingla [®] ER) hydromorphone ER tablet (generic for Exalgo [®])
Move tramadol ER tablet (Ultram ER®, Ryzolt®) from preferred to NP	hydroniarfynawr Erk Lawrer (generik for E-daigo) Hydroniar Erk Tablet
-	Methados ²⁰ Oral Concentrate / Tablet
	morphine sulfate ER capsule (generic for Avinza [®] , Kadian [®])
	MS Contin [®] Tablet
	oxycodone ER tablet (generic for OxyContin®) oxymorphone ER tablet
	translot Respuise generic for Conzp [®])
	tramadol ER tablet (Ultram ER®, Ryzolt®)
	Orally Disintegrating / Oral Spray Schedule II Opioids
	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Actiq [®] Lozenge	Denvis SL. Tablet-
Obsolete: Removed Dsuvia [™] SL Tablet	fentaryl citrate buccal tablet (generic for Fentora [®]) fentaryl citrate lozenge (generic for Actiq [®])
	Fentora ⁶ Buccal Tablet
	Short Acting Schedule II Opioids
Preferred	Clinical criteria apply to all drugs in this class Non-Preferred
Endocet® Tablet (branded generic for Percocet®)	edeine sulfate tablet
hydrocodone-acetaminophen solution / tablet (generic for Hycet [®] , Loreet [®] , Loreat [®] , Norco [®] , Vicodin [®])	Disadia ⁴ Liquid / Tablet
hydrocodone-ibuprofen tablet (generic for Ibudone [®] , Reprezain [®] , Vicoprofen [®])	hydrocodone-ibuprofen tablet (generic for Ibudone [®] , Reprezuin [®] , Vicoprofen [®])
hydromorphone tablet (generic for Dilaudid [®])	hydromorphone solution / suppository (generic for Dilaudid [®])
morphine solution / tablet (generic for MSIR [®])	levorphanol tablet (generic for Levo-Promoran [®])
oxycodone solution / tablet (generic for Roxicodone [®]) oxycodone-acetaminophen capsules (generic for Tylox [®])	meperidine solution / tablet (generic for Demerol [®]) morphine oral syringe
oxycodone-acetaminophen tablets (generic for Percocet [®])	inspinie visi sy nige morphie suppositorie (generic for Roxanol)
	Naloce [®] Tablet
Move hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®,	oxycodone capsule (generic for OxyIR*)
Vicoprofen®)from preferred to NP	oxycodone concentrated solution (generic for Roxicodone [®] Intensol)
	oxycodone acetaminghen solution
	oxymorphone tablet (generic for Opana [®]) Percocet [®] Tablet
	retocket Janket Prolute [®] Tablet/Solution
	Roxicodone [®] Tablet
	Roxybond [®] Tablet
4	- 1

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	Short Acting Schedule III – IV Opioids / Analgesic Combinations
	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®)	Ascomp® Capsule (branded generic for Fiorinal with Codeine®)
tramadol tablet (100 mg)	butalibital compound with codeine capsule (generic for Fiorinal with Codeine®)
tramadol tablet 50 mg (generic for Ultram [®])	butalbital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine®)
tramadol-acetaminophen tablet (generic for Ultracet [®])	butorphanol spray (generic for Stadol [®])
······································	dilydrocodiene-scattiniophen-saffeine tablet (generic for Panlor SS [®])
	Foriect with Codeine Capsule
Move tramadol tablet (100 mg) from preferred to NP	r writer with Codenie Capissie pentazenie-malkowne tablet (generic for Talwin NX ⁶)
	pennazone annoane aner tgazere na raivari txx / Seglentis Tablet
	Segura i nove Tranado solution (generic for Qdolo ¹⁶)
	tranadol tablet (25 mg. 75 mg. 100 mg) NON-OPIOID ANALGESICS
Ductowerd	
Preferred Journavx" Tablet	Non-Preferred
Journavx Tablet	NTM: Added Journavx™ Tablet as preferred
	NSAIDS
Preferred	Non-Preferred
celecoxib capsule (generic for Celebrex*)	Anthronce Tablet
diclofenae sodium tablet (generic for Voltaren [®])	Celebrest Capale Daypro® Caplet
ibuprofen suspension / tablet (generic for Motrin [®])	
indomethacin capsule (generic for Indocin [®])	diclofenae potasium capsule (generic for Zipsoft)
ketorolac tablet (generic for Toradol®)	diclofence potassium tablet (generic for Catallam)
meloxicam tablet (generic for Mobic [®])	dicioficane sodium ER tablet (generic for Voltaren [®] XR)
naproxen EC / DR tablet (generic for Naprosyn EC)	Heickenze sodum dable (genere for Voltaren)
naproxen sodium tablet (generic for Anaprox®)	diclofenae sodium-misogenostol tablet (generic for Arthrotec [®])
naproxen tablet (generic for Naprosyn [®]) sulindae tablet (generic for Clinoril [®])	diflurisal tablet (generic for Dolobid [®]) Dolobid tablet
sulindae tablet (generic for Clinoril")	Docool and
Mayo dialofornes codium tablet (con avis for Valtaron®) ND to Dreferred	etodolac capsule / tablet / ER tablet(generic for Lodine [®] / XL)
	Feldere Capsule
Obsolete: Removed Duexis® Tablet - T/F of only celecoxib required	fenoprofen capsule/ tablet (generic for Nalfon [®])
	flurbiprofen tablet (generic for Ansaid [®])
	ibuprofer / famoidine tablet (generic for Duckis [®]). T/F of only celecoxib required
	indomethacin ER capsule (generic for Indocin SR [®])
	indomethacin suppository
	ketopofer capsule (generic for Oradis)
	Ketopote E capsule (generic for Oruvail [®])
	Kiprofen [®] (ketoprofen) Capsule (branded generic for Orudis [®])
	Lofena [®] Tablet
	meelofenamate capsule (generic for Meclomen [®])
	meferancie acid capsule (generic for Ponset [®])
	meloricam capale (genetic for Vividex*)
	abuncone tablet (generic for Relaten)
	Nalforé Capsule / Tablet
	Naprelan [®] rablet
	Naprosyn [®] Suspension
	naproxen sodium ER tablet (generic for Naprelan [®])
	naproxen suspension (generic for Naprosyn [®])
	naprozen-esomeprazole tablet (generic for Vimovo [*]) - T/F of only celecoxib required
	oxaprozin tablet (generic for DayProf)
	piroticiam capsule (generic for Feldene [®])
	Relation ³⁰ DS Tablet
	Tolectin (tolnerin) Tablet
	tolmetin tablet / capsule (generic for Tolectin [®] / DS)
	Vinovo® Tablet - T/F of only celecoxib required
	NEUROPATHIC PAIN
D C L	Non-Preferred
Preferred	von-rreereu Von-rreereu
duloxetine capsule (generic for Cymbalta®)	
gabapentin capsule / solution / tablet (generic for Neurontin®)	Dermacinks, Lidocan Patch - Clinical criteria apply
lidocaine patch (generic for Lidoderm [®]) - Clinical criteria apply	Drizalma [™] Sprinkle
pregabalin capsule /solution (generic for Lyrica®)	dulaxetine capsule (generic for Irenka)
	gabapentin ER tablet (generic for Graliss ⁶)
	Grafis Tablet
	Horizan [®] Tablet
	Lidoan [®] Path - Clinical criteria apply
	Lidodem [®] Patch - Clinical criteria apply
	Lyrica Capsule / Solution / CR Tablet
	Neurontin Capsule / Solution / Table
	pregabalin ER tablet (generic for Lyrica [®] CR)
	Querea [®] Kit
	Savella [®] Tablet / Tirration Pack
	Trideating ¹⁰ Patch
	ZTLido ¹¹⁰ Patch - <mark>Clinical criteria apply</mark>

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	ANTICONVULSANTS
	CARBAMAZEPINE DERIVATIVES
Patients with a diagnosis of seizure disorder are exempt from T/F criteria and may use any carbamazepine product.	
Preferred	Non-Preferred
Aptiom [®] Tablet	carbamazepine ER capsule (generic for Carbatrol®)
carbamazepine tablet / suspension / chewable tablet / XR tablet (generic for Tegretol® / XR)	Carbatrol [®] Capsule
Equetro [®] Capsule	Epitol® Tablet
oxcarbazepine suspension / tablet (generic for Trileptal®)	Oxcarbazepine ER (generic for Oxtellar® XR)
Oxtellar® XR Tablet	Trileptal® Tablet
Tegretol® Suspension / Tablet / XR Tablet	
Trileptal® Suspension	

	FIRST GENERATION	
Patients with a d	iagnosis of seizure disorder are exempt from T/F criteria	and may use any first generation product.
Preferred		Non-Preferred
Celontin [®] Kapseal	Depakote® ER Tablet / Sprinkle Capsule	
Dilantin® Capsule / Infatab / Suspension	Depakote [®] Tablet	
divalproex sprinkle capsule / ER tablet / tablet (generic for Depakote® / ER / Sprinkle)	felbamate tablet (generic for Felbatol®)	
ethosuximide capsule / solution (generic for Zarontin®)	methsuximide capsule (generic for Celontin®)	
felbamate suspension (generic for Felbatol®)	Mysoline [®] Tablet	
Felbatol® Suspension / Tablet	Sezaby [®] Vial	
phenobarbital tablet / elixir / solution	Zarontin® Capsule / Solution	
Phenytek [®] Capsule		
phenytoin chewable / extended capsules / infatab / suspension (generic for Dilantin®)		
phenytoin extended capsules (generic for Phenytek®)		
primidone Tablet (generic for Mysoline®)		
valproic acid capsule / solution (generic for Depakene®)		
	SECOND GENERATION	
Patients with	a diagnosis of seizure disorder are exempt from T/F criteria an	d may use any second generation product.
Preferred		Non-Preferred
Briviact® Tablet / Solution	Banzel [®] Suspension	
clobazam suspension / tablet (generic for Onfi [®])	Banzel® Tablet	
clonazepam tablet (generic for Klonopin®)	clonazepam ODT (generic for Klonopin® Wafer)	
Diacomit® Capsule / Powder Pack	Elepsia TM XR Tablet	
diazepam rectal / system (generic for Diastat® Accudial / Pedi System)	Epidiolex [®] Solution - Clinical criteria apply	
Eprontia [™] Solution	Keppra® Tablet / Solution / XR Tablet	
Fintepla [®] Solution	Klonopin [®] Tablet	
Fycompa [®] Tablet / Suspension	lacosamide solution (generic for Vimpat [®])	
gabapentin capsule / solution / tablet (generic for Neurontin®)	Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Ta	ablet / XR / XR Starter Kit
lacosamide solution (generic for Vimpat [®])	lamotrigine ODT dose pack/ tablet dose pack (generic for Lam	ietal [®])
lacosamide tablet (generic for Vimpat [®])	Levetiracetam tablet (generic for Spritam [®])	· ·
lamotrigine chewable / tablet (generic for Lamictal [®])	Libervant [™] (diazepam) Buccal Film	
lamotrigine ER tablet (generic for Lamictal [®] XR)	Lyrica [®] Capsule / Solution	
lamotrigine ODT dose pack/ tablet dose pack (generic for Lamietal*)	Motopoly XR ⁷⁹ (lacosamide extended release) Capsule	
lamotrigine starter kits (generic for Lamictal [®])	Neurontin® Capsule / Solution / Tablet	
levetiracetam tablet / ER tablet / solution (generic for Keppra [®] / XR)	Onfi [®] Suspension / Tablet	
Nayzilam [®] Nasal Spray	Outery [®] - XR Capsule	
Qudexy [®] XR Capsule	Spritam [®] Tablet	
Roweepra Th Tablet	Sympazan [®] Film	
rufinamide suspension (generic for Banzel [®])	Topamax [®] Sprinkle Capsule / Tablet	
ruinamide suspension (generic for Banzel [®])	topiramate ER capsule (generic for Trokendi XR [®]) - T/F of T	n han d ^{ig} VD Consult manipul for summer
Sabril [®] Tablet / Powder Packet	topiramate ER capsule (generic for Trokendi XR ⁻) - 1/F of T topiramate ER sprinkle capsule (generic for Qudexy [®])	rokenur. Art Capsule requireu for coverage
Subvenite [®] Tablet / Tab Start Kit	Trokendi [®] XR Capsule	NTM: Added Levetiracetam tablet (generic for Spritam®) to NP
subvenite 1 ablet / 1ab Start Kit tiagabine tablet (generic for Gabitril [®])	vigabatrin tablet (generic for Sabril®)	Move lacosamide solution (generic for Vimpat [®]), lamotrigine ODT dose pack/ tablet dose pack
	Vigabatrin tablet (generic for Sabril) Vigadrone [®] Powder Packet / Tablet	(generic for Lamictal®) from Preferred to NP
topiramate sprinkle capsule / tablet (generic for Topamax®) Valtoco [®] Nasal Spray		Move Qudexy [®] XR Capsule from NP to Preferred
	Vigafyde™ Solution Vigooder [™] Powder Packet	
vigabatrin powder packet (generic for Sabril [®]) Xeopri [®] Tablet / Titration Pack	41	
1	Vimpat [®] Solution / Starter Kit / Tablet	
zonisamide capsule (generic for Zonegran®)	Zonisade [™] Oral Suspension	
	Ztalmy* Oral Suspension	PNG C
	ANTI-INFECTIVES - SYST	EMIC

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	ANTIBIOTICS
	Penicillins, Cephalosporins and Related
Preferred	Non-Preferred
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®)	amoxiciline-levulante chevable tablet (generic for Augmentin [®])
amoxicillin-clavulanate suspension / tablet (generic for Augmentin [®])	amoxicilin-clavulanate XR tablet (generic for Augmentin [®] / XR) Augmentin [®] Suspension / ES-600 / XR Tablet
amportanti curvatante Arcubet (genere to Augmenti (ARC) ampicillin capsule / injection / vial	Auginstian Suspension II: 25-900 / AK Lance Ceffchor capable / suspension / IE / Rubble (generic for Ceclor / CD)
ampicillin-sulbactam injection / vial	celarion tapane / september / ac united partie of Celario / CD/ celarion tapane / september / ac united partie of Celario / CD/ celarion tapane / september / CD/
Bicillin [®] C-R injection	eefxime suspension (generic for Suprax [®]) T/F of preferred agents not required for children < 12 years of age
cefadroxil capsule / suspension (generic for Duricef [®])	cefpodoxime suspension / tablet (generic for Vantin)
cefdinir capsule / suspension (generic for Omnicef®)	cephalexin tablet (generic for Keflex [®])
cefixime capsule (generic for Suprax®)	
cefixime-suspension (generic for Suprax [®])	
cefprozil suspension / tablet (generic for Cefzil [®])	Move amoxicillin-clavulanate XR tablet (generic for Augmentin® / XR), cefixime suspensionand
cefuroxime tablet (generic for Ceftin®)	cephalexin tablet (generic for Keflex*) (generic for Suprax*) from Preferred to NP
cephalexin capsule / suspension (generic for Keflex®)	
eephalexin tablet (generic for Keflex*)	
dicloxacillin capsule nafcillin injection / vial	
oxacillin injection / vial	
penicillin G injection / vial	
penicillin V suspension / tablet	
Pfizerpen [®] injection / vial	
piperacillin - tazobactam injection / vial	
Unasyn [®] injection / vial	
Zosyn [®] injection / vial	
	Lincosamides and Oxazolidinones
Preferred	Non-Preferred
clindamycin capsules / solution (generic for Cleocin®)	Cleocin® Capsules / Vial
linezolid suspension (oral) / tablet (generic for Zyvox®)	Cleocin [®] Pediatric Solution
	elindamycin injection (generic for Cleocin [®])
	Lincocin Vial
	lincomycin vial (generic for Lincocin [®])
	linezold IV solution (generic for Zyvos [®])
	Sivextro [®] Tablet / Vial Zyvox [®] Tablet / IV Solution / Suspension
	Zyvox Tabler / IV Solution / suspension
	Macrolides and Ketolides
Preferred	Non-Preferred
azithromycin powder packet / suspension / tablet (generic for Zithromax®)	clarithromycin ER tablet (generic for Biaxin XL [®])
clarithromycin suspension / tablet (generic for Biaxin®)	Eryped [®] 200/400 Suspension
E.E.S.® Filmtab / Suspension	Ery-Tab® Tablet
Erythrocin [®] Filntab	Zithromax [®] Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak
erythromycin ES 200 mg and 400 mg suspension (generic for E.E.S.® Suspension, Eryped®)	
erythromycin EC capsule (generic for Eryc [®])	
erythromycin filmtab	
erythromycin ES tablet (generic for E.E.S. [®] Filmtab)	
	Nitroimidazoles (Gastrointestinal Antibiotics)
Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl [®])	Aemeolo [®] DR Table
vancomycin capsule (generic for Vancocin [®])	Difició [®] suspension/Table - T/F of only vancomycin is required for treatment of Clostridium difficile
vancomycin oral solution (generic for Firvanq [®])	Firvang [®] Solution Flagy [®] Capsule
	Flag/I Capulé Liknez [®] Supersion
	LARIE 2 SUBJEMENT
	Inclumation 12 ing under generation i leger / metroidazio e capsile (generic for Flage [®])
NTM: Added metronidazole 125 mg tablet (generic for Flagyl®) to non-preferred	nonviniante espano (genero en ingri / nonviniante ((genero for Nyu))
With Added metromodelies 125 mg tablet (generic for hagyr / to non-preferred	nitazoxanide tablet (generic for Alinia [®] Tablet)
	paromomycin capsule (generic for Humatin [®])
	Solose ^{CM} Granules
	tinidazole tablet (generic for Tindamax [®])
	Vancocin [®] Capsule
	Vowst [™] Capsule - Clinical criteria apply
	Xifaxan® Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy
	Quinolones
Preferred	Non-Preferred
Cipro Suspension	Bardela ¹¹ Tablet
ciprofloxacin tablet (generic for Cipro [®])	Ciprof Tablet
levofloxacin tablet (generic for Levaquin [®])	ciprofloxacin suspension (generic for Cipro [®])
moxifloxacin tablet (generic for Avelox®)	levoflosacin solution (generic for Levaquin [®]) oflosacin tablet (generic for Flosin [®])
	UNAAKII GORA (genera of Toxit)

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Preferred	Tetracycline Derivatives Non-Preferred
doxycycline hyclate capsule / tablet (generic for Vibramycin [®] , Vibra-Tab [®])	demeclocycline tablet (generic for Declomycin [®])
doxycycline monohydrate 50mg, 100mg capsule (generic for Monodox®)	Doryx [®] DR / MPC Tablet
minocycline 50mg, 75mg, 100mg capsule (generic for Minocin®)	doxycycline hyclate DR tablet (generic for Doryx [®] DR)
	doxycycline monohydrate 75mg, 150mg capsule (generic for Monodox [®] , Adoxa [®])
	doxycycline monolydrate 40mg (R-DR capsule (generic for Oracea")
	doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet doxycycline suspension (generic for Vibramycin [®]) - T/F of preferred agents not required for patients <12 years of age
	Lymepak Table
	minocycline ER tablet (generic for Solodyn [®] ER) Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	minocycline 50mg, 75mg, 100mg tablet
	Minolira [®] ER Tablet
	Morgidos [®] Capade/Kit
	Nuzyra ¹⁰ Tablet Solodyn ⁸ ER Tablet - Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	Sought is taken set of source of the source
	tetracycline table (generic for Sumycin [®] / Pannycin [®])
	Antifungals
Preferred	Non-Preferred
clotrimazole troche / lozenge (generic for Mycelex* Troche) fluconazole suspension / tablet (generic for Diflucan*)	Ancobon Capsule Brexafemme [®] Tablet
griseofulvin suspension / tablet (generic for Diffuean) griseofulvin suspension (generic for Grifulvin V [®])	invaluenne laket
griseofulvin adpendiou generic for Gris-Peg [®])	Difucar's Supersion / Tablet
nystatin suspension (generic for Nilstat [®])	flucytosine capsule (generic for Ancebon [®])
nystatin tablet (generic for Mycostatin®)	griseofulvin micro tablets (generic for Grifulvin V ⁸)
terbinafine tablet (generic for Lamisil [®])	itraconazole capade's solution (generic for Sporanox ⁶)
	keteconazole tablet (generic for Nizoral [®]) Noxafil [®] Suspension / Tablet / DR Suspension Packet
Open class-No recommendations	Notani Suspersion / 1 Ante / JAK Suspersion Facket Oravig [®] Buccal Tablet Oravig [®] Buccal Tablet Oravig [®] Buccal Tablet
	posaconazole tablet / suspension (generic for Noxafi ^{fi})
	Sporanox* Capsule / Solution
	Tolsura Capsale
	V ford Suspension / Tablet
	Vivjoa [®] Capsale - Clinical criteria apply voriconazole suspension / tablet (generic for Vfend [®])
	Oriconadore suspension/ career (generic on vicine)
	Antivirals (General)
Preferred	Non-Preferred
Paxlovid TM Tablet dose Pack	Added new category: Antiviral (General)
	Added Paxlovid [™] Tablet dose Pack
	Antivirals (Hepatitis B Agents)
Preferred	Non-Preferred
entecavir tablet (generic for Baraclude [®]) lamiyudine HBV tablet (generic for Enivir [®] HBV)	adefovir tablet (generic for Hepsera [®]) Baraclude [®] Solution / Tablet
entecavir tablet (generic for Baraclude [®]) Iamivadine HBV tablet (generic for Epivir [®] HBV) Vircad [®] Powder 7 Tablet	adcbwir tablet (generic for Hepsen ⁶) Baraclude [®] Solution / Tablet Venikdy [®] Tablet
lamivudine HBV tablet (generic for Epivir® HBV)	Barschufe [®] Solution / Tablet Venlidy [®] Tablet
Iamivadine HBV tablet (generic for Epivin [#] HBV) Viread [®] Powder / Tablet	Baraclude [®] Solution / Tablet Verhidy [®] Tablet Antivirals (Hepatitis C Agents)
Ianivadine HBV tablet (generic for Epivir [®] HBV) Viread [®] Powder / Tablet Preferred	Barschufe [®] Solution / Tablet Venlidy [®] Tablet
Iamivadine HBV tablet (generic for Epivir [®] HBV) Viread [®] Powder / Tablet Preferred Pegasya [®] Syringe / Vial	Baraclude [®] Solution / Tablet Verhidy [®] Tablet Antivirals (Hepatitis C Agents)
Ianivadine HBV tablet (generic for Epivir [®] HBV) Viread [®] Powder / Tablet Preferred	Baraclude [®] Solution / Tablet Verhidy [®] Tablet Antivirals (Hepatitis C Agents)
Iamivadine HBV tablet (generic for Epivir [®] HBV) Viread [®] Powder / Tablet Pegssys [®] Syringe / Vial ribervirin capsule / tablet (generic for Copegus [®] , Rebetol [®])	Brachulo [®] Solution / Tablet Venidy [®] Tablet Antivirals (Hepatitis C Agents) Non-Preferred Clinical criteria apply to all drugs listed below
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Imivatine HBV tablet (generic for Epclus ⁴⁺) Viread ⁴⁺ Powder / Tablet Preferred Pegaoys ⁴⁻ Syringe / Vial rhavirin capade / tablet (generic for Copegas ⁴⁺ , Rebetof ⁴⁺) Mavyer ⁴⁺ Tablet (generic for Copegas ⁴⁺ , Rebetof ⁴⁺) Mavyer ⁴⁺ Pellet Back sofoaburis-velpatasivir tablet (generic for Epclus ⁴⁺) Mavyer ⁴⁺ Pellet Back sofoaburis-velpatasivir tablet (generic for Epclus ⁴⁺) Mavyer ⁴⁺ Tablet (Up to 12 weeks of therapy) Mavyer ⁴⁺ Tablet (Deperies for Epclus ⁴⁺) All genetypes previously treated with an HCV regimen containing sofoshavir without an NSSA inhibitor, Yosev ⁴⁺ Tablet Mavyer ⁴⁺ Tablet Mavyer ⁴⁺ Tablet (spencie for Epclus ⁴⁺) All genetypes with decompensated cirrhosis sofoshavir-velpatasivir tablet (generic for Epclus ⁴⁺) Mavyer ⁴⁺ Tablet Mavyer ⁴⁺ Tablet	Baraclas ¹ Solution / Tablet Venids ¹ Tablet Antivirals (Hepatitis C Agents) Non-Preferred Clinical criteria apply to all drugs listed below Required for Maxyret ¹ Tablet / Pellet Pack and sofosburin-relpatavir tablet (generic for Epclusa [*]) Explored [*] Pallet Pack/Tablet Harvon [*] Pellet Pack / Tablet Sonadli [*] Pellet Pack / Tablet Sonadli [*] Pellet Pack / Tablet Zeptier [*] Tablet / Pack / Tablet Zeptier [*] Tablet / Pack / Tablet Zeptier [*] Tablet / Tablet Zeptier [*] Tablet / Tablet Zeptier [*] Tablet Antivirals (Herpes Treatments) Non-Preferred Strugs [®] Buccal Tablet Antivirals (Influenza)
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Imivatine HBV tablet (generic for Eprive" HBV) Viread [®] Powder / Tablet Preferred Pegasys [®] Syringe / Vial Preferred Pegasys [®] Syringe / Vial Thavirin capatle / tablet (generic for Copegas [®] , Rebetot [®]) Prior Approval Not R All genotypes without circhosis Maryet [®] Tablet (8 weeks of therapy) Maryet [®] Tablet (8 weeks of therapy) All genotypes with compensated circhosis (Child Pugh-A) Maryet [®] Tablet (Up to 12 weeks of therapy) All genotypes with compensated circhosis (Child Pugh-A) Maryet [®] Tablet (Up to 12 weeks of therapy) All genotypes previously treated with an HCV regimen containing an NSSA inhibitor or genotype I aor 3 infection and have previously treated with an HCV regimen containing subschurit without an NSSA inhibitor. Voeev [®] Tablet Neeve [®] (Child Copering) Preferred acyclovir capatle / tablet (generic for Epcluss [®]) Preferred acyclovir tablet (generic for Epcluss [®]) Preferred acyclovir tablet (generic for Valtex [®]) Preferred acyclovir tablet (generic for Valtex [®]) Preferred acyclovir tablet (generic for Valtex [®])	Baradad [®] Solation / Tablet Versity [®] Tablet Antivirals (Hepatitis C Agents) Antivirals (Hepatitis C Agents) Non-Preferred Clinical criteria apply to all drugs listed below Required for Maryref [®] Tablet / Pelket Pack and sofoshavir-velpatasvir tablet (generic for Epcluss [®]) Epcluss [®] Pelket Pack/ Tablet Harvon [®] Pelket Pack / Tablet Strutk [®] Pelket Pack / Tablet Zequired [®] Tablet (perceic for Harvon [®]) Strutk [®] Pelket Pack / Tablet Zequired [®] Tablet (perceic for Harvon [®]) Strutk [®] Pelket Pack / Tablet Zequired [®] Tablet (perceic for Harvon [®]) Strutk [®] Pelket Pack / Tablet Zequired [®] Tablet (perceic for Harvon [®]) Strutk [®] Pelket Pack / Tablet Zequired [®] Tablet Antivirals (Herpes Treatments) Strutk [®] Baseal Tablet Values [®] Caplet Antivirals (Influenza) Antivirals (Influenza) Non-Preferred Strutk [®] Baseal Tablet Values [®] Caplet Antivirals (Influenza) Non-Preferred
Innivulme HBV tablet (generic for Epipitr [#] HBV) Viread [®] Powder / Tablet Preferred Pgagay [®] Syringe / Vial Preferred Pgagay [®] Syringe / Vial Prior Approval Not R All genotypes without cirrhosis Prior Approval Not R All genotypes without cirrhosis Masyret [®] Tablet (8 weeks of therapy) Masyret [®] Tablet (0 to 12 weeks of therapy) Masyret [®] Tablet (U to 12 weeks of therapy) Masyret [®] Tablet (U to 12 weeks of therapy) Masyret [®] Tablet (U to 12 weeks of therapy) Masyret [®] Tablet (D to 12 weeks of ther	Barahaf ⁴ Solation / Table Venday ⁴ Table Antivirals (Hepatitis C Agents) Antivirals (Hepatitis C Agents) Non-Preferred Clinical criteria apply to all drugs listed below Required for Mayref [*] Tablet / Pelet Pack and sofosioniv-velpatasvir tablet (generic for Epclusa [*]) Epclusa [*] Palet Pak/Tablet Idopsvir-sofosioni tablet (generic for Harvon [*]) Sonad [*] Pelet Pak/Tablet Zepatica [*] Tablet Zepatica [*] Tablet Antivirals (Herpes Treatments) Antivirals (Herpes Treatments) Sonad [*] Dec Class-No recommendations Sonad [*] Ceplet Antivirals (Influenza) Non-Preferred atmatadine tablet (generic for Symmete ^f) Famadine [*] Tablet Palmadine [*] Tablet
Innivatine HBV tablet (generic for Eprive" HBV) Viread [®] Powder / Tablet Preferred Pegnays [®] Syringe / Vial Preferred Pegnays [®] Syringe / Vial Tablet (generic for Copegus [®] , Rebetot [®]) Prior Approval Not R All genetypes without circhosis Masyet [®] Tablet (8 weeks of therapy) Masyet [®] Pollet Task ofosbovir-velpatasvir tablet (generic for Epcluse [®]) Masyet [®] Pollet Task ofosbovir-velpatasvir tablet (generic for Epcluse [®]) All genetypes with compensated circhosis (Child Pugh-A) Masyet [®] Pollet Task ofosbovir-velpatasvir tablet (generic for Epcluse [®]) All genetypes previously treated with an HCV regimen containing an NSSA inhibitor or genotype I ar 3 infection and have- previously here treated with an HCV regimen containing sofosbovir-velpatasvir tablet (generic for Epcluse [®]) All genetypes with decompensated circhosis ofosbovir-velpatasvir tablet (generic for Epcluse [®]) Preferred acyclevir tablet (generic for Epcluse [®]) Preferred acyclevir tablet (generic for Epcluse [®]) Preferred acyclevir tablet (generic for Zavinse [®]) Preferred acyclevir tablet (generic for Zavinse [®])	Baradad [®] Solation / Tablet Versity [®] Tablet Antivirals (Hepatitis C Agents) Antivirals (Hepatitis C Agents) Non-Preferred Clinical criteria apply to all drugs listed below Required for Maryref [®] Tablet / Pelket Pack and sofoshavir-velpatasvir tablet (generic for Epcluss [®]) Epcluss [®] Pelket Pack/ Tablet Harvon [®] Pelket Pack / Tablet Strutk [®] Pelket Pack / Tablet Zequired [®] Tablet (perceic for Harvon [®]) Strutk [®] Pelket Pack / Tablet Zequired [®] Tablet (perceic for Harvon [®]) Strutk [®] Pelket Pack / Tablet Zequired [®] Tablet (perceic for Harvon [®]) Strutk [®] Pelket Pack / Tablet Zequired [®] Tablet (perceic for Harvon [®]) Strutk [®] Pelket Pack / Tablet Zequired [®] Tablet Antivirals (Herpes Treatments) Strutk [®] Baseal Tablet Values [®] Caplet Antivirals (Influenza) Antivirals (Influenza) Non-Preferred Strutk [®] Baseal Tablet Values [®] Caplet Antivirals (Influenza) Non-Preferred
Imivatine HBV tablet (generic for Eprive" HBV) Viread [®] Powder / Tablet Preferred Pegasys [®] Syringe / Vial Preferred Pegasys [®] Syringe / Vial Thavirin capatle / tablet (generic for Copegas [®] , Rebetot [®]) Prior Approval Not R All genotypes without circhosis Maryet [®] Tablet (8 weeks of therapy) Maryet [®] Tablet (8 weeks of therapy) All genotypes with compensated circhosis (Child Pugh-A) Maryet [®] Tablet (Up to 12 weeks of therapy) All genotypes with compensated circhosis (Child Pugh-A) Maryet [®] Tablet (Up to 12 weeks of therapy) All genotypes previously treated with an HCV regimen containing an NSSA inhibitor or genotype I aor 3 infection and have previously treated with an HCV regimen containing subschurit without an NSSA inhibitor. Voeev [®] Tablet Neeve [®] (Child Copering) Preferred acyclovir capatle / tablet (generic for Epcluss [®]) Preferred acyclovir tablet (generic for Epcluss [®]) Preferred acyclovir tablet (generic for Valtex [®]) Preferred acyclovir tablet (generic for Valtex [®]) Preferred acyclovir tablet (generic for Valtex [®])	Barahda ⁴ Solation / Tablet Veralidy ⁴ Tablet Antivirals (Hepatitis C Agents) Antivirals (Hepatitis C Agents) Non-Preferred Clinical criteria apply to all drugs listed below Clinical criteria apply to all drugs listed below Required for Maryret [*] Tablet / Pellet Pack and sofosburi-scipatasvir tablet (generic for Epelusa [*]) Epelusa [*] Tablet / Pellet Pack Tablet Harva [*] Pellet Pack Tablet Isfiguris-software tablet (generic for Farvou [*]) Social [*] Pellet Pack Tablet Zepatica [*] Tablet Zepatica [*] Tablet Antivirals (Herpes Treatments) Mon-Preferred Stariya [*] Boscal Tablet Valures [*] Ceplet Antivirals (Influezz) Non-Preferred antivirals (Influezz) Non-Preferred antivirals (Influezz) Non-Preferred antivirals (Influezz) Non-Preferred antivirals (Influezz) Non-Preferred antivirals (Influezz) Non-Preferred Antivirals (Influezz)
Ianivatine HBV tablet (generic for Epriva [®] HBV) Vircad [®] Powder / Tablet Preferred Pgagsy [®] Syringe / Vial ribavirin capsale / tablet (generic for Copegas [®] , Rebetol [®]) Prior Approval Not R <u>All genotypes without circhosis</u> Mavyer [®] Tablet (8 weeks of therapy) Mavyer [®] Tablet (8 weeks of therapy) Mavyer [®] Tablet (10 to 12 weeks of therapy) Preferred oclassivir tablet (generic for Epclow [®]) Preferred oclassivir tablet (generic for Valtee [®])	Barada ⁴ Solation Tablet Venida ⁴ Solation Tablet Antivitals (Hepatitis C Agents) Antivitals (Hepatitis C Agents) Non-Preferred Clinical criteria apply to all drugs listed below Clinical criteria apply

