Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

	HEIMEBUS ACRIVES
	HEIMER'S AGENTS
Preferred	Non-Preferred
donepezil 5mg, 10mg tablet / ODT (generic for Aricept® / ODT)	Adhalniy® Patch Adhalni Vial - Clinical critaria apply
Exelon® Patch memantine tablet / titration pack (generic for Namenda®)	Aduhelm® Vial - Clinical criteria apply Aricept® Tablet
-	
rivastigmine capsule (generic for Exelon®)	donepezil 23mg tablet (generic for Aricept®) galantamine ER capsule / solution / tablet (generic for Razadyne® / ER)
	galantamine ER capsule / solution / tablet (generic for Razadyne* / ER) Leqembi® Vial - Clinical criteria apply
	memantine ER capsule / solution (generic for Namenda® XR / Solution)
	Namenda [®] Tablet / Titration Pack / XR Capsule / XR Titration Pack
	Namzaric® Capsule / Titration Pack
	rivastigmine patch (generic for Exelon [®])
	ANALGESICS
0	PIOID ANALGESICS
	Long Acting Opioids
	ria apply to all drugs in this class
Preferred	Non-Preferred
Butrans® Patch	Belbuca® (Buccal) Film
fentanyl patch 12mcg / 25mcg / 50mcg / 75mcg / 100mcg (generic for Duragesic®)	buprenorphine patch (generic for Butrans®)
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)
tramadol ER tablet (generic for Ultram ER®, Ryzolt®) Xtampza® ER Capsule	hydrocodone ER tablet (generic for Hysingla® ER) hydromorphone ER tablet (generic for Exalgo®)
лапирга их сармие	hydromorphone ER tablet (generic for Exalgo*) Hysingla® ER Tablet
 	
 	Methadose™ Oral Concentrate / Tablet
	morphine sulfate ER capsule (generic for Avinza®, Kadian®) MS Contin® Tablet
 	MS Contin® Tablet Nucynta® ER Tablet
	oxycodone ER tablet (generic for OxyContin®) oxymorphone ER tablet
	tramadol ER capsule (generic for Conzip®)
	trainador Ex capsule (generic for Conzip.)
Orally Disintegra	I ting / Oral Spray Schedule II Opioids
	ria apply to all drugs in this class
Preferred	Non-Preferred
Actiq® Lozenge	Dsuvia D SL Tablet
Actiq Lozelige	Fentanyl citrate buccal tablet (generic for Fentora®)
	fentanyl citrate lozenge (generic for Actiq") Fentora [®] Buccal Tablet
	remora Duccai rabiet
Short	Acting Schedule II Opioids
	Lacting Schedule II Opioids
Clinical crit	ria apply to all drugs in this class
Clinical crite Preferred	ria apply to all drugs in this class Non-Preferred
Clinical crite Preferred Endocet® Tablet (branded generic for Percocet®)	ria apply to all drugs in this class Non-Preferred codeine sulfate tablet
Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)	ria apply to all drugs in this class Non-Preferred codeine sulfate tablet Dilaudid® Liquid / Tablet
Clinical crite Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®)	ria apply to all drugs in this class Non-Preferred codeine sulfate tablet Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®)
Clinical crite Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Loret®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Dilaudid®)	ria apply to all drugs in this class Non-Preferred codeine sulfate tablet Diaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®)
Preferred Endoce* Tablet (branded generic for Percocet*) hydrocodone-acetaminophen solution / tablet (generic for Hycet*, Lorcet*, Lortab*, Norco*, Vicodin*) hydrocodone-ibuprofen tablet (generic for Ibudone*, Reprexain*, Vicoprofen*) hydromorphone tablet (generic for Dilaudid*) morphine solution / tablet (generic for MSIR*)	ria apply to all drugs in this class Non-Preferred codeine sulfate tablet Dilaudid [®] Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid [®]) levorphanol tablet (generic for Levo-Dromoran [®]) meperidine solution / tablet (generic for Demerol [®])
Clinical crite Preferred Endoce* Tablet (branded generic for Percocet*) hydrocodone-acetaminophen solution / tablet (generic for Hycet*, Lorcet*, Lortab*, Norco*, Vicodin*) hydrocodone-ibuprofen tablet (generic for Ibudone*, Reprexain*, Vicoprofen*) hydromorphone tablet (generic for Dilaudid*) morphine solution / tablet (generic for MSIR*) oxycodone solution / tablet (generic for Roxicodone*)	ria apply to all drugs in this class Non-Preferred codeine sulfate tablet Dilaudid Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid) levorphanol tablet (generic for Levo-Dromoran) meperidine solution / tablet (generic for Demerol) morphine oral syringe
Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lorcat®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®)	ria apply to all drugs in this class Non-Preferred codeine sulfate tablet Dilaudid® Liquid / Tablet bydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®) meperidine solution / tablet (generic for Demerol®) morphine oral syringe morphine suppositories (generic for Roxanol®)
Clinical crite Preferred Endoce* Tablet (branded generic for Percocet*) hydrocodone-acetaminophen solution / tablet (generic for Hycet*, Lorcet*, Lortab*, Norco*, Vicodin*) hydrocodone-ibuprofen tablet (generic for Ibudone*, Reprexain*, Vicoprofen*) hydromorphone tablet (generic for Dilaudid*) morphine solution / tablet (generic for MSIR*) oxycodone solution / tablet (generic for Roxicodone*)	ria apply to all drugs in this class Non-Preferred codeine sulfate tablet Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®) meperidine solution / tablet (generic for Demerol®) morphine oral syringe morphine suppositories (generic for Roxanol®) Nalocce® Tablet
Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lorcat®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®)	ria apply to all drugs in this class Non-Preferred codeine sulfate tablet Diaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®) meperidine solution / tablet (generic for Demerol®) morphine oral syringe morphine suppositories (generic for Roxanol®) Nalocae® Tablet Nucynta® Tablet
Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lorcat®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®)	ria apply to all drugs in this class Non-Preferred codeine sulfate tablet Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®) meperidine solution / tablet (generic for Demerol®) morphine oral syringe morphine suppositories (generic for Roxanol®) Naloce® Tablet Nucynta® Tablet oxycodone capsule (generic for OxyIR®)
Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lorcat®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®)	ria apply to all drugs in this class Non-Preferred
Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lorcat®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®)	ria apply to all drugs in this class Non-Preferred
Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lorcat®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®)	ria apply to all drugs in this class Codeine sulfate tablet Non-Preferred
Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lorcat®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®)	ria apply to all drugs in this class Non-Preferred
Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lorcat®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®)	ria apply to all drugs in this class Non-Preferred
Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lorcat®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®)	ria apply to all drugs in this class Non-Preferred
Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lorcat®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®)	ria apply to all drugs in this class Non-Preferred
Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Dilaudid®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Rysic®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®)	ria apply to all drugs in this class Codeine sulfate tablet
Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®) Short Acting Schedule	ria apply to all drugs in this class Non-Preferred codeine sulfate tablet Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®) meperidine solution / tablet (generic for Demerol®) morphine oral syringe morphine suppositories (generic for Roxanol®) Naloca® Tablet Naloca® Tablet oxycodone capsule (generic for OxyIR®) oxycodone capsule (generic for OxyIR®) oxycodone-acetaminophen solution oxycodone-acetaminophen solution oxycodone-acetaminophen solution oxymorphone tablet (generic for Opana®) Percoce® Tablet Prolate® Tablet Noxylond® Tablet Roxylond® Tablet Noxylond® Analgesic Combinations
Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hyce®, Lorce®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®) Short Acting Schedule Clinical crite	ria apply to all drugs in this class Non-Preferred
Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lorcet®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Dilaudid®) morphine solution / tablet (generic for NSIR®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®) Short Acting Schedule Clinical crite Preferred	ria apply to all drugs in this class Non-Preferred
Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lorcet®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Tollaudid®) morphine solution / tablet (generic for MSIR®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®) Short Acting Schedule Clinical crit Preferred codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®)	ria apply to all drugs in this class Non-Preferred odeine sulfate tablet Dilaudid® Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid®) levorphanol tablet (generic for Levo-Dromoran®) meperidine solution / tablet (generic for Demerol®) morphine oral syringe morphine suppositories (generic for Roxanol®) Naloca® Tablet Nucyna® Tablet Nucyna® Tablet oxycodone capsule (generic for OxyIR®) oxycodone cancell (generic for Roxicodone® Intensol) oxycodone-acetaminophen solution oxymorphone tablet (generic for Opana®) Percoce® Tablet Prolate® Tablet Roxicodone® Tablet Roxicodone® Tablet Roxybond® Tablet Norphine Solution Roxicodone® Tablet Roxybond® Tablet Norphine Solution Roxicodone® Tablet Roxybond® Tablet Norphine Solution Non-Preferred Ascomp® Capsule (branded generic for Forinial with Codeine®)
Preferred Endocer® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®) Short Acting Schedule Clinical crit Preferred codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®) tramadol tablet (generic for Ultram®)	In apply to all drugs in this class Codeine sulfate tablet
Preferred Endocet® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lorcet®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Tollaudid®) morphine solution / tablet (generic for MSIR®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®) Short Acting Schedule Clinical crit Preferred codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®)	ria apply to all drugs in this class Codeine sulfate tablet
Preferred Endocer® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®) Short Acting Schedule Clinical crit Preferred codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®) tramadol tablet (generic for Ultram®)	ria apply to all drugs in this class Non-Preferred
Preferred Endocer® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®) Short Acting Schedule Clinical crit Preferred codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®) tramadol tablet (generic for Ultram®)	ria apply to all drugs in this class Non-Preferred
Preferred Endocer® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®) Short Acting Schedule Clinical crit Preferred codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®) tramadol tablet (generic for Ultram®)	ria apply to all drugs in this class Non-Preferred
Preferred Endocer® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®) Short Acting Schedule Clinical crit Preferred codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®) tramadol tablet (generic for Ultram®)	ria apply to all drugs in this class Non-Preferred
Preferred Endocer® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®) Short Acting Schedule Clinical crit Preferred codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®) tramadol tablet (generic for Ultram®)	ria apply to all drugs in this class Non-Preferred
Preferred Endocer® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®) Short Acting Schedule Clinical crit Preferred codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®) tramadol tablet (generic for Ultram®)	ria apply to all drugs in this class Codeine sulfate tablet
Preferred Endocer® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®) Short Acting Schedule Clinical crit Preferred codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®) tramadol tablet (generic for Ultram®)	ria apply to all drugs in this class Non-Preferred
Preferred Endocer® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®) Short Acting Schedule Clinical crit Preferred codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®) tramadol tablet (generic for Ultram®)	In apply to all drugs in this class Non-Preferred
Preferred Endocer® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®) Short Acting Schedule Clinical crit Preferred codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®) tramadol tablet (generic for Ultram®)	ria apply to all drugs in this class Non-Preferred codeine sulfate tablet Dilaudid* Liquid / Tablet hydronorphone solution / suppository (generic for Dilaudid*) leverphanol tablet (generic for Levo-Dronoran*) meperidine solution / tablet (generic for Demeral*) morphine suppositories (generic for Roxanol*) Nalocea* Tablet Nucynta* Tablet oxycodone capsule (generic for Roxanol*) Nucynta* Tablet oxycodone cancentrated solution (generic for Roxicodone* Intensol) oxycodone-acetaminophen solution oxymorphone tablet (generic for Opana*) Percoce* Tablet Roxybond* Tablet Roxybond* Tablet Nucynda* Tablet Roxybond* Tablet III – IV Opioids / Analgesic Combinations ria apply to all drugs in this class Non-Preferred Ascomp* Capsule (branded generic for Fiorinal with Codeine*) butablital compound with codeine capsule (generic for Fiorinal with Codeine*) butablital-caffeine-APAP with codeine tablet (generic for Fioricet with Codeine*) Fioricet with Codeine* Capsule pentazocine-naloxone tablet (generic for Talvin NX*) Qdolo* Solution (generic for Solution Solution (generic for Solution NX*) Qdolo* Solution (generic for John') Fioricet with Codeine* Capsule pentazocine-naloxone tablet (generic for Talvin NX*) Qdolo* Solution (generic for Qdolo*) Fioricet with Codeine Capsule pentazocine-naloxone tablet (generic for Talvin NX*) Qdolo* Solution (generic for Qdolo*)
Preferred Endocer® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®) Short Acting Schedule Clinical crit Preferred codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®) tramadol tablet (generic for Ultram®)	ria apply to all drugs in this class Non-Preferred codeine sulfate tablet Dilaudid* Liquid / Tablet hydronorphone solution / suppository (generic for Dilaudid*) levorphanol tablet (generic for Levo-Dronorna*) meperidine solution / tablet (generic for Demeral*) morphine suppositories (generic for Roxanol*) Nalocea* Tablet Nucynta* Tablet Nucynta* Tablet oxycodone cansulte (generic for Roxicodone* Intensol) oxycodone cansulte (generic for Roxicodone* Intensol) oxycodone cancentrated solution (generic for Roxicodone* Intensol) oxycodone concentrated solution (generic for Roxicodone* Intensol) oxycodone cancentrated solution oxymorphone tablet (generic for Opana*) Percoce* Tablet Roxybond* Tablet Roxybond* Tablet Nucynda* Tablet Roxybond* Tablet Nucynda* Tab
Preferred Endocer® Tablet (branded generic for Percocet®) hydrocodone-acetaminophen solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) hydromorphone tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) morphine solution / tablet (generic for MSIR®) oxycodone-solution / tablet (generic for Roxicodone®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percocet®) Short Acting Schedule Clinical crit Preferred codeine-acetaminophen solution / tablet (generic for Tylenol with Codeine®) tramadol tablet (generic for Ultram®)	ria apply to all drugs in this class Non-Preferred codeine sulfate tablet Dilaudid® Liquid / Tablet hydronorphone solution / suppository (generic for Dilaudid®) everphanol tablet (generic for Levo-Dronora®) meperidine solution / tablet (generic for Demora®) morphine suppositories (generic for Roxano®) Naloce® Tablet Nucynta® Tab
Preferred Endoce* Tablet (branded generic for Percocet*) hydrocodone-acetaminophen solution / tablet (generic for Hyce*, Lorce*, Lortab*, Norco*, Vicodin*) hydrocodone-ibuprofen tablet (generic for Ibudone*, Reprexain*, Vicoprofen*) hydromodone-ibuprofen tablet (generic for Dilaudid*) morphine solution / tablet (generic for MSicodone*) oxycodone-acetaminophen capsules (generic for Tylox*) oxycodone-acetaminophen tablets (generic for Percocet*) Short Acting Schedule Clinical crit Preferred codeine-acetaminophen solution / tablet (generic for Tyleno) tramadol tablet (generic for Ultracet*) tramadol-acetaminophen tablet (generic for Ultracet*)	ria apply to all drugs in this class Non-Preferred codeine sulfate tablet Dilaudid* Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid*) levorphanol tablet (generic for Levo-Dromoran*) ineperidine solution / tablet (generic for Demerol*) morphine oral syringe morphine oral syringe Naloced* Tablet Nucynia* Tablet Nucynia* Tablet oxycodone capsule (generic for OxyIR*) oxycodone capsule (generic for OxyIR*) oxycodone capsule (generic for OxyIR*) oxycodone-acetaminophen solution oxymorphone tablet (generic for Opana*) Percoced* Tablet Roxybond* Tablet Rox
Clinical crite Preferred Endoces® Tablet (branded generic for Percoces®) hydrocodone-acetaminophen solution / tablet (generic for Hyces®, Lorces®, Lortab®, Norco®, Vicodin®) hydrocodone-ibuprofen tablet (generic for Budons®, Reprexain®, Vicoprofen®) hydrocodone-ibuprofen tablet (generic for Budons®, Reprexain®, Vicoprofen®) hydrocodone-acetaminophen sablet (generic for Roxicodons®) oxycodone-acetaminophen capsules (generic for Tylox®) oxycodone-acetaminophen tablets (generic for Percoces®) Short Acting Schedule Clinical crite Preferred codeine-acetaminophen solution / tablet (generic for Tylox®) tramadol tablet (generic for Ultraces®) tramadol-acetaminophen tablet (generic for Ultraces®) Preferred celecoxib capsule (generic for Celebrex®)	ria apply to all drugs in this class Non-Preferred codeine sulfate tablet Diaudid* Liquid / Tablet hydromorphone solution / Suppository (generic for Diaudid*) leverphanol tablet (generic for Demerol*) morphine oral syringe morphine uspositories (generic for Roxanol*) Nalocet* Tablet Nucynta* Tablet Nucybond* Tablet III – IV Opicids / Analgesic Combinations ria apply to all drugs in this class Non-Preferred Ascomp* Capsule (branded generic for Fiorinal with Codeine*) butuphanol spray (generic for Stadof*) butuphanol spray (generic for Stadof*) butuphanol spray (generic for Stadof*) Seglentis* Tablet turnandol solution (generic for Qdolo*) Seglentis* Tablet turnandol solution (generic for Qdolo*) turnandol solution (generic for Qdolo*) turnandol solution (generic for Qdolo*) Non-Preferred Arthrotec* Tablet Non-Preferred Arthrotec* Tablet
Preferred Endoce* Tablet (branded generic for Percocet*) hydrocodone-acetaminophen solution / tablet (generic for Hyce*, Lorce*, Lortab*, Norco*, Vicodin*) hydrocodone-ibuprofen tablet (generic for Ibudone*, Reprexain*, Vicoprofen*) hydromodone-ibuprofen tablet (generic for Dilaudid*) morphine solution / tablet (generic for MSicodone*) oxycodone-acetaminophen capsules (generic for Tylox*) oxycodone-acetaminophen tablets (generic for Percocet*) Short Acting Schedule Clinical crit Preferred codeine-acetaminophen solution / tablet (generic for Tyleno) tramadol tablet (generic for Ultracet*) tramadol-acetaminophen tablet (generic for Ultracet*)	ria apply to all drugs in this class Non-Preferred codeine sulfate tablet Dilaudid* Liquid / Tablet hydromorphone solution / suppository (generic for Dilaudid*) levorphanol tablet (generic for Levo-Dromoran*) ineperidine solution / tablet (generic for Demerol*) morphine suppositories (generic for Demerol*) morphine suppositories (generic for Roxanod*) Naloced* Tablet Nucynta* Tablet oxycodone capsule (generic for OxyIR*) oxycodone capsule (generic for OxyIR*) oxycodone-cacetaminophen solution oxymorphone tablet (generic for OxyIR*) oxycodone-acetaminophen solution oxymorphone tablet (generic for Opana*) Prevoced* Tablet Roxybord* Tablet Roxy