October PDL Draft

(July PDL MEETING)

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

	Antibiotics, Inhaled
	Tiff of only one preferred drug required
Preferred	Non-Preferred
Kitabis [™] Pak	Arikayee [®] Vial
Bethkis Ampule	Cayston [®] Solution
tobramycin inhalation solution (generic for Tobi [™])	tobramycii inhalation pak (generic for Kitabis ³⁴)
	Tobi ¹¹⁰ Podhaler ¹¹⁷ / Solution tobramycin Ampule (generic for Bethkis)
	BEHAVIORAL HEALTH
	ANTIDEPRESSANTS
	Other
Preferred	Non-Preferred Aplenzin [®] Tablet
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® Tablet / SR / XL) desvenlafaxine ER tablet (generic for Pristig®)	Aperium fanes Anveiliy Tablet
duloxetine capsule (generic for Cymbalta [®])	Burrow / Lublet (generic for Forfivo [®] XL)
Effexor® XR Capsule	Cymbalta* Capsule
mirtazapine ODT / tablet (generic for Remeron®)	desvenlafaxine ER tablet (generic for Khedezla [®])
N ardii" Teblet phenelzine tablet (generie for Nardii")	duloxetine capsule (generic for Irenka [®]) Ensam [®] Patch
pheneizane tablet (generie for Nardu)	e rissan' raten Ferzina" Cansule / Tiration Pak
trazodone tablet (generic for Desyret [®])	Forms "AL Table
venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)	Marplan [®] Tablet
vilazodone tablet (generic for Viibryd [®])	Nardii Tablet
	nefizzodone tablet (generic for Serzone [®])
	phenelzine tublet (generic for Nardil [®]) Prisio [®] ER Tablet
NTML Added Deldew TM Colustence and Colu	Pristig Ext Baset Raidesy ^{1X} abate
NTM: Added Raldesy TM Solution to non-preferred	Remoren [®] Soltab [®] / Tablet
Move Nardil® Tablet, phenelzine tablet (generic for Nardil®),	tranylcypromine tablet (generic for Parnate [®])
tranylcypromine tablet (generic for Parnate®) from Preferred to NP	Trinellix [®] Tablet
	venlafaxine besylate ER tablet venlafaxine ER tablet
Added red writing to Zurzuvae M Capsule: T/F of preferred agents	vinnature in store: Vintegraf Tablet
not required for diagnosis of post-partum depression	Wellburn SR XL Tablet
	Zurzuwa ¹⁰ Capsule T/F of preferred agents not required for diagnosis of post-partum depression
	Selective Serotonin Reuptake Inhibitor (SSRI)
Preferred	Non-Preferred
citalopram solution / tablet (generic for Celexa [®]) escitalopram tablet (generic for Lexapro [®])	Celexa [®] Tablet citalopram capsule
fluxetine capsule / solution (generic for Prozac [®])	escilappromsolution (generic for Lexapro ⁶)
fluvoxamine tablet (generic for Luvox [®])	fluxetine DR capsules (generic for Prozec [®] Weekly)
paroxetine tablet (generic for Paxil [®])	fluoxetine tablet (generic for Prozac [®]) - T/F of preferred agents not required for children < 18 years of age
Paxil [®] Suspension	fluvoxanine ER capsule (generic for Luvox CR [®])
sertraline concentrated solution / tablet (generic for Zoloft®)	Lexapro [®] Tablet
	paroxetine capsule (generic for Bridelle [®]) paroxetine suspension / CR tablet (generic for Pacil [®] / CR)
	Paxil [®] Tablet / CR Tablet
	Prozec [®] Pulvule
	sertraline capsule
	Zoloff [®] Solution / Tablet
	ANTIHYPERKINESIS / ADHD
Preferred	Non-Preferred
Adderall [®] Tablet (Generic Product Per FDA)	Adderall [®] XR Capsule
Adderall [®] XR Capsule	Adzenys [®] XR ODT
amphetamine salt combo tablet (generic for Adderall®)	ampheamine salt combo ER expande (generic for Mydayis ⁶)
amphetamine salt combo XR capsule (generic for Adderall [®] XR) Aptensio [®] - XR Capsule	amphetamine sulfate tablet (generic for Evekco [®])
The capacity of the capacity o	Antoncio [®] XP Consula
atomoxetine cansule (generic for Strattera [®])	Aptensio [®] XR Capsale
atomoxetine capsule (generic for Strattera [®]) clonidine ER tablet (generic for Kapvay [®])	Aptensio [®] XR Capade Azetry [®] Capade Concert [®] Tablet
clonidine ER tablet (generic for Kapvay [®]) Concerta[®] Tablet	Asany ² Capale Concern [®] Tablet Concern [®] Tablet Concern [®] Tablet Concern [®] XR-ODT
cloniline ER tublet (generic for Kapvay [®]) Geneerte [®] -Tablet Dystrans [®] Patch	Azsarya" Capade Concerna" Table Concerna" Table Compla" SR-ODT Decedrine" Spansale
clonitine ER tublet (generic for Kapvay [®]) Concerts [®] Tablet Daytrans [®] Patch dexmethylphenidate tablet / ER capsale (generic for Focalin [®] / XR)	Azstarys [®] Capade Concerta [®] Table Ostempla [®] XR-ODT Descertifier [®] Spansule [®] dextroampletamine ER capade (generic for Dexedrine [®] Spansule [®])
cloniline ER tublet (generic for Kapvay [®]) Geneerte [®] -Tablet Dystrans [®] Patch	Azsarya" Capade Concerna" Table Concerna" Table Compla" SR-ODT Decedrine" Spansale
clonitine ER tublet (generic for Kapvay [®]) Concerts [®] - Tablet Daytrans [®] Patch dexmethylphenidate tablet / ER capsule (generic for Focalin [®] / XR) dextroampletamine tablet (generic for Dexedrine [®]) Focalin [®] XR Cospande guanficine ER tublet (generic for Intuniv [®])	Axanya" Capade Geneera" Tablet Concerds" XR-DDT Decodrine" Spansale" Decodrine" Spansale" destroamphetamine Requeule (generic for Decodrine" Spansale") destroamphetamine solution (generic for ProCentra") Dynamed" XR Subpersion- Tri # of performed agents not required for children < 12 years of age
clonitine ER ublet (generic for Kapvay [®]) Guneents [®] -Tablet Daytrans [®] Patch dezmerholphenidate tablet / ER capsale (generic for Focalin [®] / XR) dezmerholphenidate tablet (generic for Dexedrine [®]) Formita [®] - ARC-optional guanfacine ER ublet (generic for Intuity [®]) lindecamfettumine chevable tablet (generic for Vyaune [®])	Astany [®] Capsale Concerns [®] Tablet Concerns [®] Tablet Concerns [®] Spansule [®] Dexodrine [®] Spansule [®] destroamphetamine Reloaded (generic for Dexofrine [®] Spansule [®]) destroamphetamine solution (generic for ProCertra [®]) Dynamed [®] XR Suspension - Tif of preferred agents not required for children <12 years of age
clondine ER tublet (generic for Kapvay [®]) Eunoret [®] - Tablet Daytrana [®] Patch dexmoutpheneidate tublet / ER capsale (generic for Focalin [®] / XR) dextroamphetamine tablet (generic for Dexedrine [®]) Focalin [®] - XR Cognitie ganaficies ER tublet (generic for Intariv [®]) Indexamfetamine chewable tablet (generic for Vyvans [®]) Methylin [®] Solution	Azaray ^a Capade Concerta ^a Table Concerta ^b XR-ODT Detectrine ⁶ Spansale ⁶ detroampletamine Station (spencie for Detectrine ⁶ Spansale ⁶) detroampletamine Station (spencie for Detectrine ⁶) Dynavel ⁶ XR Supersion - TF of preferred agents not required for children < 12 years of age
clondine ER ublet (generic for Kapvay [®]) Emeents [®] Tablet Daytrans [®] Patch dexmethylphenidate tablet / ER capsale (generic for Focalin [®] / XR) dexmethylphenidate tablet (remeric for Dexedrins [®]) Economis [®] XBC-opoule genaficien ER tablet (generic for Intunis [®]) lindexamifetamine chewable tablet (generic for Vyanus [®])	Axany ^a Capale General "Tablet Convertal "XR-ODT Decodine" Spansule" destroampletamine ER equale (generic for Decodine" Spansule") destroampletamine solution (generic for ProCettra") Opmaned" XR Subjection Th* of preferred agents not required for children < 12 years of age
clondine ER ublet (generic for Kapvay [®]) Emeerste [®] -Tablet Daytran [®] Patch dexmethylphenidate tablet / ER capsale (generic for Focalin [®] / XR) dexmethylphenidate tablet (generic for Focalin [®] / XR) dexmethylphenidate tablet (generic for Intuniv [®]) lindexmitefamine for Intuniv [®]) lindexmitefamine for Intuniv [®]) Methylm [®] Solution methylphenidate CIO capsale (generic for Metadate [®] CD) methylphenidate CIA capsale (generic for Approxee Tablet)	Azaray ^a Capade Concerta ^a Table Contemple "Re-OPT Detectrine ^a Spansale ^a dectroampletamine IR capail (generic for Detectrine ^a Spansale ^a) dectroampletamine solution (generic for PecCettra ^b) Dynancel ^a XR Supersion - TF of preferred agents not required for children < 12 years of age
clonitine ER ublet (generic for Kapvay [®]) Generati [®] Tablet Daytrani [®] Patch decumethylphenidate tablet / ERe capsale (generic for Focalin [®] / XR) decumethylphenidate tablet (generic for Decedrine [®]) Foreita [®] XR-Copeole guanficite ER tablet (generic for Intuniv [®]) lindecamfettamine chervable tablet (generic for Vyams [®]) Methylphenidate ERe oppole (generic for Vyams [®]) methylphenidate ERe ublet (generic for Coccerta [®] , XR) methylphenidate ERe ublet (generic for Coccerta [®] , XR) methylphenidate ERe ublet (generic for Coccerta [®] , XR) methylphenidate ERe ublet (generic for Metablet [®] , Ritali [®]) methylphenidate ERe ublet (seneric for Metablet [®] , Ritali [®]) methylphenidate ERe valuet / solution (generic for Metablet [®] , Ritali [®]) methylphenidate ERe valuet / solution (generic for Metablet [®] , Ritali [®]) methylphenidate ERe valuet / solution (generic for Metablet [®] , Ritali [®]) methylphenidate ERe valuet / solution (generic for Metablet [®] , Ritali [®]) methylphenidate ERe valuet / solution (generic for Metablet [®] , Ritali [®]) methylphenidate ERe valuet / solution (generic for Metablet [®] , Ritali [®]) methylphenidate ERe valuet / solution (generic for Metablet [®] , Ritali [®])	Astary [®] Capake Concern [®] Tablet Concern [®] Tablet Detectrice [®] Spansule [®] destroampletamine Recognel (generic for Detectrice [®] Spansule [®]) destroampletamine solution (generic for Detectrice [®] Spansule [®]) destroampletamine solution (generic for ProCentra [®]) Dynaxel [®] XR Basension - TF of preferred agents not required for children < 12 years of age
clondine ER ubbet (generic for Kapsvay [®]) Ennererit [®] Tablet Daytran [®] Tablet Daytran [®] Tablet Daytran [®] Table Daytran [®]	Astapy ^{an} Capade Concern ^{an} Tablet Concern ^{an} Tablet Detectrine ^{an} Spannal ^{an} Decodrine ^{an} Spannal ^{an} dectroampletamine ER capade (generic for Decodrine ^{an} Spannal ^{an}) dectroampletamine solution (scenic for Peccetrin ^a) Dymared ^{an} XR Supersion-TLF of preferred agents out required for children <12 years of age
clonitine ER ublet (generic for Kapvay [®]) Generati [®] Tablet Daytrani [®] Patch decumethylphenidate tablet / ERe capsale (generic for Focalin [®] / XR) decumethylphenidate tablet (generic for Decedrine [®]) Foreita [®] XR-Copeole guanficite ER tablet (generic for Intuniv [®]) lindecamfettamine chervable tablet (generic for Vyams [®]) Methylphenidate ERe oppole (generic for Vyams [®]) methylphenidate ERe ublet (generic for Coccerta [®] , XR) methylphenidate ERe ublet (generic for Coccerta [®] , XR) methylphenidate ERe ublet (generic for Coccerta [®] , XR) methylphenidate ERe ublet (generic for Metablet [®] , Ritali [®]) methylphenidate ERe ublet (seneric for Metablet [®] , Ritali [®]) methylphenidate ERe valuet / solution (generic for Metablet [®] , Ritali [®]) methylphenidate ERe valuet / solution (generic for Metablet [®] , Ritali [®]) methylphenidate ERe valuet / solution (generic for Metablet [®] , Ritali [®]) methylphenidate ERe valuet / solution (generic for Metablet [®] , Ritali [®]) methylphenidate ERe valuet / solution (generic for Metablet [®] , Ritali [®]) methylphenidate ERe valuet / solution (generic for Metablet [®] , Ritali [®]) methylphenidate ERe valuet / solution (generic for Metablet [®] , Ritali [®])	Axany ^a Capak General "Jablet Convertal "XR-ODT Decodine" Spansule" destroampletamine ER equale (generic for Decodine" Spansule") destroampletamine solution (generic for ProCettra") Dynamed" XR Tablet Dynamed" XR Tablet Evekon" Tablet / Evekon" ODT Tablet Focalin" Tablet Torall * Tablet Torall * Tablet Journa * Tablet Focalin" Tablet Torall * Tablet Journa * Tablet Itrains ¹ Tablet Journa * Tablet Itrains ¹ Tablet Journa * Tablet Intrains ¹ Tablet Journa * Tablet Jo
clondine ER ubbet (generic for Kapony [®]) Cancerste [®] -Tablet Daytrana [®] Patch Carcorethyleneitabet tablet / ER capsale (generic for Focalin [®] / XR) decrivaterphyleneitabet tablet (generic for Pocalin [®]) Focalin [®] XR: Capsale guanticine ER tablet (generic for Inturv [®]) Interluption [®] Solution irethylphenidate ED capsale (generic for Metadote [®] CD) methylphenidate ER ubbet (generic for Concerta [®]) Methylin [®] Solution irethylphenidate ER ubbet (generic for Concerta [®]) methylphenidate ER ubbet (seneric for Concerta [®]) methylphenidate ER ubbet (seneric for Concerta [®]) methylphenidate ER ubbet (seneric for Concerta [®])	Asany ^a Capsale Concerna ^a Tablet Concerna ^b XR-ODT Dexedrine ^a Spanula ^a destroampletamine ER capula (generic for Dexedrine ^a Spanula ^a) destroampletamine solution (generic for ProCertra ^a) Dynawed ^a XR Tablet Dynawed ^a XR Tablet Dynawed ^a XR Tablet Evekee ^a Tablet / Evekee ^a ODT Tablet Focalin ^a Tablet Itemin ^b Tablet
clondine ER ubbet (generic for Kapony [®]) Cancerste [®] -Tablet Daytrana [®] Patch Carcorethyleneitabet tablet / ER capsale (generic for Focalin [®] / XR) decrivaterphyleneitabet tablet (generic for Pocalin [®]) Focalin [®] XR: Capsale guanticine ER tablet (generic for Inturv [®]) Interluption [®] Solution irethylphenidate ED capsale (generic for Metadote [®] CD) methylphenidate ER ubbet (generic for Concerta [®]) Methylin [®] Solution irethylphenidate ER ubbet (generic for Concerta [®]) methylphenidate ER ubbet (seneric for Concerta [®]) methylphenidate ER ubbet (seneric for Concerta [®]) methylphenidate ER ubbet (seneric for Concerta [®])	Axany ^a Capak General "Jablet Convertal "XR-ODT Decodine" Spansule" destroampletamine ER equale (generic for Decodine" Spansule") destroampletamine solution (generic for ProCettra") Dynamed" XR Tablet Dynamed" XR Tablet Evekon" Tablet / Evekon" ODT Tablet Focalin" Tablet Torall * Tablet Torall * Tablet Journa * Tablet Focalin" Tablet Torall * Tablet Journa * Tablet Itrains ¹ Tablet Journa * Tablet Itrains ¹ Tablet Journa * Tablet Intrains ¹ Tablet Journa * Tablet Jo
clondine ER ubble (generic for Kapvay [®]) Camerati [®] Tablet Daytrana [®] Patch dexmethylphenidate tablet / ER capsule (generic for Focalin [®] / XR) dexmethylphenidate tablet / ER capsule (generic for Focalin [®] / XR) dexmethylmenidate tablet (generic for Focalin [®]) Focalin [®] XRC capsule guandicine ER tablet (generic for Inturiv [®]) Methylin [®] Solution rechylphenidate CD capsule (generic for Methylan [®] CD) methylphenidate ER tablet (generic for Concerta [®]) Methylin [®] Solution rechylphenidate ER tablet (generic for Methylan [®] XR) methylphenidate ER tablet (generic for Concerta [®]) methylphenidate ER tablet / solution (generic for Methylan [®] , Ritalin [®]) Vysame® Capsule	Astapy ^{an} Capada General ^{an} Tablet Concerd ^{an} Tablet Detectrine ⁶ Spanule ⁶ detroamphetamize ER equale (servic for Detectrine ⁶ Spanule ⁶) detroamphetamize statistic (servic for Detectrine ⁶ Spanule ⁶) detroamphetamize statistic (servic for PoCettrin ⁶ Spanule ⁶) Dymaxel ⁶ XR Suspension - TF of preferred agents not required for children < 12 years of age
clondine ER ubbet (generic for Kapony [®]) Cancerste [®] -Tablet Daytrana [®] Patch Carcorethyleneitabet tablet / ER capsale (generic for Focalin [®] / XR) decrivaterphyleneitabet tablet (generic for Pocalin [®]) Focalin [®] XR: Capsale guanticine ER tablet (generic for Inturv [®]) Interluption [®] Solution irethylphenidate ED capsale (generic for Metadote [®] CD) methylphenidate ER ubbet (generic for Concerta [®]) Methylin [®] Solution irethylphenidate ER ubbet (generic for Concerta [®]) methylphenidate ER ubbet (seneric for Concerta [®]) methylphenidate ER ubbet (seneric for Concerta [®]) methylphenidate ER ubbet (seneric for Concerta [®])	Astapy ^{an} Capaka General ^{an} Tablet Detectine ^{an} Spanish ^{an} detroampletamine ER quale (generic for Detectin ^{an} Spanish ^{an}) detroampletamine solution (generic for ProCettra ^{an}) Dyname ^d XR Tablet Dyname ^d XR Tablet Exclored ^{an} Tablet / Exclored ^{an} Dyname ^d XR Tablet Exclored ^{an} Tablet / Exclored ^{an} Focalin ^{an} Tablet / Exclored ^{an} DOT Tablet Intrav ^{an} Tablet / Exclored ^{an} DOT Tablet Joney MP ^{an} Capaake Intrav ^{an} Tablet / Exclored ^{an} DOT Tablet Joney MP ^{an} Capaake Intrav ^{an} Tablet / Exclored ^{an} DOT Tablet Joney MP ^{an} Capaake Intrav ^{an} Tablet / Exclored ^{an} DOT Tablet Joney MP ^{an} Capaake Interturbetamine tablet (generic for Vyrans ^{an}) methylphenidate CR capaake (generic for Vyrans ^{an}) methylphenidate ER capaake (generic for Detexna ^{an} XR) methylphenidate ER capaake (generic for Resta ^{an} XR) methylphenidate LA capaale (generic for Detexna ^{an} XR) methylphenidate LA capaalet (generic for Detytin ^{an})
clondine ER ubbet (generic for Kapony [®]) Cancerste [®] -Tablet Daytrana [®] Patch Carcorethyleneitabet tablet / ER capsale (generic for Focalin [®] / XR) decrivaterphyleneitabet tablet (generic for Pocalin [®]) Focalin [®] XR: Capsale guanticine ER tablet (generic for Inturv [®]) Interluption [®] Solution irethylphenidate ED capsale (generic for Metadote [®] CD) methylphenidate ER ubbet (generic for Concerta [®]) Methylin [®] Solution irethylphenidate ER ubbet (generic for Concerta [®]) methylphenidate ER ubbet (seneric for Concerta [®]) methylphenidate ER ubbet (seneric for Concerta [®]) methylphenidate ER ubbet (seneric for Concerta [®])	Asany ^a Capak Concern ^a Tablet Concern ^a Tablet Detectrine [*] Spanale [*] datoramphetamine ER capale (generic for Detectrine [*] Spanale [*]) datoramphetamine ER capale (generic for Detectrine [*] Spanale [*]) datoramphetamine ER capale (generic for Detectrine [*] Spanale [*]) datoramphetamine ER capale (generic for Detectrine [*] Spanale [*]) detroamphetamine ER capale (generic for Detectrine [*] Spanale [*]) detroamphetamine solution (generic for Detectrine [*] Spanale [*]) detroamphetamine solution (generic for Detectrine [*] Spanale [*]) Dynawed [*] XR Tablet Dynawed [*] XR Capale Itamin [*] Tablet Focalin [*] XR Capale Itamin [*] Tablet Itamin [*] Tablet Jorany PM [*] Capale Intensit [*] Tablet Jorany PA [*] Capale Intensit [*] Tablet Jorany PM [*] Capale Intensit [*] Tablet
clondine ER ublet (generic for Kapvay [®]) Geneents [®] -Tablet Daytrans [®] Patch dexmethylphenidate tablet / ER capsale (generic for Focalin [®] / XR) dexmethylphenidate tablet (generic for Focalin [®] / XR) dexmethylphenidate tablet (generic for Intuiv [®]) Indexmethylphenidate ER ublet (generic for Vyanne [®]) Methylphenidate ER ublet (generic for Vyanne [®]) Methylphenidate ER ublet (generic for Concerta [®]) methylphenidate ER ublet (generic for Concerta [®]) methylphenidate ER ublet (generic for Concerta [®]) Methylm [®] Solution Methylphenidate ER ublet (generic for Concerta [®]) Methylm [®] Solution Methylphenidate ER ublet (generic for Methylm [®] , Ritalin [®]) Vyanne [®] Capsale Vymme [®] Capsale Vymme [®] Capsale	Astapy ^{an} Capada General ^{an} Tablet Descripting ^b Stands ^b destroamphetamines Requise (generic for Descripting ^b Spanale ^b) destroamphetamines solution (generic for ProCentra ^b) Dyname ^d XR Supersion - TF de preferred agents not required for children < 12 years of age
clonitine ER ublict (generic for Kapays ¹) Deserve ¹⁰ , ²⁷ Alot: ²⁷ Alot: Deserve ¹⁰ , ²⁷ Alot:	Asany ^a Capak Gueeral "Jablet Conceptal "XR-DDT Decodine" Spansule" detroampletamine ER queule (generic for Decodeine" Spansule") detroampletamine solution (generic for Decodeine" Spansule") detroampletamine solution (generic for Pocetars") Dynamed" XR Tablet Dynamed" XR Tablet Evekso [®] Tablet / Evekso [®] DDT Tablet Focalin "Tablet Journey PA" Capaule Intraiv ⁶ Tablet / Evekso [®] DDT Tablet Intraiv ⁶ Tablet / Evekso [®] DDT Tablet Focalin "Tablet Journey PA" Capaule Intraiv ⁶ Tablet / Evekso [®] DDT Tablet Intraiv ⁶ Tablet / Evenso [®] D Intraive for Netwolks [#] Capaule methylpheniatist - Cheynole Capaule (generic for Netwolks [#] CA) methylpheniatist - Cheynole Capaule (generic for Rulm [#] LA)
cloniline ER ublic (generic for Kapays [*]) Convertient [*] Tablet Daytrans [®] Patch Convertient [*] Tablet Daytrans [®] Patch Convertient [*] Tablet Convertient	Astapy ^{an} Capada General ^{an} Tablet Descripting ^b Stands ^b destroamphetamines Requise (generic for Descripting ^b Spanale ^b) destroamphetamines solution (generic for ProCentra ^b) Dyname ^d XR Supersion - TF de preferred agents not required for children < 12 years of age
cloniline ER ublet (generic for Kapvay [®]) Daytrinil [®] Fladet Daytrinil [®] Fladet Daytrinil [®] Fladet Decomptibility of the second sec	Asany ^a Capak General ^a XR-DDT Desofrint ^a Spanish ^a detrompletamine Require (generic for Desofrint ^a Spanish ^a) detrompletamine Require (generic for Desofrint ^a Spanish ^a) detrompletamine solution (generic for Desofrint ^a Spanish ^a) detrompletamine solution (generic for Desofrint ^a Spanish ^a) detrompletamine solution (generic for Desofrint ^a Spanish ^a) detrompletamine solution (generic for ProCettra ^b) Dynawed ^a XR Tablet Exclos ^b Tablet / Exclos ^b ODT Tablet Focalia ^a Tablet Focalia ^a XR Capake Itrain ^b Tablet Jonney P ^{AB} Capake Instrict for Vyrase ^b) methylphenidate chavable (generic for Vyrase ^b) methylphenidate Chavable (generic for Vyrase ^b) methylphenidate Chavable (generic for Rulphu ^b)
cloniline ER ublet (generic for Kapvay [®]) Generate [®] Tablet Dayrane [®] Patch dexmethylphenidate tablet / ER capsule (generic for Focalin [®] / XR) dexmethylphenidate tablet / Ret capsule (generic for Focalin [®] / XR) dexmethylphenidate tablet (generic for Intuiv [®]) Intellylphenidate ER ublet (generic for Vysane [®]) Methylphenidate ER capsule (generic for Vysane [®]) Methylphenidate ER ublet (generic for Concerta [®]) Methylm [®] Solution methylphenidate ER ublet (generic for Concerta [®]) Move methylphenidate CD capsule (generic for Methylm [®] , Ritalin [®]) Vysanc [®] Capsule Move methylphenidate CD capsule (generic for Metadate [®] CD) Move Adderall [®] XR Capsule, Aptensio [®] XR Capsule, Concerta [®] Tablet, Focalin [®] XR Capsule, methylphenidate ER capsule (generic	Astapy ^{an} Capaka General ^{an} Tablet Descripting ^b Stands ^b destroamphetamines Requise (generic for Descripting ^b Spanale ^b) destroamphetamine solution (generic for Pocetrin ^b) Dyname ^d XR Supersion- TF de preferred agents not required for children < 12 years of age
clonitine ER ublic (generic for Kapays ¹) Ceneers ¹ , "Fatch Ceneers	Astapy ^{an} Capaka General ^{an} Tablet Decodine ^{an} Standurt Decodine ^{an} Standurt detroampletamine ER equale (generic for Decodine ^{an} Spanade ^{an}) detroampletamine solution (generic for Decodine ^{an} Spanade ^{an}) detroampletamine solution (generic for Decodine ^{an} Spanade ^{an}) detroampletamine solution (generic for Decodine ^{an} Spanade ^{an}) detroampletamine solution (generic for Decodine ^{an} Spanade ^{an}) detroampletamine solution (generic for ProCettra ^{an}) Dynamed ^{an} XR Tablet Evecko ^{an} Tablet / Evecko ^{an} ODT Tablet Focalin ^{an} Tablet Jonamy P ^{An} Capaule Itranv ^{b^{an}} Tablet Jonamy P ^{An} Capaule Intrav ^b Tablet Jonamy P ^{An} Capaule Intrav ^b Tablet Jonamy P ^{An} Capaule Intrav ^b Tablet Jonamy P ^{An} Capaule Intervelophenidate CD equele (generic for Mysame ^{an}) methylphenidate CD equele (generic for Mysame ^{an}) methylphenidate CD equele (generic for Multaba ^{an} CA) methylphenidate E
clondine ER ublet (generic for Kapony [®]) Sencents [®] -Tablet Daytrans [®] Patch dexmethylphenidate tablet / ER capsule (generic for Focalin [®] / XR) dexmethylphenides tablet (generic for Intuis [®]) Eachin [®] -XRC Capsule guardineire ER tablet (generic for Intuis [®]) Methylm [®] Solution interlophenidate ER capsule (generic for Vysame [®]) Methylm [®] Solution interlophenidate ER capsule (generic for Vysame [®]) Methylm [®] Solution interlophenidate ER capsule (generic for Vysame [®]) Methylm [®] Solution interlophenidate ER capsule (generic for Vysame [®]) Methylm [®] Solution interlophenidate ER capsule (generic for Concerta [®]) methylphenidate ER tablet (generic for Concerta [®]) Move methylphenidate CD capsule (generic for Methylm [®] , Ritalin [®]) Vysame [®] Capsule Move methylphenidate CD capsule (generic for Metadate [®] CD) Move Adderall [®] XR Capsule, Aptensio [®] XR Capsule, Concerta [®] Tablet, Focalin [®] XR Capsule, methylphenidate ER capsule (generic	Astays ² Capaka Concern ¹⁰ Tablet Decedrine ¹ Spansh ¹ Actors ¹⁰ Tablet Decedrine ¹ Spansh ¹ Actors ¹⁰ Spansh ¹ Dynaxel ¹ XR Spacenico TIF de preferred agents out required for children <12 years of age
clonitine ER ublic (generic for Kapays ¹) Ceneers ¹ , "Fatch Ceneers	Astapy ^{an} Capaka General ^{an} Tablet Decodine ^{an} Standurt Decodine ^{an} Standurt detroampletamine ER equale (generic for Decodine ^{an} Spanade ^{an}) detroampletamine solution (generic for Decodine ^{an} Spanade ^{an}) detroampletamine solution (generic for Decodine ^{an} Spanade ^{an}) detroampletamine solution (generic for Decodine ^{an} Spanade ^{an}) detroampletamine solution (generic for Decodine ^{an} Spanade ^{an}) detroampletamine solution (generic for ProCettra ^{an}) Dynamed ^{an} XR Tablet Evecko ^{an} Tablet / Evecko ^{an} ODT Tablet Focalin ^{an} Tablet Jonamy P ^{An} Capaule Itranv ^{b^{an}} Tablet Jonamy P ^{An} Capaule Intrav ^b Tablet Jonamy P ^{An} Capaule Intrav ^b Tablet Jonamy P ^{An} Capaule Intrav ^b Tablet Jonamy P ^{An} Capaule Intervelophenidate CD equele (generic for Mysame ^{an}) methylphenidate CD equele (generic for Mysame ^{an}) methylphenidate CD equele (generic for Multaba ^{an} CA) methylphenidate E
clonitine ER ublic (generic for Kapsys)*) Eveneva®************************************	Astapy ^{an} Capaka General ^{an} Tablet Decoding ^b Stands ^b dectrompheramics Request (encric for Decoding ^b Spanule ^b) detrompheramics Request (encric for Decoding ^b Spanule ^b) detrompheramics Request (encric for Decoding ^b Spanule ^b) detrompheramics Request (encric for Decoding ^b Spanule ^b) detrompheramics Request (encric for Decoding ^b Spanule ^b) detrompheramics Request (encric for Decoding ^b Spanule ^b) Dymarel ^b XR Subpersion - TF of preferred agents not required for children <12 years of age