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

motorisem ablet (generic for Modes*) majorone BC / Disk delice (generic for Modes*) majorone back (generic for Modes*) ma	ketorolac tablet (generic for Toradol [®])	diclofenac potassium capsule (generic for Zipsor®)
aupronen solubit (generic for Naprova") sulindar tablet (generic for Katprova") sulindar tablet (generic for Chisori") sulindar tablet (generic for Chisori") sulindar tablet (generic for Chisori") sulindar tablet (generic for Katprova") sulindar tablet (generic for Natprova") sulindar tablet (generic for Dearks) " JTF of only celecoral required sulindar tablet (generic for Dearks) " JTF of only celecoral required sulindar tablet (generic for Chuschis SR") sulproval tablet (generic for Orusla") sulproval tablet (generic for Spris") sulproval tablet (generic for Spriss") sulproval tablet (ge	meloxicam tablet (generic for Mobic®)	diclofenac potassium tablet (generic for Cataflam®)
aujmonen sodium tablet (generic for Anaprov.") diffunisal tablet (generic for Dolobid.") polecia. "Tablet - TiF of only ecleecoath required coolace popular bablet (generic for Dolobid.") polecia. "Tablet - TiF of only ecleecoath required coolace popular bablet (generic for Naison.") plumption (another to the Capsular (generic for Naison.") plumption (another to the Capsular (generic for Indicin BRC) proportion (generic for Indicent Braphoportion) proportion (generic f	naproxen EC / DR tablet (generic for Naprosyn® EC)	diclofenac sodium tablet / ER tablet (generic for Voltaren® / XR)
Decisi* Tablet : Tif d only relevanth required totoblac capsale 'Intellet Fix labiet (generic for Ladine* XL) Feldere* Capsale Indiponent abulet (generic for Ansia*) Buspofen / Ansia*) Buspofen / Ansia* Buspofen	naproxen tablet (generic for Naprosyn®)	diclofenac sodium-misoprostol tablet (generic for Arthrotec®)
etodoic capsule / bable / ER tablet (generic for Lodine* / XL) Feldene* Capsule Feldene* Capsule Feldene* Capsule Feldene* Capsule Feldene* Capsule Feldene* For Nation*) Feldene* For Nation*) Furnishing tablet (generic for Nation*) Furnishing tablet (generic for Datesis*) - TFF of only celecusib required Indomethacin ER capsule (generic for Indocin SR*) Indomethacin ER capsule (generic for Indocin SR*) Indomethacin ER capsule (generic for Orustal*) Feldene*	naproxen sodium tablet (generic for Anaprox®)	diffunisal tablet (generic for Dolobid [®])
Feldene® Capsule Remprison capsule (abelt (generic for Nation®) Rutprison tablet (generic for Ansala®) Rutprison tablet (generic for Ansala®) Rutprison tablet (generic for Indocis SR®) Rutprison (abelt (generic for Indocis SR®) Return (abelt (generic for Indoces SR®) Return (abelt (gen	sulindac tablet (generic for Clinoril®)	Duexis® Tablet - T/F of only celecoxib required
fenoprofice capsule' tablet (generic for Nation*) flurbiprofice tablet (generic for Ansaid*) flurbiprofice tablet (generic for Decisis*) - TVF of only eelecoxib required monorchain: ER capsule (generic for Indocin SR*) monorchain: ER capsule (generic for Indocin SR*) monorchain: ER capsule (generic for Orusis*) ketoprofice angasule (generic for Orusis*) ketoprofice the Reapsule (generic for Orusis*) ketoprofice the Reapsule (generic for Orusis*) ketoprofice the Reapsule (generic for Sprix*) ketoprofice the Reapsule (generic for Meclomen*) meclofenamate capsule (generic for Meclomen*) meclofenamate capsule (generic for Realen*) meloxicam capsule (generic for Naprosis)		etodolac capsule / tablet / ER tablet(generic for Lodine® / XL)
fluthiprofen tablet (generic for Ansaid") huprofen (famotishine tablet (generic for Duexis") - TFF of only celecuxib required indomethacin Ele Rapsable (generic for Indoorin Rs") indomethacin suppository ketoprofen capsable (generic for Torusis") ketoprofen (apsable (generic for Torusis") ketoprofen (apsable (generic for Torusis") ketoprofen (apsable (generic for Orusis") ketorolac (romethamine nasal spray (generic for Sprix") lofena" Tablet neclofenamane capsable (generic for Meclomen") nefenamic acid capsable (generic for Fonsate") nelexamic acid capsable (generic for Vividoek") nelexamic acid capsable (generic for Vividoek") nabumetone tablet (generic for Relafen") Nalfon" Capsable / Tablet Naprons" Naspension aproxen sodium ER tablet (generic for Napredan") naproxen sospension (generic for Napredan") naproxen sospension (generic for Napredan") naproxen suspension (generic for DayPro") niviciam capsable (generic for Fedene") Relafen "Da Tablet olomein tablet / capsable (generic for Tolectin" / DS)		Feldene® Capsule
buprofen / famotidine tablet (generic for Duexis®) - TF of only celecoxib required indomethacin ER capsule (generic for Indocin SR®) indomethacin suppository tetoprofen capsule (generic for Orudis®) letoprofen Ex capsule (generic for Orudis®) ketorolac tromethamine nasal spary (generic for Spris®) ketorolac tromethamine nasal spary (generic for Spris®) Lofena® Tablet necloenamate capsule (generic for Foruste®) mefenamic acid capsule (generic for Foruste®) mefenamic acid capsule (generic for Foruste®) methematic acid capsule (generic for Foruste®) methematic acid capsule (generic for Vivlodes®) abumeton tablet (generic for Relatin®) Nation® Capsule / Tablet Naprela® Tablet Naprela® Tablet Naprosen suspension (generic for Naprelam®) naprosen suspension (generi		fenoprofen capsule/ tablet (generic for Nalfon®)
indomethacin ER capsule (generic for Indocin SR®) indomethacin suppository ketoprofen capsule (generic for Orudis®) ketoprofen ER capsule (generic for Orudis®) ketoprofen ER capsule (generic for Orudis®) ketorolac tromethamine nasal spray (generic for Spris®) Lofena® Tablet incofenamate capsule (generic for Meclomen®) meclonamate capsule (generic for Meclomen®) mefenamic acid capsule (generic for Ponste®) melonicama capsule (generic for Relafon®) melonicama capsule (generic for Relafon®) mabuructone tablet (generic for Relafon®) Nalfon® Capsule / Tablet Naprosa® Suspension naprocen sodium ER tablet (generic for Naprosa®)		flurbiprofen tablet (generic for Ansaid®)
indomethacin suppository ketoprofen capsule (generic for Orudis *) ketoprofen ER capsule (generic for Orudis *) ketoprofen ER capsule (generic for Orudis *) ketoprofen ER capsule (generic for Sprix *) ketoprofen ER capsule (generic for Sprix *) ketoprofen ER capsule (generic for Sprix *) ketoprofen ER capsule (generic for Meclomen *) meclofenamate capsule (generic for Meclomen *) meloxicam capsule (generic for Vivlodex *) neloxicam capsule (generic for Vivlodex *) nabumetone tablet (generic for Relafen *) Naprosan * Suspension Naprosan * Suspension naproxen sodium ER tablet (generic for Naprelan *) naproxen sodium ER tablet (generic for Naprelan *) naproxen suspension (generic for Naprelan *) naproxen suspension (generic for Naprelan *) naproxen suspension (generic for Vivrovo*) - T/F of analy celecoxib required oxaproxin tablet (generic for Feldene*) Relafen * DS Tablet Relafen * DS Tablet tolmetin tablet / capsule (generic for Tolectin */ DS)		ibuprofen / famotidine tablet (generic for Duexis [®]) - T/F of only celecoxib required
Retornorm capsule (generic for Orudis*) Retornorm capsule (generic for Orudis*) Retornorm capsule (generic for Orudis*) Retornorm capsule (generic for Sprix*) Retornorm capsule (generic for Sprix*) Retornorm capsule (generic for Sprix*) Retornorm capsule (generic for Meclomen*) Retornorm capsule (generic for Ponste*) Retornorm capsule (generic for Relaten*) Retornorm capsule (generic for Tolectin*) Retornorm caps		indomethacin ER capsule (generic for Indocin SR [®])
ketorofen ER capsule (generic for Oruvail®) ketorolac tromethamine nasal spray (generic for Sprix®) Lofena® Tablet meclofenamate capsule (generic for Meclomen®) mefenamic acid capsule (generic for Ponstel®) meloxicam capsule (generic for Vivlodex®) meloxicam capsule (generic for Relafen®) Nalfon® Capsule / Tablet Naprelan® Tablet Naprelan® Tablet Naprosen suspension (generic for Naprelan®) naproxen suspension (generic for Daprelan®) Naprosen suspension (generic for Naprelan®) Naprosen suspension (g		indomethacin suppository
ketorolac tromethamine nasal spray (generic for Sprix®) Lofena™ Tablet meclofenamate capsule (generic for Meclomen®) meloxicam capsule (generic for Ponstel®) meloxicam capsule (generic for Vivlodex®) nabumetone tablet (generic for Relafen®) Nalfon® Capsule / Tablet Naprelan® Tablet Naprelan® Tablet Naproson® Suspension naproxen sodium ER tablet (generic for Naprelan®) naproxen sodium ER tablet (generic for Naprelan®) naproxen suspension (generic for Napresyn®) naproxen suspension (generic for Vinovo®) - T/F of only celecoxib required oxaprozin tablet (generic for Feldene®) Relafen™ DS Tablet tolmetin tablet / capsule (generic for Tolectin® / DS)		ketoprofen capsule (generic for Orudis [®])
Lofena™ Tablet meclofenamate capsule (generic for Meclomen®) mefenamic acid capsule (generic for Ponstel®) mefenamic acid capsule (generic for Vivlodex®) meloxicam capsule (generic for Vivlodex®) nabumetone tablet (generic for Relafen®) Nalfon® Capsule / Tablet Naprelan® Tablet Naprelan® Tablet Naprelan® Subject Naprosen sodium ER tablet (generic for Naprelan®) naproxen sodium ER tablet (generic for Naprelan®) naproxen sodium ER tablet (generic for Naprelan®) naproxen suspension (generic for Napresyn®) naproxen suspension (generic for Vinyoos®) - T/F of only celecoxib required oxaprozian tablet (generic for DayPro®) proxicam capsule (generic for Feldene®) Relafen™ DS Tablet tolmetin tablet / capsule (generic for Tolectin® / DS)		ketoprofen ER capsule (generic for Oruvail [®])
meclofenamate capsule (generic for Meclomen®) mefenamic acid capsule (generic for Ponstel®) meloxicam capsule (generic for Vivlodes®) meloxicam capsule (generic for Vivlodes®) meloxicam capsule (generic for Vivlodes®) meloxicam capsule (generic for Relafen®) Nalfon® Capsule / Tablet Naprolan® Tablet Naprolan® Tablet Naprosyn® Suspension maproxen soulum ER tablet (generic for Naprolan®) naproxen soulum ER tablet (generic for Naprosyn®) maproxen soulum ER tablet (generic for Vimovo®) - T/F of only celecoxib required oxaproxin tablet (generic for DayPro®) piroxicam capsule (generic for Feldene®) Relafen® DS Tablet tolmetin tablet / capsule (generic for Tolectin® / DS)		
mefenamic acid capsule (generic for Ponstel®) meloxicam capsule (generic for Vivlodex®) nabumetone tablet (generic for Relatien®) Nalfon® Capsule / Tablet Naprelan® Tablet Naprosyn® Suspension naproxen sodium ER tablet (generic for Naprelan®) naproxen suspension (generic for Naprosyn®) naproxen suspension (generic for Vimovo®) - T/F of only celecoxib required oxaproxin tablet (generic for Feldene®) Relafen® DS Tablet (olmetin tablet / capsule (generic for Tolectin® / DS)		Lofena [™] Tablet
meloxicam capsule (generic for Vivlodes®) nabumetone tablet (generic for Relafen®) Nalfon® Capsule / Tablet Naprelan® Tablet Naproson® Suspension naproxen sodium ER tablet (generic for Naprelan®) naproxen sodium ER tablet (generic for Naprelan®) naproxen suspension (generic for Naprelan®) naproxen suspension (generic for Vaprosyn®) naproxen suspension (generic for Vaprosyn®) naproxen suspension (generic for Vaprosyn®) Relafen® DayPro® piroxicam capsule (generic for Peldene®) Relafen® DS Tablet tolmetin tablet / capsule (generic for Tolectin® / DS)		meclofenamate capsule (generic for Meclomen®)
nabumetone tablet (generic for Relafen®) Nalfom® Capsule / Tablet Naprelan® Tablet Naprosan® Suspension naproxen sodium ER tablet (generic for Naprelan®) naproxen suspension (generic for Napresyn®) naproxen suspension (generic for Vapresyn®) naproxen esomeprazole tablet (generic for Vimovo®) - T/F of only celecoxib required oxaprozin tablet (generic for DayPro®) piroxicam capsule (generic for Peldene®) Relafen™ DS Tablet tolmetin tablet / capsule (generic for Tolectin® / DS)		mefenamic acid capsule (generic for Ponstel®)
Nalfon® Capsule / Tablet Naprelan® Tablet Naprosan® Supension Naprosan® Supension naproxen suspension (generic for Naprosan®) naproxen suspension (generic for Naprosan®) naproxen suspension (generic for Vimovo®) - T/F of only celecoxib required oxaproxin tablet (generic for DayPro®) piroxicam capsule (generic for Feldene®) Relafen® DS Tablet tolmetin tablet / capsule (generic for Tolectin® / DS)		meloxicam capsule (generic for Vivlodex [®])
Naprelan® Tablet Naprosyn® Suspension naproxen sodium ER tablet (generic for Naprelan®) naproxen suspension (generic for Naprosyn®) naproxen suspension (generic for Vimovo®) - T/F of only celecoxib required oxaproxin tablet (generic for Vimovo®) - T/F of only celecoxib required oxaproxin tablet (generic for DayPro®) piroxicam capsule (generic for Feldene®) Relafen® DS Tablet tolmetin tablet / capsule (generic for Tolectin® / DS)		
Naprosyn® Suspension maproxen sodium ER tablet (generic for Naprelan®) maproxen suspension (generic for Naprosyn®) maproxen suspension (generic for Naprosyn®) maproxen-esomeprazole tablet (generic for Vimovo®) - T/F of only celecoxib required oxaprozin tablet (generic for DayPro®) piroxicam capsule (generic for Feldene®) Relafen™ DS Tablet tolmetin tablet / capsule (generic for Tolectin® / DS)		Nalfon® Capsule / Tablet
naproxen sodium ER tablet (generic for Naprelan®) naproxen suspension (generic for Naprosyn®) naproxen-esomeprazole tablet (generic for Vimovo®) - T/F of only celecoxib required oxaproxin tablet (generic for DayPro®) piroxicam capsule (generic for Feldene®) Relafen™ DS Tablet tolmetin tablet / capsule (generic for Tolectin® / DS)		Naprelan® Tablet
naproxen suspension (generic for Naprosyn®) naproxen-esomeprazole tablet (generic for Vimovo®) - T/F of only celecoxib required oxaprozin tablet (generic for DayPro®) piroxicam capsule (generic for Feldene®) Relafen™ DS Tablet tolmetin tablet / capsule (generic for Tolectin® / DS)		Naprosyn [®] Suspension
naproxen-esomeprazole tablet (generic for Vimovo®) - T/F of only celecoxib required oxaproxin tablet (generic for DayPro®) piroxicam capsule (generic for Feldene®) Relafen® DS Tablet tolmetin tablet / capsule (generic for Tolectin® / DS)		naproxen sodium ER tablet (generic for Naprelan®)
oxaprozin tablet (generic for DayPro®) piroxicam capsule (generic for Feldene®) Relafen™ DS Tablet tolmetin tablet / capsule (generic for Tolectin® / DS)		
piroxicam capsule (generic for Feldene®) Relafen™ DS Tablet tolmetin tablet / capsule (generic for Tolectin® / DS)		naproxen-esomeprazole tablet (generic for Vimovo®) - T/F of only celecoxib required
Relafen [™] DS Tablet tolmetin tablet / capsule (generic for Tolectin [®] / DS)		oxaprozin tablet (generic for DayPro [®])
tolmetin tablet / capsule (generic for Tolectin® / DS)		
		Relafen [™] DS Tablet
Vimovo® Tablet - T/F of only celecoxib required		
		Vimovo® Tablet - T/F of only celecoxib required

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

	EUDODATUIC DADI
	EUROPATHIC PAIN Non Professional
Preferred	Non-Preferred
duloxetine capsule (generic for Cymbalta®)	Cymbalta® Capsule
gabapentin capsule / solution / tablet (generic for Neurontin®)	DermacinRx™ Lidocan Patch - Clinical criteria apply
lidocaine patch (generic for Lidoderm®) - Clinical criteria apply	Drizalma Sprinkle
pregabalin capsule /solution (generic for Lyrica®)	duloxetine capsule (generic for Irenka®)
	gabapentin ER tablet (generic for Gralise®) Gralise® Tablet
	Grainse Tablet Horizant® Tablet
	Horizant Tablet Lidocan MPatch - Clinical criteria apply
	Lidoderm® Patch - Clinical criteria apply Lyrica® Capsule / Solution / CR Tablet
	Neurontin® Capsule / Solution / Tablet
	pregabalin ER tablet (generic for Lyrica® CR)
	Outenza® Kit
	Savella® Tablet / Titration Pack
	Tridacain Match
	Xyliderm™ Kit - Clinical criteria apply
	ZTLido [™] Patch - Clinical criteria apply
	ZITAKO FAKAI CHIRCA CHIRCA THEIR APPAY
A ³	NTICONVULSANTS
	MAZEPINE DERIVATIVES
	e 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®)	Trileptal® Tablet
Oxtellar® XR Tablet	
Tegretol® Suspension / Tablet / XR Tablet	
Trileptal® Suspension	
· · · · · · · · · · · · · · · · · · ·	I .
	RST GENERATION
	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®)	
,	
SE	COND GENERATION
	EXEMPT From T/F criteria and may use any second generation product.
Patients with a diagnosis of seizure disorder are	exempt from T/F criteria and may use any second generation product.
Patients with a diagnosis of seizure disorder are Preferred	exempt from T/F criteria and may use any second generation product. Non-Preferred
Patients with a diagnosis of seizure disorder are Preferred Banzel® Tablet	exempt from T/F criteria and may use any second generation product. Non-Preferred Banzel® Suspension
Patients with a diagnosis of seizure disorder are Preferred Banzel® Tablet Birviact® Tablet / Solution clobazam suspension / tablet (generic for Onfi®)	exempt from T/F criteria and may use any second generation product. Non-Preferred Banzel® Suspension clonazepam ODT (generic for Klonopin® Wafer)
Patients with a diagnosis of seizure disorder are Preferred Banzel® Tablet Binizacl® Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®)	exempt from T/F criteria and may use any second generation product. Non-Preferred Banzel® Suspension clonazepam ODT (generic for Klonopin® Wafer) Elepsia" XR Tablet
Patients with a diagnosis of seizure disorder are Preferred Banzel® Tablet Banzel® Tablet Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack	exempt from T/F criteria and may use any second generation product. Non-Preferred Banzel® Suspension clonazepam ODT (generic for Klonopin® Wafer) Elepsia® 'XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet
Patients with a diagnosis of seizure disorder are Preferred Banzel® Tablet Briviac® Tablet / Solution clohazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System	Exempt from T/F criteria and may use any second generation product. Non-Preferred Banzel® Suspension clonazepam ODT (generic for Klonopin® Wafer) Elepsia™ XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit
Patients with a diagnosis of seizure disorder are Preferred Banzel® Tablet Briviact® Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diassta® Acudial® / Pedi System diazepam rectal / system (generic for Diasta® Accudial / Pedi System)	Exempt from T/F criteria and may use any second generation product. Non-Preferred Banzel® Suspension clonazepam ODT (generic for Klonopin® Wafer) Elepsia™ XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal®)
Patients with a diagnosis of seizure disorder are Preferred Banzel® Tablet Briviact® Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Acudial / Pedi System) Epidiolex® Solution - Clinical criteria apply	Non-Preferred Banzel® Suspension clonazepam ODT (generic for Klonopin® Wafer) Elepsia™ XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit Iamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution
Patients with a diagnosis of seizure disorder are . Preferred Banzel® Tablet Briviace® Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epiciolex® Solution • Clinical criteria apply Eprontia™ Solution	Ron-Preferred Banzel® Suspension clonazepam ODT (generic for Klonopin® Wafer) Elepsia™ XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet / Solution / XR Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamiotrigine starter kit (generic for Lamictal®) Lyrica® Capsule / Solution Motopoly XR™ (lacosamide extended release) Capsule
Patients with a diagnosis of seizure disorder are . Preferred Banzel® Tablet Banzel® Tablet Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diastat® Acudial® / Powder System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidiolex® Solution - Clinical criteria apply Eprontia™ Solution Fintepla® Solution	Exempt from T/F criteria and may use any second generation product. Non-Preferred
Patients with a diagnosis of seizure disorder are Preferred Banzel® Tablet Banzel® Tablet Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidiolex® Solution - Clinical criteria apply Eprontia® Solution Fintepla® Solution Fycompa® Tablet / Suspension	Exempt from T/F criteria and may use any second generation product. Non-Preferred Banzel® Suspension clonazepam ODT (generic for Klonopin® Wafer) Elepsia® XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Motopoly XR ™ (Jacosamide extended release) Capsule Neurontin® Capsule / Solution / Tablet Onfi® Suspension / Tablet
Patients with a diagnosis of seizure disorder are . Preferred Banzel® Tablet Briviact® Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Acudial / Pedi System) Epidiolex® Solution - Clinical criteria apply Eprontia® Solution Fycompa® Tablet / Suspension gabapentin capsule / Suspension gabapentin capsule / solution / tablet (generic for Neurontin®)	Non-Preferred Non-Preferred
Patients with a diagnosis of seizure disorder are . Preferred Banzel® Tablet Briviact® Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Acudial / Pedi System) Epidiolex® Solution - Clinical criteria apply Eprontia™ Solution Fintepla® Solution Fintepla® Solution Fintepla® Solution Fintepla® Tablet / Suspension gabapentin capsule / Solution / tablet (generic for Neurontin®) lacosamide solution / tablet (generic for Vimpat®)	Non-Preferred Banzal® Suspension (clonazepam ODT (generic for Klonopin® Wafer) Elepsia® XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet / Solution / XR Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Motopoly XR® (acosamide extended release) Capsule Neurontin® Capsule / Solution / Tablet Onto® Suspension / Tablet Qudexy® XR Capsule rufinamide tablet (generic for Banzal®)
Patients with a diagnosis of seizure disorder are . Preferred Banzel® Tablet Brivact® Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomi® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Acudial / Pedi System) Epidiolex® Solution • Clinical criteria apply Eprontia™ Solution Fintepla® Solution Fycompa® Tablet / Suspension gashapentin capsule / solution / tablet (generic for Neurontin®) lacosamide solution / tablet (generic for Vimpa®) lamotrigine chewable / tablet (generic for Lamictal®)	Non-Preferred Banzel® Suspension clonazepam ODT (generic for Klonopin® Wafer) Elepsia™ XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet / Solution / XR Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamortigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution / Tablet Neuroniin® Capsule / Solution / Tablet Onfi® Suspension / Tablet Onfinamide tablet (generic for Banzel®) Spritam® Tablet
Patients with a diagnosis of seizure disorder are Preferred Banzel® Tablet Banzel® Tablet Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diastat® Acudial® / Powder Pack Diastat® Acudial® / Powder Pack Diastat® Acudial® / Solution - Clinical criteria apply Eprioticex® Solution - Clinical criteria apply Eprontia™ Solution Fintepla® Solution Fintepla® Solution Fincepla® Solution / tablet (generic for Neurontin®) Lacosamide solution / tablet (generic for Neurontin®) Lamotrigine chewable / tablet (generic for Vimpar®) Lamotrigine ER tablet / ODT / ODT Starter Kit (Starter Kit (generic for Lamictal® XR / ODT)	Ron-Preferred Banze® Suspension Clonazepam ODT (generic for Klonopin® Wafer) Elepsia™ XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet / Solution / XR Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit Lamictal® Chewable / Solution Motopoly XR ® (Jacosamide extended release) Capsule Neurontin® Capsule / Solution / Tablet Onf® Suspension / Tablet Qudexy® XR Capsule Tufinamide tablet (generic for Banzel®) Spritam® Tablet Sympazan® Film
Patients with a diagnosis of seizure disorder are . Preferred Banzel® Tablet Brivact® Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomi® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Acudial / Pedi System) Epidiolex® Solution • Clinical criteria apply Eprontia™ Solution Fintepla® Solution Fycompa® Tablet / Suspension gashapentin capsule / solution / tablet (generic for Neurontin®) lacosamide solution / tablet (generic for Vimpa®) lamotrigine chewable / tablet (generic for Lamictal®)	Non-Preferred Banzel® Suspension clonazepam ODT (generic for Klonopin® Wafer) Elepsia™ XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet / Solution / XR Tablet Klonopin® Tablet / Solution / YR Tablet Klonopin® Tablet (Solution / Tablet) Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Motopoly XR® (lacosamide extended release) Capsule Neurontin® Capsule / Solution / Tablet Onf® Suspension / Tablet Qudexy® XR Capsule rufinamide tablet (generic for Banzel®) Spritam® Tablet Sympazam® Tablet Sympazam® Filin Topamax® Sprinkle Capsule / Tablet
Patients with a diagnosis of seizure disorder are Preferred Banzel® Tablet Briviact® Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diastats® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Acudial / Pedi System) Epidiolex® Solution - Clinical criteria apply Eprontia® Solution Fintepla® Solution Fintepla® Solution gabapentin capsule / Suspension gabapentin capsule / solution / tablet (generic for Neurontin®) lacosamide solution / tablet (generic for Vimpar®) lamotrigine chewable / tablet (generic for Lamictal®) lamotrigine ER tablet / ODT / ODT Statter Kit / Starter Kit (generic for Lamictal® XR / ODT) levetiracetam tablet / ER tablet / Solution (generic for Keppra® / XR) Nayzilam® Nasal Spray	Non-Preferred Banze® Suspension clonazepam ODT (generic for Klonopin® Wafer) Elepsia™ XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet / Solution / XR Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamictrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Motopoly XR™ (lacosamide extended release) Capsule Neurontin® Capsule / Solution / Tablet Qudexy® XR Capsule Tablet Qudexy® XR Capsule Tufinamide tablet (generic for Banzel®) Spritam® Tablet Sympazan® Filin
Preferred Banzel® Tablet Brivact® Tablet/ Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diastat® Acudiat® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidiokes® Solution - Clinical criteria apply Eprontai™ Solution Fincepla® Solution Fycompa® Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin®) lacosamide solution / tablet (generic for Neurontin®) lamostrigine chewable / tablet (generic for Lamictal®) lamostrigine ekewable / tablet (generic for Lamictal®) lamostrigine Ek tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT) levetiracetam tablet / Ek tablet / Solution (generic for Keppra® / XR)	Non-Preferred Banzel® Suspension clonazepam ODT (generic for Klonopin® Wafer) Elepsia™ XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet / Solution / XR Tablet Klonopin® Tablet / Solution / YR Tablet Klonopin® Tablet (Solution / YR Tablet) Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal®) Lytica® Capsule / Solution Motopoly XR® (lacosamide extended release) Capsule Neurontin® Capsule / Solution / Tablet Onf® Suspension / Tablet Qudexy® XR Capsule rufinamide tablet (generic for Banzel®) Spritam® Tablet Sympazam® Teilm Topamax® Sprinkle Capsule / Tablet
Patients with a diagnosis of seizure disorder are Preferred Banzel® Tablet Briviact® Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diastats® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Acudial / Pedi System) Epidiolex® Solution - Clinical criteria apply Eprontia® Solution Fintepla® Solution Fintepla® Solution gabapentin capsule / Suspension gabapentin capsule / solution / tablet (generic for Neurontin®) lacosamide solution / tablet (generic for Vimpar®) lamotrigine chewable / tablet (generic for Lamictal®) lamotrigine ER tablet / ODT / ODT Statter Kit / Starter Kit (generic for Lamictal® XR / ODT) levetiracetam tablet / ER tablet / Solution (generic for Keppra® / XR) Nayzilam® Nasal Spray	Non-Preferred Banzel® Suspension clonazepam ODT (generic for Klonopin® Wafer) Elepsia® XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet / Solution / XR Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Motopoly XR® (lacosamide extended release) Capsule Neurontin® Capsule / Solution / Tablet Ont® Suspension / Tablet Qudexy® XR Capsule rufinamide tablet (generic for Banzel®) Spritam® Tablet Sympazan® Film Topanax® Sprinkle Capsule / Tablet topiramate ER capsule (generic for Qudexy®)
Patients with a diagnosis of seizure disorder are . Preferred Banzel® Tablet Briviact® Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Acudial / Pedi System) Epidiolex® Solution - Clinical criteria apply Eprontia™ Solution Fintepla® Solution Fintepla® Solution Fintepla® Solution gabapentin capsule / solution gabapentin capsule / solution / tablet (generic for Neurontin®) lacosamide solution / tablet (generic for Vimpat®) lamotrigine chewable / tablet (generic for Lamictat®) lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictat® XR / ODT) levetiracetam tablet / Et ablet / solution (generic for Keppra® / XR) Nayzilam® Nasal Spray Roweepra® Tablet	Non-Preferred Banzal® Suspension clonazepam ODT (generic for Klonopin® Wafer) Elepsia® XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet / Solution / XR Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Motopoly XR™ (acosamide extended release) Capsule Neurontin® Capsule / Solution / Tablet Oudesy® XR Capsule / Solution / Tablet Oudesy® XR Capsule rufinamide tablet (generic for Banzal®) Syripazan® Fablet Sympazan® Film Topazan® Film Topazale / Tablet Utopiramate ER capsule (generic for Qudexy®) topiramate ER capsule (generic for Trokendi XR®) - T/F of Trokendi® XR Capsule required for coverage
Patients with a diagnosis of seizure disorder are . Preferred Banzel® Tablet Brivact® Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Acudial / Pedi System) Epidiolex® Solution • Clinical criteria apply Eprontia™ Solution Fintepla® Solution Fycompa® Tablet / Suspension gashapentin capsule / solution / tablet (generic for Neurontin®) lacosamide solution / tablet (generic for Vimpa®) lamotrigine chewalbel / tablet (generic for Lamictal®) lamotrigine chewalbel / tablet (generic for Lamictal®) lamotrigine chewalbel / tablet (seneric for Keppra® / XR) Nayzilam® Nasal Spray Roweepra® Tablet rufinamide suspension (generic for Banzel®)	Non-Preferred Banzel® Suspension clonazepam ODT (generic for Klonopin® Wafer) Elepsia™ XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet / Solution / XR Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamortigine starter kit (generic for Lamictal®) Lyrica® Capsule / Solution / Tablet Lyrica® Capsule / Solution / Tablet Onfa® Suspension / Tablet Onfa® Suspension / Tablet Qudexy® XR Capsule rufinamide tablet (generic for Banzel®) Syritam® Tablet Sympazam® Firlink Topanax® Sprinke Capsule / Tablet topiramate ER capsule (generic for Qudexy®) topiramate ER capsule (generic for Trokendi XR®) - T/F of Trokendi® XR Capsule required for coverage Trokendi® XR Capsule
Banzel® Tablet Banzel® Tablet Brivact® Tablet/ Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diastat® Acudiat® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidioke® Solution - Clinical criteria apply Eprontai® Solution Fincepa® Solution Fycompa® Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin®) lacosamide solution / tablet (generic for Vimpat®) lamotrigine chewable / tablet (generic for Lamictat®) lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictat®) laveliane Ret tablet / ER tablet / solution (generic for Keppra® / XR) Nayzilan® Nasal Spray Roweepra® Tablet / Powder Packet	Non-Preferred Banzel® Suspension clonazepam ODT (generic for Klonopin® Wafer) Elepsia™ XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet / Solution / XR Tablet Klonopin® Tablet (Solution / XR Tablet) Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Motopoly XR® (lacosamide extended release) Capsule Neurontin® Capsule / Solution Motopoly XR® (lacosamide extended release) Capsule Qudexy® XR Capsule of Solution / Tablet Onfi® Suspension / Tablet Qudexy® XR Capsule spritam® Tablet Sympazan® Film Topamax® Sprinkle Capsule / Tablet topiramate ER capsule (generic for Trokendi XR®) - T/F of Trokendi® XR Capsule required for coverage Trokendi® XR Capsule vigabatrin tablet (generic for Sabril®)
Patients with a diagnosis of seizure disorder are Preferred Banzel® Tablet Briviact® Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam retal / system (generic for Diastat® Acudial / Pedi System) Epidiolex® Solution - Clinical criteria apply Eprontia® Solution Fintepla® Solution Fintepla® Solution Fintepla® Solution Fintepla® Solution / tablet (generic for Neurontin®) lacosamide solution / tablet (generic for Neurontin®) lacosamide solution / tablet (generic for Lamictal®) lamotrigine chewable / tablet (generic for Lamictal®) lamotrigine Ext tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT) levetiracetam tablet / Ext ablet / solution (generic for Keppra® / XR) Nayzilam® Nasal Spray Roweepra® Tablet rufinamide suspension (generic for Banzel®) Sabri® Tablet / Powder Packet Subvenite® Tablet / Tab Start Kit tiagabine tablet (generic for Gobitri®)	Non-Preferred Banzel® Suspension clonazepam ODT (generic for Klonopin® Wafer) Elepsia® XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet / Solution / XR Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamotrigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Motoply XR® (lacosamide extended release) Capsule Neurontin® Capsule / Solution / Tablet Onth® Suspension / Tablet Qudexy® XR Capsule / Solution / Tablet Qudexy® XR Capsule rufinamide tablet (generic for Banzel®) Spritam® Tablet Sympazan® Film Topanax® Sprinkle Capsule / Tablet topiramate ER capsule (generic for Qudexy®) topiramate ER capsule (generic for Trokendi XR®) - T/F of Trokendi® XR Capsule required for coverage Trokendi® XR Capsule Vigadrone® Powder Packet / Tablet Vigadrone® Powder Packet / Tablet
Patients with a diagnosis of seizure disorder are Preferred Banzel® Tablet Briviact® Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Acudial / Pedi System) Epidiolex® Solution - Clinical criteria apply Eprontia® Solution Fintepla® Solution Fintepla® Solution Fintepla® Solution Fintepla® Solution Jablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin®) Jacosamide solution / tablet (generic for Neurontin®) Jamotrigine chewable / tablet (generic for Lamictat®) Jamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictat® XR / ODT) Javosilam® Nasal Spray Roweepra® Tablet rufinamide suspension (generic for Banzel®) Sabril® Tablet / Powder Packet Subventie® Tablet / Tab Start Kit tiagabine tablet (generic for Gabitril®) topiramate sprinkle capsule / tablet (generic for Topamax®)	Non-Preferred Banzal® Suspension clonazepam ODT (generic for Klonopin® Wafer) Elepsia® Tablet / Solution / XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet / Solution / XR Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamortigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Motopoly XR® (acosamide extended release) Capsule Neurontin® Capsule / Solution / Tablet Onto® Suspension / Tablet Qudexy® XR Capsule rufinamide tablet (generic for Banzal®) Syrimpazan® Fablet Sympazan® Film Topamate ER capsule (generic for Qudexy®) topiramate ER capsule (generic for Sabril®) Vigadrone® Solution Sablet Vigadrone® Solution / Trokendi XR®) - T/F of Trokendi® XR Capsule required for coverage Trokendi® Tx R Capsule Vigadrone® Solution / Starter Kit / Tablet
Patients with a diagnosis of seizure disorder are . Preferred Banzel® Tablet Briviact® Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diasta® Acudial® / Pedi System Diasta® Acudial® / Pedi System (generic for Diasta® Acudial / Pedi System) Epidiolex® Solution - Clinical criteria apply Eprontia™ Solution Fintepla® Solution Firtepla® Solution Fycompa® Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin®) lacosamide solution / tablet (generic for Vimpat®) lamotrigine chewable / tablet (generic for Lamictal®) lamotrigine Ek tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT) levetiracetant tablet / ER tablet / solution (generic for Keppra® / XR) Nayzalam® Nasal Spray Roweepra® Tablet rufinamide suspension (generic for Banzel®) Sabril® Tablet / Powder Packet Subvenit® Tablet / Tab Start Kit titagabine tablet (generic Goabitril®) topiramate sprinkle capsule / tablet (generic for Topamax®) Valtoco® Nasal Spray	Non-Preferred Banzel® Suspension clonazepam ODT (generic for Klonopin® Wafer) Elepsia™ XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet / Solution / XR Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamortigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Motopoly XR™ (lacosamide extended release) Capsule Neurontin® Capsule / Solution / Tablet Onfo® Suspension / Tablet Onfo® Suspension / Tablet Quidexy® Ac Capsule rufinamide tablet (generic for Banzel®) Spritam® Tablet Sympazam® Film Topama® Sprinkle Capsule / Tablet topiramate ER capsule (generic for Qudexy®) topiramate ER capsule (generic for Trokendi XR®) - T/F of Trokendi® XR Capsule required for coverage Trokendi® XR Capsule vigadarin tablet (generic for Sabril®) Vigadron® Powder Packet / Tablet Vignode® Powder Packet / Tablet Vignode® Solution / Starter Kit / Tablet Vignode® Solution / Starter Kit / Tablet Vignode® Towder Packet / Tablet
Patients with a diagnosis of seizure disorder are . Preferred Banzel® Tablet Briviact® Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidiolex® Solution - Clinical criteria apply Eprontia® Solution Fitnepta® Solution Fycompa® Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin®) lancostrajine chewable / tablet (generic for Vimpat®) lamotrigine chewable / tablet (generic for Lamictat®) lamotrigine Ek tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictat®) levetiracetam tablet / Ek tablet / solution (generic for Keppra® / XR) Nayzilam® Nasal Spray Roweepra® Tablet rufinamide suspension (generic for Banzel®) Sabril® Tablet / Tab Start Kit tiagabine tablet (generic for Gabitril®) Valtoco® Nasal Spray vigabatrin powder packet (generic for Topamax®)	Non-Preferred Banzal® Suspension (clonazepam ODT (generic for Klonopin® Wafer) Elepsia® Tablet / Solution / XR Tablet Kepprn® Tablet / Solution / XR Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamortigine starter kits (generic for Lamictal®) Lyrica® Capsule / Solution Motopoly XR® (acosamide extended release) Capsule Neurontin® Capsule / Solution / Tablet Oudesy® XR Capsule / Solution / Tablet Oudesy® XR Capsule / Solution / Tablet Oudesy® XR Capsule / Solution / Tablet Oudesy® Finalet Sympama® Tablet Sympama® Tablet Sympama® Filmk Capsule / Tablet topiramate ER capsule (generic for Qudesy®) topiramate ER capsule (generic for Trokendi XR®) - T/F of Trokendi® XR Capsule required for coverage Trokendis Tix Requale vigadorie Powder Packet Vigadore® Powder Packet Vingad® Solution / Starter Kit / Tablet Vigadore® Powder Packet Vimpa® Solution / Starter Kit / Tablet
Patients with a diagnosis of seizure disorder are Preferred Banzel® Tablet Briviace® Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Acudial / Pedi System) Epidiolex® Solution - Clinical criteria apply Eprontia® Solution Fintepla® Solution Fintepla® Solution Fintepla® Solution / tablet (generic for Neurontin®) lacosamide solution / tablet (generic for Neurontin®) lamotrigine chevable / tablet (generic for Lamictal®) lamotrigine Ext tablet / ODT / ODT Statrer Kit / Starter Kit (generic for Lamictal® XR / ODT) levetiracetam tablet / Ext lablet / solution (generic for Keppra® / XR) Nazzilam® Nasal Spray Roweepn® Tablet / Powder Packet Subvenite® Tablet / Tab Start Kit tiagabine tablet (generic for Gabirri®) topiramate sprinkle capsule / tablet (generic for Topamax®) Valtoce® Nasal Spray vigabatrin powder packet (generic for Topamax®) Valtoce® Nasal Spray vigabatrin powder packet (generic for Topamax®) Valtoce® Nasal Spray vigabatrin powder packet (generic for Sabril®) Xcopri® Tablet / Titration Pack	Non-Preferred Banzel® Suspension clonazepam ODT (generic for Klonopin® Wafer) Elepsia™ XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet / Solution / XR Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamortigine starter kit (generic for Lamictal®) Lyrica® Capsule / Solution Motopoly XR™ (lacosamide extended release) Capsule Neurontin® Capsule / Solution / Tablet Onfa® Suspension / Tablet Onfa® Suspension / Tablet Onfa® Suspension / Tablet Sympazam® Film Topama® Sprinkle Capsule / Tablet Opiramate ER capsule (generic for Qudexy®) topiramate ER capsule (generic for Sabril®) Vigadron® Powder Packet / Tablet Vigadron® Powder Packet / Tablet Vignode® Order Packet / Tablet Vignode® Solution / Starter Kit / Tablet Vignode® Order Packet / Tablet Vignode® Order Packet / Tablet Vignode® Order Suspension
Preferred Banzel® Tablet Briviact® Tablet / Solution clobazam suspension / tablet (generic for Onfi®) clonazepam tablet (generic for Klonopin®) Diacomit® Capsule / Powder Pack Diastat® Acudial® / Pedi System diazepam rectal / system (generic for Diastat® Accudial / Pedi System) Epidiolex® Solution - Clinical criteria apply Eprontia® Solution Fitnepla® Solution Fycompa® Tablet / Suspension gabapentin capsule / solution / tablet (generic for Neurontin®) lancostanide solution / tablet (generic for Neurontin®) lamotrigine chewable / tablet (generic for Lamictat®) lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictat®) lamotrigine ER tablet / Suspension gabapentin capsule / Solution / tablet (generic for Lamictat®) lamotrigine ER tablet / Farablet / Solution (generic for Keppra® / XR) Nayzilan® Nasal Spray Roweepra® Tablet Tablet / Tab Start Kit tiagabine tablet (generic for Banzel®) Sabril® Tablet / Tab Start Kit tiagabine tablet (generic for Gabirri®) topiramate sprinkle capsule / tablet (generic for Topamax®) Valtoco® Nasal Spray vigabatrin powder packet (generic for Sabril®)	Non-Preferred Banzel® Suspension clonazepam ODT (generic for Klonopin® Wafer) Elepsia™ XR Tablet Keppra® Tablet / Solution / XR Tablet Klonopin® Tablet / Solution / XR Tablet Lamictal® Chewable / ODT / ODT Starter Kit / Starter Kit / Tablet / XR / XR Starter Kit lamortigine starter kit (generic for Lamictal®) Lyrica® Capsule / Solution Motopoly XR™ (lacosamide extended release) Capsule Neurontin® Capsule / Solution / Tablet Onfa® Suspension / Tablet Onfa® Suspension / Tablet Onfa® Suspension / Tablet Sympazam® Film Topama® Sprinkle Capsule / Tablet Opiramate ER capsule (generic for Qudexy®) topiramate ER capsule (generic for Sabril®) Vigadron® Powder Packet / Tablet Vigadron® Powder Packet / Tablet Vignode® Order Packet / Tablet Vignode® Solution / Starter Kit / Tablet Vignode® Order Packet / Tablet Vignode® Order Packet / Tablet Vignode® Order Suspension