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

	INJECTABLE ANTIPSYCHOTICS
Dec6 J	Injectable Long Acting Nan Besefanard
Preferred Abilify Asimtufii [®] Syringe Kit	Non-Preferred
bilify Maintena® Syringe / Vial	
Vointy Mannena Syringe / Viai Aristad [®] / Initio [™] Syringe	
Erzofri® (paliperidone palmitate) extended-release injectable suspension luphenazine decanoate vial (generic for Prolixin decanoate [®])	
Haldol [®] decanoate Ampule	
aloperidol decanoate ampule / vial (generic for Haldol decanoate®)	
mega® Hafyera Prefilled Syringe Kit	
nvega [®] Sustema Prefilled Syringe	
nvega [®] Trinza Syringe	
Perseris [®] Syringe	
Risperdal [®] Consta Vial	
isperidone ER vial (generic for Risperdal [®] Consta)	
Rykindo® Vial / Vial Kit	
Uzedy [™] Syringe Kit	
Zyprexa®Relprevv [™] Vial Kit	
Concerned the second	ATYPICAL ANTIPSYCHOTICS
	Oral/Transfermal
	T/F of only one preferred drug required
Preferred	Non-Preferred
aripiprazole Tablet / Solution (generic for Abilify [®])	Abilify [®] Tablet / Abilify [®] MyCite [®] Tablet
asenapine SL tablet (generic for Saphris [®] SL)	aripirazole ODT (generic for Ability ⁶) bismelt ⁶)
clozapine tablet (generic for Clozaril®)	Capiya ^W Capsale
lurasidone tablet (generic for Latuda [®])	conception Configuration for FazaClo [®])
olanzapine ODT / tablet (generic for Zyprexa®)	Clozaria Coli (genero la razelo) Clozaria Tablet
paliperidone ER tablet (generic for Invega [®])	Cobenfy
quetiapine tablet / ER tablet (generic for Seroquel [®] / XR)	Cobenfy Starter Pack
risperidone ODT / solution / tablet (generic for Risperdal®)	Fanapt [®] Tablet / Titration Pack
Vraylar [®] Capsule	Geodon [#] Capsule
ziprasidone capsule (generic for Geodon®)	Invega [®] Tablet
	Latuda [®] Tablet
	Lybalvi ^m Tablet
	Nuplazid [®] Tablet / Capsule
	olanzapine-fluoxetine capsule (generic for Symbyax*)
	Opipza" (Aripiprazole) Oral Film
	Rexulti [®] Tablet / 7-Day Pack / 14-Day Pack
	Risperdal [®] Solution / Tablet
	Saphris [®] SL Tablet
	Secuado [®] Patch
	Seroquel® Tablet / XR Tablet / XR Sample Kit
	Versacloz [®] Suspension
	Zyprexa [®] Tablet / Zydis [®] Tablet
	CARDIOVASCULAR
	ACE INHIBITORS
Preferred	Non-Preferred
benazepril tablet (generic for Lotensin [®])	Accupril [®] Tablet
enalapril tablet (generic for Vasotec [®])	Altace [®] Capsule
lisinopril tablet (generic for Prinivil [®] and Zestril [®])	captopril tablet (generic for Capoten®)
ramipril capsule (generic for Altace [®])	enalapril solution (generic for Epaned [®]) - T/F of preferred agents not required for children < 12 years of age
	Epaned [®] Solution - T/F of preferred agents not required for children < 12 years of age
	fosinopril tablet (generic for Monopril [®])
	Lotensin [®] Tablet
	moexipril tablet (generic for Univase [®])
	Qbrelis [®] Solution - T/F of preferred agents not required for children < 12 years of age
	perindopril tablet (generic for Accon [®])
	quinapril tablet (generic for Accupril [®])
	trandolapril tablet (generic for Mavik [®])
	Vasotec [®] Tablet
	Zestri [®] Tablet
	A OF DUILDING LOAD AUTOMOTION OF DOUBLE TO DOUBLE TO DO
Duof1	AČE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS
Preferred	Non-Preferred
unlodipine-benazepril capsule (generic for Lotrel [®])	
	trandolaprii-verapamii ER tablet (generie for Tarka [®])
	ACE INHIBITOR / DIURETIC COMBINATIONS
Preferred	Non-Preferred
enalapril-HCTZ tablet (generic for Vaseretic [®])	Accurcio [®] Tablet
initiapril-HC12 tablet (generic for Prinzide [®] , Zestoretic [®])	Accuretic inset
nanopra ne na nave (generie tot i filizate , zestorene)	tenizepri-H. L. Eniett (generic for Lorenzia) (H. L) captopri-H.C.T. Rubet (generic for Capozide ⁵)
	capacity in the universe gradient and capacity of the second seco
	Description of the second seco
Open class-No recommendations	costimi Tre Textual (generic for Accurcic [®] , Quinaretic [®])
	Vascretie Tablet
	Zestoretic [®] Tablet

(July PDL MEETING)

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Desfermed	ANGIOTENSIN II RECEPTOR BLOCKERS	Duofannad
Preferred		Preferred
irbesartan tablet (generic for Avapro [®])	Atacand [®] Tablet	
losartan tablet (generic for Cozaar®)	Avapro® Tablet	
olmesartan tablet (generic for Benicar [®])	Benicar® Tablet	
valsartan tablet (generic for Diovan®)	candesartan tablet (generic for Atacand [®]) Cozar [®] Tablet	
	Diovan [®] Tablet	
	Edarbi [®] Tablet	
Open class-No recommendations	eprosartan tablet (generic for Teveten [®])	
	Micardis [®] Tablet	
	telmisartan tablet (generic for Micardis [®])	
	valsartan oral solution	
	ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS	
Preferred		Preferred
amlodipine-olmesartan tablet (generic for Azor®)	Azor® Tablet	
amlodipine-valsartan tablet (generic for Exforge [®])	Exforge® Tablet / HCT Tablet	
amlodipine-valsartan HCTZ tablet (generic for Exforge [®] HCT)	telmisartan-amlodipine tablet (generic for Twynsta [®])	
olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor®)	Tribenzor [®] Tablet	
	amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT)	
Move amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT)from		
preferred to NP		
	ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS	
Preferred	Non-	Preferred
irbesartan-HCTZ tablet (generic for Avalide®)	Atacand® HCT Tablet	
losartan-HCTZ tablet (generic for Hyzaar [®])	Avalide [®] Tablet	
olmesartan-HCTZ tablet (generic for Benicar® HCT)	Benicar® HCT Tablet	
valsartan-HCTZ tablet (generic for Diovan® HCT)	candesartan-HCTZ tablet (generic for Atacand® HCT)	
	Diovan® HCT Tablet	
Open class No recommendations	Edarbyclor® Tablet	
Open class-No recommendations	Hyzaar® Tablet	
	Micardis [®] HCT Tablet	
	telmisartan-HCTZ tablet (generic for Micardis [®] HCT)	
	NGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS	
Preferred		Preferred
Entresto [®] Tablet	Entresto® (sacubitril / valsartan) Sprinkle Pellet-T/F of preferred agents not required for children < 12 yea	rs of age
Obsolete: Removed sacubitril and valsartan tablet	sacubitri and vaisartan tablet (generic for Entrestow)	
(generic for Entresto®)		
	ANTI-ARRHYTHMICS	
Preferred		Preferred
amiodarone tablet (generic for Cordarone [®])	Multaq [®] Tablet	
disopyramide capsule (generic for Norpace®)	Norpace® Capsule / CR Capsule	
dofetilide capsule (generic for Tikosyn [®])	Pacerone® Tablet	
flecainide tablet (generic for Tambocor®)	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs®)	
mexiletine capsule (generic for Mexitil [®])	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs [®]) Tikosyn [®] Capsule	
mexiletine capsule (generic for Mexitil [®]) propafenone tablet (generic for Rythmol [®])		
mexiletine capsule (generic for Mexiul ¹¹) propafrance tablet (generic for Rythmal ¹⁰) propafrances R2 equal (generic for Rythmal SR [®])		
mexiletine capsule (generic for Mexitil [®]) propafenone tablet (generic for Rythmol [®])	Tikosya [®] Capsule	
mexiletine aupuale (generic for Mexicul [®]) propaforone table (generic for Rythmod [®]) propaforone SR capsule (generic for Rythmod SR [®]) quindine sulfate tablet (generic for Quinidee ⁸ Tablet)	Tikosyn [®] Capsale BETA BLOCKERS	Preferred
mexiletine cuspade (generic for Rexitul [®]) propaferones R. exales (generic for Rythmol [®]) optimidine sulfate tablet (generic for Quinidee [®] Tablet) Preferred	Tikoya [®] Capsale BETA BLOCKERS Non-	Preferred
mexiletine capsule (generic for Rythmol [®]) propafrances Re-queue (generic for Rythmol SR [®]) quinidine sulfate tablet (generic for Quinidex [®] Tablet) Preferred atenolol tablet (generic for Tenormin [®])	Tikosyn [®] Capsule BETA BLOCKERS Accbutolol capsule (generic for Sectral [®])	Preferred
mexiletine capaule (generic for Mexicul [®]) proparfamme tablet (generic for Rythmol SR [®]) quinidine sulfate tablet (generic for Quinidex [®] Tablet) quinidine sulfate tablet (generic for Tourindex [®] Tablet) Preferred atenolol tablet (generic for Tenormin [®]) biogeneolis tablet (generic for Zebas [®])	Tikooya [®] Capsale BETA BLOCKERS scebutolol capsale (generic for Sectral [®]) Betapace [®] Tablet / AF Tablet	Preferred
medieline auguste (generie for Nextuit [®]) propatienne tablet (generie for Rythmol [®]) guinidine sulfate tablet (generie for Quindex [®] Tablet) Preferred atenolol tablet (generie for Tensmin [®]) barprolol tablet (generie for Zeneta [®]) accelline tablet (generie for Covera [®])	Tikosyn [®] Capsule BETA BLOCKERS Accbutolol capsule (generic for Sectral [®])	Preferred
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Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

Preferred	CHOLESTEROL LOWERING AGENTS Non-Preferred
atorvastatin tablet (generic for Lipitor [®])	Altoprev® Tablet
ezetimibe (generic for Zetia®)	amlodipine-atorvastatin tablet (generic for Caduet ⁶)
lovastatin tablet (generic for Mevacor [®]) pravastatin tablet (generic for Pravachol [®])	Atorvaliq® Suspension Caduet® Tablet
rosuvastatin tablet (generic for Crestor®)	Caucer Tanoc Ezallor™ Capsule
simvastatin tablet (generic for Zocor®)	czetinibe-sinwastatin (generic for Vytorin [®])
	Elolipid TM (simvastatin) Suspension- T/F of preferred agents not required for children < 12 years of age
	fluvastatin capsule / ER tablet (generic for Lescol [#] / XL) Juxtapid [®] Capsule - <mark>Clinical criteria apply</mark>
	Lesof [®] XL Tablet
	Lipitor [®] Tablet
	Livalo [®] Tablet - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV Necktol [®] Tablet - Clinical criteria apply
	Nexteen remet China Chiefer apply
	pitavastatin tablet (generic for Livalo [®]) - TiF of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV
	Vytorin [®] Tablet
	Zetia [®] Tablet Zocce [®] Tablet
	Zoon ratio. Zyriang Tablet
	Crestor [®]
Desformed	CORONARY VASODILATORS Nan Besefamed
Preferred isosorbide dinitrate tablet (generic for Isordil [®] Titradose [®] , IsoDitrate [®] , et.al.)	Non-Preferred Gonitro [®] Sublingual Powder
isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®)	Isordii ¹⁷ Tablet / Titradose ⁴ Tablet
nitroglycerin patch / spray / SL tablet (generic for Nitro-Dur®, Minitran®, Nitrostat®, et. al)	Nitro-Bid [®] Ointment
Nitrostat® SL Tablet	Nitro-Dur [®] Patch
	Nitrolingual ⁴ Spray Verquvo ¹⁷ Tablet
	DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS
Preferred	Non-Preferred
amlodipine tablet (generic for Norvase [®]) nifedipine capsule (generic for Procardia [®])	felodipine ER tablet (generic for Plendil [®]) isradipine capsule (generic for Dynacice [®])
nifedipine ER tablet (generic for Adalat CC [®] / Procardia XL [®])	Katerzia ¹¹⁰ Suspension - T/F of preferred agents not required for children < 12 years of age
Norliqva [®] Solution	levanlodipine tablet (generic for Conjupri [®])
	nicardipine capsule (generic for Cardene [®])
Move Norliqva® Solution NP to preferred	nimodipine capale (generic for Nimotof [®])
	nisoldipine ER tablet (generic for Sular)
	Norfiqua [®] -Solution
	Norses ⁶ Tablet
	Nymalize [®] Solution / oral syringe Procardia [®] XL Tablet
	Stuar Tablet
	DIRECT RENIN INHIBITOR
Preferred	Non-Preferred
Tekturna® Tablet	aliskiren tablet (generic for Tekturna [®] Tablet)
Tekturna® HCT Tablet	
	ENDOTHELIN RECEPTOR ANTAGONISTS
	Covered for diagnosis of Pulmonary Arterial Hypertension only
Preferred	Non-Preferred
ambrisentan tablet (generic for Letairis® Tablet)	bosntan tablet (generic for Tracleer [®] Tablet)
Tracleer® Tablet	Letairis [®] Tablet Opsamit [®] Tablet
	Opsmu ⁴ Tablet
	Trackeer* Suspension
	INHALED PROSTACYCLIN ANALOGS
Preferred	Non-Preferred
Tyvaso [®] Refill Kit / Solution / Starter Kit	Tyrase [®] DPI
Ventavis [®] Solution	
	NIACIN DERIVATIVES
Preferred	Non-Preferred
niacin ER tablet (generic for Niaspan®)	
	NITRATE COMBINATION
Preferred	NIIRATE COMBINATION Non-Preferred
Bidil [®] Tablet	isosorbide dini/hydralazine tablet (generic for Bidil [®])
Preferred	NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS Non-Preferred
Cartia XT [®] Capsule (branded generic for Cardizem CD [®])	Non-Freterred Cardizen CD [®] Capsale
Dilt XR [®] Capsule (branded generic for Dilacor XR [®])	Cardizanta D Capane Cardizanta D Kelo (1 A Tablet
diltiazem ER 24 hour capsule (generic for Dilacor XR [®] , Tiazac [®])	diltiazem LA tablet (generic for Cardizem LA [®])
diltiazem tablet / CD capsule / ER 12 hour capsule (generic for Cardizem [®] / CD / SR)	Matzim [®] LA Tablet (generic for Cardizem LA [®]) Tiazze [®] Capsule
Taztia XT [®] Capsule (branded generic for Tiazac [®]) Tiadylt [®] ER Capsule	l iuzač 'z spaule Verapanii (zapasle SR (generic for Verelan®)
verapamil tablet / ER tablet (generic for Calan* / SR)	verapamil ER capsule / PM capsule (generic for Verelan [®] / Verelan [®] PM)
	Verelan [®] PM Capsule
	ORAL PULMONARY HYPERTENSION
Covered for diagnosis of Pulmo	onary Arterial Hypertension (all) and Chronic Tromboembolic Pulmonary Hypertension-Adempas [®] only
Preferred	Non-Preferred
Alyq® Tablet (branded generic for tadalafil)	Adcirea Tablet
sildenafil tablet (generic for Revatio [®]) tadalafil tablet (generic for Adcirca [®])	Adempas [®] Tablet Liqrev [®] Suspension
	Lagrey Supersion Lagrey Supersion Constant En table / Thration Kit
Open class-No recommendations	Revatio* Suspension / Tablet - T/F of preferred agents not required for children < 12 years of age for Suspension ONLY
	sildenafil suspension (generic for Revatio [®]) - T/F of preferred agents not required for children < 12 years of age
	Tadliq Suspension
	Uptravi [®] Tablet / Titration Pack

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	Preferred	Non-Preferred
Brilinta® Tablet		aspirin/dipyridamole ER capsule (generic for Aggrenox®)
clopidogrel tablet (generic for Plavix®)		Effent [®] Tablet
dipyridamole tablet (generic for Persantine®)		Plavix [®] Tablet
prasugrel tablet (generic for Effient® Tablet)		
		ANTIANGINAL & ANTI-ISCHEMIC
	Preferred	Non-Preferred
ranolazine ER tablet (generic for Ranexa® Tablet)	Obsolete: Removed Ranexa® Tablet	Aspruzyo ¹⁰ Sprinkle
		Ranova [®] -Tablet
		SYMPATHOLYTICS AND COMBINATIONS
	Preferred	SIMPATIOLITICS AND COMBINATIONS Non-Preferred
clonidine tablet / patch (generic for Catapres® / TTS)	Treferreu	clonidine ER tablet (generic for Nexicon ¹⁶ XR)
guanfacine tablet (generic for Tenex [®])		Constance Ex United (generic for Accession AK) methylologe-HCT Zubelt (generic for Adord ¹)
methyldopa tablet (generic for Aldomet [®])		methylogo rk. L. Imer (gener to FAdome ⁴)
nkulyaopa taolet (generie tot Adoniet)		Institution of a function of a
		TRIGLYCERIDE LOWERING AGENTS
	Preferred	Non-Preferred
fenofibrate tablet (generic for Tricor®)		fcnofibrate capsule / tablet (generic for Antara , Lofibra , Fenoglide , et. al)
gemfibrozil tablet (generic for Lopid [®])		fenofibric scid tablet (generic for Fibricor [®] , Trilipix [®])
icosapent ethyl capsule (generic for Vascepa®)		Fenoglide [®] Tablet
omega-3 acid ethyl esters capsule (generic for Lovaza®)		Fibricor [®] Tablet
	Obsolete: Removed Lovaza® Capsule	Lipofen [®] Capsule
		Lopid [®] Tablet
		Lovaza*Gapado
		Tricor [®] Tablet
		Trilipix [®] Capsule
	D 4 1	CARDIOVASCULAR, OTHER
	Preferred	Non-Preferred
Camzyos [®] Capsule - Clinical criteria apply		Latexx ⁶
Camzyos [®] Capsule - Clinical criteria apply		
Camzyos [®] Capsule - Clinical criteria apply		CENTRAL NERVOUS SYSTEM
Canzyos" Capsule - Clinical criteria apply		CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS
	Performed	CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans
	Preferred	CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred
rizatriptan tablet / ODT (generic for Maxalt [®])	Preferred	CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans anotriptan tablet (generic for Axer [®])
	Preferred	CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans anstriptan tablet (generic for Axert [®]) defofme potasium powder poket (generic for Cambia [®])- T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage
rizatriptan tablet / ODT (generic for Maxalt [®])	Preferred	CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Quantity limits apply to all triptans Interpret of the second seco
rizatriptan tablet / ODT (generic for Maxalt [®])	Preferred	CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Quantity limits apply to all triptans amoriptan tablet (generic for Axer [®]) diclofume potasium powder packet (generic for Cambia [®]) - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage cleriptan tablet (generic or Relpas [®]) Expsys [®] Solution - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage
rizatriptan tablet / ODT (generic for Maxalt [®])	Preferred	CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Quantity limits apply to all triptans anotriptan tablet (generic for Axert [®]) defofence potassium powder poket (generic for Cambia [®]) - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage eletriptan tablet (generic for Relpsz [®]) Elysyb [®] Solution - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage Forw [®] Tablet
rizatriptan tablet / ODT (generic for Maxalt [®])	Preferred	CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Quantity limits apply to all triptans amoriptan tablet (generic for Axer [®]) diclofume potasium powder packet (generic for Cambia [®]) - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage cleriptan tablet (generic or Relpas [®]) Expsys [®] Solution - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage
rizatriptan tablet / ODT (generic for Maxalt [®])	Preferred	CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Quantity limits apply to all triptans amoriptan tablet (generic for Asers [®]) dicloReae potassium powder packet (generic for Cambia [®]) - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage chriptan tablet (generic for Floys [®]) Ebysys [®] Solution - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage Frow [®] Tablet forwariptan tablet (generic for Frow [®])
rizatriptan tablet / ODT (generic for Maxalt [®])	Preferred	CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Quantity limits apply to all triptans anotriptan tablet (generic for Cambia [®]) - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage cletriptan tablet (generic for Relpss [®]) Etysyls [®] Solution - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage Fross [®] Tablet forvatriptan tablet (generic for Fross [®]) Imatres [®] Carringer, Naul Spray / Pen / Tablet
rizatriptan tablet / ODT (generic for Maxalt [®])	Preferred	CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Quantity limits apply to all triptans Quantity limits apply to all triptans Annotpeated (generic for Academic 1) - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage elevirphan tablet (generic for Relpsg [*]) Elysyb [*] Solution - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage frow a "labet (generic for Flopsg [*]) Imitros [®] Cartidge INsual Spray / Pen / Tablet Maxal [®] Tablet / MLT Tablet
rizatriptan tablet / ODT (generic for Maxalt [®])	Preferred	
rizatriptan tablet / ODT (generic for Maxalt [®])	Preferred	CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Quantity limits apply to all triptans Quantity limits apply to all triptans Anti-Preferred almotriptan tablet (generic for Cambia [®]) - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage eletriptan tablet (generic for Relpss [®]) Elsysb [®] Solution - TF of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage Elsysb [®] Solution - TF of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage Elsysb [®] Solution - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage Elsysb [®] Solution - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage Elsysb [®] Solution - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage Elsysb [®] Solution - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage Elsysb [®] Solution - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage Elsysb [®] Solution - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage Elsysb [®] Solution - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage Elsysb [®] Solution - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage Elsysb [®] Solution - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred NSAIDs, in addit
rizatriptan tablet / ODT (generic for Maxalt [®])	Preferred	CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotrigtan tablet (generic for Acen [®]) diclofence patasium powder packet (generic for Cambia [®]) - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage elerright tablet (generic for Relpsix [®]) Exposit [®] Solution - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage Frowa [®] Tablet frowa [®] Tablet mantription tablet (generic for Amerge [®]) Repsive [®] Tablet mantription tablet (generic for Amerge [®]) Repsive [®] Tablet summitiption injection kit /refill / spring (generic for Initize [®]) summitiption injection kit /refill / spring (generic for Initize [®])
rizatriptan tablet / ODT (generic for Maxalt [®])	Preferred	CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Asers ⁶) dickberae potassium powder packet (generic for Cambia [®]) - TF of 2 preferred NSADa, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage eleriptan tablet (generic for Flows ⁶) Elysyls ⁶ Solution - TF of 2 preferred NSADa, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage frowarigan tablet (generic for Frowa ⁶) Instruct [®] Cantridge / Nasal Spray / Pen / Tablet Maxals [®] Tablet matritytan tablet (generic for Amerge ⁶) Repare [®] Tablet system [®] Tablet system [®] Tablet system fash sumatriptan injection kit / refull / syringe (generic for Instruct ⁶) sumatriptan injection kit / refull / syringe (generic for Instruct ⁸)
rizatriptan tablet / ODT (generic for Maxalt [®])	Preferred	CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Acter [®]) dickforus potassium powker packet (generic for Cambia [®]) - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage cleriptan tablet (generic for Redpust [®]) Eksysk [®] Solution - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage Frow [®] Tablet forvarignan tablet (generic for Frow [®]) intere [®] Cartridge / Naul Spray / Pen / Tablet Musak [®] Tablet (generic for Anerge [®]) Redpust [®] Tablet matription tablet (generic for Interes [®]) sumatrignan injection kl / refill / syringe (generic for Intiret [®]) sumatrignan injection kl / refill / syringe (generic for Intiret [®]) sumatrignan function kl / refill / syringe (generic for Interes [®]) forsyring Naul Spray sumatrignan injection kl / refill / syringe (generic for Interes [®]) forsyring Naul Spray
rizatriptan tablet / ODT (generic for Maxalt [®])	Preferred	CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Axer ¹) dicklema potassium powder packet (generic for Cambia ¹) - TF of 2 preferred NSADs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage eleriptan tablet (generic for Flows ¹) Etypsys ¹ Solution - UTF of 2 preferred NSADs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage Flows ¹ Tablet frows ¹ Tablet martifytan tablet (generic for Flows ¹) Redpas ² Tablet martifytan tablet (generic for Amerge ⁵) Redpas ⁴ Tablet martifytan tablet (generic for Instites ⁴) sumatrificant proposen tablet (generic for Instites ⁴) sumatrificant agenty cold Tablet martifytan agenty cold Tablet martifytan agenty cold Tablet sumatrificant agents for Instites ⁴) sumatrificant agenty cold Tablet sumatrificant agenty cold Ta
rizatriptan tablet / ODT (generic for Maxalt [®])	Preferred	CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Acter [®]) dickforus potassium powker packet (generic for Cambia [®]) - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage cleriptan tablet (generic for Redpust [®]) Eksysk [®] Solution - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage Frow [®] Tablet forvarignan tablet (generic for Frow [®]) intere [®] Cartridge / Naul Spray / Pen / Tablet Musak [®] Tablet (generic for Anerge [®]) Redpust [®] Tablet matription tablet (generic for Interes [®]) sumatrignan injection kl / refill / syringe (generic for Intiret [®]) sumatrignan injection kl / refill / syringe (generic for Intiret [®]) sumatrignan function kl / refill / syringe (generic for Interes [®]) forsyring Naul Spray sumatrignan injection kl / refill / syringe (generic for Interes [®]) forsyring Naul Spray
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rizatriptan tablet / ODT (generic for Maxalt [®])	Preferred	CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Asert [®]) dickforac potassium powder packet (generic for Cambia [®]) - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage eleripta tablet (generic for Flow [®]) Elysyb [®] Solution - TF of 2 preferred NSAIDs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage frow [®] forwaring ant tablet (generic for Flow [®]) Instreet [®] Cartridge / Neal Spray / Pen / Tablet Maxult [®] Tablet matriptan tablet (generic for Amerge [®]) Repres [®] Tablet sumatriptan injections kit /reful / springe (generic for Instree [®]) signatriptan injections kit /reful / springe (generic for Instree [®]) signatriptan algory / OUT / lablet (generic for Zonig [®]) conig [®] Naal Spray / Tablet sumatriptan algory / OUT / lablet (generic for Zonig [®]) Cartridge Naal Spray / Tablet sumatriptan ingections kit /reful / springe (generic for Zonig [®]) Zambrac [®] SynUoush [®] zambrac [®] SynUoush [®] Zambrac [®] SynUoush [®] <
rizatriptan tablet / ODT (generic for Maxalt [®])	Preferred	CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptams Non-Preferred almotriptan tablet (generic for Acarls ¹) dickforue potassium powker packet (generic for Cambia ¹) - TF of 2 preferred NSADs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage cleriptan tablet (generic for Relpas ¹) TF of 2 preferred NSADs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage Ebysys ¹ Status The of 2 preferred triptans in the Antimigraine Agents class required for coverage Frow ² Tablet Tablet Tablet Instrest Cartridge / Naal Spray / Pen / Tablet Tablet Maxal ² Tablet (generic for Amege ⁵) Repas ⁵ Repos ⁶ Tablet Tablet Tablet sumaritiptan tablet (generic for Irretime ⁴) Samtriptan Tablet (generic for Tretime ⁴) Samtriptan tablet (generic for Tretime ⁴) sumaritiptan tablet (generic for Tretime ⁴) Samtriptan tablet (generic for Tretime ⁴) Samtriptan tablet (generic for Tretime ⁴) sumaritiptan tablet (generic for Tretime ⁴) Samtriptan tablet (generic for Zonig ⁴) Zonig ⁴ Nacal Spray Zambrac ⁴ Symolou
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rizatriptan tablet / ODT (generic for Maxalt [®]) samatriptan nasal spray / tablet / vial (generic for Imitrex [®])	Preferred	CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Asert [®]) dicklema potassium powder packet (generic for Cambia [®]) - TF of 2 preferred NSADs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage cieriptan tablet (generic for Flowa [®]) Elysyb [®] Solution - TF of 2 preferred NSADs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage Frowa [®] Tablet frowarignan tablet (generic for Flowa [®]) Initres [®] Cartridge /Nausl Spray / Pen / Tablet Maxal [®] Tablet martriptan tablet (generic for Amerge [®]) Repase [®] Tablet sumatriptan injection kit / refill / spring (generic for Initres [®]) sumatriptan injection kit / refill / spring (generic for Treuing [®]) Zonbrace [®] SymTouch [®] zonbrace [®] SymTouch [®] Zonbrace [®] SymTouch [®] ANTIMIGRAINE AGENTS CGRP Blockerer/Modulators PREVENTATIVE Clinical criteria apply to all drugs in this class
rizatriptan tablet / ODT (generic for Maxalt [®]) sumariptan taali opny / tablet / vial (generic for Initrex [®])		CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptams Non-Preferred almotriptan tablet (generic for Achin [®]) TF of 2 preferred NSADs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage cleriptan tablet (generic for Relpas [®]) EBysk [®] Solution - TF of 2 preferred NSADs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage Frow [®] Tablet Frow [®]) Initres [®] Cartridge / Naal Spray / Pen / Tablet Maxal [®] Tablet Maxal [®] Tablet Initres [®] Cartridge / Naal Spray / Pen / Tablet Maxal [®] Tablet Soury Tablet Initres [®] Cartridge / Naal Spray / Pen / Tablet Maxal [®] Tablet Soury Tablet Initres [®] Source for Treatine [®]) Sumarigata Indig (generic for Treatine [®]) Source for Treatine [®]) Initres [®] Source for Treatine [®]) Sumarigata Indig (generic for Treatine [®]) Source for Treatine [®]) Initres [®] Source for Treatine [®]) Sumarigata Indig (generic for Treatine [®]) Source for Treatine [®]) Initres [®] Source for Treatine [®]) Source for Source for Treatine [®] (Source for Treatine [®]) Source for Source for Treatine [®]) Initres [®] Source for Treatine [®] (Source for Treatine [®])
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rizatriptan tablet / ODT (generic for Maxalt [®]) sumatriptan nasal spray / tablet / vial (generic for Imitrex [®])		CENTRAL NERVOUS SYSTEM ANTIMIGRAINE AGENTS Quantity limits apply to all triptans Non-Preferred almotriptan tablet (generic for Axet [*]) T# of 2 preferred NSADs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage eleriptan tablet (generic for Flows [*]) T# of 2 preferred NSADs, in addition to TF of 2 preferred triptans in the Antimigraine Agents class required for coverage Flows [*] Tablet foroatriptan tablet (generic for Flows [*]) Maxalt [*] Tablet (Generic for Flows [*]) Imited [*] Cartridge / Naal Spray / Pen / Tablet Maxalt [*] Tablet (Generic for Inters [*]) Imited [*] Cartridge / Naal Spray Reyow ^{**} Tablet Imited [*] Cartridge (generic for Inters [*]) Immitigen injection ki / reful / syringe (generic for Inters [*]) Imited [*] Cartridge / Naal Spray Zenbracs [*] SynTown tablet (generic for Zonig [*]) Imited [*] Cartridge / Naal Spray Zenbracs [*] SynTown tablet (generic for Zonig [*]) Imited [*] Cartridge / Naal Spray Zenhracs [*] SynTown tablet (generic for Zonig [*]) Imited Transman spray / OUT / Lablet (generic for Zonig [*]) Config Cartridge approve tablet (generic for Zonig [*]) Imited Transman spray / OUT / Lablet (generic for Zonig [*]) Coning Cartridge approve tablet (generic for Zonig [*])

October PDL Draft

(July PDL MEETING)

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

	ANTIMIGRAINE AGENTS CGRP Blockers/Modulators ACUTE TREATMENT	
	Clinical criteria apply to all drugs in this class	
Preferred		Non-Preferred
Nurtee® ODT	Symbrave® Tablet	NTM: Added Symbravo [®] to non-preferred
Ubrelvy [®] Tablet	Zavzpret [™] Nasal Spray	
	ANTI-NARCOLEPSY	
	Clinical criteria apply to all drugs in this class	
Protegred Provigit [®] Tablet	armodafinil tablet (generic for Nuvigil®)	Non-Preferred
Nuvisit [®] Tablet	modafinil tablet (generic for Provigit [®])	
Move Nuvigil® Tablet from Preferred to NP	Nuvigil [®] Tablet	
	Sunosi [™] Tablet	
	Wakix [*] Tablet ANTIPARKINSON AND RESTLESS LEG SYNDROME AGI	ENTS
Preferred		Non-Preferred
amantadine capsule / solution (generic for Symmetrel®)	Apokyn [®] Cartridge	
benztropine tablet (generic for Cogentin®)	apomorphine cartridge (generic for Apokyn®)	
bromocriptine capsule / tablet (generic for Parlodel [®]) carbidopa-levodopa ODT (generic for Parcopa [®])	Azilect [®] Tablet carbidopa tablet (generic for Lodosyn [®])	
carbidopa-levodopa ob r (generic for Sanemet [®] / CR)	carbidopa tablet (generic for Lodosyn) carbidopa-levodopa-entacapone tablet (generic for Stalevo [®])	
pramipexole tablet (generic for Mirapex [®])	Crexont Capsule ER	
ropinirole tablet (generic for Requip®)	Dhivy Tablet [™]	
selegiline capsule / tablet (generic for Emsam [®])	Duopa® Suspension	
trihexyphenidyl elixir / tablet (generic for Artane [®])	entacapone tablet (generic for Comtan [®]) Gocovri [®] Capsule - Clinical criteria apply	
NTM: Add Onapgo [™] Cartridge to NP	Horizant [®] Tablet	
Obsolete: Removed Sinemet® Tablet	Inbrija [™] Inhalation - Clinical criteria apply	
	Kynmobi ^m Titration Kit	
	Lodosyn® Tablet Neupro® Patch	
	Nourianz TM Tablet	
	Onapgo [™] Cartridge	
	Ongentys [®] Capsule- Clinical criteria apply	
	Osmolex ER [™] Tablet - Clinical criteria apply	
	pramipexole ER tablet (generic for Mirapex ER [®]) rasagiline tablet (generic for Azilect [®])	
	ropinirole ER tablet (generic for Requip XL®)	
	Rytary [®] ER Capsule	
	Sinemet* Tablet	
	Stalevo [®] Tablet Tasmar [®] Tablet	
	tolcapone tablet (generic for Tasmar [®])	
	Vyalev Vial	
	Xadago [®] Tablet	
	Zelapar [®] ODT	
	MULTIPLE SCLEROSIS	
	Injectable	
Preferred Avonex [®] Pack / Pen / Syringe	Briumvi [™] Vial	Non-Preferred
Avonex Pack / Pen / Syringe Betaseron® Kit / Vial	Copaxone [®] 40 MG/ML Syringe	
Copaxone [®] Syringe 20 MG/ML/ 40 MG/ML	glatiramer syringe (generic for Copaxone® Syringe)	
glatiramer syringe 40 MG/ML (generic for Copaxone® Syringe)	Glatopa [®] Syringe	
Kesimpta [®] Pen Rebif [®] Rebidose [®] / Titration Pack / Syringe	Lemtrada [®] Vial Ocrevus® Vial - T/F of preferred agents not required for diagnosis of Prim	Term Basementing MC (BDMC)
	Occess® Via 117 of preferred agents not required for diagnosis of 11 in Occess® Zonovo Vial T/F of preferred agents not required for diagnosis of	
Add Brand Copaxone [®] 40 MG/ML Syringe to Non-preferred	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack	
Add generic glatiramer syringe 40 MG/ML (generic for Copaxone® Syringe) to	Tysabri [®] Vial	
-		
	Oral	
Preferred		Non-Preferred
dalfampridine ER tablet (generic for Ampyra [®])	Ampyra® Tablet	
dimethyl fumarate DR capsule / starter pack (generic for Teefidera [®] Capsule / Starter Pack) fingolimod capsule (generic for Gilenya [®])	Aubagio [®] Tablet Bafiertam [™] Capsule	
teriflunomide tablet (generic for Aubagio [®])	Gilenya [®] Capsule	
	Mavenclad® Tablet	
	Mayzent [®] Starter Pack / Tablet	
	Ponvory [™] Starter Pack / Tablet Tascenso ODT [™]	
	Tecfidera [®] Capsule / Starter Pack	
	Vumerity ³⁵ Capsule	
	Zeposia® Starter Pack / Capsule	
	AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENT	2
Preferred	AGTOTROFILE LATERAL SCLEROSIS (ALS) AGENT	S Non-Preferred
riluzole tablet (generic for Rilutek®)	edaravone infusion bag (generic for Radicava®)	·····
	edaravone Vial (generic for Radicava®)	
	Qalsody® Vial T/F of preferred agents not required for SOD1 gene mutation	n
	Radicava [®] ORS [®] Suspension / ORS [®] Starter Kit Suspension / Infusion Bag Tiglutik [®] Suspension	
	- Brann Subbranon	

(July PDL MEETING)

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

	SEDATIVE HYPNOTICS Quantity limits apply to all sedative hypnotics	
Preferred		Non-Preferred
eszopicione tablet (generic for Lunesta [®]) flurazepam capsule (generic for Dalmane [®])	Ambien [®] Tablet / CR Tablet Belsomra [®] Tablet	
ramelteon tablet (generic for Rozerem [®] Tablet)	Beisonra Tablet Dayvigo [™] Tablet	
temazepam 15mg, 30mg capsule (generic for Restoril®)	Doral Tablet	
zaleplon capsule (generic for Sonata [®]) zolpidem tablet (generic for Ambien [®])	doxepin tablet (generic for Silenor [®]) Edluar [®] SL Tablet	
zolpidem ER tablet (generic for Ambien [®] CR)	estazolam tablet (generic for Prosom®)	
	Halcion [®] Tablet Hetlioz [®] Capsule / LQ Suspension - Clinical criteria apply	
Move zolpidem ER tablet (generic for Ambien® CR) from NP to Preferred	Lunesta® Tablet	
	quazepam tablet (generic for Doral®) Quviviq [™] Tablet	
	Restorif [®] Capsule	
	Rozerem [®] Tablet	
	tasimelteon capsule (generic for Hetlioz [®]) - T/F of Hetlioz [®] Capsule required for coverage temazepam 7.5, 22.5 mg capsule (generic for Restoril [®])	
	triazolam tablet (generic for Halcion [®]) zolpidem capsule	
	zolpidem Capsule zolpidem ER-tablet (generic for Ambien [®] -CR)	
	zolpidem SL tablet (generic for Intermezzo®)	
	TOBACCO CESSATION	
Preferred		Non-Preferred
bupropion SR tablet (generic for Zyban [®]) Chantix [®] Tablet / Starting Box / Continuation Month Box	Nicotrol® Inhaler / NS Nasal Spray	
nicotine gum / lozenge (buccal) / patch		
varenicline tablet / starting month box (generic for Chantix [®]) varenicline continuation month box (generic for Chantix [®])		
	ENDOCRINOLOGY	
	GROWTH HORMONE Clinical criteria apply to all drugs in this class	
n	Prior Approval Not Required for Use of Scrostim [®] in AIDS Wasting Syndrome	
Preferred Genotropin [®] Cartridge / MiniQuick [®]	Humatrope® Cartridge	Non-Preferred
Norditropin® Flexpro®	Ngenla® Pen	
	Nutropin [®] AQ NuSpin [®] Omnitrope [®] Cartridge / Vial	
	Serostim [®] Vial	
	Skytrofa® Cartridge - T/F of preferred agents not required for children <18 years of age Sogroya® Pen	
	Zomacton [®] Vial	
	HYPOGLYCEMICS - INJECTABLE	
T/F of only one preferred drug required: Prior a	Rapid Acting Insulin uthorization is required for NP insulins. Prior authorizations may be valid for up to) 3 years for beneficiaries with Type 1 Diabetes
Preferred		Non-Preferred
insulin aspart U-100 Penfill (generic for Novolog [®])	Admelog [®] SoloStar [®] / Vial	
Humalog [*] U-100 Castridge-Junior-KwikPen [*] /-KwikPen [*] /-Viai insulin lispro U-100 Junior KwikPen [*] (generic for Humalog [*] Junior)	Afrezza [®] Inhalation Powder Apidra [®] SoloStar [®] / Vial	
Humanley 11-100 Castridge Junion KowikBen [®] (AchikBen [®] ± Mini Insulin liepto U-100 Junior KwikPen [®] (generic for Humalog [®] Junior) Insulin liepto U-100 KwikPen [®] / val (generic for Humalog [®])	Afrezza [®] Inhalation Powder Apidra [®] SoloStar [®] / Vial Fiasp [®] FlexTouch [®] / Penfill [®] / PumpCart [®] / Vial	
Humalog [*] U-100 Castridge-Junior-KwikPen [*] /-KwikPen [*] /-Viai insulin lispro U-100 Junior KwikPen [*] (generic for Humalog [*] Junior)	Afrezza [®] Inhalation Powder Apidra [®] SoloStar [®] / Vial	
Hamalog [®] U-100 Castridge Junior KwikPen [®] -KwikPen [®] -KwikPen [®] -Kwik Insulin Ispro U-100 Junior KwikPen [®] (generic for Humalog [®] Junior) Insulin Ispro U-100 KwikPen [®] / viai (generic for Humalog [®]) Newslen [®] - 4 Lio 100 Fenilit Partele [®] - A Viai	Aferza" Inhalation Provder Apiden SoloStar" / Vial Flasge "Electronch" / Pendill " / PumpCart" / Vial Humaloge" U-100 Cartridge Junice KwikPen" / KwikPen" / Vial Humaloge "U-200 KwikPen" multim super U-100 Particit reporter for Norodon "-	
Hamalog [®] U-100 Castridge Junior KwikPen [®] -KwikPen [®] -KwikPen [®] -Kwik Insulin Ispro U-100 Junior KwikPen [®] (generic for Humalog [®] Junior) Insulin Ispro U-100 KwikPen [®] / viai (generic for Humalog [®]) Newslen [®] - 4 Lio 100 Fenilit Partele [®] - A Viai	Afrezza [®] Irahalation Powder Apidra [®] SobSta [®] / Vial Fiasp [®] FlexTouch [®] / Penfil [®] / PumpCart [®] / Vial Humalog [®] U-100 Carritoge Junice KwikPen [®] / KwikPen [®] / Vial Humalog [®] U-200 KwikPen [®]	
Humalog [®] U-100 Castridge Junice KwikPen [®] -KwikPen [®] -KwikPen [®] -KwikPen [®] -KwikPen [®] - KwikPen [®] - K	Aftezza [®] Inhalation Powder Apidea [®] SoloStur [®] / Vial Essa [®] FletCond [®] / Pennfl [®] / PumpCart [®] / Vial Humalog [®] U-100 Cartridge Junior KwikPen [®] / KwikPen [®] / Vial Humalog [®] U-200 KwikPen [®] malin appart I-1400 Refer for an enter the second se	
Humania [®] 41-100 Centridge Human Keit Rein ************************************	Aftezza [®] Inhalation Powder Apidea [®] SoloStur [®] / Vial Essa [®] FletCond [®] / Pennfl [®] / PumpCart [®] / Vial Humalog [®] U-100 Cartridge Junior KwikPen [®] / KwikPen [®] / Vial Humalog [®] U-200 KwikPen [®] malin appart I-1400 Refer for an enter the second se	
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Humala [®] L1:00 Centridge Junior Kniklke [®] (carcic for Humala [®] Junior) Institution U-100 Kniklke [®] (carcic for Humala [®]) Nerola [®] L1:00 Feedba [®] - Vial Relion Novola [®] U-100 Feedba [®] - Vial Relion Novola [®] U-100 Feedba [®] - Vial Move Brand Novolog [®] U-100 Penfill from Preferred to Non-preferred Move Generic insulin aspart U-100 Penfill from Non-preferred to Preferred Move Humalog [®] U-100 Cartridge/ Junior KwikPen [®] / Vial from preferred to NP Immala [®] R Vial Preferred Humala [®] R Vial Preferred Immala [®] R Vial Immala [®] R Vial Preferred Immala [®] N Vial Immala [®] N Vial T/F of only one preferred drug required; Prior a T/F of only one preferred drug required; Prior a T/F of only one preferred drug required; Prior a T/F of only one preferred drug required; Prior a T/F of only one preferred drug required; Prior a Humala [®] N Vial T/F of only one preferred drug required; Prior a Humala [®] N Vial	A force" Induiton Powde Apidm" SoloSta" / Vial Finance of the SoloSta" / Vial Humalog" U-100 Carringer Junior Kwitken" / Vial Humalog" U-100 Carringer Junior Kwitken" / Vial Humalog" U-100 Kwitken" SoloSta" / Vial SoloSta" / Vial Novotoge U-100 Feedfil Feasteries / Vial SoloT Acting Insulin athorization is required for NP insulins. Prior authorizations may be valid for up to Mysredin" Injection Mysredin" Injection Mysredin" Injection Mysredin" Injection Mysredin" Injection Mysredin" Injection Mysredin" Injection Mysredin" Injection Mysredin" Nul / ReitOr R Vial Novolin R FlexPen" Intermediate Acting Insulin athorization is required for NP insulins. Prior authorizations may be valid for up to Humalin" N KwikPen" Novolin "N Vial / ReitOn" N FlexPen" Novolin "N Vial / ReitOn" N FlexPen" Novolin "N Vial / ReitOn" N FlexPen" Novolin "N Vial / ReitOn" N FlexPen" Intermediate Acting Insulin athorization is required for NP insulins. Prior authorizations may be valid for up to Lang Acting Insulin athorization is required for NP insulins. Prior authorizations may be valid for up to Basagla" U-100 KwikPen" Insulin degludee pen / vial (generic for Tresh") mainin digrapher SoloSia" / Mas Solosia" (Speric for Tonjeo") insulin digrapher SoloSia" / Mas Solosia" (Speric for Insulin Levendr" Hendin" / KwikPen"	Non-Preferred Non-Preferred 3 years for beneficiaries with Type 1 Diabetes.
Humadan [®] U-100 Centridge Junior KwikPen [®] (generic for Humalog [®] Junior) Institution U-100 Number KwikPen [®] (generic for Humalog [®]) Monore States Marken [®] (Junior) Reform States Marken [®] (Junior) Monore Brand Novolog [®] U-100 Penfill from Preferred to Non-preferred Move Generic insulin aspart U-100 Penfill from Non-preferred to Preferred Move Brand Novolog [®] U-100 Penfill from Non-preferred to Preferred Move Humalog [®] U-100 Cartridge/ Junior KwikPen [®] / KwikPen [®] / Vial from preferred to NP T/F of only one preferred drug required; Prior a T/F of only one preferred drug required; Prior a Preferred Humalin [®] R Vial Immalin [®] N Vial T/F of only one preferred drug required; Prior a T/F of only one preferred drug required; Prior a T/F of only one preferred drug required; Prior a T/F of only one preferred drug required; Prior a T/F of only one preferred drug required; Prior a T/F of only one preferred drug required; Prior a T/F of only one preferred drug required; Prior a Immalin [®] N Vial T/F of only one preferred drug required; Prior a Immalin [®] N Vial Immalin [®] SoloStar [®] (vatantwined biologic for Lantas) <t< td=""><td>A feers" Induition Provide Apidm[®] SubSta[®] / Vital Floag[®] TeleStonch[®] / Pentill[®] / PumpCart[®] / Vial Humalog[®] U-100 Cartridge Junice KwikPen[®] / KwikPen[®] / Vial Humalog[®] U-100 Cartridge Junice KwikPen[®] / Vial Substangent U-100 Reading[®] / U-200 KwikPen[®] / Vial Noreologite U-100 Reading[®] / Vial Humater / Vial / Redicen[®] R Vial Noreologite U-100 KwikPen[®] / U-200 KwikPen[®] / Vial Noreologite R Vial / Redicen[®] R Vial Humater / KwikPen[®] Intermediate Acting Insulin athorization is required for NP insulins. Prior authorizations may be valid for up to Dasgula[®] U-100 KwikRen[®] insulin deglade pen / vial (generic for Treshen[®]) insulin deglade pen / vial (generic for Treshen[®]) insulin digragine vial / SokSta[®] (Mak SokSta[®] (generic for Trosipes[®]) Insulin digragine vial / SokSta[®] / Vial / Redicen[®] / Vial</td><td>Non-Preferred Non-Preferred 3 years for beneficiaries with Type 1 Diabetes.</td></t<>	A feers" Induition Provide Apidm [®] SubSta [®] / Vital Floag [®] TeleStonch [®] / Pentill [®] / PumpCart [®] / Vial Humalog [®] U-100 Cartridge Junice KwikPen [®] / KwikPen [®] / Vial Humalog [®] U-100 Cartridge Junice KwikPen [®] / Vial Substangent U-100 Reading [®] / U-200 KwikPen [®] / Vial Noreologite U-100 Reading [®] / U-200 KwikPen [®] / Vial Noreologite U-100 Reading [®] / U-200 KwikPen [®] / Vial Noreologite U-100 Reading [®] / U-200 KwikPen [®] / Vial Noreologite U-100 Reading [®] / U-200 KwikPen [®] / Vial Noreologite U-100 Reading [®] / U-200 KwikPen [®] / Vial Noreologite U-100 Reading [®] / Vial Humater / Vial / Redicen [®] R Vial Noreologite U-100 KwikPen [®] / U-200 KwikPen [®] / Vial Noreologite R Vial / Redicen [®] R Vial Humater / KwikPen [®] Intermediate Acting Insulin athorization is required for NP insulins. Prior authorizations may be valid for up to Dasgula [®] U-100 KwikRen [®] insulin deglade pen / vial (generic for Treshen [®]) insulin deglade pen / vial (generic for Treshen [®]) insulin digragine vial / SokSta [®] (Mak SokSta [®] (generic for Trosipes [®]) Insulin digragine vial / SokSta [®] / Vial / Redicen [®] / Vial	Non-Preferred Non-Preferred 3 years for beneficiaries with Type 1 Diabetes.
Humadan [®] U-100 Centridge Junior KwikPen [®] (generic for Humalog [®] Junior) Institution U-100 Number KwikPen [®] (generic for Humalog [®]) Monore States Marken [®] (Junior) Reform States Marken [®] (Junior) Monore Brand Novolog [®] U-100 Penfill from Preferred to Non-preferred Move Generic insulin aspart U-100 Penfill from Non-preferred to Preferred Move Brand Novolog [®] U-100 Penfill from Non-preferred to Preferred Move Humalog [®] U-100 Cartridge/ Junior KwikPen [®] / KwikPen [®] / Vial from preferred to NP T/F of only one preferred drug required; Prior a T/F of only one preferred drug required; Prior a Preferred Humalin [®] R Vial Immalin [®] N Vial T/F of only one preferred drug required; Prior a T/F of only one preferred drug required; Prior a T/F of only one preferred drug required; Prior a T/F of only one preferred drug required; Prior a T/F of only one preferred drug required; Prior a T/F of only one preferred drug required; Prior a T/F of only one preferred drug required; Prior a Immalin [®] N Vial T/F of only one preferred drug required; Prior a Immalin [®] N Vial Immalin [®] SoloStar [®] (vatantwined biologic for Lantas) <t< td=""><td>A force" Induition Powde Apidm" SoloStat" / Vital Fauge TietCookh / Pendiff / PaupCart* / Vital Humalog* U-100 Cartradge Junior Kwitken* / Vital Humalog* U-200 Kwitken* Paupage Carter of the SoloStat * Cooker of the SoloStat * Cooker Lyungev" U-100 Kwitken* / Vital Norokage U-100 Fendit/ FaceFace / Vital SoloStat * Cooker of the SoloStat * Cooker SoloStat * Cooker of the SoloStat * Cooker Myrredlin* Injection Norokage U-100 Kwitken* Norokage U-100 Kwitken* Norokage U-100 Fendit/ FaceFace * SoloStat * Cooker Myrredlin* Injection Norokage U-100 Kwitken* Intermediate Acting Insulin athorization is required for NP insulins. Prior authorizations may be valid for up to Humalin* N Kwitken* Norokage * Cooker * Nial Long Acting Insulin thorization is required for NP insulins. Prior authorizations may be valid for up to Humalin* N Kwitken* Norokage * Nial / Reiton* N Vital Long Acting Insulin thorization is required for NP insulins. Prior authorizations may be valid for up to Bacaglar* U-100 Kwitken* Intermediate for Treishat* Insulin degladee pen / vital (generic for Treisha*) Insulin farging SoloStat* / Max SoloStat* (generic for Troisjos*) Insulin Gargine-y(gn pen / vital (generic for Songles* * y(gn) Levent* / Intermediate / Vital Songlee* * Jose * Vital Facesofar* * Kwityen*</td><td>Non-Preferred Non-Preferred 3 years for beneficiaries with Type 1 Diabetes.</td></t<>	A force" Induition Powde Apidm" SoloStat" / Vital Fauge TietCookh / Pendiff / PaupCart* / Vital Humalog* U-100 Cartradge Junior Kwitken* / Vital Humalog* U-200 Kwitken* Paupage Carter of the SoloStat * Cooker of the SoloStat * Cooker Lyungev" U-100 Kwitken* / Vital Norokage U-100 Fendit/ FaceFace / Vital SoloStat * Cooker of the SoloStat * Cooker SoloStat * Cooker of the SoloStat * Cooker Myrredlin* Injection Norokage U-100 Kwitken* Norokage U-100 Kwitken* Norokage U-100 Fendit/ FaceFace * SoloStat * Cooker Myrredlin* Injection Norokage U-100 Kwitken* Intermediate Acting Insulin athorization is required for NP insulins. Prior authorizations may be valid for up to Humalin* N Kwitken* Norokage * Cooker * Nial Long Acting Insulin thorization is required for NP insulins. Prior authorizations may be valid for up to Humalin* N Kwitken* Norokage * Nial / Reiton* N Vital Long Acting Insulin thorization is required for NP insulins. Prior authorizations may be valid for up to Bacaglar* U-100 Kwitken* Intermediate for Treishat* Insulin degladee pen / vital (generic for Treisha*) Insulin farging SoloStat* / Max SoloStat* (generic for Troisjos*) Insulin Gargine-y(gn pen / vital (generic for Songles* * y(gn) Levent* / Intermediate / Vital Songlee* * Jose * Vital Facesofar* * Kwityen*	Non-Preferred Non-Preferred 3 years for beneficiaries with Type 1 Diabetes.
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October PDL Draft (July PDL MEETING)