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

ANTI-IN	FECTIVES - SYSTEMIC
	ANTIBIOTICS
	Cephalosporins and Related
Preferred	Non-Preferred
amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®)	amoxicillin-clavulanate chewable tablet (generic for Augmentin [®])
amoxicillin-clavulanate suspension / tablet / XR tablet (generic for Augmentin® / XR)	Augmentin® Suspension / ES-600 / XR Tablet
ampicillin capsule / injection / vial	cefaclor capsule / suspension / ER tablet (generic for Ceclαr® / CD)
ampicillin-sulbactam injection / vial	cefadroxil tablet (generic for Duricef®)
Bicillin® C-R injection	cefpodoxime suspension / tablet (generic for Vantin®)
cefadroxil capsule / suspension (generic for Duricef®)	Suprax® Suspension
cefdinir capsule / suspension (generic for Omnicef®)	
cefixime capsule / suspension (generic for Suprax®)	
cefprozil suspension / tablet (generic for Cefzil®)	
cefuroxime tablet (generic for Ceftin®)	
cephalexin capsule / suspension / tablet (generic for Keflex®)	
dicloxacillin capsule	
nafcillin injection / vial	
oxacillin injection / vial	
penicillin G injection / vial	
penicillin V suspension / tablet	
piperacillin - tazobactam injection / vial	
Pfizerpen [®] injection / vial	
Unasyn® injection / vial	
Zosyn [®] injection / vial	
Lincosa	mides and Oxazolidinones
Preferred	Non-Preferred
clindamycin capsules / solution (generic for Cleocin®)	Cleocin® Capsules / Vial
linezolid suspension (oral) / tablet (generic for Zyvox®)	Cleocin® Pediatric Solution
	clindamycin injection (generic for Cleocin®)
	Lincocin® Vial
	lincomycin vial (generic for Lincocin [®])
	linezolid IV solution (generic for Zyvox®)
	Sivextro® Tablet / Vial
	Synercid® Vial
	Zyyox® Tablet / IV Solution / Suspension
	· ·
Ma	crolides 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® Filmtab	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)	
XV 4	Les (Controlletation) Antibiotics)
	les (Gastrointestinal Antibiotics)
Preferred	Non-Preferred
metronidazole tablet (generic for Flagyl [®])	Aemcolo® DR Tablet
vancomycin capsule (generic for Vancocin®)	Dificid® Suspension / Tablet - T/F of only vancomycin is required for treatment of Clostridium difficile
vancomycin oral solution (generic for Firvanq®)	Firvanq® Solution
	Flagyl [®] Capsule
	Likmez [™] Suspension
	metronidazole capsule (generic for Flagyl®)
	neomycin tablet (generic for Mycifradin®)
	nitazoxanide tablet (generic for Alinia® Tablet)
	paromomycin capsule (generic for Humatin®)
	Solosec [™] Granules
	Solosec [™] Granules tinidazole tablet (generic for Tindamax [®])
	Solosec [™] Granules
	Solosec [™] Granules tinidazole tablet (generic for Tindamax [®])
	Solosec [™] Granules tinidazole tablet (generic for Tindamax ®) Vancocin® Capsule
	Solosec [™] Granules tinidazole tablet (generic for Tindamax ®) Vancocin® Capsule Vowst ™ Capsule - Clinical criteria apply
	Solosec [™] Granules tinidazole tablet (generic for Tindamax ®) Vancocin® Capsule Vowst ™ Capsule - Clinical criteria apply
Preferred	Solosec Manules tinidazole tablet (generic for Tindamax Nanules) Vancoin Capsule Vowst Capsule - Clinical criteria apply Xifaxan Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy
	Soloses of 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 Non-Preferred
Cipro® Suspension	Solosec [™] Granules tinidazole tablet (generic for Tindamax ®) Vancocin® Capsule Voxst ™ Capsule - Clinical criteria apply Xifaxan® Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy Quinolones Non-Preferred Baxdela™ Tablet
Cipro® Suspension ciprofloxacin tablet (generic for Cipro®)	Solosec™ 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 Non-Preferred Baxdela™ Tablet Cipro® Tablet
Cipro® Suspension ciprofloxacin tablet (generic for Cipro®) levofloxacin tablet (generic for Levaquin®)	Solosec™ Granules tinidazole tablet (generic for Tindamax®) Vancocin® Capsule Vancocin® Capsule - Clinical criteria apply Xifaxan® Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy Quinolones Non-Preferred Baxdela™ Tablet Cipro® Tablet ciprofloxacin suspension (generic for Cipro®)
Cipro® Suspension ciprofloxacin tablet (generic for Cipro®)	Solosec™ Granules tinidazole tablet (generic for Tindamax®) Vancoin® Capsule Vowst™ Capsule - Clinical criteria apply Xifaxan® Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy
Cipro® Suspension ciprofloxacin tablet (generic for Cipro®) levofloxacin tablet (generic for Levaquin®)	Solosec™ Granules tinidazole tablet (generic for Tindamax®) Vancocin® Capsule Vancocin® Capsule - Clinical criteria apply Xifaxan® Tablet - T/F of preferred agents not required for diagnosis of Hepatic Encephalopathy Quinolones Non-Preferred Baxdela™ Tablet Cipro® Tablet ciprofloxacin suspension (generic for Cipro®)

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

Te	tracycline Derivatives
Preferred	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 monohydrate 40mg IR-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™ Tablet
	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
	Morgidox [®] Capsule / Kit
	Nuzyra™ Tablet
	Solodyn® ER Tablet - Clinical justification and failure of doxycycline and minocycline required. Limited to a 12 week supply.
	tetracycline capsule (generic for Sumycin®)
	Vibramycin® Capsule
	Antiformation
n	Antifungals
Preferred	Non-Preferred
clotrimazole troche (generic for Mycelex® Troche)	Ancobon® Capsule
fluconazole suspension / tablet (generic for Diflucan®)	Brexafemme® Tablet
griseofulvin suspension (generic for Grifulvin V®)	Cresemba® Capsule
griseofulvin ultra tablet (generic for Gris-Peg®)	Diflucan® Suspension / Tablet
nystatin suspension (generic for Nilstat®)	flucytosine capsule (generic for Ancobon®)
nystatin tablet (generic for Mycostatin®)	griseofulvin micro tablets (generic for Grifulvin V^{\otimes})
terbinafine tablet (generic for Lamisil®)	itraconazole capsule / solution (generic for Sporanox®)
	ketoconazole tablet (generic for Nizoral®)
	Noxafii [®] Suspension / Tablet / DR Suspension Packet
	Oravig [®] Buccal Tablet
	posaconazole tablet / suspension (generic for Noxafil [®])
	Sporanox® Capsule / Solution
	Tolsura Capsule
	Vfend® Suspension / Tablet
	Vivjoa® Capsule - Clinical criteria apply
	voriconazole suspension / tablet (generic for Vfend®)
	reaconmone suspension , more (generic tot 1 tents)
Antiv	irals (Hepatitis B Agents)
Preferred	Non-Preferred
entecavir tablet (generic for Baraclude®)	adefovir tablet (generic for Hepsera®)
lamivudine HBV tablet (generic for Epivir® HBV)	Baraclude® Solution / Tablet
tenofovir tablet (generic for Viread [®])	Epivir® HBV Tablet / Solution
Viread® Powder / Tablet	Vemlidy® Tablet
Viicad Towact/Tablet	venney table
Antiv	irals (Hepatitis C Agents)
Preferred	Non-Preferred
Pegasys® Syringe / Vial	TOD-1 CICITCU
ribavirin capsule / tablet (generic for Copegus®, Rebetol®)	
полни сироне / моге (денене пл сороди» , песеня /	
Clinical criteria	apply to all drugs listed below
	et / Pellet Pack and sofosbuvir-velpatasvir tablet (generic for Epclusa®)
All genotypes without cirrhosis	Epclusa® Pellet Pack/Tablet
Mavyret® Tablet (8 weeks of therapy)	Harvoni® Pellet Pack / Tablet
Mavyret® Pellet Pack	ledipasvir-sofosbuvir tablet (generic for Harvoni®)
sofosbuvir-velpatasvir tablet (generic for Epclusa®)	Sovaldi® Pellet Pack / Tablet
111 (141) (141) (141) (141)	Zepatier® Tablet
All genotypes with compensated cirrhosis (Child Pugh-A)	
Mavyret® Tablet (Up to 12 weeks of therapy)	
Mavyret® Pellet Pack	
sofosbuvir-velpatasvir tablet (generic for Epclusa [®])	
No. 1 to 1	
All genotypes previously treated with an HCV regimen containing an NSSA inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NSSA inhibitor.	
Vosevi Tablet	
Vosevi [™] Tablet	
All genotypes with decompensated cirrhosis	