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

insulin aspart protamine-aspart 70/30 U-100 FlexPen [®] /(generic for Novolog [®] Mix 70/30) insulin lispro protamine 75/25 KwikPen [®] (generic for Humalog [®] 75/25 Mix)	Humalog [®] 75/25 Vial Novolog [®] Mix 70/30 Vial / FlexPen®	Move Humalog [®] 50/50 Mix KwikPen [®] , Humalog [®] 75/25 Vial, and Novolog [®] Mix
insulin lispro protamine 75/25 KwikPen [®] (generic for Humalog [®] 75/25 Mix) Neveloe [®] Mix 70/20 Vial / FlexPen®	Novolog Mix 70/30 Vial / PlexPel/®	70/30 Vial / FlexPen® from preferred to NP
		70/50 Viai / FlexPen* from preferred to NP
	Premixed 70/30 C	ombination Insulin
Preferred	authorization is acquired for NB insuling	Non-Preferred Prior authorizations may be valid for up to 3 years for beneficiaries with Type 1 Diabetes.
Humulin [®] 70/30 KwikPen [®] / Vial	Novolin [®] 70/30 FlexPen [®] / Vial	r nor authorizations may be value for up to 5 years for beneficiaries with 1 ype 1 Diabetes.
Humunin 70/50 KwikPen 7 Viai	Relion Novolin [®] 70/30 Vial	
	Relion Novolin® (human insulin NPH / hum	an insulin) 70/30 FlexPen
	Relion Novolin® (human insulin NPH / hum	an insulin) 70/30 FlexPen®
	Amylin	Analogs
Requires T/F or insufficient response to metformin	containing product unless contraindicated	or documented adverse event when using either a preferred or non-preferred Amylin Analog
Preferred		Non-Preferred
Symlin [®] Pen Injector		
G		ons indicated for the treatment of Diabetes
Preferred	Clinical criteria apply	to all drugs in this class
Byetta [®] Pen	Bydureon [®] BCise [™]	Non-Preferred
Byetta Pen Trulicity [®] Pen	Hydriron IR.ise exensited Fen (generic for Byetta®)	
Victoza® Pen	liraglutide pen (generic for Victoza®)	
Ozempic® Pen	Mounjaro [™] Pen	
	Rybelsus® Tablet	
	Soliqua® Pen	
	Xultophy [®] Pen HYPOGLYCE	MICS - ORAL
		1 Sulfonylureas
Preferred		Non-Preferred
glimepiride tablet (generic for Amaryl®)		
glipizide tablet / ER tablet (generic for Glucotrol [®] / XL)		
Glucotrol® XL Tablet		
glyburide micronized tablet (generic for Micronase [®] , Glynase [®]) glyburide tablet (generic for Diabeta [®])		
glyburide tablet (generic for Diabeta) Glynase [®] Tablet		
Utyrase ratio	Alpha-Glucos	dase Inhibitors
Preferred		Non-Preferred
acarbose tablet (generic for Precose®)	miglitol tablet (generic for Glyset®)	
	Precose® Tablet	
	Biguanides an	l Combinations
Preferred		Non-Preferred
glipizide-metformin tablet (generic for Metaglip [®])	Glumetza® Tablet ** requires documenta	tion as to why the beneficiary cannot use preferred long acting metformin product
glyburide-metformin tablet (generic for Glucovance®)		T/F of preferred agents not required for children < 12 years of age
metformin tablet / ER tablet (generic for Glucophage [®] / ER)	metformin tablet (625 mg)	
	metformin ER tablet (generic for Fortamet	
Obsolete: Removed Riomet [®] ER Suspension	metformin ER tablet (generic for Glumetza Riomet [®] Solution / ER Suspension)
-	Rioner Solution/ ER-Suspension	
	DPP-IV Inhibitors	and Combinations
Requires T/F or insufficient response to metformin containing	products unless contraindicated or docun	ented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
Preferred		Non-Preferred
Janumet® Tablet / XR Tablet	alogliptin tablet (generic for Nesina®)	
Januvia® Tablet	alogliptin-metformin tablet (generic for Ka	ano [®])
Jentadueto® Tablet / XR Tablet	alogliptin-pioglitazone tablet (generic for C	
Onglyza® Tablet	Glyxambi [®] Tablet	
Tradjenta [®] Tablet	Kazano [®] Tablet	
	Kombiglyze [®] XR Tablet Nesina [®] Tablet	
	Nesina [®] Tablet	
	Qtern [®] Tablet	
	saxagliptin tablet (generic for Onglyza*)	
	saxagliptin-metformin ER tablet (generic for	r Kombiglyze [®] XR)
	sitagliptin tablet (generic for Januvia®)	
	sitagliptin-metformin tablet (generic for Zit	ivinet)
	Steglujan [®] Tablet Trijardy [®] XR Tablet	
	Zituvinet	
	Zituvimet XR	
	Zituvio [™] Tablet	
De C 1	Megli	tinides New Professor
Preferred		Non-Preferred
nateglinide tablet (generic for Starlix [®]) repaglinide tablet (generic for Prandin [®])		

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	SGLT-2 Inhibitors and Combinations		
	Clinical criteria apply to all drugs in this class		
arxiga [®] Tablet	Apoglifozin tablet (generic for Farsiga®)		
artiga Tablet	dapagintom uner (genera, tor * arxig:) dapagintom / metorimin ter tablet (genera for Xigduo * XR)		
Synjardy [®] Tablet	Impera [®] Tablet		
Synjardy XR Tablet	Invokamet [®] Tablet / XR Tablet		
Xigduo [®] XR Tablet	Invokana® Tablet		
	Segluromet [™] Tablet		
	Steglatro [™] Tablet		
Preferred	Thiazolidinediones and Combinations Non-Preferred		
pioglitazone tablet (generic for Actos [®])	ActoPlus Met [®] Tablet		
pioginazone tablet (generie for Actos)	Actors Tablet		
	Dusta ⁶ Tablet		
	pioglitzzone-glimcpiride tablet (generic for Duetaet [®])		
	pioglitzzone-metformin tablet (generic for ActoPlus Met [®])		
	GASTROINTESTINAL		
	ANTIEMETIC-ANTIVERTIGO AGENTS		
Preferred	Non-Preferred		
aprepitant capsule (generic for Emend [®])—Clinical eriteria apply Diclegis [®] Tablet	Akynzes [®] Capsale / Vial Antiver [®] Tablet / Chewable Tablet		
Jiciegis Tablet	Attiver Laber / Lebera Laber		
meclizine tablet (generic for Antivert [®])	Aponvie [™] Vial		
metoclopramide solution / tablet (generic for Reglan [®])	aproprint pack (generic for Emend ⁴) - Clinical criteria apply		
ondansetron ODT 4mg and 8 mg/ solution / tablet (generic for Zofran*)	Barhensys [®] Vial		
prochlorperazine tablet (generic for Compazine®)	Bonjesta [®] Tablet		
promethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan®)	Cirvanti [®] Vial		
Promethegan (promethazine) Suppository (12.5 mg and 25 mg)	Compro [®] Suppository		
scopolamine patch (generic for Transderm-Scop [®])	dimension/initiate viail (generic for Dramanine [®])		
Transderm-Scop [®] Patch	doxylamine-pyridoxine tablet (generic for Diclegis [®]) dronabinol capsule (generic for Marinol [®])		
	dromatinic capasie (generic for Martino)) Encod ⁴ (Capasie / Powder Packet/ Trifold Pack - Clinical criteria apply		
	Emedi Vajaa / tovari akke/ monitake/ chinen energy		
NTM: Move aprepitant pack (generic for Emend®) and dimenhydrinate	Focurvez ⁷⁶ (fospreprinant) Vial		
	fossprepitant vial (generic for Emend®)		
vial (generic for Dramamine®) from Preferred to NP	Ginot [™] Nasal Spray		
	granisetron vial / tablet (generic for Kytri)®)		
	Marinol [®] Capsule		
	metoelopramide vial		
	ondansetron ODT (16 mg)		
	ondansetron vial		
	palonosetron injection (generic for Aloxi [®])		
	Phenergan* Ampule / Vial Posfrea™ V Vial		
	prochloppenzine vial / suppository (generic for Compazine [®])		
	Prometegan® Suppository (50 ng)		
	Regian [®] Tablet		
	Sancuso [®] Patch		
	Sustof [®] Syringe		
	Tigan [®] Vial		
	trimethobenzamide capsule (generic for Tigan [®]) BILE ACID SALTS		
	T/F of only one preferred drug required		
Preferred	Non-Preferred		
rsodiol capsule (generic for Actigall®)	Bylvay ³⁰ Capsale / Pellet - T/F of preferred agents not required for diagnosis of PFIC		
ursodiol tablet (generic for Urso [®])	Chenodal [®] Tablet		
	Cholbam [®] Capaule		
NTM: Added Ctexli™ Tablet to non-preferred	Ctech ¹¹⁷ Tablet		
	Iqirvo [®] (elafibranor) Tablet Livdelzi Capsule		
	Livotzi Capsule Livotzi Constolution		
	Lynnar Oras Soukon O cailva [®] Tablet		
	Ucariva iaoet Redione [®] Capale		
	Reliable Capaire H. PYLORI COMBINATIONS		
Preferred	Non-Preferred		
Pylera [®] Capsule	bismuth / metronidazole / tetracycline capsule (generic for Pylera®)		
	lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac*)		
Open class-No recommendations	Omeclamox-Pak [*] Combo Pack		
	Talicis [®] Capsule		
	Voquezna [®] Tablet / Dual Pak / Triple Pak		
	HISTAMINE-2 RECEPTOR ANTAGONISTS		
Preferred	Non-Preferred		
amotidine tablet / suspension (generic for Pepcid®)	cimetidine tablet (generic for Tagamet®)		
	cimetidine solution (generic for Tagamet [®])		
	nizatidine capsule (generic for Axid ⁶)		
	Pepcid [®] Tablet		
	PANOPEATIC ENTRATES		
De C 1	PANCREATIC ENZYMES		
Creon [®] Capsule	Pertzye® Capsule		
Viokase [®] Tablet			
Zenpep [®] Capsule	Visions [®] Tablet from NP to Preferred		

(July PDL MEETING)

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Preferred megestrol asspension / tablet (generic for Megace [®])		
	PROGESTINS USED FOR CACHEXIA Non-Preferred	
understand senderstand, moder Beiter is on surdinge)	Non-Preterred megestrol ES suspension (generic for Megace [®] ES)	
	PROTON PUMP INHIBITORS	
Preferred	Non-Preferred	
Dexilant [®] Capsule	T/F of preferred agents not required for children < 12 years of age Acipher* Tablet	
esomeprazole magnesium capsule (generic for Nexium [®] Rx) Iansoprazole capsule (generic for Prevacid [®] Rx)	nenjme ramo	
Nexium® Rx Packet	declargorizade capsules (generic for Dexilant [®])	
omeprazole Rx capsule (generic for Prilosec® Rx)	esomeprazole magnesium OTC capsule / tablet (generic for Nexium® OTC)	
pantoprazole tablet (generic for Protonix [®])	esomeprazole magnesium packet (generic for Nexium [®] Rx Packet)	
Protonix [®] Suspension	Konvonep ¹⁷ Suspension	
	lansoprazole capsule (generic for Prevacid [®] OTC) lansoprazole ODT (generic for Prevacid [®] SoluTab [™])	
	intesprize UD1 (generic for frevacid Souliae) Nextum ⁸ Rx Capsule	
Move Dexilant [®] Capsule Tablet from Preferred to NP	rectaum oc capano omograzio OTC capate/ DDT / tablet (generic for Prilosee [®] OTC)	
Obsolete: Removed Aciphex® Tablet	omeprazole-sodium bicarbonate capsule / packet (generic for Zegerid [®] Rx / OTC)	
· · · · · · · · · · · · · · · · · · ·	pantoprazole suspension (generic for Protonix [®])	
	Prevaid [®] RX (OTC Capsule / Solutab	
	Prilosec [®] Rx Suspension Protonix [®] Tablet	
	r rouna x tance neberazote tablet (generic for Aciphex [®])	
	Zegerid [®] Rx / Capsule / Packet	
	SELECTIVE CONSTIPATION AGENTS	
Preferred	Non-Preferred	
Amitiza [®] Cepsule	alosetron tablet (generic for Lotronex [*])	
Linzess [®] Capsule lubiprostone capsule (generic for Amitiza [®])	Amitiza [®] Capsule Ibsrela [®] Tablet	
naono conone cupone (generie 10) Annuel j	Instead Laborat	
NTM: Added procelenvide tablet (generic for Meteority®) to ND	Motegriy ¹⁵ Tablet	
 NTM: Added prucalopride tablet (generic for Motegrity[®]) to NP Move Amitiza[®] Capsule from Prefrerred to NP 	Movantik [®] Tablet	
	procelopride tablet (generic for Motegrity*)	
	Relistor® Syringe / Vial / Tablet - Clinical criteria apply	
	Symptoic [®] Tablet Trulance [®] Tablet)	
	Vibera ⁴⁸ Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D) ULCERATIVE COLITIS	
	Oral	
Preferred	Non-Preferred	
Apriso [®] Capsule balsalazide capsule (generic for Colazal [®])	Asseet [®] HD Tablet Azalfdice [®] Entab / Tablet	
mesalantic capsule / tablet (generic for Debricol [®] , Asseol [®] HD, Lialda [®])-	Polariance Enable (generic for Uceris [®])	
Pentasa® Capsule	Colazal [®] Capsule	
sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab)	Delzicol [®] Capsule	
Move mesalamine DR tablet (generic for Lialda®) From Preferred to NP	Dipertum Capsule	
Obsolete: Removed Asacol® HD Tablet	Lialda [®] Tablet mesalamine DR capsule / tablet (generic for Delzicol [®] , Associ [®] HD, Lialda [®])	
	mesalamine ER capsule (generic for Apriso [®] , Pentas [®])	
	Uceris [®] Tablet	
	ULCERATIVE COLITIS	
	Retal	
	T/F of only one preferred drug required	
Preferred	Non-Preferred	
mesalamine enema (generic for Rowasa®)	budesonide rectal foam	
	Canasa Suppository	
mesalamine enema (generie for SF-Rowasa")	mesalamine enema (generic for SF Rowasa [®])	
mesalamine suppository (generic for Canasa)		
	mesalamine kit (generic for Rowasa [®])	
mesalamine suppository (generic for Canasa [®])		
mesalamine suppository (generic for Canasa [®])	mssalamine kit (generie for Rowasa [®]) Rowasa [®] Kit SR Rowasa [®] Slatema Uceris [®] Rectal Foam	
mesalamine suppository (generic for Canasa [®])	mesalamine ki (generie for Rowsas ⁴) Rowsas ⁴ Kit SP-Rowsas ⁴ -Kit Uceris ² Rectal Foam CENITOURINARY / RENAL	
nesalamine appository (generic for Canasa [®]) SF Rowasa [®] Enema	mesulamine kit (generie for Rowas ^a) Rowas ^a Kit Sit-Rowas ^a Kitat Uceris ^a Rectal Foan CENTOURINARY / RENAL ELECTROLYTE DEPLETERS (KIDNEY DISEASE)	
mealamine suppository (generic for Canasa [®]) SF Rowasa [®] Enema Preferred	mesalamine kit (generie for Rowasa [®]) Rowasa [®] Kit SFE-Rowasa [®] Tatoma Uceris [®] Rectal Foam Uceris [®] Rectal Foam ELECTROLYTE DEPLETERS (KIDNEY DISEASE) ELECTROLYTE DEPLETERS (KIDNEY DISEASE) Non-Preferred	
nesalamine appository (generic for Canasa [®]) SP Rowana [®] Encema Preferred calcium acetute capsule (generic for PhosLo [®])	mesulamine kit (generic for Rowsas ⁴) Rowsas ⁴ Kit SER.Rowsas ⁴ -facena Ucris ⁴ Rectal Four ELECTROLYTE DEPLETERS (KIDNEY DISEASE) ELECTROLYTE DEPLETERS (KIDNEY DISEASE) Arrysia ⁶ Tablet	
mesalamine supportory (generic for Canasa [®]) SF Rowasa [®] Enema Preferred	mesulamine kit (generic for Rowsa [®]) Rowsa [®] Kit Sit-Rowsa [®] disease Uceris [®] Rectal Foam CENTIOURINARY / RENAL ELECTROLYTE DEPLETERS (KIDNEY DISEASE) Arrysia [®] Tablet ferric etrate Tablet (generic for Aurysia [®])	
nesalamine suppository (generic for Canasa [®]) SF Rowasa [®] Enem Preferred calcium acetate capsule (generic for PhosLo [®]) eakium acetate tablet (generic for PhosLo [®])	mesulamine kit (generic for Rowas ^a) Rowas ^a Kit Boreas ^a Kit SP-Rowas ^a ^a Extent Ucris ^a Rectal Foun CENTIOURINARY / RENAL ELECTROLYTE DEPLETERS (KIDNEY DISEASE) Aurysia ^a Tablet ferric citrato Tablet (generic for Aurysia ^a) Forecend ^a Chevable Tablet (penetic for Aurysia ^a) Forecond ^a Chevable Tablet (spenetic for Forecon ^a)	
nesalamine appository (generic for Cansu [®]) SP Rowan [®] Exema Preferred calcium acetate tablet (generic for PhosLo [®]) calcium acetate tablet (generic for Eliphos [®]) calcium cattate tablet (generic for Eliphos [®]) sevelamer carbonate powder pack / tablet (generic for Renvela [®])	mesulamine kit (generic for Rowas ^a) Rowas ^a Kit Sit-Rowas ^a Kitt Sit-Rowas ^a Kitt Uceris ^a Rectal Foan CENTIOURINARY / RENAL ELECTROLYTE DEPLETERS (KIDNEY DISEASE) Arrysia ^a Tablet ferric etrate Tablet (generic for Aurysia ^a) Foorson ^a (heveable Tablet / Powder Pack lanthamme archoaste chevable tablet (generic for Forenol ^a) MageRein ^{da} 400 Rx Tablet	
nesalamine appository (generic for Canasa [®]) SF Rowasa [®] Enerma Preferred calcium acetate capsule (generic for PhosLo [®]) calcium acetate tablet (generic for PhosLo [®])	mesulamine kit (generic for Rowas ^a) Rowas ^a Kit Ser-Rowas ^a Simum Uceris ^a Rectal Foam GENITOURINARY / RENAL ELECTROLYTE DEPLETERS (KIDNEY DISEASE) Interview Colspan="2">Interview Colspan="2" Interview Colspan="2" Interview Colspan="2" Interview Colspan="2" Interview Colspan="2" Interview Cols	
nealamine appository (generic for Canasa [®]) SP Rowana [®] Exema Preferred calcium acetate capsule (generic for PhosLo [®]) calcium acetate tablet (generic for FlopLo [®]) calcium cattate tablet (generic for FlopLo [®]) sevelamer carbonate powder pack / tablet (generic for Renvela [®])	mesulamine kit (generic for Rowas ^a) Rowas ^a Kit Boreas ^a Kit SP-Rowas ^a Sitema Ucris ^a Rectal Foun CENTIOURINARY / RENAL ELECTROLYTE DEPLETERS (KIDNEY DISEASE) Arrysia ^a Tablet Ferric etrate Tablet (generic for Aurysia ^a) Forecond ^a Chevable Tablet/ Powder Pack Iantianum crostone develbe kitek (generic for Forecond ^a) Magnethan ^d 400 Rx Tablet Receits ^a Powder Pack / Tablet	
nealamine appository (generic for Canasa [®]) SP Rowana [®] Exema Preferred calcium acetate capsule (generic for PhosLo [®]) calcium acetate tablet (generic for FlopLo [®]) calcium cattate tablet (generic for FlopLo [®]) sevelamer carbonate powder pack / tablet (generic for Renvela [®])	mesulamine kit (generic for Rowas ^a) Rowas ^a Kit Sk-Rowas ^a Kent Sk-Rowas ^a Kent Ucris ^a Restal Foan CENTIOURINARY / RENAL ELECTROLYTE DEPLETERS (KIDNEY DISEASE) Arrysia ^a Tablet ferric etrate Tablet (generic for Aurysia ^a) forcorrol ^a Chevable Tablet (generic for Forenol ^a) lantanna marboatte chevable tablet (generic for Forenol ^a) Magnetion ^a 400 Kr. Tablet Revola ^b Powder Pack / Tablet Revola ^b Powder Pack / Tablet Revola ^b Powder Pack / Tablet Varysia ^a Chevable tablet (generic for Renagel ^a) Velptore ^b (Generic for Renagel ^a)	
nealamine appository (generic for Canasa [®]) SP Rowana [®] Exema Preferred calcium acetate capsule (generic for PhosLo [®]) calcium acetate tablet (generic for FlopLo [®]) calcium cattate tablet (generic for FlopLo [®]) sevelamer carbonate powder pack / tablet (generic for Renvela [®])	mesulamine kit (generic for Rowsa ⁶) Rowsa ⁶ Kit SP-Rowsa ⁶ Stat Ucris ⁶ Rectal Foam Ucris ⁶ Rectal Foam ELECTROLYTE DEPLETERS (KIDNEY DISEASE) ELECTROLYTE DEPLETERS (KIDNEY DISEASE) Aurysia ⁶ Tablet ferric citrate Tablet (generic for Aurysia ⁶) Forecal ⁶ Chewable Tablet (generic for Foreron ⁶) MageBiad ⁷ 400 Kr Tablet Reversa ⁶ Yould Tablet (generic for Foreron ⁶) MageBiad ⁷ 400 Kr Tablet evelamer hydrochloride tablet (generic for Forerol ⁶) Xphoral ⁶ Tablet	
nealamine appository (generic for Canasa [®]) SP Rowana [®] Exema Preferred calcium acetate capsule (generic for PhosLo [®]) calcium acetate tablet (generic for FlopLo [®]) calcium cattate tablet (generic for FlopLo [®]) sevelamer carbonate powder pack / tablet (generic for Renvela [®])	mesulamine kit (generic for Rowas ^a) Rowas ^a Kit Sk-Rowas ^a Kent Sk-Rowas ^a Kent Ucris ^a Restal Foan CENTIOURINARY / RENAL ELECTROLYTE DEPLETERS (KIDNEY DISEASE) Arrysia ^a Tablet ferric etrate Tablet (generic for Aurysia ^a) forcorrol ^a Chevable Tablet (generic for Forenol ^a) lantanna marboatte chevable tablet (generic for Forenol ^a) Magnetion ^a 400 Kr. Tablet Revola ^b Powder Pack / Tablet Revola ^b Powder Pack / Tablet Revola ^b Powder Pack / Tablet Varysia ^a Chevable tablet (generic for Renagel ^a) Velptore ^b (Generic for Renagel ^a)	
neulamine appository (generic for Canava [®]) SP Rowawa [®] Exeme Preferred calcium acetate tablet (generic for PhosLo [®]) calcium acetate tablet (generic for PhosLo [®]) calcium acetate tablet (generic for FlopLo [®]) calcium acetate tablet (generic for FlopLo [®]) Sevelamer carbonate powder pack / tablet (generic for Renvela [®]) NTM: Added ferric citrate Tablet (generic for Auryxia [®]) to non-preferred Preferred alfuzosin ER tablet (generic for Urostral [®])	mesulamic kit (generic for Rowsa ^h) Rowsa ^h Kit Sr-Rowsa ^h Statt Sr-Rowsa ^h Statt Ucris ^h Rectal Foun CENTOURINARY / RENAL ELECTROLYTE DEPLETERS (KIDNEY DISEASE) Aurysia ^h Tablet ferric cirate Tablet (generic for Aurysia ^h) ferric cirate Tablet (generic for Aurysia ^h) ferric cirate Tablet (generic for Aurysia ^h) ferric cirate Tablet (generic for Fources1 ^h) Magnetind ⁴ 400 R: Tablet Rencha ^h Powder Fack / Tablet Rencha ^h Powder Fack / Tablet Velptors ^h (Chewable tegeric for Renagel ^h) Velptors ^h (Chewable tegeric for Renagel ^h) Velptors ^h (Chewable tegeric for Renagel ^h) Stroken Rescent Tablet (Stroken Renagel ^h) Stroken Rescent Renagel ^h) Kit (District International Chewable tegeric for Renagel ^h) Kit (District International Chewable tegeric for Renagel ^h) Kit (District International Chewable tegeric for Renagel ^h) Kit (District International Chewable tegeric for Renagel ^h) Kit (District International Chewable tegeric for Renagel ^h) Kit (District International Chewable tegeric for Renagel ^h) Kit (District International Chewable tegeneric for Renagel ^h) <td< th=""></td<>	
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nealamine appository (generic for Canasa [®]) SP Rowasa [®] Exeme Preferred calcium acetate capsule (generic for PhosLo [®]) calcium acetate tablet (generic for PhosLo [®]) calcium acetate tablet (generic for PhosLo [®]) sevelaner carbonate powder pack/ tablet (generic for Renvela [®]) NTM: Added ferric citrate Tablet (generic for Auryxia [®]) to non-preferred MTM: Added ferric citrate Tablet (generic for Auryxia [®]) to non-preferred affaosin ER tablet (generic for Unsustral [®]) doszosin tablet (generic for Unsustral [®])	mesulamine kit (generic for Rowsa ⁶) Rowsa ⁶ Kit SP.Rowsa ⁶ Kit SP.Rowsa ⁶ Kit CENTIOURINARY / RENAL ELECTROLYTE DEPLETERS (KIDNEY DISEASE) Electronology Arrysia ⁶ Tablet for einste Tablet (generic for Aurysia ⁶) Forcerol ⁶ (consulte Tablet (generic for Forceol ⁴) Ianthannan earborate chevable tablet (generic for Forceol ⁴) Magedisu ⁴ 400 R.T Tablet sevenare Tyderokorte tablet (generic for Romagel ⁴) Velphoro ⁶ Chevable Velphoro ⁶ Tablet BENION PROSTATIC HYPERPLASIA TREATMENTS BENION PROSTATIC HYPERPLASIA TREATMENTS Cardus ⁶ Tablet / XL Tablet Cardus ⁶ Tablet / XL Tablet Cardus ⁶ Tablet / XL Tablet	
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(July PDL MEETING)

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

		URINARY ANTISPASMODICS
	Preferred	Non-Preferred
fesoterodine ER tablet (generic for Tovia		darifenacin ER tablet (generic for Enablex)
oxybutynin solution / syrup / tablet / ER ta		Detrol [®] Tablet / LA Capsule
olifenacin tablet (generic for Vesicare®)		flavoxate tablet (generic for Urispas®)
olterodine tablet / ER capsule (generic fo		Gentesa Tablet - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age >65 years
Myrbetriq [®] ER Tablet		mirabegron ER Tablet (generic for Myrbetriq [®]) - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years
		Mysberne [®] ER Table
Move Myrbetria®	ER Tablet from NP to Preferred	Myrbetriq [®] Granules-T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age 265 years
wove wy bering	ER lablet from NF to Freierieu	oxybutynin tablet (2.5 mg)
		Oxytrol* Patch
		Toviaz [®] Tablet
		trospium tablet / ER capsule (generic for Sanctura [®] / XR)
		Vesicare [®] LS Supension / Tablet
		GOUT
	Preferred	Non-Preferred
allopurinol tablet (generic for Zyloprim [®]))	allopurinol tablet (200 mg)
colchicine tablet (generic for Colcrys®)		colchicine capsule (generic for Mitigare [®])
probenecid tablet (generic for Benemid®)		Colcrys [®] Tablet
probenecid-colchicine tablet (generic for	Col-Benemid [*])	februssat tablet (generic for Uloris "Tablet)
		Gloperha [®] Solution
		Kystexa [®] Vial
		Mitigare [®] (branded colchicine 0.6mg) Capsules Ulocic [®] Tablet
		Unor Tablet Zyloprim Tablet
		Zyroprim Tablet
		HEMATOLOGIC
		ANTICOAGULANTS
		Injectable
	Preferred	Non-Preferred
enoxaparin syringe / vial (generic for Lov		Arixta [®] Syringe
Fragmin [®] -Svringe	North J	fondaprims synings (generic for Arixtra [®])
Fragmin [®] Vial	Aove Fragmin [®] Syringe from Preferred to NP	Fragmin [®] Syringe
	Nove riaginin' Syninge from Freieneu to NF	Lovenox [®] Syringe / Vial
		Oral
	Preferred	Non-Preferred
Eliquis® Tablet / Starter Dose Pack		dabigatran capsule (generic for Pradaxa* Capsule)
Jantoven® (branded generic for Coumadir	n*)	Pradaxa® Pellet Pack
Pradaxa® Capsule	NTM: Added Rivaroxaban tablet (generic for	Revealant tablet (generic for Xarelto [*])
warfarin tablet (generic for Coumadin®)	Xarelto [®]) to non-preferred	Savaysa Tablet Xarelto Suspension
Xarelto [®] Starter Pack / Tablet		Xarelo Suspension
		COLONY STIMULATING FACTORS
	Preferred	Non-Preferred
Fulphila [®] Syringe		Fyliastia [®] Syringe
Fylnetra [®] Syringe		Granix [®] Safe Syringe / Syringe / Vial
Neupogen® Vial / Syringe		Leukine [®] Vial
Udenyea [®] On Body / Autoinjector / Syri	nge	Neulasta® Syringe / Kit
_		Nivestym [™] Syringe / Vial
	netra [®] Syringe Neupogen [®] Vial / Syringe from NP to Preferred and move	Nyvepria [®] Syringe
Uder	nyca® Autoinjector / Syringe from Preferred to NP	Releako [®] Syringe / Vial
		Rolvedon [™] Syringe
		Stimufend [®] Syringe
		Udenyea [®] On-Body / Autoinjector / Syringe
		Zarajo Syringe
		Ziertenzo [®] Syringe HEMATOPOIETIC AGENTS
		TEMATOPOLETIC ADDENTS Clinical criteria apply to all drugs in this class
	Preferred	Canacat criteria appry to an unage at this cass Non-Preferred
Aranesp [®] Syringe / Vial	Traditos	Independent Construction
Epogen [®] Vial	Obsolete: Removed Jesduvroq® Tablet	Mirca [®] Syning
Retacrit [®] Vial		Process Systems
		Rebizyf [®] Vial
		Vafice [®] (vadudstat) Tablet
		THROMBOPOIESIS STIMULATING AGENTS
	Preferred	Non-Preferred
Nplate [®] Vial		Alvaiz ¹⁰ Tablet
Promacta® Suspension / Tablet		Doptlet
		Mulpleta
		Tavaisse ¹⁰ Tablet

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Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

	OPHTHALMIC			
	ALLERGIC CONJUNCTIVITIS AGENTS			
Preferred	Non-Preferred Alomide [®] Drops			
azelastine drops (generic for Optivar [®]) eromolyn sodium drops (generic for Crolom [®])	Anime Arigs Alex ⁸ Drops			
olopatadine drops (generic for Pataday [®] , Patanol [®])	arelastine drops (generic for Optival [®])			
olopatadine drops (generic for Pataday®, Patanol®) (OTC)	bepotastine drops (gneric for Bepreve [®])			
Maure analystics during (accords for Onking 40) ND to Desformed	Bepreve® Drops			
Move azelastine drops (generic for Optivar®) NP to Preferred	epinsine drops (generic for Elestat ⁶)			
	loteprednol drops (generic for Alrex [®]) Zerviate ¹⁵⁰ Drops			
	Zervate Drops			
	ANTIBIOTICS			
Preferred	Non-Preferred			
bacitracin-polymyxin ointment (generic for Polysporin [®])	Azasite [®] Drops bacitracin ointment (generic for AK-Tracin [®])			
ciprofloxacin solution drops (generic for Ciloxan [®]) erythromycin ointment (generic for Ilotycin [®])	okaraca onama (generk or Ak-taka) Belanda (gen			
gentamicin drops (generic for Garamycin [®])	Closes Outpetton			
moxifloxacin ophthalmic solution (generic for Vigamox®)	gatifloxacin drops (generic for Zymaxid®)			
ofloxacin drops (generic for Ocuflox [®])	noxifloxacin ophthalmic solution (generic for Moxeza [®])			
Polycin® Ointment (branded generic for Polysporin®)	Natacyn Doops			
polymyxin-trimethoprim drops (generic for Polytrim [®]) sulfacetamide drops (generic for Bleph-10 [®])	neomycin-bacitracin-polymyxin ointment (generic for Neosporin [®] Ophthalmic Ointment) neomycin-polymyxin-gramicidin drops (generic for Neosporin [®] Ophthalmic Drops)			
tobramycin drops (generic for Tobrex [®])	Inconjyme polymy kneg annekum doby k generic tor receiptorm opinaamic, tropp) Nes-Polycin (Onitante) (transled generic for Nesoporin" Opinaamic, tropp)			
	Configure Transmitting families gravity in a receiption of phalameter Granitality Ocaffors' Brops			
	sulfacetamide ointment (generic for Cetamide [®])			
	Tobrex [®] Ointment			
	Vigamox [®] Drops			
	ANTIBIOTICS-STEROID COMBINATIONS			
Preferred	Non-Preferred			
ncomycin-polymyxin-dexamethasone drops / ointment (generic for Maxitrol®)	Maxitrol [®] Drops / Ointment			
Tobradex®-Drops/ Ointment	Neo-Polycin [®] HC (branded generic for Cortisporin [®])			
tobramycin-dexamethasone suspension (generic for Tobradex®)	ncomycin-basitracin-polymyxin-HC ointment (generic for Cortisporin [®])			
Obsolete: Removed Tobradex [®] Drops	acomycin-polymycin-HC drops (generic for Ocutricin [®]) sulfacetanide-prednisolone drops (generic for Vasocidin [®])			
	Suiteconnexpressione use of genera or valences /			
	Zytet Drops			
	ANTI-INFLAMMATORY			
Preferred dexamethasone drons (generic for Decadron®)	Non-Preferred			
dexamethasone drops (generic for Decadron®)	Non-Preferred Acular [®] Drops / LS Solution Acuval [®] Solution			
	Acular® Drops / LS Solution			
dexamethasone drops (generic for Decadron [®]) dielofenae drops (generic for Volatern [®]) difluprednate drops (generic for Durezol [®]) Filtares [®] Drops	Acular [®] Drops / LS Solution Acuval [®] Solution bromfene drops (generic for Prolensa [®] , Xibrom [®] , BromSite [®]) BromSite [®] Solution			
dexamethasone drops (generic for Decadron [®]) diclofenae drops (generic for Duezol [®]) difluprednate drops (generic for Duezol [®]) Flares [®] Drops flares ^{meth} Drops	Acular [®] Drops / LS Solution Acuvail [®] Solution bromfance drops (generic for Prolensa [®] , Xibrom [®] , BromSite [®]) BromSite [®] Solution Dectemz [®] Insert			
decamenhanone drops (generic for Decadoon [®]) dielofenae drops (generic for Vottaren [®]) dilluprechtate drops (generic for Darexo [®]) Flares [®] Drops Barcometholose drops (generic for FML [®]) flarbiprofen drops (generic for FML [®])	Acurail "Drops (LS Solution Acurail "Solution Decombra Copy (generic for Prolema [®] , Xhrom [®] , BronSite [®]) BromSite [®] Solution Decombra Copy (generic for Prolema [®] , Xhrom [®] , BronSite [®]) Decombra Copy (generic for Prolema [®] , Xhrom [®] , BronSite [®]) Decombra Copy (generic for Prolema [®] , Xhrom [®] , BronSite [®]) Decombra Copy (generic for Prolema [®] , Xhrom [®] , BronSite [®]) Decombra Copy (generic for Prolema [®] , Xhrom [®] , BronSite [®])			
decamethasone drops (generic for Decadron [®]) diclofenae drops (generic for Volaren [®]) diluprechate drops (generic for Durczol [®]) Flares [®] Drops Flares	Acular [®] Drops / LS Solution Acular [®] Solution bromfine: drops (genci for Prolema [®] , Xibrom [®] , BromSite [®]) BromSite [®] Solution Dottsza [®] Insert Darczol [®] Drops FML Forte Drops / Liquifilin [®] Drops			
decamethasone drops (generic for Decadron [®]) dieloffenae drops (generic for Volaten [®]) difluprednate drops (generic for Durzon [®]) Flares [®] Drops flacoromotiolone drops (generic for FML [®]) flavointelone drops (generic for Coufen [®]) keterenke schalten (generic for Acedanti-/4.5) Loternex [®] Drops	Acular [®] Drops / LS Solution Acular [®] Solution bromfense drops (generic for Prolessa [®] , Xibrom [®] , BromSite [®]) BromSite [®] Solution Decetorza [®] Insert Decetorza [®] Insert Parent [®] Drops FML [®] Forts Drops / Liquifilm [®] Drops Ilevo [®] Drops			
decamethanore drops (generic for Pocadon [®]) diclofenae drops (generic for Votane [®]) diflupechate drops (generic for Durzol [®]) Flarcs [®] Drops flaorometholone drops (generic for Culle [®]) flaorometholone drops (generic for Culle [®]) disproped metry (generic for Culle [®]) detormase scheland generic for Acadawi / 459 Lotemax [®] Drops Neumax [®] Drops	Acuarili Propo / LS Solution Acuarili Solution Acourili Solution bronfine dropt (generic for Prolens [®] , Xhrom [®] , BronSite [®]) Bronfile "Solution Detenzia" Inset Detenzia" Drops Detenzia" Drops FML FML Forte Drops / Liquitina [®] Drops Blevel® Torps Blevel® Torps Blevel® Torps			
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decamethasone drops (generic for Decadors [®]) diclofenae drops (generic for Duczof [®]) diclofenae drops (generic for Duczof [®]) Flares [®] Drops flares [®] Drops (generic for Collen [®]) flarboroter drops (generic for FML [®]) flarboroter drops (generic for Vedler [®])-15.5) Lotenae [®] Drops Newane [®] Dropsimer Pred Mild [®] Drops prednisolone acetate drops (generic for Pred Forte [®])	Acuarili Propo / LS Solution Acuarili Solution Acourili Solution bronffmac dropt (generic for Prolens [®] , Xhrom [®] , BronSite [®]) Bronfile [®] Solution Detenzia [®] Torpo Detenzia [®] Torpo Detenzia [®] Torpo FME FME Forte Drops / Liquitin [®] Drops Bercol [®] Torpo			
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Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

	BETA BLOCKER AGENTS / COMBINATIONS		
Preferred	Non-Preferred		
Combigan [®] Drops timolol drops / GFS gel-solution (generic for Timoptic [®] / Timoptic XE [®])	betaxolol drops (generic for Betoptic") Betimol [®] Drops		
Innoisi arops / Gr S get-solution (generic for Timopue / Timopue AE)	Becimin Jordan Beciptic S Drops		
	brimonidine tartrate / timolol drops (generic for Combigan [®])		
	carteolol drops (generic for Ocupress [®])		
	Istald" Drops		
	levobunolol drops (generic for Betagan [®]) timolol henihydrate (generic for Betimol% drops)		
	timolol drog (generic for Istalol [®] Drops)		
	timolol maleate drop (generic for Timoptic® Ocudose® Drops)		
	Timoptic* Drops / Ocudose® Drops / XE® Solution CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS		
Preferred	CARDONC ANTI-DRASE ENTERTORS / COMBRATIONS		
dorzolamide drops (generic for Trusopt®)	Azopf [®] Drops		
dorzolamide-timolol drops (generic for Cosopt®)	brinzolamide drops (generic for Azopt [®] Drops)		
Simbrinza [®] Drops	Cocopt Drops / PE Drops		
	dorzolamide-timolol PF drops (generic for Cosopt [®] PF)		
	PROSTAGLANDIN AGONISTS		
Preferred	Non-Preferred		
latanoprost drops (generic for Xalatan®)	bimatoprost drops (generic for Lumigan® Drops)		
Travatan® Z Drops	Durysa [®] Implant iDose [®] TR Implant		
	ILDos IK Impiant Juxeh [®] Drops		
	Lunigan [®] Drops		
	tafluprost drops (generic for Zioptan [®])		
	travoprost drops (generic for Travatan® Z) Vyzulta® Drops		
	Vyznika Joróps Xalatarő Drops		
	Kalenos Dops Constanting Const		
	Zioptan [®] Drops		
	RHO KINASE MODIFIERS / COMBINATIONS		
Preferred	RIO KINASE MODIFIERS/ COMBINATIONS Non-Preferred		
Rhopressa® Drops	WHITEEITEU		
Rocklatan [®] Drops			
	OSTEOPOROSIS		
Preferred	BONE RESORPTION SUPPRESSION AND RELATED AGENTS Non-Preferred		
alendronate tablet (generic for Fosamax [®])	Actorel [®] Tablet		
Forteo® Pen	alendronate solution (generic for Fosamax [®] Solution)		
raloxifene tablet (generic for Evista®)	Atelvia® Tablet		
	Binosto Effervescent Tablet		
Move Forteo [®] Pen From NP to Preferred			
	calcitoni salmoa nasal spray (generic for Miacalein ⁶)		
	Evenity ¹⁵ Syringe		
	Evenity ^{TC} Syringe Evian [®] Tablet Fosamax [®] Tablet / Plus D Tablet		
	Evenity ⁷⁶ Syringe Evisat [®] Tablet Fantas [®] Penn Foarma [®] Tablet / Plus D Tablet Ibandromate tablet (generic for Boniva [®])		
	Eventy [®] Syringe Eventy [®] Fablet Forease [®] Fen Forease [®] Fen Forease [®] Tablet (Plus D Tablet Ibandromate tablet (generic for Boniva [®]) Poula [®] Syringe		
	Eventy ⁷⁶ Syringe Eventy ⁷⁶ Syringe Eventy ⁷⁶ Tablet Mentson Constraints (Constraints) Forama ⁸ Tablet / Plus D Tablet Inanformate tablet (generic for Fority ⁸) Prolis ⁸ Syringe risedromate DR tablet (generic for Atchvia ⁶)		
	Evenity ⁷⁶ Syringe Evisat ⁷⁵ Tablet Fostma ⁷⁶ Tablet / Plus D Tablet Bradromate tablet (generic for Boniva ⁸) Prolia ⁸ Syringe Tiscdromate Data (but helt (generic for Activa ⁸) fiscdromate Data (generic for Activa ⁸)		
	Eventy ⁷⁶ Syringe Eventy ⁷⁶ Syringe Eventy ⁷⁶ Tablet Mentson Constraints (Constraints) Forama ⁸ Tablet / Plus D Tablet Inanformate tablet (generic for Fority ⁸) Prolis ⁸ Syringe risedromate DR tablet (generic for Atchvia ⁶)		
	Evaluy [®] Syringe Evaluy [®] Syringe Evalue [®] Pan Boardmark tablet (generic for Plon D Tablet Boardmark tablet (generic for Storku [®]) Prolin [®] Syringe Foldin [®] Syringe risderotata DR tablet (generic for Atchu [®]) risderotata DR tablet (generic for Atchu [®]) risderotata DR (generic for Fordet [®]) triparatide pen (generic for Fordet [®]) Tymice [®] Pen		
	Eventy ^{Ta} Syringe Eventy ^{Ta} Syringe Events ^{Tablet} Testenss ⁴ ^{Tablet} Isosoma th Tablet (generic for Boitva th) Prolia ^{ta} Syrings risosomate DR tablet (generic for Atelvia th) risosomate DR tablet (gene		
	Eventy " Syring: Eventy " Syring: Eventy " Tablet Forman ⁰ Tablet / Plus D		
Preferred	I veday [®] Syringe Eveda [®] Syringe Eveda [®] 2 Net Footans ⁴ , Tablet (Plus D Tablet handromate tablet (generic for Boniva [®]) Prolia [®] Syringe Trisderomate DR tablet (generic for Atchiva [®]) crisderomate Table (generic for Atchiva [®]) crisderomate Table (generic for Atchiva [®]) triprantide pen (generic for Fortes ⁰) Cripratide pen (generic for Fortes ⁰) Tyrino [®] Pen COTIC ANTIBIOTICS Non-Preferred		
	Eventy " Syring: Eventy " Syring: Eventy " Tablet Forman ⁰ Tablet / Plus D		
Preferred ciprofloracin-decamethasone suspension (generic for Ciprodex [#])	Evelay" systing: Evelay "a systing: Evelay "a system of the system of th		
	Eventy" Syring: Eventy" Syring: Events" Fable(Dentess" Pet Insertional table(generic for Boity") Prolis" Syring risedonate table(generic for Activa") risedonate table(generic for Centual") ciprofloxacin-floxinolone droug (generic for Octore") Corrisport TCE suppersion		
Preferred ciprofloxacin-decamethasone suspension (generic for Ciprodex [®]) monycin-polymyxin-hydrocortisene solution / suspension (generic for Cottagorin [®])	Evelay [®] Syringe Evelay [®] Syringe Evelay [®] Syringe Evelay [®] 2 Net Forsers ⁴ Tablet (Plan Tablet Inadromate tablet (generic for Bonix [®]) Prolis [®] Syringe Trisdeorate table (generic for Atelvis [®]) risedorate table (generic for Atelvis [®]) risedorate table (generic for Atelvis [®]) risedorate table (generic for Forteo [®]) Tymlos [®] Pen CITC ANTIBIOTICS Copo [®] HC Supersion Ciprofloxacin solution (generic for Cetratal [®]) ciprofloxacin solution (generic for Cetratal [®]) ciprofloxacin solution dedops (generic for Covel [®])		
	Eventy" Syring: Eventy" Syring: Events" Fable(Dentess" Pet Insertional table(generic for Boity") Prolis" Syring risedonate table(generic for Activa") risedonate table(generic for Centual") ciprofloxacin-floxinolone droug (generic for Octore") Corrisport TCE suppersion		
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October PDL Draft (July PDL MEETING)

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

		DETA ADDENEDCIC HANDHELD, CHODT ACTING
	Preferred	BETA-ADRENERGIC HANDHELD, SHORT ACTING Non-Preferred
albutaral HEA inhalar (gaparic	r for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler)	
Ventolin [®] HFA Inhaler		levalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler) albeterol HFA inhaler (generic for Provan [®] HFA Inhaler / Ventolin [®] HFA Inhaler / Ventolin [®] HFA Inhaler)
Xopenex® HFA Inhaler	Move albuterol HFA inhaler (generic for Proair® HFA Inhaler /	Prost Diplater
	Proventil® HFA Inhaler / Ventolin® HFA Inhaler) From NP to	Proar* RespiClick
	Preferred	
		BETA-ADRENERGIC, NEBULIZERS
		T/F of only one preferred drug required
	Preferred	Non-Preferred
albuterol 0.63mg / 3ml solution albuterol 1.25mg / 3ml solution		arformoterol solution (generic for Brovana [®]) Brovana [®] Solution
albuterol sulfate 2.5mg / 0.5ml	solution	Information Solution (generic for Performins [®])
albuterol sulfate 2.5mg / 3ml s		levalbuterol solution / concentrate solution (generic for Xopenex* / Concentrate)
		Perforomist Solution
		BETA-ADRENERGIC, ORAL
	Preferred	Non-Preferred
albuterol tablets (generic for P		albuterol ER tablets (generic for VoSpire [®] ER)
albuterol syrup (generic for Ve terbutaline tablet (generic for I		
terbutanne tablet (generie for i	Steame)	
		ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS
	Preferred	Non-Preferred
Anoro [®] Ellipta [®] Inhaler		Beveni Acrophere
Atrovent® HFA Inhaler		Dalires9 ⁶ Tablet
Combivent® Respinat® Inhalat	tion Spray	Duaklir [®] Pressair [®]
Incruse [®] Ellipta [®] Inhaler		tiotropium inhaler (generic for Spiriva [®] Handihaler [®])
ipratropium nebulizer solution		Tudorza [®] Pressair [®] Inhaler
ipratropium / albuterol solution		Yupefr Solution
roflumilast tablet (generic for I		Ohtuvayte ¹⁰ Inhalation suspension
Spiriva [®] Handihaler [®] / Respin Stiolto [®] Respinat [®] Inhalation		
Stiono Respinar matatation	apay	
		INHALED CORTICOSTEROIDS
	Preferred	Non-Preferred
Alvesco® Inhaler		ArmonAir [™] Digitaler [™]
Arnuity [®] Ellipta [®] Inhaler		fluticasone propionate diskus (generic for Flovent [®] Diskus)
Asmanex® HFA Inhaler / Twis		Pulmicort - Flexhaler
	, 0.5mg, 1mg (generic for Pulmicort [®] Respules)	Pulmicort [®] Resoulds 0.25me. 1me
Flovent® Diskus / HFA Inhalen		Move Pulmicort [®] Flexhaler NP to preferred
fluticasone propionate HFA (g Pulmicort [®] Flexhaler	eneric for Flovent ⁻ HFA)	
QVAR [®] RediHaler [™]		
4		INHALED CORTICOSTEROID COMBINATIONS
	Preferred	Non-Preferred
Advair [®] Diskus [®]		AirDuo [®] Digihaler ¹⁰ / RespiClick [®]
Advair® HFA Inhaler		AirSupra ³⁰ Inhaler
Dulera [®] Inhaler		Breo [®] Ellipta®
Symbicort [®] Inhaler		Brona Inheer
		Brezzi [®] Accophere [®]
		budesonide / formaterol inhalation (generic for Symbicort [®]) fluticasone / salmeterol HFA inhaler (generic for Advair [®] HFA)
	Open class-No recommendations	Indicasone' subjector infra mater (generic tor Austair TrA) Indicasone' subjector infra indice (generic tor Austair TrA) Indice (generic tor Austai
		fluticesone / sulmeterol inhalation (generic for AirDuo [®])
		fluticasone / vilanterol inhalation (generic for Breo® Ellipta®)
		Trelegy [®] Ellipta [®]
		Wixela ¹⁶ Inhab ²⁶
	Proformad	INTRANASAL RHINITIS AGENTS Non-Preferred
azelastine sprav (neneric for A	Preferred	Non-Preferred
azelastine spray (generic for A Dymista® Nasal Spray		Non-Preferred T/F of preferred agents not required in children < 4 years of age for steroid-containing products
Dymista® Nasal Spray	stelin [®])	Non-Preferred T/F of preferred agents not required in children <4 years of age for steroid-containing products azelastice rasal geny (generic for Astepo ⁵)
	stelin [®])	Non-Preferred T/F of preferred agents not required in children < 4 years of age for steroid-containing products
Dymista® Nasal Spray fluticasone spray (generic for F	stelin [®]) Tonse [®]) Arroven [®] Nosal)	Non-Preferred T/F of preferred agents not required in children < 4 years of age for steroid-containing products azelastine must apray (generic for Astepto*) izelastine-fluticasone must apray (generic for Dymista*)
Dymista [®] Nasal Spray fluticasone spray (generic for F ipratropium spray (generic for	stelin [®]) Tonse [®]) Arroven [®] Nosal)	Non-Preferred T/F of preferred agents not required in children < 4 years of age for steroid-containing products azelastine maal spray (generic for Astepro [®]) azelastine-fluticasone musil spray (generic for Dyninst [®]) Becomes [®] AQ Natal Spray flutioble maal spray (generic for Nashide [®]) monetasone massl spray (generic for Nashide [®])
Dymista [®] Nasal Spray fluticasone spray (generic for F ipratropium spray (generic for olopatadine nasal spray (generi	stelin [®]) Tonac [®]) Anovern [®] Nasal) ic for Patanase [®])	Non-Preferred T/F of preferred agents not required in children <4 years of age for steroid-containing products azelastine functione musil gery (generic for Dymisa [®]) Becomes [®] ACM stark Serup fluxiositide musil gery (generic for Nasolide [®]) monetascer musil gery (generic for Nasolide [®]) mometascer musil gery (generic for Nasolide [®]) mometascer musil gery (generic for Nasolide [®])
Dymista [®] Nasal Spray fluticasone spray (generic for F ipratropium spray (generic for olopatadine nasal spray (generi	stelin [®]) Tonse [®]) Arroven [®] Nosal)	Non-Preferred T/F of preferred agents not required in children <4 years of age for steroid-containing products azelastine nasal spray (generic for Astepto [®]) azelastine fulticisson mail spray (generic for Dynista [®]) Beconias [®] AQN anal spray (generic for Naselide [®]) Intusiolite nasal spray (generic for Naselide [®]) mometasone mail spray (generic for Naselide [®]) Ommaris [®] Nasal Spray Patanae [®] Nasal Spray
Dymista [®] Nasal Spray fluticasone spray (generic for F ipratropium spray (generic for olopatadine nasal spray (generi	stelin [®]) Tonac [®]) Anovern [®] Nasal) ic for Patanase [®])	Non-Preferred T/F of preferred agents not required in children < 4 years of age for steroid-containing products azelastine fluitcacone rusal spray (generic for Dynnisa [®]) azelastine-fluitcacone rusal spray (generic for Dynnisa [®]) Becomes [®] AQD Mask Spray fluitaiolide rusal spray (generic for Nasinde [®]) moretasone rusal spray (generic for Nasinde [®]) moretasone rusal spray (generic for Nasinde [®]) Manask [®] Nasal Spray Othernis [®] Nasal Spray Optianse [®] Nasal Spray
Dymista [®] Nasal Spray fluticasone spray (generic for F ipratropium spray (generic for olopatadine nasal spray (generi	stelin [®]) Tonac [®]) Anovern [®] Nasal) ic for Patanase [®])	Non-Preferred T/F of preferred agents not required in children <4 years of age for steroid-containing products azelastine functions must apray (generic for Dynista [®]) azelastine functions and spray (generic for Dynista [®]) Beconse [®] AQN and spray (generic for Nasolice [®]) montesance must apray (generic for Nasolice [®]) momentas ne must apray (generic for Nasolice [®]) Planme [®] Nasol Spray Planme [®] Nasol Spray Planme [®] Nasol Spray Spray
Dymista [®] Nasal Spray fluticasone spray (generic for F ipratropium spray (generic for olopatadine nasal spray (generi	stelin [®]) Tonac [®]) Anovern [®] Nasal) ic for Patanase [®])	Non-Preferred T/F of preferred agents not required in children <4 years of age for steroid-containing products azelastine masal spray (generic for Dynista [®]) Beomet [®] AQ Mead Spray Itunisolide masal spray (generic for Nasilide [®]) montetasone masal spray (generic for Nasilide [®]) Ommaris [®] Naad Spray Planamas [®] Naad Spray QNad [®] Yeary (Children's Spray Ryaltris [®] Naad Spray Ryaltris [®] Naad Spray
Dymista [®] Nasal Spray fluticasone spray (generic for F ipratropium spray (generic for olopatadine nasal spray (generi	stelin [®]) Tonac [®]) Anovern [®] Nasal) ic for Patanase [®])	Non-Preferred T/F of preferred agents not required in children <4 years of age for steroid-containing products azelastine functions must grey (generic for Astepro ⁵) azelastine functions must grey (generic for Nussine ⁵) Beannam ² ACM and Sterop flustistic must grey (generic for Nussine ⁵) mometasone must grey (generic for Nussine ⁶) Mand ⁶ Start Stery Patanas ⁶ Naad Stery Simon ³¹ Implant Nand ⁶ Start Stery Simon ³¹ Implant
Dymista [®] Nasal Spray fluticasone spray (generic for F ipratropium spray (generic for olopatadine nasal spray (generi	stelin [®]) Tonac [®]) Anovern [®] Nasal) ic for Patanase [®])	Non-Preferred T/F of preferred agents not required in children <4 years of age for steroid-containing products azelastine functione must group (generic for Astepro ⁵) azelastine functione must group (generic for Nusaink ⁶) Beannam ⁸ Ack Mask Sterop Ommaris ⁶ Naud Spray Patanac ⁸ Naud Spray Opariaris ⁶ Naud Spray Sinova ⁸ Sinova ⁸ Naud Spray Sinova ⁸ Sinova ⁸ Assaf Spray Zotonné ⁶ Naud Spray Zotonné ⁶ Naud Spray
Dymista [®] Nasal Spray fluticasone spray (generic for F ipratropium spray (generic for olopatadine nasal spray (generi	Ionse [®]) Anoven [®] Nasal) Anoven [®] Nasal) Icé for Patanac [®]) Ilete: Removed Beconase [®] AQ Nasal Spray	Non-Preferred T/F of preferred agents not required in children <4 years of age for steroid-containing products azelastine sual gary (generic for Asepes ⁵) azelastine fulficiance musil gary (generic for Dynista [*]) Bearons ^{**} Advant Sensy fluxioside musil gary (generic for Nasolice [*]) fluxios
Dymisin [®] Nsail Spray flutisame spray (generic for 1 jeratopian pergy (generic der elopatadine nasal spray (generi Obbso	setia [®]) Torse [®]) Atroven [®] Nasal) is for Patanase [®]) Diete: Removed Beconase [®] AQ Nasal Spray Preferred	Non-Preferred T/F of preferred agents not required in children <4 years of age for steroid-containing products azelastine functioner mail agent (generic for Dymisa [®]) azelastine functioner mail agent (generic for Dymisa [®]) Beconse [®] AQN and spray (generic for Nasolice [®]) mometascen mail agent (generic for Nasolice [®]) mometascen mail agent (generic for Nasolice [®]) mometascen mail agent (generic for Sasolice [®]) mometascen mail agent (generic for Sasolice [®]) Onmarit [®] Naail Spray Plannac [®] Naail Spray Plannac [®] Naail Spray Simon [™] Implant Simon [™] Implant Zecome [®] Naail Spray LEUKOTRIENE MODIFIERS
Dymista [®] Nasal Spray fluticasone spray (generic for F ipratropium spray (generic for olopatadine nasal spray (generi	setia [®]) Torse [®]) Atroven [®] Nasal) is for Patanase [®]) Diete: Removed Beconase [®] AQ Nasal Spray Preferred	Non-Preferred T/F of preferred agents not required in children < 4 years of age for steroid-containing products azelastine functione must grow (generic for Asteps ⁶) azelastine functione must grow (generic for Nassine ⁶) Beannas [®] Activatione for Nassine ⁶) functione must grow (generic for Nassine ⁶) montensone must grow (generic for Nassine ⁶) Massine ⁶ Nassine ⁶ Massine ⁶ Nassine ⁶ Massine ⁶ Nassine ⁶ Nassine ⁶ Nassine ⁶ Nassine ⁶ Nassine ⁶ Sinton ⁸ Inplant Nassine ⁶ Nassi Spray Zoonne ⁶ Nassi Spray LEUKOTRIENE MODIFIERS Non-Preferred Accolute ⁶ Tablet
Dymisin [®] Nsail Spray flutisame spray (generic for 1 jeratopian pergy (generic der elopatadine nasal spray (generi Obbso	setia [®]) Torse [®]) Atroven [®] Nasal) is for Patanase [®]) Diete: Removed Beconase [®] AQ Nasal Spray Preferred	Non-Preferred T/F of preferred agents not required in children <4 years of age for steroid-containing products azelastice mail agray (generic for Asepes ⁵) azelastice functione mail agray (generic for Dynisa ⁶) Becomes ⁶ AdO Mail Agenetic fluisolide ranal agray (generic for Nasulide ⁸) moretasce mail agray (generic for Nasulide ⁸) fluisolide ranal agray (generic for Nasulide ⁸) moretasce mail agray (generic for Nasulide ⁸) moretasce mail agray (generic for Nasulide ⁸) Ofmaris ⁶ Nasal Spray Parames ⁸ Noail Spray / Children's Spray Rystris ⁶ Nasal Spray / Children's Spray Rystris ⁶ Nasal Spray Consta ⁶ Nasal Spray LEUKOTRIENE MODIFIERS Leukof ⁶ Tablet nonerlekast grandes (generic for Singulai ⁶)
Dymisi ⁴ Naul Spray fluticanone spray (generic for 1 jopartopium parajo (generic for 1 elopatadine maal spray (generi Obbso	setia [®]) Torse [®]) Atroven [®] Nasal) is for Patanase [®]) Diete: Removed Beconase [®] AQ Nasal Spray Preferred	Non-Preferred T/F of preferred agents not required in children <4 years of age for steroid-containing products azelastine nasal spray (generic for Assinde*) azelastine functionsom masal spray (generic for Nassinde*) Beconsus***********************************
Dymisi ⁴ Naul Spray fluticanone spray (generic for 1 jopartopium parajo (generic for 1 elopatadine maal spray (generi Obbso	setia [®]) Torse [®]) Atroven [®] Nasal) is for Patanase [®]) Diete: Removed Beconase [®] AQ Nasal Spray Preferred	Non-Preferred T/f of preferred agents not required in children <4 years of age for steroid-containing products arelatine functione meal gray (generic for Asepes ⁵) arelatine functione meal gray (generic for Massile ⁶) fluxisolide meal gray (generic for Naselle ⁶) fluxisolide meal Stray Ryaltris ⁶ Nasal Stray Ryaltris ⁶ Nasel Stray Kinne ⁶ Nasal Stray LEUKOTRIENE MODIFIERS LEUKOTRIENE MODIFIERS mostelskast granules (generic for Singulai ⁶) mostelskast granules (generic for Singulai ⁶) mostelskast granules (randes/ Tablet granulea (generic for Singulai ⁶)
Dymisi ⁴ Naul Spray fluticanone spray (generic for 1 jopartopium parajo (generic for 1 elopatadine maal spray (generi Obbso	setia [®]) Torse [®]) Atroven [®] Nasal) is for Patanase [®]) Diete: Removed Beconase [®] AQ Nasal Spray Preferred	Non-Preferred T/F of preferred agents not required in children <4 years of age for steroid-containing products azelastine mail ageng (generic for Agenes [*]) azelastine fulficiance mail ageng (generic for Dynista [*]) Becomes [*] AQNama Spray functiolet and ageng (generic for Nasalide [*]) nometascen mail ageng (generic for Nasalide [*]) nometascen mail ageng (generic for Nasalide [*]) Onmari [®] Naal Spray Patamse [®] Naal Spray QNaaf, Naal Spray Sparsy [®] Sinva [®] Turplant Sinva [®] Turplant Zecome [®] Naal Spray LEUKOTRIENE MODIFIERS Interview (generic for Singulai [®]) Singulai [®] "Chevable (Generic for Singulai [®]) Singulai [®] "Chevable (Generic for Singulai [®])
Dymisin [®] Nsail Spray flutisame spray (generic for 1 jeratopian pergy (generic der elopatadine nasal spray (generi Obbso	setia [®]) Torse [®]) Atroven [®] Nasal) is for Patanase [®]) Diete: Removed Beconase [®] AQ Nasal Spray Preferred	Non-Preferred T/f of preferred agents not required in children <4 years of age for steroid-containing products azelastine nucl.score nucl.agents for Assepts ⁵) azelastine fullciasone nucl.agents for Drivisa ⁶) Bearons ²⁴ , Schwai Steroy fluinsibile nucl.agents for Nasolik ⁸) Nasolik ⁸ Nasoli Spray Simula ⁸ LEUKOTRIENE MODIFIERS LEUKOTRIENE MODIFIERS mostelskast granules (genetic for Singulai ⁸) mostelskast granules (for Singulai ⁸) nastelskast granules (denets of Singulai ⁸) mos