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

	Antivirals (Herpes Treatments)
Preferred	Non-Preferred
acyclovir capsule / tablet / suspension (generic for Zovirax®)	Sitavig® Buccal Tablet
famciclovir tablet (generic for Famvir®)	Valtrex® Caplet
valacyclovir tablet (generic for Valtrex®)	
	Antivirals (Influenza)
Preferred	Non-Preferred
oseltamivir phosphate capsule / suspension (generic for Tamiflu®)	amantadine tablet (generic for Symmetrel®)
rimantadine tablet (generic for Flumadine®)	Flumadine ® Tablet
	Relenza® Diskhaler
	Tamiflu® Capsule / Suspension
	Xofluza [™] Tablet - T/F of only one preferred drug required
	Antibiotics, Inhaled
	F of only one preferred drug required
Preferred	Non-Preferred
Kitabis [™] Pak	Arikayce [®] Vial
Bethkis® Ampule	Cayston® Solution
tobramycin inhalation solution (generic for Tobi [™])	tobramycin inhalation pak (generic for Kitabis [™])
	Tobi [™] Podhaler [™] / Solution
	BEHAVIORAL HEALTH
	ANTIDEPRESSANTS
	Other
Preferred	Non-Preferred
bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® Tablet / SR / XL)	Aplenzin® Tablet
desvenlafaxine ER tablet (generic for Pristiq®)	Auvelity® Tablet
duloxetine capsule (generic for Cymbalta®)	Bupropion XL tablet (generic for Forfivo® XL)
Effexor® XR Capsule	Cymbalta® Capsule
mirtazapine ODT / tablet (generic for Remeron®)	desvenlafaxine ER tablet (generic for Khedezla®)
Nardil® Tablet	duloxetine capsule (generic for Irenka®)
phenelzine tablet (generic for Nardil [®])	Emsam® Patch
tranylcypromine tablet (generic for Parnate®)	Fetzima® Capsule / Titration Pak
trazodone tablet (generic for Desyrel®)	Forfivo® XL Tablet
venlafaxine tablet / ER capsules (generic for Effexor®, Effexor® XR)	Marplan® Tablet
vilazodone tablet (generic for Viibryd [®])	nefazodone tablet (generic for Serzone®)
	Pristiq [®] ER Tablet
	Remeron Soltab / Tablet
	Trintellix® Tablet venlafaxine besylate ER tablet
	venlafaxine ER tablet
	veniataxine ER tablet Viibryd® Tablet
	Wellbutnin® SR / XL Tablet
	Wellbutnn' SN / XL Tablet Zurzuva Capsule
	глигичае Сармие
Selectiv	ve Serotonin Reuptake Inhibitor (SSRI)
Preferred	Non-Preferred
citalopram solution / tablet (generic for Celexa®)	Celexa® Tablet
escitalopram tablet (generic for Cetexa) escitalopram tablet (generic for Lexapro®)	citalopram capsule
fluoxetine capsule / solution (generic for Prozac®)	escitalopram solution (generic for Lexapro®)
fluvoxamine tablet (generic for Luvox®)	fluoxetine DR capsules (generic for Prozac [®] Weekly)
nuvoxamine tablet (generic for Luvox) paroxetine tablet (generic for Paxil®)	fluoxetine DR capsules (generic for Prozac®) - T/F of preferred agents not required for children < 18 years of age
paroxetine tablet (generic for Paxil) Paxil® Suspension	fluoxamine ER capsule (generic for Luvox CR®)
PARI Suspension sertraline concentrated solution / tablet (generic for Zoloft®)	Lexapro® Tablet
sertaine concentrated solution / tablet (generic tot zoioit)	paroxetine capsule (generic for Brisdelle®)
	paroxetine capsule (generic for Brisdelle) paroxetine suspension / CR tablet (generic for Paxil® / CR)
	Paxil® Tablet / CR Tablet
	Paxii Tablet / CR Tablet Pexeva® Tablet
	Prozac [®] Pulvule
	Prozac Pulvule sertraline capsule
	zoloft® Solution / Tablet
	ZARAN SARAHANI I MURU
	. I

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

ANTII	YPERKINESIS / ADHD
Preferred	Non-Preferred
Adderall® Tablet (Generic Product Per FDA)	Adzenys® XR ODT
Adderall® XR Capsule	amphetamine salt combo ER capsule (generic for Mydayis®)
amphetamine salt combo tablet (generic for Adderall®)	amphetamine sulfate tablet (generic for Evekeo®)
amphetamine salt combo XR capsule (generic for Adderall® XR)	Azstarys [™] Capsule
Aptensio® XR Capsule	Cotempla XR-ODT
atomoxetine capsule (generic for Strattera®)	Dexedrine® Spansule®
clonidine ER tablet (generic for Kapvay®)	dextroamphetamine ER capsule (generic for Dexedrine Spansule)
Concerta® Tablet	dextroamphetamine solution (generic for ProCentra®)
Daytrana® Patch	Dyanavel [®] XR Suspension - T/ F of preferred agents not required for children < 12 years of age
dexmethylphenidate tablet / ER capsule (generic for Focalin® / XR)	Dyanavel® XR Tablet
dextroamphetamine tablet (generic for Dexedrine®)	Evekeo® Tablet / Evekeo® ODT Tablet
Focalin® XR Capsule	Focalin® Tablet
guanfacine ER tablet (generic for Intuniv®)	Intuniv [®] Tablet
Methylin® Solution	Jornay PM [™] Capsule
methylphenidate ER tablet (generic for Concerta®)	lisdexamfetamine capsule / chewable tablet (generic for Vyvanse®)
methylphenidate tablet / solution (generic for Methylin®, Ritalin®)	methamphetamine tablet (generic for Desoxyn®)
Vyvanse® Capsule / Chewable Tablet	methylphenidate CD capsule (generic for Metadate® CD)
	methylphenidate chewable (generic for Methylin")
	methylphenidate ER capsule (generic for Aptensio® XR)
	methylphenidate ER tablet (45 mg and 63 mg) (Branded Product Per FDA)
	methylphenidate LA capsule (generic for Ritalin® LA)
	methylphenidate patch (generic for Daytrana®)
	Mydayis® ER Capsule
	ProCentra® Solution
	Qelbree [™] Capsule
	Quillichew® ER Tablet - T/F of preferred agents not required for children < 12 years of age
	Quillivant® XR Suspension -T/F of preferred agents not required for children < 12 years of age
	Relexxii [™] ER Tablet
	Ritalin® LA Capsule Ritalin® Tablet
	Ritatin 1 lablet Strattera® Capsule
	Strattera Capsule Xelstrym® Patch
	Zenzedi® Tablet
	2 direction 1 dire
INJECTA	BLE ANTIPSYCHOTICS
In	ectable Long Acting
Preferred	Non-Preferred
Abilify Maintena® Syringe / Vial	
Abilify Asimtufii [®] Syringe Kit	
Abilify Asimtufii® Syringe Kit	
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe	
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®)	
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule	
Abilify Asimtufii® Syringe Kit Aristada® / Initio Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®)	
Abilify Asimtufii® Syringe Kit Aristada® Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit	
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe	
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial	
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafiyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta)	
Abilify Asimtufii® Syringe Kit Aristada® / Initio Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Presrefis® Syringe Risperdal® Consta Vial	
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafiyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta)	
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit	
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit	
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit	CAL ANTIPSYCHOTICS
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate Ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Sustenna Prefilled Syringe Perseris® Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit	Oral / Transdermal
Abilify Asimtufii® Syringe Kit Aristad® / Initio Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate vanpule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Trinza Syringe Perseris® Sustema Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy® Syringe Kit Zyprexa® Relprevv™ Vial Kit ATYPIE	Oral / Transdermal one preferred drug required
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate Ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zypexa® Relprevv™ Vial Kit ATYPIC T/F of only Preferred	Oral / Transdermal one preferred drug required Non-Preferred
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzzdy® Syringe Kit Zyprexa® Relprew™ Vial Kit ATYPIe **T/F of only** **Preferred** aripiprazole Tablet / Solution (generic for Abilify®)	Oral / Transdermal one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate Ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Sustema Prefilled Syringe Invega® Sustema Prefilled Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit ATYPIC T/F of only Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Clozaril®)	Oral / Transdermal one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®)
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate Ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe Perseris® Syringe Resperda® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit ATYPR **T/F of only **Preferred** aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Clozaril®) lurasidone tablet (generic for Clozaril®)	Oral / Transdermal one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenapine SL tablet (generic for Saphris® SL)
Abilify Asimtufi® Syringe Kit Aristad® / Initio Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate vanpule halooperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Trinza Syringe Preseris® Sustema Prefilled Syringe Invega® Trinza Syringe Preseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit Typexa® Relprevv™ Vial Kit ATYPIC T/F of only Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Clozaril®) lurasidone tablet (generic for Latuda®) olanzapine ODT / tablet (generic for Zyprexa®)	Oral / Transdermal one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenapine SL tablet (generic for Saphris® SL) Caplyta™ Capsule
Abilify Asimtufii® Syringe Kit Aristada® / Initio Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Hafyera Prefilled Syringe Kit Invega® Trinza Syringe Preseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit ATYPIC TVF of only Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Latuda®) olanzapine ODT / tablet (generic for Layrexa®) paliperidone ER tablet (generic for Invega®)	Oral / Transdermal one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenapine SL tablet (generic for Saphris® SL) Caplyta™ Capsule clozapine ODT (generic for FazaClo®)
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Hafyera Prefilled Syringe Kit Invega® Trinza Syringe Perseris® Systema Prefilled Syringe Risperdal® Consta Vial risperdone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit ATYPIe T/F of only Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapline tablet (generic for Clozari®) hurasidone tablet (generic for Latuda®) olanzapine ODT / tablet (generic for Jorpexa®) pulpieridone ER tablet (generic for Invega®) quetiapine tablet / ER tablet (generic for Seroquel® / XR)	Oral / Transdermal one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenapine SL tablet (generic for Saphris® SL) Caplyta™ Capsule clozapine ODT (generic for FazaClo®) Clozarii® Tablet
Abilify Asimtufii® Syringe Kit Aristad® / Initio Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol@ decanoate vial (generic for Prolixin decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Hafyera Prefilled Syringe Kit Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy® Syringe Kit Zyprexa® Relprevv® Vial Kit Typrexa® Relprevv® Vial Kit ATYPIC T/F of only Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Latuda®) olanzapine ODT / tablet (generic for Isperdal®) quetiapine tablet (generic for Isperda®) quetiapine tablet (generic for Isperda®) quetiapine tablet (generic for Isperda®) quetiapine tablet (generic for Sercoquel® / XR) risperidone ODT / solution / tablet (generic for Risperdal®)	Oral / Transdermal one preferred drug required Non-Preferred Abilify® Tablet / Abilify® MyCite® Tablet aripiprazole ODT (generic for Abilify® Discmelt®) asenapine SL tablet (generic for Saphris® SL) Caplyta™ Capsule clozapine ODT (generic for FazaClo®) Clozarin® Tablet Fanapt® Tablet / Titration Pack
Abilify Asimtufi® Syringe Kit Aristad® / Initio Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate ampule halooperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Hafyera Prefilled Syringe Kit Invega® Trinza Syringe Preseris® Sustema Prefilled Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit ATYPIC T/F of only Preferred ariopirazoole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Latuda®) olanzapine ODT / tablet (generic for Invega®) quetiapine tablet / ER tablet (generic for Feroquel® / XR) risperidone ER tablet (generic for Feroquel® / XR) risperidone DT / Solution / tablet (generic for Risperdal®) Saphris® SL Tablet	Oral / Transdermal one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenapine SL tablet (generic for Saphris® SL) Caplyta™ Capsule clozapine ODT (generic for FazaClo®) Clozari® Tablet Fanapt® Tablet / Titration Pack Geodon® Capsule
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit ATYPIC T/F of only Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Latuda®) olanzapine ODT / tablet (generic for Livnega®) paliperidone ER tablet (generic for Invega®) quetiapine tablet / FR tablet (generic for Risperdal® CR) risperdane ODT / tablet (generic for Risperdal®) quetiapine tablet / FR tablet (generic for Risperdal®) Saphris® St. Tablet Symbyax® Capsule	Oral / Transdermal one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenapine SL tablet (generic for Saphris® SL) Caplyta™ Capsule clozapine ODT (generic for FazaClo®) Clozarii® Tablet Fanapt® Tablet / Titration Pack Geodon® Capsule lovega® Tablet
Abilify Asimtufii® Syringe Kit Aristada® Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit ATYPI® T/F of only Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Clozari®) lurasidone tablet (generic for Livaria®) paliperidone ER tablet (generic for Invega®) quetiapine tablet / ER tablet (generic for Seroquel® / XR) risperidone ODT / solution / tablet (generic for Risperdal®) quetiapine tablet / ER tablet (generic for Risperdal®) Saphris® SL Tablet Symbyax® Capsule	Oral / Transdermal one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenapine SL tablet (generic for Saphris® SL) Caplyta™ Capsule clozapine ODT (generic for FazaClo®) Clozari® Tablet Fanapi® Tablet / Titration Pack Geodon® Capsule Invega® Tablet Latuda® Tablet Latuda® Tablet
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit ATYPIC T/F of only Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Latuda®) olanzapine ODT / tablet (generic for Livnega®) paliperidone ER tablet (generic for Invega®) quetiapine tablet / FR tablet (generic for Risperdal® CR) risperdane ODT / tablet (generic for Risperdal®) quetiapine tablet / FR tablet (generic for Risperdal®) Saphris® St. Tablet Symbyax® Capsule	Oral / Transdermal one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenapine SL tablet (generic for Saphris® SL) Caplyta™ Capsule clozapine ODT (generic for FazaClo®) Clozapin® Tablet Fanapt® Tablet / Titration Pack Geodon® Capsule Invega® Tablet Lybalvi™ Tablet Lybalvi™ Tablet
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Hafyera Prefilled Syringe Kit Invega® Trinza Syringe Perseris® Systema Prefilled Syringe Invega® Trinza Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit ATYPIe T/F of only Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Clozaril®) lurasidone tablet (generic for Lisperdal® Odanzapine ODT / tablet (generic for Syrpexa®) paliperidone ER tablet (generic for Seroquel® / XR) risperidone ODT / solution / tablet (generic for Seroquel® / XR) risperidone ODT / solution / tablet (generic for Risperdal®) spathris® SL Tablet Symbyax® Capsule Vraylar® Capsule	Oral / Transdermal one preferred drug required Non-Preferred Abilify® Tablet / Abilify® MyCite® Tablet aripiprazole ODT (generic for Abilify® Discmelt®) asenapine SL tablet (generic for Saphris® SL) Caplyta™ Capsule clozapine ODT (generic for FazaClo®) Clozaril® Tablet Fanapt® Tablet / Titration Pack Geodon® Capsule Invega® Tablet Lutda® Tablet Lutda® Tablet Lutda® Tablet Lybaivi™ Tablet Nuplazid® Tablet / Capsule
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Hafyera Prefilled Syringe Kit Invega® Trinza Syringe Perseris® Systema Prefilled Syringe Invega® Trinza Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit ATYPIe T/F of only Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Clozaril®) lurasidone tablet (generic for Lisperdal® Odanzapine ODT / tablet (generic for Syrpexa®) paliperidone ER tablet (generic for Seroquel® / XR) risperidone ODT / solution / tablet (generic for Seroquel® / XR) risperidone ODT / solution / tablet (generic for Risperdal®) spathris® SL Tablet Symbyax® Capsule Vraylar® Capsule	Oral / Transdermal one preferred drug required Non-Preferred Abilify® Tablet / Abilify® MyCite® Tablet aripiprazole ODT (generic for Abilify® Discmelt®) asenapine SL tablet (generic for Saphris® SL) Caplyta™ Capsule clozapine ODT (generic for FazaClo®) Clozari® Tablet Fanapt® Tablet / Titration Pack Geodon® Capsule Invega® Tablet Latuda® Tablet Lybabvi™ Tablet Lybabvi™ Tablet Nuplazid® Tablet / Capsule olanzapine-fluoxetine capsule (generic for Symbyax®)
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Hafyera Prefilled Syringe Kit Invega® Trinza Syringe Perseris® Systema Prefilled Syringe Invega® Trinza Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit ATYPIe T/F of only Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Clozaril®) lurasidone tablet (generic for Lisperdal® Odanzapine ODT / tablet (generic for Syrpexa®) paliperidone ER tablet (generic for Seroquel® / XR) risperidone ODT / solution / tablet (generic for Seroquel® / XR) risperidone ODT / solution / tablet (generic for Risperdal®) spathris® SL Tablet Symbyax® Capsule Vraylar® Capsule	Oral / Transdermal one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenapine SL tablet (generic for Saphris® SL) Caplyta® Capsule dozapine ODT (generic for FazaClo®) Clozari® Tablet Fanap® Tablet / Titration Pack Geodon® Capsule Invega® Tablet Latuda® Tablet Latuda® Tablet Lybalvi® Tablet Lybalvi® Tablet Ability® Tablet Loyavi® Tablet Ability® Tablet Nuplazi® Tablet / Opsule doinzapine-Outocutine capsule (generic for Symbyax®) Rexulti® Tablet / 7-Day Pack / 14-Day Pack
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Hafyera Prefilled Syringe Kit Invega® Trinza Syringe Perseris® Systema Prefilled Syringe Invega® Trinza Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy™ Syringe Kit Zyprexa® Relprevv™ Vial Kit ATYPIe T/F of only Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Clozaril®) lurasidone tablet (generic for Lisperdal® Odanzapine ODT / tablet (generic for Syrpexa®) paliperidone ER tablet (generic for Seroquel® / XR) risperidone ODT / solution / tablet (generic for Seroquel® / XR) risperidone ODT / solution / tablet (generic for Risperdal®) spathris® SL Tablet Symbyax® Capsule Vraylar® Capsule	Oral / Transdermal one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenapine SL tablet (generic for Saphris® SL) Caplyta™ Capsule clozapine ODT (generic for FazaClo®) Clozapin® Tablet / Titration Pack Geodon® Capsule Invega® Tablet / Titration Pack Geodon® Capsule Invega® Tablet Lybalvi™ Tablet Lybalvi™ Tablet Nuplazid® Tablet / Capsule olanzapine-fluoxetine capsule (generic for Symbyax®) Rexulti® Tablet / Capsule olanzapine-fluoxetine capsule (generic for Symbyax®) Rexulti® Tablet / Pobay Pack / 14-Day Pack Risperdal® Solution / Tablet
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldor® decanoate Ampule haloperidol decanoate Ampule haloperidol decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzody™ Syringe Kit Zyprexa® Relprevv™ Vial Kit ATYPI@ T/F of only Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Clozari®) lurasidone tablet (generic for Latuda®) olanzapine ODT / tablet (generic for Syrexa®) paliperidone ER tablet (generic for Seroquel® / XR) risperidone CDT / solution / tablet (generic for Risperdal®) Saphris® SL Tablet Symbyax® Capsule	Oral / Transdermal one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenapine SL tablet (generic for Saphris® SL) Caplyta® Capsule clozapine ODT (generic for FazaClo®) Clozapine ODT (generic for FazaClo®) Clozapine Tablet / Titration Pack Geodom® Capsule Invega® Tablet / Titration Pack Junega® Tablet Lybalvi® Tablet Lybalvi® Tablet Lybalvi® Tablet Ruplazid® Tablet / Capsule olanzapine-fluoxetine capsule (generic for Symbyax®) Resulti® Tablet / Capsule Olanzapine-fluoxetine capsule (generic for Symbyax®) Resulti® Tablet / Tablet / Tablet / Solution / Tablet Secundo® Patch
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldor® decanoate Ampule haloperidol decanoate Ampule haloperidol decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzody™ Syringe Kit Zyprexa® Relprevv™ Vial Kit ATYPI@ T/F of only Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Clozari®) lurasidone tablet (generic for Latuda®) olanzapine ODT / tablet (generic for Syrexa®) paliperidone ER tablet (generic for Seroquel® / XR) risperidone CDT / solution / tablet (generic for Risperdal®) Saphris® SL Tablet Symbyax® Capsule	Oral / Transdermal one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenapine SL tablet (generic for Saphris® SL) Caplyta™ Capsule clozapine ODT (generic for FazaClo®) Clozaril® Tablet Fanapt® Tablet / Titration Pack Geodon® Capsule Invega® Tablet Latuda® Tablet Latuda® Tablet Latuda® Tablet Lybalvi™ Tablet Nuplazid® Tablet / Capsule olanzapine-fluoxetine capsule (generic for Symbyax®) Rexulti® Tablet / 7-Day Pack / 14-Day Pack Risperdal® Solution / Tablet Secuado® Patch Secuado® Patch Secuado® Tablet / XR Tablet / XR Sample Kit
Abilify Asimtufii® Syringe Kit Aristada® / Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldor® decanoate Ampule haloperidol decanoate Ampule haloperidol decanoate Ampule haloperidol decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Sustenna Prefilled Syringe Invega® Trinza Syringe Perseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzody™ Syringe Kit Zyprexa® Relprevv™ Vial Kit ATYPI@ T/F of only Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Clozari®) lurasidone tablet (generic for Latuda®) olanzapine ODT / tablet (generic for Syrexa®) paliperidone ER tablet (generic for Seroquel® / XR) risperidone CDT / solution / tablet (generic for Risperdal®) Saphris® SL Tablet Symbyax® Capsule	Oral / Transdermal one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenapine SL tablet (generic for Saphris® SL) Caplyta™ Capsule clozapine ODT (generic for FazaClo®) Clozarif® Tablet Fanapt® Tablet / Titration Pack Geodon® Capsule Invega® Tablet Latuda® Tablet Latuda® Tablet Latuda® Tablet Latuda® Tablet Latuda® Tablet Capsule Olazapine® Tablet / Titration Pack Rewalt® Tablet Rewalt® Tablet Latuda® Tablet Latuda® Tablet Latuda® Tablet Latuda® Tablet / Tablet Seroque® Tablet / Tablet Seroque® Tablet / Tablet Secuado® Secuado® Secuado® Patch Seroque® Tablet / Tablet Secuado® Patch Seroque® Tablet / XR Sample Kit Versacloz® Suspension
Abilify Asimtufii® Syringe Kit Aristada® /Initio™ Syringe fluphenazine decanoate vial (generic for Prolixin decanoate®) Haldol® decanoate ampule / vial (generic for Haldol decanoate®) Invega® Hafyera Prefilled Syringe Kit Invega® Hafyera Prefilled Syringe Kit Invega® Trinza Syringe Preseris® Syringe Risperdal® Consta Vial risperidone ER vial (generic for Risperdal® Consta) Rykindo® Vial / Vial Kit Uzedy® Syringe Kit Zyprexa® Relprevv™ Vial Kit ATYPIe T/F of only Preferred aripiprazole Tablet / Solution (generic for Abilify®) clozapine tablet (generic for Latuda®) paliperidone ER tablet (generic for Lyprexa®) paliperidone ER tablet (generic for Syropexa®) paliperidone ER tablet (generic for Seroquel® / XR) risperidone ODT / solution / tablet (generic for Risperdal®) quetiapine tablet / ER tablet (generic for Risperdal®) Saphris® SL Tablet Ynylar® Capsule	Oral / Transdermal one preferred drug required Non-Preferred Ability® Tablet / Ability® MyCite® Tablet aripiprazole ODT (generic for Ability® Discmelt®) asenapine SL tablet (generic for Saphris® SL) Caplyta™ Capsule clozapine ODT (generic for FazaClo®) Clozaril® Tablet Fanapt® Tablet / Titration Pack Geodon® Capsule Invega® Tablet Latuda® Tablet Latuda® Tablet Latuda® Tablet Lybalvi™ Tablet Nuplazid® Tablet Capsule olanzapine-fluoxetine capsule (generic for Symbyax®) Rexulti® Tablet / 7-Day Pack / 14-Day Pack Risperdal® Solution / Tablet Secuado® Patch Seroquel® Tablet / XR Tablet / XR Sample Kit

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

Preferred benazepril tablet (generic for Lotensin®) enalapril tablet (generic for Vasotec®) lisinopril tablet (generic for Prinivil® and Zestril®) ramipril capsule (generic for Altace®)	ACE INHIBITORS Non-Preferred Accupril® Tablet Altace® Capsule
benazepril tablet (generic for Lotensin®) enalapril tablet (generic for Vasotec®) lisinopril tablet (generic for Prinivil® and Zestril®)	Accupril® Tablet Altace® Capsule
enalapril tablet (generic for Vasotec®) lisinopril tablet (generic for Prinivil® and Zestril®)	Altace® Capsule
lisinopril tablet (generic for Prinivil® and Zestril®)	
ramipril capsule (generic for Altace®)	captopril tablet (generic for Capoten®)
	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 Univasc [®])
	Qbrelis® Solution - T/F of preferred agents not required for children < 12 years of age
	perindopril tablet (generic for Aceon®)
	quinapril tablet (generic for Accupril®)
	trandolapril tablet (generic for $Mavik^{\oplus}$)
	Vasotec® Tablet
	Zestril [®] Tablet
ACE INHIBITOR / CA	ALCIUM CHANNEL BLOCKER COMBINATIONS
Preferred	Non-Preferred
amlodipine-benazepril capsule (generic for Lotrel®)	Lotrel® Capsule
	trandolapril-verapamil ER tablet (generic for Tarka®)
ACE INH	IBITOR / DIURETIC COMBINATIONS
Preferred	Non-Preferred
enalapril-HCTZ tablet (generic for Vaseretic®)	Accuretic® Tablet
lisinopril-HCTZ tablet (generic for Prinzide®, Zestoretic®)	benazepril-HCTZ tablet (generic for Lotensin® HCT)
	captopril-HCTZ tablet (generic for Capozide [®])
	fosinopril-HCTZ tablet (generic for Monopril® HCT)
	Lotensin® HCT Tablet
	quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®)
	Vaseretic® Tablet
	Zestoretic [®] Tablet
ANGIO	TENSIN II RECEPTOR BLOCKERS
Preferred	Non-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®)
	Cozaar® Tablet
	Diovan® Tablet
	Edarbi [®] Tablet
	eprosartan tablet (generic for Teveten®)
	Micardis® Tablet
	telmisartan tablet (generic for Micardis®)
	valsartan oral solution
ANGIOTENSIN	II RECEPTOR BLOCKER COMBINATIONS
Preferred	Non-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

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

ANGIO'	TENSIN 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
	Edarbyclor® Tablet
	Hyzaar® Tablet
	Micardis® HCT Tablet
	telmisartan-HCTZ tablet (generic for Micardis® HCT)
ANCIOTE	ENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS
Preferred	Non-Preferred
Entresto® Tablet	Non-Freitred
Entresto Tablet	
	ANTI-ARRHYTHMICS
Preferred	Non-Preferred
amiodarone tablet (generic for Cordarone®)	Multac [®] Tablet
disopyramide capsule (generic for Norpace®)	Norpace [®] Capsule / CR Capsule
dofetilide capsule (generic for Tikosyn®)	Pacrone® Tablet
flecainide tablet (generic for Tambocor®)	quinidine gluconate ER tablet (generic for Quinaglute DuraTabs®)
mexiletine capsule (generic for Mexitil®)	Rythmol SR® Capsule
propafenone tablet (generic for Rythmol®)	Tikosyn® Capsule
propafenone SR capsule (generic for Rythmol SR®)	
quinidine sulfate tablet (generic for Quinidex® Tablet)	
	BETA BLOCKERS
Preferred	Non-Preferred
atenolol tablet (generic for Tenormin®)	acebutolol capsule (generic for Sectral®)
carvedilol tablet (generic for Coreg®)	Betapace® Tablet / AF Tablet
Hemangeol® Solution	betaxolol tablet (generic for Kerlone®)
labetalol tablet (generic for Trandate®)	bisoprolol tablet (generic for Zebeta®)
metoprolol succinate XL tablet (generic for Toprol XL®)	Bystolic® Tablet
metoprolol tartrate tablet (generic for Lopressor®)	carvedilol ER capsule (generic for Coreg [®] CR Capsule)
nebivolol tablet (generic for Bystolic®)	Coreg® Tablet / CR Capsule
propranolol solution / tablet / ER capsule (generic for Inderal®)	Corgard [®] Tablet
Sorine® Tablet	Inderal® LA Capsule / XL Capsule
sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®)	Innopran® XL Capsule
	Kapspargo [™] Sprinkle - T/F of preferred agents not required for children < 12 years of age
	Lopresson® Tablet
	nadolol tablet (generic for Corgard [®])
	pindolol tablet (generic for Visken®)
	Sotylize [®] Solution
	Tenomin® Tablet
	timolol tablet (generic for Blocadren®)
	Toprol XL® Tablet
	BETA BLOCKER DIURETIC COMBINATIONS
Preferred	Non-Preferred
atenolol-chlorthalidone tablet (generic for Tenoretic®)	metoprolol-HCTZ tablet (generic for Lopressor® HCT)
bisoprolol-HCTZ tablet (generic for Ziac®)	propranolol-HCTZ tablet (generic for Inderide®)
,	Propunsion Table 12 units (generic to macrine) Tenoretic 13 units (generic to macrine)
	Ziac® Tablet
	· · · · · · · · · · · · · · · · · · ·

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

	BILE ACID SEQUESTRANTS
Preferred	Non-Preferred
cholestyramine packet / powder / light packet / light powder (generic for Questran® / Questran® Light)	colesevelam packet / tablet (generic for Welchof®)
colestipol tablet (generic for Colestid® Tablet)	Colestid® Granules / Tablet
The state of the s	colestipol granules (generic for Colestid®)
	Prevalite® Packet / Powder
	Questran® Light Powder / Pocket / Powder
	Welchol® Packet / Tablet
	Welchor Packet / Tablet
CH	OLESTEROL LOWERING AGENTS
Preferred	Non-Preferred
atorvastatin tablet (generic for Lipitor®)	Altoprev® Tablet
atorvastatin tablet (generic for Lipitor) ezetimibe (generic for Zetia®)	
	amlodipine-atorvastatin tablet (generic for Caduet®)
lovastatin tablet (generic for Mevacor®)	Atorvaliq [®] Suspension Caduet [®] Tablet
pravastatin tablet (generic for Pravachol®)	
rosuvastatin tablet (generic for Crestor®)	Crestor® Tablet
simvastatin tablet (generic for Zocor®)	Ezallor [™] Capsule
	ezetimibe-simvastatin (generic for Vytorin®)
	fluvastatin capsule / ER tablet (generic for Lescol® / XL)
	Juxtapid® Capsule - Clinical criteria apply
	Lescol® XL Tablet
	Lipitor® Tablet
	Livalo [®] Tablet - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV
	Nexletol® Tablet - Clinical criteria apply
	Nexlizet® Tablet - Clinical criteria apply
	pitavastatin tablet (generic for Livalo®) - T/F of preferred agents not required with concomitant antiretroviral therapy in patients diagnosed with HIV
	Vytorin® Tablet
	Zetia® Tablet
	Zocor® Tablet
	Zypitamag [™] Tablet
	- Approximate automatical and a second a second and a second and a second and a second and a second a second and a second a second and a second and a second and
	CORONARY VASODILATORS
Preferred	Non-Preferred
isosorbide dinitrate tablet (generic for Isordil® Titradose®, IsoDitrate®, et.al.)	Gonitro® Sublingual Powder
isosorbide mononitrate tablet / ER tablet (generic for Ismo®, Monoket®, Imdur®)	Isordil [®] Tablet / Titradose [®] Tablet
nitroglycerin patch / spray / SL tablet (generic for Nitro-Dur [®] , Minitran [®] , Nitrostat [®] , et. al)	Nitro-Bid® Ointment
Nitrostat® SL Tablet	Nitro-Dur [®] Patch
Initional St. Idolec	Nitrolingual® Spray
	Verquvo [™] Tablet
DIHADBUD	YRIDINE CALCIUM CHANNEL BLOCKERS
Preferred	Non-Preferred
amlodipine tablet (generic for Norvasc®)	felodipine ER tablet (generic for Plendil ⁰)
nifedipine capsule (generic for Procardia®)	isradipine capsule (generic for Dynacire®)
nifedipine ER tablet (generic for Adalat CC® / Procardia XL®)	Katerzia Suspension - T/F of preferred agents not required for children < 12 years of age
	levamlodipine tablet (generic for Conjupri®)
	nicardipine capsule (generic for Cardene®)
	nimodipine capsule (generic for Nimotop®)
	nisoldipine ER tablet (generic for Sular®)
	Norliqva® Solution
	Norvasc® Tablet
	Nymalize® Solution
	Procardia® XL Tablet
	Sular® Tablet
	DIRECT RENIN INHIBITOR
Preferred	Non-Preferred
Tekturna® Tablet	aliskiren tablet (generic for Tekturna® Tablet)
Tekturna HCT Tablet	
Tokuma 110.1 fano.	

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

	ENDOTHE! IT	N RECEPTOR ANTAGONISTS
		of Pulmonary Arterial Hypertension only
	Preferred	Non-Preferred
ambrisentan tablet (generic for Letairis® Tablet)		bosentan tablet (generic for Tracleer® Tablet)
Tracleer® Tablet		Letairis® Tablet Opsumit® Tablet
		Opsynvi® Tablet
		Tracleer® Suspension
	INITAL ED L	PROSTACYCLIN ANALOGS
	Preferred	Non-Preferred
Tyvaso® Refill Kit / Solution / Starter Kit	77007700	Tyvaso® DPI
Ventavis® Solution		
	NIIA	CIM DEDITATIVE
	Preferred	CIN DERIVATIVES Non-Preferred
niacin ER tablet (generic for Niaspan®)	Treierreu	Non-r referred
,		
		ATE COMBINATION
	Preferred	Non-Preferred
Bidil [®] Tablet		isosorbide dinit/hydralazine tablet (generic for Bidil [®])
	NON-DIHYDROPYRID	INE CALCIUM CHANNEL BLOCKERS
	Preferred	Non-Preferred
Cartia XT® Capsule (branded generic for Cardizem CD®)		Calan SR® Caplet
Dilt XR [®] Capsule (branded generic for Dilacor XR [®]) diltiazem ER 24 hour capsule (generic for Dilacor XR [®] , Tiaz	,	Cardizem CD® Capsule
diltiazem ER 24 hour capsule (generic for Dilacor XR ⁻ , Tiaz- diltiazem tablet / CD capsule / ER 12 hour capsule (generic for	,	Cardizem® Tablet / LA Tablet diltiazem LA tablet (generic for Cardizem LA®)
Taztia XT [®] Capsule (branded generic for Tiazac [®])		Matzim® LA Tablet (generic for Cardizem LA®)
Tiadylt® ER Capsule		Tiazac® Capsule
verapamil tablet / ER tablet (generic for Calan® / SR)		verapamil 360 mg capsule
		verapamil ER capsule / PM capsule (generic for Verelan® / Verelan® PM) Verelan® Capsule / Verelan® PM Capsule
		vereian Capsuie/ vereian PW Capsuie
	ORAL PUL	MONARY HYPERTENSION
		(all) and Chronic Thromboembolic Pulmonary Hypertension- Adempas® only
	Preferred	Non-Preferred
Alyq® Tablet (branded generic for tadalafil) sildenafil tablet (generic for Revatio®)		Adcirca® Tablet Adempas® Tablet
tadalafil tablet (generic for Adcirca®)		Liquev® Suspension
/		Orenitram® ER Tablet / Titration Kit
		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
		Option Tablet/ Indiamin rack
	PLA	TELET INHIBITORS
	Preferred	Non-Preferred
Brilinta® Tablet clopidogrel tablet (generic for Plavix®)		aspirin/dipyridamole ER capsule (generic for Aggrenox [®]) aspirin-omeprazole DR tablet
dipyridamole tablet (generic for Persantine®)		Efficit Tablet
prasugrel tablet (generic for Effient® Tablet)		Plavix® Tablet
	ANTONIA	NAME A ANTH ACCUPATIO
	Preferred ANTIANG	GINAL & ANTI-ISCHEMIC Non-Preferred
ranolazine ER tablet (generic for Ranexa® Tablet)	Freierred	Aspruzyo™ Sprinkle
Tunouzine 234 tunoet (generic 107 Famour Tunoet)		Ranexa® Tablet
		YTICS AND COMBINATIONS Non Designated
clonidine tablet / patch (generic for Catapres® / TTS)	Preferred	Non-Preferred clonidine ER tablet (generic for Nexiclon [™] XR)
guanfacine tablet (generic for Tenex®)		methyldopa-HCTZ tablet (generic for Aldorit®)
methyldopa tablet (generic for Aldomet®)		methyldopa vial (generic for Aldomet [®])
		Nexiclon [™] XR Tablet
	TDICI VCE	RIDE LOWERING AGENTS
	Preferred	Non-Preferred
fenofibrate tablet (generic for Tricor®)		fenofibrate capsule / tablet (generic for Antara®, Lofibra®, Fenoglide®, et. al)
gemfibrozil tablet (generic for Lopid®)		fenofibric acid tablet (generic for Fibricor®, Trilipix®)
omega-3 acid ethyl esters capsule (generic for Lovaza®)		Fenoglide® Tablet Fibricor® Tablet
Vascepa® Capsule		Fibricor® Tablet icosapent ethyl capsule (generic for Vascepa®)
		Lipofen® Capsule
		Lopid [®] Tablet
		Lovaza® Capsule
		Tricor® Tablet
		Trilipix® Capsule
	CARDI	IOVASCULAR, OTHER
	Preferred	Non-Preferred
Camzyos [®] Capsule - Clinical criteria apply		
	CENTD	AL NERVOUS SYSTEM
		IMIGRAINE AGENTS