(July PDL MEETING)

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

Destanced	LOW SEDATING ANTIHISTAMINES Near Revformed
Preferred	Non-Preferred
cetirizine OTC syrup Img/Iml (generic for Zyrtee [®] OTC Syrup)	ectivizae chevable tablet OTC (generic for Zynce [®] OTC Tablet) esticizione OTC - zure Smolle (learnin for Zynce [®] OTC Tablet)
cetirizine Rx syrup (generic for Zyrtec [®] Syrup) cetirizine tablets OTC (generic for Zyrtec [®] OTC Tablet)	ectirizine OTC syrup Smg/Sml (generic for Zyrtee [®] OTC Syrup) ectirizine OTC softgel
levocetirizine anders offer (generic for Xyzal® OTC Tablet)	Canization Or Compared Clanization Tables - TJF to diperferred agents not required for children <2 years of age
levocetirizine Rx tablet (generic for Xyzal [®] Rx Tablet)	desloratadine ODT / Tablet (generic for Clarines.*) - T/F of preferred agents not required for children <2 years of age
loratadine tablet OTC (generic for Claritin® OTC)	fexofenadine OTC suspension / OTC tablet (generic for Allegra® OTC)
	levocetirizine Rx solution (generic for Xyzal [®] Rx Solution)
	loratadine OTC chewable ODT / solution (generic for Claritin [®] OTC)
	LOW SEDATING ANTIHISTAMINE COMBINATIONS Quantity limit of 102 days supply per 12 months apply to all drugs in this class
Preferred	Quantity mint of 102 usys supply per 12 montus apply to an oruge in this class Non-Preferred
loratadine-D OTC tablet (generic for Claritin-D [®] OTC)	estirizine-D OTC tablet (generic for Zyrtee-D [®] OTC)
toratadine-D of C tablet (generie for Claritin-D' Of C)	centrane-D ⁻¹ Tablet
	fexofemadine-D 12 Hour OTC Tablet (generic for Allegra-D [®] 12 Hour OTC)
	fexofenadine-pseudoephedrine ER 24 hour tablet (generic for Allegra-D* 24 hour)
	FIRST GENERATION ANTIHISTAMINES
Preferred	Non-Preferred
carbinoxamine solution	carbinozamine tablet
cyproheptadine syrup / tablet hydroxyzine capsule / solution / tablet	clematine table
nyaroxyzne capsale / solution / tablet	Karbinal [®] ER Supension - T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage RyClora [®] Solution
	KyCtora Solution RyCent [®] Tablet
	kýven i abec Vistaří ⁶ depale
	TOPICALS
	ACNE AGENTS
Preferred	Non-Preferred
adapalene / benzoyl peroxide (generic for Epiduo® Forte)	Acanya [®] Gel Pump
adapalene / benzoyl peroxide (generic for Epiduo® Gel)	adapalene cream / gel pump generic for Differin®)
adapalene cream/gel pump generic for Differin®)	Aklief
adapalene gel (generic for Differin®)	Altreno® Lotion (Topical)
azelaic acid gel (generic for Finacea®)	Arazlo [®] Lotion
clindamycin lotion (generic for Cleocin-T [®])	Arain [®] Gel
elindamyein phosphate gel (Clindagel®)	Avat [®] Cleanser / US Cleanser
clindamycin phosphate pledgets / solution (generic for Cleocin-T [®]) clindamycin-benzoyl peroxide gel (generic for Benzeclin®, Neuac [®])	Avar-E [®] Emollient Cream / Green Emollient Cream / LS Cream Benzamyvin [®] Gel
Differin® gel pump	BP ^F 10-1 Wash / Cleansing Wash
Differin [®] lotion/cream	Cabtroo " Gel
Epiduo [®] gel pump	Cleccin [®] T Lotion
erythromycin gel (generic for Emcin [®] , Erycette [®] , EryGel [®] , et. al.)	Clindacin [®] ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit
erythromycin solution (generic for Emcin®, EryDerm®, EryMax®, et. al)	Clindaget [®] Gel
erythromycin-benzoyl peroxide gel (generic for Benzamycin®)	elindamyein / tretinoin (generic for Veltin [®])
Finacea Gel	elindamycin phosphate foam (generic for Evoclin®)
Retin-A [®] Cream / Gel	clindamycin phosphate gel (Clindage18)
Retin-A® Micro Gel	cindamysin bezzu/peroxide-gel-generic Gr-Bezzueine, Neues"
	clindamycin-bezzycy peroxide pumy (generic for Acarya [®])
	clindamycin-benzoyl peroxide parap (generic for Benzaelin [®]) clindamycin-benzoyl peroxide parap (generic for Onexton [®])
	cimilanity investing periodic party (generic for Account) / daposete generic for Account (ed.)
	Erv Pads
	Eryget [®] Gel
	Evoclin [®] Foam
	Fabior [®] Foam
Move adapalene cream (generic for Differin®) and clindamycin phosphate	Finaces® Foam
gel (Clindagel®) from preferred to NP	Khron Lotion
 Move clindamycin-benzoyl peroxide gel (generic for Benzaclin[®], Neuac[®]) 	Neue [®] Gel / Kit
from NP to preferred	Onexton [®] Gel / Gel Pump Ovace [®] Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash
	Ovace Fus Learning Learn's Ger Lation / Stampoor / wan Rein-A [®] Micro Pump Gel
	Rosail Cleanser lotion
	Rosula Cloths / Wash
	sodium sulfacetanide cleanser / cream (generic for Avar® / LS)
	sodium sulfacetamide lotion (generic for Klaron*)
	sodium sulfacetamide shampoo, wash (generic for Ovace [*] / Plus)
	sodium sulfacetamide-sulfur lotion / suspension (generic for Novacet [®] , Plexion [®] , Zetacet [®])
	sodium sulfacetanide-sulfar pad / suspension / wash (generic for Sumaxin [®])
	SS5 ⁸ 10-5 Cream / Foam
	safacetamide-safar 9-4% cleanser (generic for Zencia [®]) editational editor and ensatic for tarvie (SecS [®] 10.5)
	sulfacetamide-sulfur cream (generic for Avar [®] E, SSS [®] 10-5) Sumodan [®] Kit / XLT Kit / Wash
	Sumatum Kut / ALT Kut / WSB
	sumani Creating rats / cl (generic for Tazore [*] , Fabion [*])
	retinoin cream / gel (generic for Retin-A*)
	tretinion microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro)
	Twyneo [®] Cream
	Winlevi [®] Cream
	Ziam [®] Gel
	Zma Clear [™] Cleanser

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

	ANDROGENIC AGENTS	
Preferred		Non-Preferred
Androgel [®] Pump testosterone gel pump (generic for Androgel [®])	Androgel [®] Packet Natesto [®] Nasal Gel	
testosterone gei pump (generic tor Androget)	Testim [®] Gel	
	rer	
	testosterone gel pump (generic for Fortesta [®] , Axiron [®])	
	testosterone packet (generic for Androgel®)	
	Vogelxo® Gel / Packet / Pump	
	NSAIDS	
Preferred	NSAIDS	Non-Preferred
diclofenac topical gel (generic for Voltaren [®] Gel)	diclofenac epolamine patch (generic for Flector®)	Non-Freierreu
ucorenae ropical ger (generic for voltaren Ger)	diclofenae optimine pater (generic for Precor) diclofenae solution / pump (generic for Pennsaid [®])	
	Pennsaid® Solution Packet / Pump	
	ANTIBIOTICS	V D 4 1
Preferred		Non-Preferred
gentamicin cream / ointment (generic for Garamycin [®])	Centany [®] AT Ointment Kit / Ointment	
mupirocin ointment (generic for Bactroban [®])	mupirocin cream (generic for Bactroban [®]) Xepi [™] Cream	
	Acpi Cream	
	ANTIBIOTICS - VAGINAL	
Preferred		Non-Preferred
Cleocin [®] Vaginal Ovules	Cleocin [®] Vaginal Cream	
clindamycin vaginal cream (generic for Cleocin [®] Vaginal Cream)	elindanycin vaginal cream (generic for Cleocin [#] Vaginal Cream)	
Clindesse [®] Vaginal Cream	metronidazole vaginal gel (generic for Nuvessa® Vaginal Gel)	
metronidazole vaginal gel (generic for Metrogel [®] Vaginal Gel)	Vandazole [®] Vaginal Gel	
Nuvessa® Vaginal Gel	Xaciato® Vaginal Gel	
	ANTIFUNGALS	
	ANTIFUNGALS	N. D. C. J.
Preferred	Bensal HP [®] Ointment	Non-Preferred
ciclopirox cream / solution (generic for Loprox [®] , Penlae [®]) clotrimazole Rx cream (generic for Lotrimin [®] Rx)	Ciclodan® Cream / Cream Kit / Kit / Solution	
cionniazoie KX crean (generic ior Lorinian KX)	Ciciodan Crean/Crean Kit/Kit/Solution	
clotrimazole-betamethasone cream (generic for Lotrisone®)	ciclopirox gel / shampoo / suspension (generic for Loprox®)	
ketoconazole cream / shampoo (generic for Nizoral®)	ciclopirox treatment kit (generic for Ciclodan®)	
Klayesta [®] Powder (branded generic for Nystop [®])	clotrimazole Rx solution (generic for Lotrimin® Rx)	
Nyannyc® Powder (branded generic for Nystop®)	clotrimazole-betamethasone lotion (generic for Lotrisone®)	
nystatin cream / ointment / powder (generic for Mycostatin®, Nystop®)	econazole cream (generic for Spectazole®)	
Nystop [®] Powder	Ertaczo® Cream	
nystatin-triamcinolone cream / ointment (generic for Mycolog II®)	Extina® Foam	
	Jublia® Topical Solution	
Moved nystatin-triamcinolone cream / ointment (generic for Mycolog II®) from -	ketoconazole foam (generic for Extina [®]) Ketodan [®] Foam / Foam Kit	
NP to Preferred	Loprox [®] Suspension / Cream / Kit	
_	luliconazole cream (generic for Luzu®)	
	luliconazole cream (generic for Luzu [®]) Luzu [®] Cream	
-		
	Luzu [®] Cream miconazole / zinc oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply nafifine cream / gel (generic for Nafiin [®])	
	Luza [®] Cream miconzole / zinc oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply aufifine cream/ gel (generic for Nafiin [®]) Nafin [®] Gel	
	Luzz [®] Cream miconzole / rine oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply nafiifine cream / gel (generic for Nafiin [®]) Nafin [®] Gel mysatin triameinelone aream / sistamet (generic for Mysolog II [®])	
	Luzu [®] Cream miconazole / zine oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply mitrifice cream / gel (generic for Nafiln [®]) Nafiln [®] Gel spatain triannin-lone cream / ointment (generic for Mycolog II [®]) oxiconazole cream (generic for Oxistal [®])	
	Luzz ⁸ Cream miconzole / rinc oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply mifiling cream / gel (generic for Nafiin [®]) Nafiin [®] Gel systatic trians incloses event / eistiment (generic for Mycolog II [®]) oxiconzole eream (generic for Oxistat [®]) Oxistat [®] Lotion	
	Lum [®] Cream micromzole / zino oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply infifine cream / gel (generic for Natin [®]) Natha [®] Gel syndain trianminiones around siminant (generic for Mysolog II [®]) Oxistal [®] Lotion alleylic acid oimment (generic for Bernal HP [®])	
	Luzu [®] Cream microaxole / zinc oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply milifine cream / gel (generic for Natin [®]) Nafia [®] Gel positionione cream / sointment (generic for Mysolog H [®]) Oxisant [®] Lotion Oxisant [®] Lotion salicylic acid ointment (generic for Renal HP [®]) taxborde topical Johnton (generic for Kerydin [®])	
	Lum [®] Cream micromzole / zino oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply infifine cream / gel (generic for Natin [®]) Natha [®] Gel syndain trianminiones around siminant (generic for Mysolog II [®]) Oxistal [®] Lotion alleylic acid oimment (generic for Bernal HP [®])	
	Lum [®] Cream microscole / zine oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply initians cream / get (generic for Natin [®]) Natha [®] Gel mystain triansienlene seem / aintment (generic for Mysoleg H [®]) oxicarde cream (generic for Oxista [®]) Oxista [®] Lotion allelytic acid oinment (generic for Renal HP [®]) tauloytic acid oinment (generic for Renal HP [®]) tauloytic acid solution (generic for Kerytin [®]) twale oforthem - Clinical criteria apply	
Preferred	Lum [®] Cream micronzole / zino oxide / pertulatum ointment (generic for Vusion [®]) - Clinical criteria apply miffine cream / gel (generic for Natin [®]) Natin [®] Gel syndain triaminolone around simunot (generic for Mysolog II [®]) oxiconta [®] Lotion silicytic acid oimment (generic for Rensal HP [®]) tavabrole topical solution (generic for Rensal HP [®]) Vusion [®] Origenet: Clinical criteria apply ANTIPARASITICS T/F of only one preferred drug required	Non-Preferred
	Lum" Cream micronzole / zine oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply miffine cream / gel (generic for Natin [®]) Nafin [®] Gel postativ formanical-one cream / eletanest (generic for Mycolog II [®]) oxiconzole cream (generic for Oxisin [®]) Oxistat [®] Lotion alloyfic acid ointment (generic for Rensal HP [®]) tavaborole topical solution (generic for Kerydin [®]) Vusion [®] Ostiment - Clinical criteria apply ANTIPARASTICS T/F of only one preferred drug required Crotan [®] Lotion	Non-Preferred
	Luna [®] Cream micronzole / zinc oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply nifining cream / gel (generic for Natin [®]) Nafin [®] Gel synain triansmissione cream / aintennet (generic Set Myoslog II [®]) oxicorzole cream (generic for Oxista [®]) Oxista [®] Lotion alicylic acid oniment (generic for Renal IIP [®]) traveboole topical solution (generic for Kerylin [®]) Vusion [®] Oxitement - Clinical criteria apply ANTIPARASTICS T/F of only one preferred drug required Crolan [®] Lotion	Non-Preferred
Natroba® Topical Suspension	Lum [®] Cream micromzole / ziro odd / pertulatum ointment (generic for Vusion [®]) - Clinical criteria apply nififine cream / gel (generic for Natin [®]) Natha [®] Gel syndain triaminolone around simtumed (generic for Myslog II [®]) Oxista [®] Lotion salicytic acid oimtern (generic for Bernal II [®]) subcycle topical abulation (generic for Bernal II [®]) tavaborole topical abulation (generic for Kerydin [®]) Yusion [®] Oristment - Clinical criteria apply ANTIPARASITICS T/F of only one preferred drug required Crotan [®] Lotion Elimite [®] Cream Euras [®] Cream / Lotion	Non-Preferred
Natroba® Topical Suspension	Lum" Cream micronzole / zine oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply Mafifine cream / gel (generic for Nation [®]) Nafin [®] Gel systative formanical-memory of controls of the Mycolog Bl [®]) oxiconzole cream (generic for Oxisin [®]) Oxistat [®] Lotion allisylic acid ointment (generic for Rensal HP [®]) tavaborole topical solution (generic for Kerydin [®]) Vusion [®] Oristment - Clinical criteria apply AVITPARASITICS T/F of only one preferred drug required Cream [®] Lotion Elimine [®] Cream Euros [®] Cream / Lotion Inidane sharpoo	Non-Preferred
Natroba® Topical Suspension	Lum [®] Cream micromzole / zinc oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply nifing cream / gel (generic for Natin [®]) Natin [®] Gel wystain triansiculeus evenn ' attenunt (generic for Mysolog H [®]) Oxista [®] Lotion alleylic acid oimmen (generic for Benal HP [®]) taubyle oli oimmen (generic for Benal HP [®]) taubyle oli oimmen (generic for Kerydin [®]) Vusion [®] Ointment - Clinical criteria apply ANTIPARASITICS T/F of only one preferred drug required Croan [®] Lotion Elimice [®] Cream Elimice [®] Cream Blinice Loin (generic for Cream ministinio Instructure (and the cream	Non-Preferred
Natroba® Topical Suspension	Lum [®] Cream micronzole / ziro oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply mifiline cream / gel (generic for Natin [®]) Natin [®] Gel apparain inframeniones arcenne aistiment generic for Mysolog IL [®]) Oxison Zole cream (generic for Oxista [®]) Oxison Zole constrained generic for Bensal HP [®]) auxborote topical solution (generic for Bensal HP [®]) avaborote topical solution (generic for Keryfin [®]) Vusion [®] Outment - Clinical criteria apply ANTIPARASITICS T/F of only one preferred drug required Cotan [™] Lotion Elimite [®] Cream Elimite [®] Cream / Lotion indata shampoo malatin lotion (generic for Oxide [®]) Oxide [®] Lition	Non-Preferred
Natroba® Topical Suspension	Lum" Cream micronzole / zine oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply nafifine cream / gel (generic for Nafin [®]) Nafin [®] Gel patative formanical-memory of controls of the Mycolog IL®) oxiconzole cream (generic for Oxisin [®]) Oxistad [®] Lotion allisylic acid ointment (generic for Rensal HP [®]) tavaborole topical solution (generic for Kerydin [®]) Vusion [®] Oristment - Clinical criteria apply AVITPARASITICS T/F of only one preferred drug required Cream [®] Lotion Elimine [®] Cream Euros [®] Cream / Lotion Inidate singspo malation totion (generic for Oxide [®]) Oxide [®] Lotion Silke [®] Lotion	Non-Preferred
Natroba® Topical Suspension	Lum [®] Cream micronzole / zinc oxide / pertulatum ointment (generic for Vusion [®]) - Clinical criteria apply nifiting cream / gel (generic for Natin [®]) Natha [®] Gel yustain triatminichnes aream / attimunt (generic for Mysolog II [®]) Oxista [®] Lotion alicytic acid oimternt (generic for Bensal HP [®]) tavaberole topical abution (generic for Resnal HP [®]) tavaberole topical abution (generic for Kerytin [®]) Vusion [®] Orithment - Clinical criteria apply ANTIPARASTICS T/F of only one preferred drug required Crotin [®] Lotion Elimite [®] Cream Stilce [®] Lotion Skilce [®] Lotion Skilce [®] Lotion Skilce [®] Lotion	Non-Preferred
Natroka [®] Topical Supension permethrin cream (generic for Elimite [®])	Lum" Cream micronzole / zine oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply nafifine cream / gel (generic for Nafin [®]) Nafin [®] Gel patative formanical-memory of controls of the Mycolog IL®) oxiconzole cream (generic for Oxisin [®]) Oxistad [®] Lotion allisylic acid ointment (generic for Rensal HP [®]) tavaborole topical solution (generic for Kerydin [®]) Vusion [®] Oristment - Clinical criteria apply AVITPARASITICS T/F of only one preferred drug required Cream [®] Lotion Elimine [®] Cream Euros [®] Cream / Lotion Inidate singspo malation totion (generic for Oxide [®]) Oxide [®] Lotion Silke [®] Lotion	
Natroba® Topical Suspension	Lum [®] Cream micronzole / zinc oxide / pertulatum ointment (generic for Vusion [®]) - Clinical criteria apply nifiting cream / gel (generic for Natin [®]) Natha [®] Gel yustain triatminichnes aream / attimunt (generic for Mysolog II [®]) Oxista [®] Lotion alicytic acid oimternt (generic for Bensal HP [®]) tavaberole topical abution (generic for Resnal HP [®]) tavaberole topical abution (generic for Kerytin [®]) Vusion [®] Orithment - Clinical criteria apply ANTIPARASTICS T/F of only one preferred drug required Crotin [®] Lotion Elimite [®] Cream Stilce [®] Lotion Skilce [®] Lotion Skilce [®] Lotion Skilce [®] Lotion	Non-Preferred
Natroka [®] Topical Suspension permethrin cream (generic for Elimite [®]) Preferred	Lum [®] Cream micromzole / zinc oxide / perturbatum ointment (generic for Vusion [®]) - Clinical criteria apply nifing cream / get (generic for Natin [®]) Natin [®] Get syndant inframeniones scenari statument (generic for Mysion [®]) - Clinical criteria apply oxisonzole cream (generic for Oxista [®]) Oxista [®] Lobion alleyfice acid ontment (generic for Bensal HP [®]) traveboole topical solution (generic for Kerytin [®]) Vusion [®] Ontment - Clinical criteria apply ANTIPARASITICS T/F of only one preferred drug required Cotan [®] Euris [®] Cream Euris [®] Cream / Lotion Indue shurnpoo mathtion toion (generic for Oxide [®]) Oxide [®] Lotion Sklice [®] Lotion Sklice [®] Lotion Sklice [®] Lotion Sklice [®] Lotion ANTIVIRAL	
Natroka [®] Topical Supension permethrin cream (generic for Elimite [®])	Lum [®] Cream micronzole / zinc oxide / pertulatum ointment (generic for Vusion [®]) - Clinical criteria apply nififine cream / gel (generic for Natin [®]) Natha [®] Gel yustain triatminichnes aream / attimunt (generic for Mysolog II [®]) Oxista [®] Lotion alicytic acid oimternt (generic for Benal HP [®]) tavaberole topical abution (generic for Resnal HP [®]) Vusion [®] Oristment - Clinical criteria apply ANTIPARASTICS T/F of only one preferred drug required Coton [®] Elimite [®] Cream Elimite [®] Cream Elimite [®] Cream Euras [®] Lotion Skite [®] Lotion Skite [®] Lotion Skite [®] Lotion	
Natroks [®] Topical Suspension permethrin cream (generic for Elimite [®]) Preferred acyclovir Cream / Ointment (generic for Zoviras [®])	Luna [®] Cream micronzole / zinc oxide / petrolatum ointment (generic for Vusion [®]) - Clinical criteria apply nifining carum, jed (generic for Natin [®]) Natin [®] Gal synaatis tatasenialense comm risutement (generic Set Mysching H ^{**}) oxicorable carum (generic for Dostan [®]) Oxistan [®] Lotion silestite acid oniment (generic for Resul HP [*]) traveboote topical solution (generic for Kerylin [®]) Vusion [®] Outment - Clinical criteria apply ANTIPARASITICS T/F of only one perferred drug required Crotun [®] Lotion Elimite [®] Cream Elimite [®] Cream Burna [®] Cream / Lotion Indates sharpoo mathation toolo (generic for Oxide [®]) Oxide [®] Lotion Stilse [®] Lotion Stilse [®] Lotion Stilse [®] Lotion ANTIVIRAL ANTIVIRAL	
Naroba [®] Topical Superaion permethrin cream (generic for Elimite [®]) Preferred scyclovic Cream / Ontment (generic for Zoviras [®]) Denavis [®] Cream	Lum [®] Cream micronzole / zinc oxide / perturbatum ointment (generic for Vusion [®]) - Clinical eriteria apply Multifue cream / gel (generic for Natin [®]) Natin [®] Gel syndamic transmissiones exemu: a statument (generic for Natin [®]) Oxista [®] Lobion alicytic acid ointment (generic for Bensal HP [®]) tavaborole topical abulation (generic for Kerytin [®]) Vusion [®] Ointment - Clinical eriteria apply ANTIPARASITICS T/F of only one preferred drug required Cotan [®] Lotion Eurin [®] Cream Eurin [®] Cream Sklice [®] Lotion ANTIVIRAL ANTIVIRAL	
Natroha [®] Topical Superaion permethrin cream (generic for Elimite [®]) Preferred acyclovir Cream / Ointment (generic for Zovirax [®]) Denavit [®] Cream Zavinax [®] Cream	Lum [®] Cream micronzole / zino xódc / petrolatan ointment (generic for Vusion [®]) - Clinical criteria apply Mufilio cream / gel (generic for Nafin [®]) Nafin [®] Gel ayazini triaminolones around simunat generic for Mysling II [®]) oxiconzrole cream (generic for Oxista [®]) Oxista [®] Lotion ailcylic acid ointment (generic for Bensal HP [®]) avaborole topical solution (generic for Keryfin [®]) Vasion [®] Ositament - Clinical criteria apply ANTIPARASITICS T/F of only one preferred drug required Cotan [®] Lotion Elimite [*] Cream Elimite [*] Cream Quida [®] Lotion Stike [®] Lotion Stike [®] Lotion generic for Oxide [®] Ovide [®] Oviden	
Natrohs [®] Topical Supersion permethrin cream (generic for Ellimite [®]) Preferred acyclovir Cream / Outment (generic for Zivirax [®]) Denavit [®] Cream Moved Brand Zovirax [®] Cream from Preferred to Non-preferred Moved -	Lum [®] Cream micronzole / zinc oxide / perturbatum ointment (generic for Vusion [®]) - Clinical eriteria apply Multifue cream / gel (generic for Natin [®]) Natin [®] Gel syndamic transmissiones exemu: a statument (generic for Natin [®]) Oxista [®] Lobion alicytic acid ointment (generic for Bensal HP [®]) tavaborole topical abulation (generic for Kerytin [®]) Vusion [®] Ointment - Clinical eriteria apply ANTIPARASITICS T/F of only one preferred drug required Cotan [®] Lotion Eurin [®] Cream Eurin [®] Cream Sklice [®] Lotion ANTIVIRAL ANTIVIRAL	
Natroha [®] Topical Suspension permethrin eream (generic for Elimite [®]) Preferred acyclovir Cream / Ontment (generic for Zovirax [®]) Denxvir [®] Cream Zovinax [®] Oream	Lum [®] Cream micronzole / zino xódc / petrolatan ointment (generic for Vusion [®]) - Clinical criteria apply Mufilio cream / gel (generic for Nafin [®]) Nafin [®] Gel ayazini triaminolones around simunat generic for Mysling II [®]) oxiconzrole cream (generic for Oxista [®]) Oxista [®] Lotion ailcylic acid ointment (generic for Bensal HP [®]) avaborole topical solution (generic for Keryfin [®]) Vasion [®] Ositament - Clinical criteria apply ANTIPARASITICS T/F of only one preferred drug required Cotan [®] Lotion Elimite [*] Cream Elimite [*] Cream Quida [®] Lotion Stike [®] Lotion Stike [®] Lotion generic for Oxide [®] Ovide [®] Oviden	

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

Imidazoquinolinamines			
Preferred	Non-Preferred		
imiquimod cream packet (generic for Aldara [®])	Condylox [®] Gel		
understand from (Poster or Annual)	Hybor" Gel		
	imiquimod cream / cream pump (generic for Zyclara [®])		
	podofilox gel / solution (generic for Condylox [®])		
	Veregen [®] Ointment		
	Zyclara* Cream / Cream Pump		
	PSORIASIS		
Preferred	Non-Preferred		
calcipotriene cream/ solution (generic for Dovonex*)	calcipotriene ointment / foam (generic for Dovonex [®] , Sorilux [®])		
calcipotriene-betamethasone suspension / ointment (generic for Talconex®)	enkipparine-betanethann aupenin/winnen(generic for Takones [®])		
	calcitriol ointment (generic for Vectical [®]) Duobrii [™] Lotion		
 Moved calcipotriene-betamethasone suspension / ointment (generic for 	Disoni Loton Ensilar [®] Fom		
Talconex [®])from NP to Preferred	Essuar Foan Sorilus [®] Foan		
-	Jacknet, "Dimment / Suspension		
	Vectical Ointment		
	Vtana [®] Cream		
	Zoryve [®] 0.3% Cream		
	ROSACEA AGENTS		
Preferred	Non-Preferred		
azelaic acid gel (generic for Finacea®)	brimonidine gel pump (generic for Mirvaso [®])		
Finacea® Gel	Epolay [®] (enzoyl peroxide)		
MetroCream"	Filescale From		
MetroGel [®] metronidazole cream (generic for MetroCream [®])	ivermeetin cream (generic for Soolantra')		
metronidazole cream (generic for MetroCream ⁻) metronidazole gel / pump (generic for MetroGel [®])	MetroGa [®]		
Rosadan [®] Cream / Gel	metronicazole lotion (generic for MetroLotion [®])		
	Mirvaso [®] (brimonidine)		
Move MetroCream [®] and MetroGel [®] from Preferred to NP	Noritate Cream		
	Rhofade [®] Cream		
	Rosadan [®] Kit		
	STEROIDS		
	Low Potency		
Preferred	Non-Preferred		
desonide cream / ointment (generic for DesOwen [®]) fluocinolone body / scalp oil (generic for DermaSmoothe [®] FS Scalp / Body Oil)	alclometasone dipropionate cream / ointment (generic for Aclovate [®]) Capex®		
hudeinolone dody / scalp of (generic for Dermasmoone 'r S Scalp / Body Off) hydrocortisone cream / lotion / ointment (generic for Hytone [®])	Cupcas DermaSmooths [®] FS Scalp and Body Oil		
nyuccortisine cream? Jottom? omanene (generie tor riytone)	Jornisannous i zanj au tavj on desnide loin (genric for DeStoven ² Loin)		
	hydrocortisone Solution		
	Hydroxym ³⁶ Gel		
	Texacort [®] Solution		
	M P D.		
	Medium Potency		
Preferred	Non-Preferred		
fluticasone cream / ointment (generic for Cutivate [®])	Beer [®] Lotion / Kit		
mometasone cream / ointment / solution (generic for Elocon [®])	clocottolone cream (generic for Cloderm [®]) Cloderm [®] Cream / Pump		
	Concent Comm / sharp /		
	Investmensie comment (semen genere in symme) Investmensie Loine / Onitenet Investmensie Loine /		
	fluticasone lotion (generic for Cutivate [®] Lotion)		
	hydrocortisone butyrate eream / lipid eream / lotion / ointment / solution (generic for Locoid [®])		
	hydrocortisone valerate cream / ointment (generic for Westcort [®])		
	Locoid [®] Lipocream / Lotion		
	Pandel Cream		
	predicate recan / offention (generic for Dermator)		
	Synalas [®] Cream / Ointment / Kit / Solution / TS Kit		
	High Potency		
Preferred	Non-Preferred		
betamethasone valerate cream / ointment (generic for Valisone®)	ameinonide cream (generic for Cyclocort [®])		
fluocinonide cream / gel / ointment / solution (generic for Lidex®)	betamethasone dipropionate augmented cream / gel / lotion / ointment (generic for Diprolene®)		
triamcinolone acetonide cream / lotion / ointment (generic for Kenalog®)	betamethasone dipropionate cream / lotion / ointment (generic for Diprosone [®])		
	betanethasone valerate foam/ lotion (generic for Valisone®)		
	desorimetasone cream / gel / ointment / spray (generic for Topicort)		
	difformance cream / oinment (generic for Florone*)		
Obsolete: Removed Halog [®] Solution	Diprofest [®] Oniment Diprofest [®] Oniment Densinealise and Diart and Companying for Lider [®] D.		
	fluocinonide encollient cream (generic for Lidex [®] E) halcinonide cream (generic for Halog [®])		
	instrimute vesan (genere for Talog [*]) Indicionale solution (generic for Halog [*])		
	Index & dataset generate as timing / Halog [®] (Crean / Ointment / Settision		
	Kenalog [®] Spray		
	Topicon [®] Cream/Gel/Ointment/Spray		
	triamcinolone spray (generic for Kenalog ⁶)		
	Vanos [®] Cream		