Effective Date: October 1, 2024

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. 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

Quantity limits apply to all triptans Preferred Non-Preferred izatriptan tablet / ODT (generic for Maxalt®) almotriptan tablet (generic for Axert®) diclofenac potassium powder packet (generic for Cambia®) - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigrain umatriptan nasal spray / tablet / vial (generic for Imitrex®) eletriptan tablet (generic for Relpax®) Elyxyb[™] Solution - T/F of 2 preferred NSAIDs, in addition to T/F of 2 preferred triptans in the Antimigraine Agents class required for coverage rova® Tablet rovatriptan tablet (generic for Frova®) Imitrex[®] Cartridge / Nasal Spray / Pen / Tablet Maxalt[®] Tablet / MLT Tablet aratriptan tablet (generic for Amerge®) Relpax[®] Tablet Reyvow[™] Tablet sumatriptan injection kit / refill / syringe (generic for Imitrex®) sumatriptan / naproxen tablet (generic for Treximet®) Tosymra[™] Nasal Spray Zembrace[®] SymTouch[®] zolmitriptan nasal spray / ODT / tablet (generic for Zomig®) Zomig® Nasal Spray / Tablet ANTIMIGRAINE AGENTS CGRP Blockers/Modulators PREVENTATIVE Preferred Non-Preferred Aimovig[®] Autoinjector Qulipta® Tablet Ajovy® Autoinjector / Syringe Vyepti® Vial Emgality® Pen / Syringe Nurtec® ODT ANTIMIGRAINE AGENTS CGRP Blockers/Modulators ACUTE TREATMENT Preferred Non-Preferred Turtec® ODT Zavzpret[™] Nasal Spray ANTI-NARCOLEPSY Clinical criteria apply to all drugs in this class Non-Preferred Preferred Nuvigil® Tablet armodafinil tablet (generic for Nuvigil®) Provigil[®] Tablet modafinil tablet (generic for Provigil®) Sunosi[™] Tablet Wakix[®] Tablet

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

	D RESTLESS LEG SYNDROME AGENTS
Preferred	Non-Preferred
amantadine capsule / solution (generic for Symmetrel®)	Apokyn® Cartridge
benztropine tablet (generic for Cogentin®)	apomorphine cartridge (generic for Apokyn [®]) Azilect [®] Tablet
bromocriptine capsule / tablet (generic for Parlodel®) carbidopa-levodopa ODT (generic for Parcopa®)	carbidopa tablet (generic for Lodosyn®)
carbidopa-levodopa ODI (generic for Parcopa) carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / CR)	carbidopa tablet (generic for Lodosyn) carbidopa-levodopa-entacapone tablet (generic for Stalevo®)
pramipexole tablet (generic for Mirapex®)	Comtan® Tablet
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®)
	Gocovn® Capsule - Clinical criteria apply
	Horizant [®] Tablet
	Inbrija [™] Inhalation
	Kynmobi™ Titration Kit
	Lodosyn [®] Tablet
	Mirapex® ER Tablet
	Neupro® Patch
	Nourianz [™] Tablet
	Ongentys® Capsule
	Osmolex ER™ Tablet - Clinical criteria apply
	Parlodel® Capsule / Tablet
	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®)
	Xadago® Tablet
	Zelapar® ODT
MU	ILTIPLE SCLEROSIS
	Injectable
Preferred	Non-Preferred
Avonex® Pack / Pen / Syringe	Briumvi™ Vial
Betaseron [®] Kit / Vial	Extavia® Kit / Vial
Copaxone® Syringe	glatiramer syringe (generic for Copaxone® Syringe)
Kesimpta® Pen	Glatopa [®] Syringe
Rebif® Rebidose® / Titration Pack / Syringe	Lemtrada® Vial
	Ocrevus® Vial - T/F of preferred agents not required for diagnosis of Primary Progressive MS (PPMS)
	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack
MI	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial
MU	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial ILTIPLE SCLEROSIS
	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial JUTIPLE SCLEROSIS Oral
Preferred	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial ILTIPLE SCLEROSIS Oral Non-Preferred
Preferred dalfampridine ER tablet (generic for Ampyra®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial JLTIPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial ILTIPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet
Preferred dalfampridine ER tablet (generic for Ampyra®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial LTTPLE SCLEROSIS Oral Non-Preferred Aubagio® Tablet Bafiertam™ Capsule
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial ILTIPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial ILTIPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Ambagio® Tablet Bafiertam™ Capsule Gilenya® Capsule
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial ILTIPLE SCLEROSIS Oral Non-Preferred Ampyx® Tablet Aubagio® Tablet Baffertam™ Capsule Gilenyx® Capsule Mavenclad® Tablet
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial ILTIPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertan™ Capsule Gilenya® Capsule Mavenclad® Tablet Mavenclad® Tablet Mavenclad® Tablet Mavyzent® Starter Pack / Tablet
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial LTTPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam™ Capsule Gilenya® Capsule Mavencla® Tablet Mavencla® Tablet Ponvoy™ Starter Pack / Tablet Ponvoy™ Starter Pack / Tablet
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabri® Vial ILTIPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafferan™ Capsule Gileny® Capsule Mayencha® Tablet Mayencha® Tablet Mayencha® Tablet Tascenso ODT® Tecfidera® Capsule / Starter Pack / Tablet Tascenso ODT® Tecfidera® Capsule / Starter Pack Vumerity™ Capsule / Starter Pack
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial ILTIPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Ambagio® Tablet Bafiertam™ Capsule Gilenya® Capsule Mavencla® Tablet Mayzent® Starter Pack / Tablet Ponvory™ Starter Pack / Tablet Tascenso ODT™ Tecfidera® Capsule / Starter Pack Tecfidera® Capsule / Starter Pack
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial ILTIPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam™ Capsule Gilenya® Capsule Mavencla® Tablet Mavencla® Tablet Mavencla® Tablet Fonory® Starter Pack / Tablet Tascenso ODT™ Terfidera® Capsule / Starter Pack Vumerity™ Capsule
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®) AMYOTROPHIC L.	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial ILTIPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam™ Capsule Gilenya® Capsule Mavencla® Tablet Mayzent® Starter Pack / Tablet Ponvory™ Starter Pack / Tablet Tascenso ODT™ Tecfidera® Capsule / Starter Pack Vurmerity™ Capsule / Starter Pack
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®) AMYOTROPHIC L. Preferred	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabri® Vial LTIPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam™ Capsule Gileny® Capsule Mayencha® Tablet Mayencha® Tablet Mayencha® Tablet Tascenso ODT™ Tecfidera® Capsule / Starter Pack / Tablet Tascenso ODT™ Tecfidera® Capsule / Starter Pack / Tablet Zepsia® Starter Pack / Capsule
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®) AMYOTROPHIC L.	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabr® Vial LTTPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam™ Capsule Gileny® Capsule Mavenclad® Tablet Mayzent® Starter Pack / Tablet Ponvory™ Starter Pack / Tablet Tascenso ODT™ Tecfidera® Capsule / Starter Pack Zepsule / Starter Pack Tescidera® Capsule / Starter Pack Tescidera® Capsule / Starter Pack Tescidera® Capsule / Starter Pack Tecfidera® Capsule Zeposia® Starter Pack / Capsule Terral SCLEROSIS (ALS) AGENTS Non-Preferred Esservan™ Oral Film
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®) AMYOTROPHIC L. Preferred	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial ILTIPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam™ Capsule Gilenya® Capsule Mavencla® Tablet Mavencla® Tablet Mavencla® Tablet Tascenso ODT™ Terfidera® Capsule / Starter Pack / Tablet Tascenso ODT™ Terfidera® Capsule / Starter Pack Vurmeriy™ Capsule Zeposia® Starter Pack / Capsule Terfidera® Capsule / Starter Pack Vurmeriy™ Capsule Zeposia® Starter Pack / Capsule Terfidera® Capsule / Starter Pack Non-Preferred Exservan™ Oral Film Qalsody® Vial
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®) teriflunomide tablet (generic for Aubagio®) AMYOTROPHIC L. Preferred	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial ILTIPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam™ Capsule Gilenya® Capsule Mavencla® Tablet Mayzent® Starter Pack / Tablet Ponvory® Starter Pack / Tablet Tascenso ODT™ Tecfidera® Capsule / Starter Pack Vumeniy™ Capsule Xeyposia® Starter Pack / Capsule Texacenso ODT™ Tecfidera® Capsule / Starter Pack Vumeniy™ Capsule Xeyposia® Starter Pack / Capsule ATERAL SCLEROSIS (ALS) AGENTS Non-Preferred Esservan™ Oral Film Qalsody® Vial Tiglutik® Suspension
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®) AMYOTROPHIC L. Preferred	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial ILTIPLE SCLEROSIS Oral Non-Preferred Anapyra® Tablet Aubagio® Tablet Bafiertam™ Capsule Gilenya® Capsule Mavencla® Tablet Mavencla® Tablet Mavencla® Tablet Tacenso ODT™ Terfidera® Capsule / Starter Pack / Tablet Tacenso ODT™ Terfidera® Capsule / Starter Pack Vurmeriy™ Capsule Zeposia® Starter Pack / Capsule Terfidera® Capsule / Starter Pack Vurmeriy™ Capsule Zeposia® Starter Pack / Capsule Terfidera® Capsule / Starter Pack Non-Preferred Exservan™ Oral Film Qalsody® Vial
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®) AMYOTROPHIC L. Preferred riluzole tablet (generic for Rilutek®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabr® Vial LTIPLE SCLEROSIS Oral Non-Preferred Aubagio® Tablet Bafiertam™ Capsule Gileny® Capsule Mavencla® Tablet Mavencla® Tablet Ponvory™ Starter Pack / Tablet Ponvory™ Starter Pack / Tablet Tascenso ODT™ Tecfidera® Capsule / Starter Pack Vumerity™ Capsule Zeposia® Starter Pack / Capsule XTERAL SCLEROSIS (ALS) AGENTS Non-Preferred Exervan™ Oral Film Qalsody® Vial Tiglutik® Suspension Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Bag
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®) teriflunomide tablet (generic for Aubagio®) AMYOTROPHIC L. Preferred riluzole tablet (generic for Rilutek®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial ILTIPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam™ Capsule Gilenya® Capsule Mavenclad® Tablet Mavenclad® Tablet Mavenclad® Tablet Fonory® Starter Pack / Tablet Tascenso ODT™ Terfidera® Capsule / Starter Pack Vumerity™ Capsule Zeposia® Starter Pack / Capsule Vumerity™ Capsule Xereal Sclerosis (ALS) AGENTS Non-Preferred Exervan™ Oral Film Qalsody® Vial Tiglutik® Suspension Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Bag ATIVE HYPNOTICS
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®) teriflunomide tablet (generic for Aubagio®) AMYOTROPHIC L. Preferred filuzole tablet (generic for Rilutek®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial ILTIPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam™ Capsule Gilenya® Capsule Mavencla® Tablet Mavencla® Tablet Mavencla® Starter Pack / Tablet Ponvoy™ Starter Pack / Tablet Tascenso ODT™ Tecfidera® Capsule / Starter Pack Vumeriv™ Capsule / Starter Pack Vumeriv™ Capsule / Starter Pack Vumeriv™ Capsule / Starter Pack Tecfidera® Capsule / Starter Pack Vumeriv™ Capsule ATERAL SCLEROSIS (ALS) AGENTS Non-Preferred Exservan™ Oral Film Qalsody® Vial Tiglutik® Suspension Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Bag NATIVE HYPNOTICS its apply to all sedative hypnotics
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®) AMYOTROPHIC L. Preferred riluzole tablet (generic for Rilutek®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial ILTIPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam™ Capsule Gilenya® Capsule Mavenclad® Tablet Mavenclad® Tablet Mavenclad® Tablet Tascenso ODT™ Terfidera® Capsule / Starter Pack / Tablet Tascenso ODT™ Terfidera® Capsule / Starter Pack Vumerity™ Capsule Zeposia® Starter Pack / Capsule XTERAL SCLEROSIS (ALS) AGENTS Non-Preferred Exservan™ Oral Film Qalsody® Vial Tiglutik® Suspension Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Bag DATIVE HYPNOTICS
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®) AMYOTROPHIC L. Preferred filuzole tablet (generic for Rilutek®) SEI Quantity lim Preferred	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabri® Vial LTIPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam™ Capsule Gileny® Capsule Mayench® Starter Pack / Tablet Mayench® Starter Pack / Tablet Tascenso ODT™ Tascenso ODTM Tascen
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®) AMYOTROPHIC L. Preferred riluzole tablet (generic for Rilutek®) SEI Quantity lim Preferred eszopiclone tablet (generic for Lunesta®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabr® Vial LTIPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam™ Capsule Gileny® Capsule Mayzent® Starter Pack / Tablet Mayzent® Starter Pack / Tablet Ponvory™ Starter Pack / Tablet Tascenso ODT™ Tecfidera® Capsule / Starter Pack Vumerity™ Capsule Zeposia® Starter Pack / Capsule ATERAL SCLEROSIS (ALS) AGENTS Esservan™ Oral Film Qalsod® Vial Tigluit® Suspension Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Bag ATIVE HYPNOTICS its apply to all sedative hypnotics Non-Preferred Ambien® Tablet / CR Tablet
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®) Preferred riluzole tablet (generic for Rilutek®) SEI Quantity lim Preferred eszopiclone tablet (generic for Lunesta®) flurazepam capsule (generic for Dalmane®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial Interpretation Interpr
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®) teriflunomide tablet (generic for Aubagio®) AMYOTROPHIC L. Preferred riluzole tablet (generic for Rilutek®) SEI Quantity lim Preferred eszopiclone tablet (generic for Lunesta®) transplant (generic for Dalmane®) transplant (generic for Dalmane®) transplant (generic for Dalmane®) transplant (generic for Rozerem® Tablet) temazepam 15mg, 30mg capsule (generic for Restoril®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabn® Vial LTIPLE SCLEROSIS Oral Non-Preferred Ampym® Tablet Aubagio® Tablet Bafiertam™ Capsule Gilenya® Capsule Mayzent® Starter Pack / Tablet Ponvory™ Starter Pack / Tablet Tascenso ODT™ Tacefidera® Capsule / Starter Pack / Tablet Zeposia® Starter Pack / Capsule **Tacefidera® Capsule / Starter Pack / Tablet Tascenso ODT™ Tacefidera® Capsule / Starter Pack / Tablet Zeposia® Starter Pack / Capsule **Terefidera® Starter Pack / Capsule **Te
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumanate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®) teriflunomide tablet (generic for Aubagio®) AMYOTROPHIC L. Preferred riluzole tablet (generic for Rilutek®) SEI Quantity lim Preferred exzopiclone tablet (generic for Lunesta®) flurazepam capsule (generic for Dalmane®) ramelteon tablet (generic for Rozerm® Tablet) temazepam 15mg, 30mg capsule (generic for Restoril®) zaleplon capsule (generic for Sonata®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabri® Vial LTIPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafferant® Capsule Gileny® Capsule Mayencha® Tablet Mayencha® Tablet Mayzent® Starter Pack / Tablet Ponvory® Starter Pack / Tablet Tascenso ODT® Tecfidera® Capsule / Starter Pack Vumerity® Capsule Vumerity® Capsule Avuerity® Capsule / Starter Pack Vumerity® Starter Pack / Capsule Tecfidera® Starter Pack / Capsule VERAL SCLEROSIS (ALS) AGENTS Non-Preferred Exservan® Oral Film Qalsody® Vial Tiglutik® Suspension / ORS® Starter Kit Suspension / Bag DATIVE HYPNOTICS its apply to all sedative hypnotics Non-Preferred Ambien® Tablet / CR Tablet Belsomm® Tablet CR Tablet Dayvigo® Tablet Dayvigo® Tablet
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®) teriflunomide tablet (generic for Aubagio®) AMYOTROPHIC L. Preferred riluzole tablet (generic for Rilutek®) SEI Quantity lim Preferred eszopicione tablet (generic for Lunesta®) ramelteon tablet (generic for Dalmane®) ramelteon tablet (generic for Rozerem® Tablet) temazepam 15mg, 30mg capsule (generic for Restori®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabr® Vial ILTIPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Baffertan® Capsule Gilenya® Capsule Gilenya® Capsule Mavenclad® Tablet Mayzen® Starter Pack / Tablet Porvory® Starter Pack / Tablet Tascenso ODT® Terfidora® Capsule / Starter Pack / Tablet Zeposia® Starter Pack / Capsule XTERAL SCLEROSIS (ALS) AGENTS Starter Pack / Capsule XTERAL SCLEROSIS (ALS) AGENTS Intiguity® Capsule XTERAL SCLEROSIS (ALS) AGENTS Son-Preferred Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Bag DATIVE HYPNOTICS Its apply to all sedative hypnoties Non-Preferred Anhiea® Tablet / CR Tablet Belsomra® Tablet Davigo® Tablet Doral® Tablet Oxoral® Tab
Preferred dalfampridine ER tablet (generic for Ampyra®) dimethyl fumanate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) fingolimod capsule (generic for Gilenya®) teriflunomide tablet (generic for Aubagio®) teriflunomide tablet (generic for Aubagio®) AMYOTROPHIC L. Preferred riluzole tablet (generic for Rilutek®) SEI Quantity lim Preferred exzopiclone tablet (generic for Lunesta®) flurazepam capsule (generic for Dalmane®) ramelteon tablet (generic for Rozerm® Tablet) temazepam 15mg, 30mg capsule (generic for Restoril®) zaleplon capsule (generic for Sonata®)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabr® Vial LTIPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafietan™ Capsule Gillenya® Capsule Gillenya® Capsule Mavenclad® Tablet Mayzen® Starter Pack / Tablet Tascenso ODT® Tecfidera® Capsule / Starter Pack Vumenty® Capsule Vumenty® Capsule Starter Pack / Capsule Tecfidera® Capsule / Starter Pack Vumenty® Capsule Tecfidera® Capsule / Starter Pack Vumenty® Capsule Tecfidera® Capsule / Starter Pack / Capsule Tecfidera® Capsule / Starter Pack Vumenty® Capsule Tecfidera® Capsule / Starter Pack Vumenty® Capsule Tecfidera® Capsule / Starter Pack Vumenty® Capsule Tecfidera® Capsule / Starter Pack / Capsule ATERAL SCLEROSIS (ALS) AGENTS Non-Preferred Exservan® Oral Film Qalsody® Vial Tightik® Suspension Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Bag DATIVE HYPNOTICS Its apply to all sedative hypnotics Non-Preferred Ambien® Tablet / CR Tablet Belsomra® Tablet Davigo® Tablet Davigo® Tablet Davigo® Tablet Davigo® Tablet (generic for Sileno®) Edidua® SL Tablet estazolam tablet (generic for Proson®)
Preferred dalfampridine ER tablet (generic for Ampyra*) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera* Capsule / Starter Pack) fingolimod capsule (generic for Gilenya*) teriflunomide tablet (generic for Aubagio*) teriflunomide tablet (generic for Aubagio*) AMYOTROPHIC L. Preferred riluzole tablet (generic for Rilutek*) SEI Quantity lim Preferred eszopiclone tablet (generic for Lunesta*) flurazepam capsule (generic for Dalmane*) ramelteon tablet (generic for Royanane*)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabri® Vial ITTPLE SCLEROSIS Oral Non-Preferred Ampyra® Tablet Aubagio® Tablet Bafiertam® Capsule Gilenya® Capsule Gilenya® Capsule Mavencla® Tablet Mayzent® Starter Pack / Tablet Ponvoy® Starter Pack / Tablet Tiscenso ODT® Tecfidera® Capsule / Starter Pack Vuneriy® Capsule / Starter Pack Vuneriy® Capsule Zeposia® Starter Pack / Capsule **TERAL SCLEROSIS (ALS) AGENTS **Esservan® Oral Film Qalsody® Vial Tightit® Suspension Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Bag **DATIVE HYPNOTICS** Its apply to all sedative hypnotics Non-Preferred Ambien® Tablet / CR Tablet Belsoma® Tablet Dayvigo® Tablet Dorus® T
Preferred dalfampridine ER tablet (generic for Ampyra*) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera* Capsule / Starter Pack) fingolimod capsule (generic for Gilenya*) teriflunomide tablet (generic for Aubagio*) teriflunomide tablet (generic for Aubagio*) AMYOTROPHIC L. Preferred riluzole tablet (generic for Rilutek*) SEI Quantity lim Preferred eszopiclone tablet (generic for Lunesta*) flurazepam capsule (generic for Dalmane*) ramelteon tablet (generic for Royanane*)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabri® Vial LTIPLE SCLEROSIS Oral Non-Preferred Ampyrs® Tablet Aubagio® Tablet Bafiertam® Capsule Gilenya® Capsule Gilenya® Capsule Mavencla® Tablet Mayzen® Starter Pack / Tablet Paccynsory Starter Pack / Tablet Tascenso ODT® Terfidera® Capsule / Starter Pack Wumeriy® Capsule Zeposia® Starter Pack / Capsule ATERAL SCLEROSIS (ALS) AGENTS Non-Preferred Esservam® Oral Film Qulstofy® Vial Tightik® Suspension Radicava® ORS® Suspension / ORS® Starter Kit Suspension / Bag ATTVE HYPNOTICS Its apply to all sedative hypnotics Non-Preferred Anbien® Tablet / CR Tablet Belsomra® Tablet Davvigo Tablet Davvigo Tablet Davvigo Tablet Davvigo Tablet Davvigo Tablet docepin tablet (generic for Prosom®) Halacion® Tablet Heltion® Capsule / LQ Suspension - Clinical criteria apply Heltion® Capsule / LQ Suspension - Clinical criteria apply Heltion® Capsule / LQ Suspension - Clinical criteria apply Heltion® Capsule / LQ Suspension - Clinical criteria apply
Preferred dalfampridine ER tablet (generic for Ampyra*) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera* Capsule / Starter Pack) fingolimod capsule (generic for Gilenya*) teriflunomide tablet (generic for Aubagio*) teriflunomide tablet (generic for Aubagio*) AMYOTROPHIC L. Preferred riluzole tablet (generic for Rilutek*) SEI Quantity lim Preferred eszopiclone tablet (generic for Lunesta*) flurazepam capsule (generic for Dalmane*) ramelteon tablet (generic for Royanane*)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabri® Vial
Preferred dalfampridine ER tablet (generic for Ampyra*) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera* Capsule / Starter Pack) fingolimod capsule (generic for Gilenya*) teriflunomide tablet (generic for Aubagio*) teriflunomide tablet (generic for Aubagio*) AMYOTROPHIC L. Preferred riluzole tablet (generic for Rilutek*) SEI Quantity lim Preferred eszopiclone tablet (generic for Lunesta*) flurazepam capsule (generic for Dalmane*) ramelteon tablet (generic for Royanane*)	Pegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabr® Vial
Preferred dalfampridine ER tablet (generic for Ampyra*) dimethyl fumarate DR capsule / starter pack (generic for Tecfidera* Capsule / Starter Pack) fingolimod capsule (generic for Gilenya*) teriflunomide tablet (generic for Aubagio*) reriflunomide tablet (generic for Aubagio*) AMYOTROPHIC L. Preferred riluzole tablet (generic for Rilutek*) SEI Quantity lim Preferred exzopiclone tablet (generic for Lunesta*) flurazepam capsule (generic for Dalmane*) ramelteon tablet (generic for Rozerm* Tablet) temazepam 15mg, 30mg capsule (generic for Restoril*) zaleplon capsule (generic for Rosnata*)	Plegridy® Pen / Pen Starter Pack / Syringe / Syringe Starter Pack Tysabri® Vial