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	Very High Potency
Preferred	Non-Preferred
clobetasol cream / emollient cream / gel / ointment (generic for Temovate*)	ApexiCon E Cream
clobetasol shampoo (generic for Clobex [®]) clobetasol solution (generic for Cormax [®])	Bryhali [™] Lotion clobetasol foam / emulision foam (generic for Olux [®] / Olux-E [®])
Clobex [*] -Shampoo	clockasal loion / unimum cannot fail generic an onix / onex_ / clobasal loion / spay (generic for Clobes [®])
halobetasol propionate cream / ointment (generic for Ultravate [®])	Clodan [®] Kit / Shampoo
	halobetasol propionate foam (generic for Lexette [®])
Move Clobex [®] Shampoo from Preferred to NP	Impekto ^w Lotion
	Lexette Foam Olux Foam
	Oux Foam Tenovate [®] Ontment
	Took Yean Kit
	Ultravate [®] Lotion
	Clobex [®] Shampoo
	MISCELLANEOUS
Preferred	Uterine Disorder Treatments Non-Preferred
Oriahnn [®] Capsule Added new categor	y: Uterine disorder treatments Added
Orilissa [®] Tablet Oriahnn [®] Ca	osule, Orilissa® Tablet, Myfembree® Tablet to preferred
Myfembree® Tablet	
	WEIGHT MANAGEMENT AGENTS
	GLP-1 Receptor Agonists indicated for the treatment of obesity (Incretin Mimemetics)
Preferred	Clinical criteria apply to all drugs in this class Non-Preferred
Wegovy [®] Pen	NOR-Freterred Saxenda [®] (liraglutide) Pen
	Sakena (magunuo) ren Zepbound (magunuo) ren
	Weight Management Other (Non-Incretin Mimetics)
Preferred	Non-Preferred
diethylpropion tablet / ER tablet phendimetrazine tablet / ER capsule	benzphetamine tablet orlistat capsule (generic for Xenical [®])
phenometrazine tablet / capsule	oristat capane (generic or zemea) Xenical" (oristat) (zapale
	IMMUNOMODULATORS, ASTHMA
	Clinical criteria apply to all drugs in this class
Preferred Fasemra® Pen / Syringe	Non-Preferred Cinquir [®] Vial
Xolair® (onalizumab) Autoinjector/Syringe	Cinquir Viai Cinquir Viai Nical® Syring: Viai Viai
	Tezspire® Pen / Syringe - T/F of preferred agents not required for diagnosis of non-allergic, non-cosinophilic severe asthma
	Xolair [®] Vial
	IMMUNOMODULATORS, Atopic Dermatitis
	Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Adbry® Syringe / Autoinjector	Ebglyss Pen
Dupixent [®] Pen / Syringe Elidel [®] Cream	Adhey [®] Syringe / Autoinjector Ebglyss TM Syringe (lebrikizamab-lbkz)
Eucrisa® 2% Ointment	Englysis syring (trons.tamus-tot.) Englysis syring (trons.tamus-tot.) Nentivis ^a
pimeerolinus cream (generic for Elidel [®])	Operation
tacrolimus ointment (generic for Protopic [®])	opaceau a cream and generic for Elidef ^a)
	Zaryve [®] (rofluxilast) 0.15% Cream Move Adbry [®] Autoinjector and pimecrolimus cream (generic for Elidel [®]) NP to
	Zerye® (rollmilist) Foam Preferred Preferred
	Add Zoryve® (roflumilast) Foam to NP
	ANTIPSORIATICS, ORAL
Preferred	Non-Preferred
acitretin (generic for Soriatane®)	methoxsalen rapid (generic for Oxsonalen-Ultra [®])
	EPINEPHRINE, SELF ADMINISTERED
	In INET INVESTIGATION AND A CONTRACT
Preferred	Non-Preferred
Auvi-Q [®] Auto Injector	epineplarine auto-injector (generic for Epi Pen */Epi Pen*/Epi Pen*/
epinephrine auto injector (generic for Epi-Pen [®] / Epi-Pen [®] / Adrenaelick [®])	neffy [*] nesal-press
Epi-Pen* Auto Injector / 2-Pak / Jr. Auto Injector / Jr. 2-Pak	spray from NP to Preferred
neffy [®] nasal spray	ESTROGEN AGENTS, COMBINATIONS
Preferred	Non-Preferred
Activella [®] Tablet	Bijuva [®] Capsale
Amabelz [™] Tablet	
estradiol/norethindrone tablet (generic for Activella [®])	
Fyavolv TM Tablet	
Jinteli® (branded generic for FemHRT®) Minwey® / Lo (branded generic for Activella®)	
norethindrone-ethinyl estradiol (generic for FemHRT [®])	
Premphase® Tablet	
Prempro [®] Tablet	

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ESTROGEN AGENTS, ORAL / TRANSDERMAL		
Preferred	Non-Preferred	
Climara® Pro Patch	Climara [®] Patch	
CombiPatch [®] Patch	Divige [®] Gel Packet	
estradiol patch (generic for Climara [®] , Menostar [®] , Vivelle-Dot [®])	N The second sec	
estradiol tablet (generic for Estrace [®])	Duavee Tablet	
Evamist [®] Sprav	Elestrin Gel	
Menest [®] Tablet	Estrace Tablet	
Premarin [®] Tablet	Estadio Gel Pump	
	estradiol gel packet (generic for Divigel [®])	
	Lvlana ¹⁰ Patch	
	Menosar [®] match	
	Minvelle [®] Patch	
	Capteral Tablet	
	Veccal [®] Tablet	
	Virelle-Dot [®] Patch	
	ESTROGEN AGENTS, VAGINAL PREPARATIONS	
Preferred	Non-Preferred	
estradiol vaginal cream (generic for Estrace®)	Estrace Cream	
Estring® Vaginal Ring	estradiol tablet (generic for Vagifern [®])	
Premarin® Vaginal Cream	estradiol-wginal-recent (generic for Estrace [®])	
Vagifem® Vaginal Tablet	Fenring [®] Vaginal Ring	
	Invexy [®] Vaginal Inserts	
Move estradiol vaginal cream (generic for Estrace [®]) from NP to Preferred	Yuvafem [®] Vaginal Tablet	
	GLUCOCORTICOID STEROIDS, ORAL	
Preferred	Non-Preferred	
Agantree [®] -Suspension	Alkindi [®] Sprinkle Capsule	
budesonide EC capsule (generic for Entocort® EC)	Agameet Suspension	
dexamethasone elixir / tablet (generic for Decadron®)	Cortef [®] Tablet	
dexamethasone solution (generic for Concedix®)	cortisone tablet (generic for Patisone [®])	
Emflaza [®] Tablet / Suspension - Clinical criteria apply	deflazacort suspension (generic for Emflaza [®]) - Clinical criteria apply. T/F of preferred agents not required for children < 12 years of age.	
hydrocortisone tablet	deflazacort tablet (generic for Emflaza [®]) - Clinical criteria apply	
methylprednisolone 4mg dosepack / tablet (generic for Medrol®)	dexamethasone tablet dosepack / Intensol® Drops	
prednisolone sodium phosphate solution (generic for PediaPred®, OraPred®, Veripred®)	Emflaza [®] Tablet/Supersion Clinical criteria apply	
prednisolone solution (generic for Prelone®, Millipred®)	Echilia® Suspension-T/F of preferred agents not required for diagnosis of eosinophilic esophagitis	
prednisone dose pack (generic for Sterapred®)	Hemady ⁷⁰⁰ Tablet	
prednisone solution / tablet (generic for Deltasone®)	Medrol® Dose Pack / Tablet	
	methylprednisolone 8mg / 16mg / 32mg tablet (generic for Medrol [®])	
	Millipred [®] Dose Pack / Tablet	
Move Emflaza® Suspension from NP to Preferred and removed red writing T/F	prednisolone ODT (generic for Orapred® ODT)	
of preferred agents not required for children < 12 years of age.	prednisolone tablet	
Added Agamree [®] Suspension to NP	Prednisone Intensof [®] Concentrated Solution	
Added Againtee Suspension to NF	Rayos [®] Tablet	
	Taperdex [®] Tablet	
	Tarpeyo [™] Capsule - T/F of preferred agents not required for diagnosis of IgA nephropathy	

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(July PDL MEETING)

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Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

	CYTOKINE AND CAM ANTAGONISTS
	Clinical criteria apply to all drugs in this class T/F of only one Preferred drug required
Preferred	Non-Preferred
adalimumab-adaz Pen / Syringe	Abrilada [™] Pen / Syringe
adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe	Actenra® ACTPen [®] / Syringe / Vial
adalimumab fkjp Pen / Syringe	adimaranà-sacf Pen
Cosentyx [®] Sensoready [®] Pen / UnoReady [®] Pen / Syringe Enbret [®] Mini Cartridge / Surcelick [®] Syringe / Syringe / Vial	adalimanab-saty Autoinjector / Syringe
Hadlina [™] Syringe / PushTouch	sdalimamab adhm Pen / Borriasis UV Pen / Crohn's Pen / Syringe adalimamab-dijip Pen / Syringe
Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	adalimma-by-Vk Autoinjector / Syringe
infliximab vial (generic for Remicade®)	Anjevita" Syringe / Autoinjector
Otezla® Starter Pack / Tablet	Arcalyst SQ Syringe
Xeljanz® Tablet	Avsola [®] Vial
	Bimox ⁴ [®] Autoinjector / Syringe
	Cibinqo [™] Tablet Cinzia [®] Starter Kit / Syringe Kit / Vial Kit
	Cuinza Statice Ref. Springe Ref. / Van Ref.
	Cytezo ¹⁶ (adalimumab-adbm) Psoriasis-UV Pen
	Cyltezo [™] Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen
	Enspryng ¹⁴ Syringe
	Entyvio [®] Pen / Vial
	Hulio ¹⁰ Pen/Syringe
Move adalimumab-fkjp Pen / Syringe from preferred to NP	Hyrinnoz [®] Pan / Crohn-SUC Pan / Ped. Crohn-SUC Pan / Ped. Crohn-SUC Pan / Ped. Proc. Crohn-SUC Pan / Ped. Proc. Crohn-SUC Pan / Ped. Proc. Pro
Move adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe and	Idacio [®] Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe Ilaris [®] Vial
Xeljanz [®] Tablet from NP to preferred	I IIII S VIII I IIII S VIII I IIII S VIII
NTM: Added Otulfi [®] Syringe/Vial, Pyzchiva [®] Syringe/Vial, Selarsdi [™] Vial,	Inflects Vial
Steqeyma [®] Vial , and Yesintek [™] Syringe/Vial to non-preferred	Kevzara [®] Syringe / Pen
	Kineret [®] Syringe - T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease
	Oursign Tablet
	Omvoh [™] (mirikizunab-mrkz) Syringe Omvoh [™] Pen / Vial
	Ornvoh Ten / Vail Ornená Tch (Vial Ornen
	Orchia Cinckje / Vian Ondrifa Syninge/Vian
	Pyzchiva® Syringe/Vial
	Remicade [®] Vial
	Renflexis ¹⁶⁴ Vial
	Rinvoq [®] (upadacitinib) LQ Solution
	Rinvoq [®] ER Tablet
	Sarad ⁱⁿ Vial
	Siliq [®] Syringe Simlandi [®] Autoinjector/kit
	Simanai Autonječovi na Simposi Peri Syninge / na [®] Vial
	Skyria [®] On-Body Vial Pen Syringe
	Sotyktu [®] Tablet
	Spevigo [®] Vial / Syringe
	Stelara [®] Syringe / Vial
	Steepyma [®] Vial
	Taltz [®] Auto-injector / Syringe Tofidence [™] (tocilizumab-bavi) Vial
	Trendy [®] Sympe / Injector Vial
	Tyene (iocilizumab-aazg) Autoinjector / Syringe
	Tyenne [®] Vial
	Uplizna [®] Vial
	Velsipity [®] Tablet
	Kejanz [®] Solution / XR Tablet
	Xejandi Tablet Yesinte ¹⁷ Syringe/Vial
	Tominex sytings via Valyme Sytings (via Given Strings Via Given S
	Vising [*] Pen
	Zymfentra [™] Pen / Syringe
	IMMUNOSUPPRESSANTS
Preferred	Non-Preferred
Astagraf [®] XL Capsule	
Azasan [®] Tablet	
azathioprine tablet (generic for Imuran®)	
Celleept® Capsule / Suspension / Tablet	
cyclosporine capsule (generic for Sandimmune [®]) cyclosporine modified capsule / solution (generic for Gengraf [®] , Neoral [®])	
Envarsus [®] XR Tablet	
everolimus tablet (generic for Zortress® Tablet)	
Gengraf® Capsule / Solution	
Imuran [®] Tablet	
mycophenolate capsule / suspension / tablet (generic for Cellcept [®]) mycophenolic acid tablet (generic for Myfortic [®])	
Myfortic [®] Tablet	
Myhibbin [™] (mycophenolate mofetil) Suspension	
Neoral® Capsule / Solution	Obsolete: Removed Rapamune® Solution
Prograf Capsule / Granule Packet	
Rapanzune [®] Solution/Tablet	
Rezurock [™] Tablet Sandimmune [®] Capsule / Solution	
Sandimmune" Capsule / Solution sirolimus tablet / solution (generic for Rapamune [®])	
tacrolinus capsule (generic for Hecoria [®] , Prograf [®])	
Tavneos [®] Capsule	
Zortress® Tablet	

October PDL Draft (July PDL MEETING)

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	MOVEMENT DISORDERS
Desfanged	Clinical criteria apply to all drugs in this class Non Professional
Preferred Austedo [®] Tablet	Non-Preferred Xenazine [®] Tablet
Austedo [®] XR Tablet / Titration Kit	Xenzarie Tablet
Ingrezza [®] (valbenazine) Sprinkle Capsules	
Ingrezza® Capsule / Initiation Pack	Move Ingrezza® (valbenazine) Sprinkle Capsules from NP to Preferred
tetrabenazine tablet	HERERITARY ANCIOERENA (HAE) RROBING AVE ACENTS
	HEREDITARY ANGIOEDEMA (HAE) PROPHYLAXIS AGENTS Clinical criteria apply to all drugs in this class
Preferred	Non-Preferred
Haegarda [®] Vial	Cinryze Vial
Orladeyo [®] Capsule	Takhzyro [®] Vial / Syringe
	HEREDITARY ANGIOEDEMA (HAE) TREATMENT AGENTS
	Cinca criteria apply to all drugs in the class
Preferred	Non-Preferred
Berinert [®] Vial / Kit	Firazyr® Syringe
icatibant syringe (generic for Firazyr)	Ruconex [®] Vial Open class-No recommendations
Kalbitor [®] Vial Sajazir [™] Syringe (branded generic for icatibant)	
Sajazir Syringe (oraniced generic for realibant)	
	OPIOID ANTAGONISTS
Preferred	Non-Preferred
Kloxxado TM Assal Spray	
LifEMS [™] naloxone Syringe Kit	
naloxone nasal spray (OTC) naloxone syringe / spray / vial (generic for Narcan [®])	
naltrexone tablet	
Narcan [®] Nasal Spray (OTC)	
Opvee® Nasal Spray	
Rextovy [™] (naloxone) Nasal Spray	
Vivitrol [®] Vial / Diluent Zimhi [™] Syringe	
Zimni Syringe	
	OPIOID DEPENDENCE
Preferred	Non-Preferred
Prior Approval Not Required for Coverage of Preferred Agents	Clinical Criteria Apply to Non-Preferred Agents
Brixadi ¹⁶ Weekly Syringe / Monthly Syringe	buprenorphine-naloxone SL film (generic for Suboxone [®]) Lofexidine Tablet T/F of preferred agents not required for diagnosis of opioid withdrawal
buprenorphine-naloxonc SL tablet (generic for Suboxone [®]) buprenorphine SL tablet (generic for Subutex®)	Loncount lands i fr of preteries agents not required to reagined so to phono windowail Loncount and the Loncount of the Loncou
Suboxone [®] SL Film	Zubsoly [®] Tablet SL
Sublocade® Syringe	
	SKELETAL MUSCLE RELAXANTS
Preferred	SRELETAL STOCKLE RELAASTS Non-Preferred
baclofen tablet (generic for Lioresal®)	Amix® ER Capsule
cyclobenzaprine tablet (generic for Flexeril®)	baclofen oral solution
methocarbamol tablet (generic for Robaxin®)	baclofen suspension (generic for Flequivy ¹⁰)
tizanidine tablet (generic for Zanaflex®)	cluiezzazone tablet (generito for Parafone forte [®])
	cyclobenzaprine ER capsule (generic for Amrix [®] ER) Dantrium [®] Capsule / Vial
	Danarum Capaci, Carlin Capaci, Carlina Capaci, Car Capaci, Carlina Capaci, Cap
	Fexnid® Tablet
	Flequry [®] Suspension
	Lorzone [®] Tablet
	Lyvispah Granule Packet metazalone tablet (generic for Skelaxin)
	metazanane taniet (generie iro Szeazan) Morgesio [®] Talekt / Forter Talekt
	Professor Fance/Fore Fance Openandring - Sprink / cafficien tablet (generic for Norgesic [®])
	orphematrine / aspirin / califone tablet (generic for Norgesic [®]) orphematrine citrate tablet / vial (generic for Norflex [®]) Ophengesic [®] Forts Tablet
	orpheradrine / aspirin / eaffeine tablet (generic for Norgesic ⁷⁰) orpheradrine cirrate table / vial (generic for Norflex ⁶) Opphengsic ⁶ Fort Tablet Robatin ⁶ Vial
	orphenadrine / sapirin / eaffeine tablet (generic for Norgesic ⁷⁰) orphenadrine cirrate tablet / vial (generic for Norflex ⁸) Orphengesic ⁶ Forte Tablet Robasin ⁶ Vial Tanlor® Tablet
	orphematrine / aspirin / califone tablet (generic for Norgesic ⁷⁰) orphematrine citrate tablet / vial (generic for Norflec [*]) Orphemasic [®] Exercise Tablet Robasin [®] Vial Tanlor® Tablet Urandine capuels (generic for Zandlec [®])
	orphemadrine / aspini / caffine table (generic for Norgesic [®]) orphemadrine / aspin / caffine table / vial (generic for Norflex [®]) Orphemagesic [®] Forte Tablet Robasin [®] Vial Tanler [®] Tablet Uzznidine capades (generic for Zanaflex [®]) Zanaflex [®] Capade / Tablet
	orphematrine / aspirin / califone tablet (generic for Norgesic ⁷⁰) orphematrine citrate tablet / vial (generic for Norflec [*]) Orphemasic [®] Exercise Tablet Robasin [®] Vial Tanlor® Tablet Urandine capuels (generic for Zandlec [®])
Preferred	orphemadrine / aspini / caffine table (generic for Norgesic [®]) orphemadrine / aspin / caffine table / vial (generic for Norflex [®]) Orphemagesic [®] Forte Tablet Robasin [®] Vial Tanler [®] Tablet Uzznidine capades (generic for Zanaflex [®]) Zanaflex [®] Capade / Tablet
CeQur Simplicity™	orphematrine / anginin / califies tablet (generic for Norgesic [®]) orphematrine citrate tablet / vial (generic for Norflec [®]) Orphemassic [®] Trailot Robasin [®] Trailot Tanlor® Tablet Tanlor® Tablet Tanlor® Capanel / Tablet Zamaflec [®] (appanel / Tablet DISPOSABLE INSULIN DELIVERY DEVICES
CeQur Simplicity™ CeQur Simplicity™ Inserter	orphematrine / anginin / califies tablet (generic for Norgesic [®]) orphematrine citrate tablet / vial (generic for Norflec [®]) Orphemassic [®] Trailot Robasin [®] Trailot Tanlor® Tablet Tanlor® Tablet Tanlor® Capanel / Tablet Zamaflec [®] (appanel / Tablet DISPOSABLE INSULIN DELIVERY DEVICES
CeQue Simplicity™ CeQue Simplicity™ Inserter Omnipod 5 [™] (6 Posk (5 Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit	orphematrine / anginin / califies tablet (generic for Norgesic [®]) orphematrine citrate tablet / vial (generic for Norflec [®]) Orphemassic [®] Trailot Robasin [®] Trailot Tanlor® Tablet Tanlor® Tablet Tanlor® Capanel / Tablet Zamaflec [®] (appanel / Tablet DISPOSABLE INSULIN DELIVERY DEVICES
CcQur Simplicity™ CcQur Simplicity™ Inserter Onnipod 5 ⁶ G6 Pods (5-Pack) / Intro Kit Onnipod DASH [®] Pods (5-Pack) / Intro Kit Onnipod DASH [®] Pods (5-Pack) / Intro Kit Onnipod CO [®] Pods	orphematrine / sapirin / caffine tablet (generic for Norgesic ⁷⁶) orphematrine / sapirin / caffine tablet / vial (generic for Norflex ⁴) Orphemasic ⁸ Toxot Tablet Robexin ⁸ Vial Tandore ⁶ Tablet Tandore ⁶ Tablet Tandore ¹⁰ Capaule / Tablet DISPOSABLE INSULIN DELIVERY DEVICES Non-Preferred
CcQur Simplicity™ CcQur Simplicity™ Inserter Omnipod 5 ⁴ GB Pods (5-Puck) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit Omnipod GD ASH [#] Pods (5-Puck) / Intro Kit Omnipod GO [™] Pods	orphematrine / anginin / caffine table (generic for Norgesic [®]) orphematrine / angine / caffine table (generic for Norflex [®]) Orphemageis [®] Fort Tablet Robasin [®] Vial Tandret [®] Tablet transfine capades (generic for Zanaflex [®]) Zanaflex [®] Capade / Tablet DISPOSABLE INSULIN DELIVERY DEVICES Non-Preferred ETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES
CeQur Simplicity™ Inserter CeQur Simplicity™ Inserter Omnipod 5 ^o Ge Kol S-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit Omnipod GO [™] Pods (S-Pack) / Intro Kit Omnipod GO [™] Pods DIAE	orphematrine / anglini / calfine tablet (generic for Norgsic ⁷) orphematrine (inter tablet / vial (generic for Norfflex [*]) Orphematrix [®] Forta Tablet Robasin [®] Vial Tankor® Tablet Tankor® Tablet Tankor® Canadlex [®]) Zanaflex [®] (apoule / Tablet DISPOSABLE INSULIN DELIVERY DEVICES Non-Preferred ETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES Continuous Glucose Monitor Transmitters / Receivers / Readers
CcQur Simplicity™ CcQur Simplicity™ Inserter Omnipod S6 ⁴ G6 Pods (S-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit Omnipod S64 ⁴ Pods (S-Pack) / Intro Kit Omnipod G0 ¹⁰ Pods DIAH Preferred	orphematrine / sapiral / calfine tablet (generic for Norgesic ^{7*}) orphematrine / traite tablet / vial (generic for Norflex [*]) Orphongosi [®] ^T Traite Robasin [®] ^T vial Tandore ^T Capaule / Tablet DISPOSABLE INSULIN DELIVERY DEVICES DISPOSABLE INSULIN DELIVERY DEVICES INOn-Preferred ETTIC CONTINUOUS GLUCOSE MONITOR SUPPLIES Continuous Glucose Monitor Transmitters / Receivers / Readers Non-Preferred
CcQur Simplicity™ CcQur Simplicity™ CcQur Simplicity™ Inserter Omnipod 56 Pods (5-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit Omnipod 500 [™] Pods DIAF Preferred Preferred Dexcon G6 [®] Transmitter / Receiver	orphematrine / anglini / calfine tablet (generic for Norgsic ⁷) orphematrine (inter tablet / vial (generic for Norfflex [*]) Orphematrix [®] Forta Tablet Robasin [®] Vial Tankor® Tablet Tankor® Tablet Tankor® Canadlex [®]) Zanaflex [®] (apoule / Tablet DISPOSABLE INSULIN DELIVERY DEVICES Non-Preferred ETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES Continuous Glucose Monitor Transmitters / Receivers / Readers
CcQur Simplicity™ CcQur Simplicity™ CcQur Simplicity™ Inserter Onnipod 5(6 Pods (6-Puek) / Go Intro Kit / G6-G7 Pods / G6-G7 Intro Kit Onnipod GO [™] Pods DIAF Proferred Preferred Dexcont G6 [®] Transmitter / Receiver Dexcont G7 [®] Receiver	orphematrine / sapiral / calfine tablet (generic for Norgesic ^{7*}) orphematrine / traite tablet / vial (generic for Norflex ^{4*}) Orphongosi ^{6*} Totalot Robasin ^{6*} Vial Tandore Tablet Tandore ¹ Capsule / Tablet DISPOSABLE INSULIN DELIVERY DEVICES DISPOSABLE INSULIN DELIVERY DEVICES ETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES Continuous Glucose Monitor Transmitters / Receivers / Readers Non-Preferred
CcQur Simplicity™ CcQur Simplicity™ Inserter Onnipod 50 (6 Pods (5-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit Omnipod 50 ^{OT} Pods DIAH Preferred Preferred Dexcon G6 [®] Transmitter / Receiver	orphematrine / sapiral / califore tablet (generic for Norgesic ⁷) orphematrine / tablet / vial (generic for Norflex ⁴) Orphongsic ⁶ ⁷ Tablet Tandor® Tablet Tandor® Tablet Tandor® Tablet Tandor® Tablet Tandor® Tablet Tandor® Capsule / Tablet DISPOSABLE INSULIN DELIVERY DEVICES DISPOSABLE INSULIN DELIVERY DEVICES Non-Preferred ETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES Continuous Glucose Monitor Transmitters / Receivers / Readers Continuous Glucose Monitor Transmitters / Receivers / Readers Non-Preferred Feesgle Libr [®] 14 day Reader

Revised 6.16.25 Off-Cycle Change: Epidiolex® Solution was moved from Preferred to Non-preferred Trial and failure (T/F) of two Preferred drugs are required unless only one Preferred option is listed or a T/F criteria exemption is otherwise indicated.

Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred. In addition to

T/F criteria, clinical criteria (indicated in RED) may also apply. New to market products typically default to Non-Preferred status until reviewed by the PDL Panel. These drugs are listed as TO BE REVIEWED. For drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at: https://www.nctracks.nc.gov/content/public/providers/pharmacy.html More information on the PDL can be found at: https://medicaid.ncdhhs.gov/providers/programs-services/prescription-drugs/outpatient-pharmacy-services

Continuous Glucose Monitor Sensors		
Preferred	Non-Preferred	
Freestyle Libre™ 2 Sensor	Freestyle Libre TM 14 day Sensor	
Freestyle Libre™ 2 Plus Sensor		
Freestyle Libre™ 3 Sensor		
Freestyle Libre™ 3 Plus Sensor		
Dexcom G6 [®] Sensor		
Dexcom G7 [®] Sensor		
DIABETIC SUPPLIES		

DIABETIC SUPPLIES N.C. Medicaid only covers, at point of sale, the designated preferred products listed below for blood glucose meters, diabetic test strips, control solutions, lancets, and lancing devices for Medicaid-primary recipients (dually eligible and third-party recipients are not affected). These products are covered under the Outpatient Pharmacy Program and can be submitted to the pharmacy point-of-sale system with a prescription. Diabetic supplies, including other brands, can also be submitted under Durable Medical Equipment using the NDC and HCPCS code. Beneficiaries are allowed 1 covered meter every 2 years (730 days). For questions or assistance regarding diabetic supplies for Medicaid Direct members, please call the NC Tracks call center at 1-800-688-6696. *All blood glucose meters are billed using the NC Medicaid Free BIN Meter program. BIN 610524, PCN 1016, Group 40026479, ID 066499643.*

Meters	Lancing Devices
ACCU-CHEK® Guide Retail care kit * (see above for billing)	ACCU-CHEK [®] Soficial lancing device kit (Black)
ACCU-CHEK® Guide Me Retail care kit * (see above for billing)	ACCU-CHEK® Fastelix lancing device kit
Test Strips	Control Solutions
ACCU-CHEK® AVIVA PLUS 50 ct test strips	ACCU-CHEK® Aviva glucose control solution (2 levels)
ACCU-CHEK® SMARTVIEW 50 et test strips	ACCU-CHEK® SmartView glucose control solution (1 level)
ACCU-CHEK® Guide 50 et test strips	ACCU-CHEK [®] Guide 2-Level control solution (2-levels)
ACCU-CHEK® Guide 100 et test strips	
Lancets	
ACCU-CHEK® Softelix 100 et Lancets	
ACCU-CHEK® Fastelix 102 et Lancets	