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

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 ER tablet (generic for Ambien [®] CR)
zolpidem SL tablet (generic for Intermezzo®)

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

TOP	3ACCO CESSATION
Preferred	Non-Preferred
bupropion SR tablet (generic for Zyban®)	Nicotrol® Inhaler / NS Nasal Spray
Chantix® Tablet / Starting Box / Continuation Month Box	- 14 ×
nicotine gum / lozenge (buccal) / patch	
varenicline tablet / starting month box (generic for Chantix®)	
varenicine tablet / starting month box (generic for Chantix)	
	The control of the co
	VDOCRINOLOGY
	OWTH HORMONE
Clinical criter	ia apply to all drugs in this class
Prior Approval Not Required	for Use of Serostim [®] in AIDS Wasting Syndrome
Preferred	Non-Preferred
Genotropin® Cartridge / MiniQuick®	Humatrope® Cartridge
Norditropin [®] Flexpro [®]	Ngenla® Pen
	Nutropin® AQ NuSpin®
	Omnitrope® Cartridge / Vial
	Saizen® Vial
	Serostim [®] Vial
	Skytrofa® Cartridge - T/F of preferred agents not required for children <18 years of age
	Sogroya® Pen
	Zomacton [®] Vial
	Zonacion Viai
IIVDOCI	YCEMICS - INJECTABLE
	apid Acting Insulin
	one preferred drug required
Preferred	Non-Preferred
Humalog® U-100 Cartridge	Admelog [®] SoloStar [®] / Vial
Humalog® U-100 Junior KwikPen®	Afrezza® Inhalation Powder
Humalog® U-100 KwikPen® / Vial	Apidra® SoloStar® / Vial
insulin aspart U-100 FlexPen® / vial (generic for Novolog®)	Fiasp® FlexTouch® / Penfill® / PumpCart® / Vial
insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior)	Humalog [®] U-200 KwikPen [®]
insulin lispro U-100 KwikPen® / vial (generic for Humalog®)	insulin aspart U-100 cartridge (generic for Novolog®)
Novolog® U-100 Penfill / FlexPen® / Vial	Lyumjev [™] U-100 KwikPen [®] / U-200 KwikPen [®] / Vial
S	hort Acting Insulin
T/F of only	one preferred drug required
Preferred	Non-Preferred
Humulin® R Vial	Myxredlin [™] Injection
Humulin® R U-500 KwikPen® / U500 Vial	Novolin® R Vial / ReliOn® R Vial
Hullidilii K U-500 KWIKFEII / U500 VIdi	Novolin R FlexPen®
	NOVOIM R PIEXPEI
Inter	mediate Acting Insulin
Preferred	Non-Preferred
Humulin® N Vial	Humulin® N KwikPen®
	Novolin® N FlexPen® / ReliOn® N FlexPen®
	Novolin® N Vial / ReliOn® N Vial
	ong Acting Insulin
	one preferred drug required
Preferred	Non-Preferred
insulin glargine vial / SoloStar [®] (authorized biologic for Lantus)	Basaglar [®] U-100 KwikPen [®]
Lantus® SoloStar® / Vial	insulin degludec pen / vial (generic for Tresiba®)
Levemir® / FlexPen® / FlexTouch® / Vial	insulin glargine SoloStar® / Max SoloStar® (generic for Toujeo®)
	insulin glargine-yfgn pen / vial (generic for Semglee [™] yfgn)
	Rezvoglar [™] Kwikpen®
	Semglee [™] yfgn Pen / Vial
	Toujeo® SoloStar® / Max SoloStar®
	Tresiba" FlexTouch" / Vial
	D11C
	Rapid Combination Insulin
Preferred	Non-Preferred
Humalog® 50/50 Mix KwikPen®	insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 Mix)
Humalog® 75/25 Mix KwikPen® / Vial	Novolog [®] Mix 70/30 Vial
insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30)	
Novolog [®] Mix 70/30 FlexPen [®]	
	70/30 Combination Insulin
Preferred	Non-Preferred
Humulin® 70/30 KwikPen® / Vial	Novolin® 70/30 FlexPen® / Vial / ReliOn® 70/30 Vial
	Amylin Analogs
Described T/E on insufficient	indicated an decomposited advance event when using either a professor
Requires 1/r or insulicient response to metformin containing product unless contra	indicated or documented adverse event when using either a preferred or non-preferred Amylin Analog
Preferred	Non-Preferred
Symlin® Pen Injector	

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

	tor Agonists and Combinations
Clinical criter	ria apply to all drugs in this class
Preferred	Non-Preferred
Byetta [®] Pen	Bydureon BCise
Trulicity® Pen	Rybelsus® Tablet
Victoza® Pen	Soliqua® Pen
Ozempic® Pen	Xultophy® Pen
	Mounjaro™ Pen
	noungaro 1 ca
HVPC	L OGLYCEMICS - ORAL
	eneration 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 [®])	
Glynase® Tablet	
Alpha	-Glucosidase Inhibitors
Preferred	Non-Preferred
acarbose tablet (generic for Precose®)	miglitol tablet (generic for Glyset®)
	Precose® Tablet
Bigua	nides and Combinations
Preferred	Non-Preferred
glipizide-metformin tablet (generic for Metaglip®)	Glumetza® Tablet ** requires documentation as to why the beneficiary cannot use preferred long acting metformin product
glyburide-metformin tablet (generic for Glucovance®)	metformin solution (generic for Riomet®) - 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)
metorial about 22 about Generic to Gracopinage 7 247)	metformin ER tablet (generic for Fortamet®)
	metformin ER tablet (generic for Fortainet)
	Riomet® Solution / ER Suspension
	Riomer Solution / Ex Suspension
DPP-IV I	nhibitors and Combinations
Requires T/F or insufficient response to metformin containing products unless contraindicated	or documented adverse event when using either a preferred or a non-preferred DPP-IV Inhibitor or Combination
D.,, f.,	Number
Preferred	Non-Preferred
Janumet® Tablet / XR Tablet	alogliptin tablet (generic for Nesina®)
Januvia® Tablet	alogliptin-metformin tablet (generic for Kazano®)
Jentadueto® Tablet / XR Tablet	alogliptin-pioglitazone tablet (generic for Oseni®)
Onglyza® Tablet	Glyxambi® Tablet
saxagliptin tablet (generic for Onglyza®)	Kazano® Tablet
Tradjenta® Tablet	Kombiglyze® XR Tablet
	Nesina® Tablet
	Oseni [®] Tablet
	Qtern® Tablet
	saxagliptin-metformin ER tablet (generic for Kombiglyze [®] XR)
	sitagliptin tablet (generic for Zituvio [™])
	Steglujan [®] Tablet
	Trijardy® XR Tablet
	Zituvio [™] Tablet
	Meglitinides
Preferred	Non-Preferred
nateglinide tablet (generic for Starlix®)	
repaglinide tablet (generic for Prandin®)	

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors and Combinations	
Clinical c	riteria apply to all drugs in this class
Preferred	Non-Preferred
Farxiga® Tablet	dapagliflozin tablet (generic for Farxiga®)
Invokana® Tablet	dapagliflozin / metformin ER tablet (generic for Xigduo [®] XR)
Jardiance [®] Tablet	Inpefa™ Tablet
Synjardy [®] Tablet	Invokamet® Tablet / XR Tablet
	Segluromet [™] Tablet
	Steglatro ™ Tablet
	Synjardy® XR Tablet
	Xigduo [®] XR Tablet
	influer in inch
Thiazc	olidinediones and Combinations
Preferred	Non-Preferred
pioglitazone tablet (generic for Actos®)	ActoPlus Met® Tablet
programazone ander (generic for Accos)	Actos Tablet
	Duetact® Tablet
	pioglitazone-glimepiride tablet (generic for Duetact®)
	pioglitazone-metformin tablet (generic for ActoPlus Met®)
	Programment more (genetic for records)
	GASTROINTESTINAL
	IETIC-ANTIVERTIGO AGENTS
Preferred	Non-Preferred
aprepitant capsule / pack (generic for Emend [®]) - Clinical criteria apply Diclegis [®] Tablet	Akynzeo® Capsule / Vial Antivert® Tablet / Chewable Tablet
dimenhydrinate vial (generic for Dramamine®)	Anzemet® Tablet
meclizine tablet (generic for Antivert®)	Aponvie [™] Vial Barhemsys [®] Vial
metoclopramide solution / tablet (generic for Reglan®)	
ondansetron ODT / solution / tablet (generic for Zofran®)	Bonjesta® Tablet
prochlorperazine tablet (generic for Compazine®)	Cinvanti® Vial
Promethegan® (promethazine) Suppository (12.5 mg and 25 mg)	Compro® Suppository
promethazine syrup / suppository (12.5 mg and 25 mg) / tablet / ampule / vial (generic for Phenergan [®])	doxylamine-pyridoxine tablet (generic for Diclegis®)
Transderm-Scop® Patch	dronabinol capsule (generic for Marinol®)
	Emend® Capsule / Powder Packet / Trifold Pack - Clinical criteria apply
	Emend® Vial
	fosaprepitant vial (generic for Emend [®])
	Gimoti [™] Nasal Spray
	granisetron vial / tablet (generic for Kytril [®])
	Marinol® Capsule
	metoclopramide vial
	ondansetron vial
	palonosetron injection (generic for Aloxi®)
	Phenergan® Ampule / Vial
	prochlorperazine vial / suppository (generic for Compazine®)
	Promethegan [®] Suppository (50 mg)
	promethazine 50 mg suppository (generic for Phenergan®)
	Reglan® Tablet
	Sancuso® Patch
	scopolamine patch (generic for Transderm-Scop®)
	scopolamine patch (generic for Transderm-Scop®) Sustol® Syringe
	Sustol® Syringe

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

	BILE ACID SALTS
	T/F of only one preferred drug required
Preferred	Non-Preferred
ursodiol capsule (generic for Actigall®)	Bylvay™ Capsule / Pellet - T/F of preferred agents not required for diagnosis of PFIC
ursodiol tablet (generic for Urso®)	Chenodal® Tablet
	Cholbam [®] Capsule
	Livmarli® Oral Solution
	Ocaliva® Tablet
	Reltone [™] Capsule
	Urso® Tablet / Urso® Forte Tablet
	H. PYLORI COMBINATIONS
Preferred	Non-Preferred
Pylera® Capsule	
Pylera Capsule	bismuth / metronidazole / tetracycline capsule (generic for Pylera [®]) lansoprazole-amoxicillin-clarithromycin pack (generic for Prevpac [®])
	antsoprazone-anake* Combo Pack Omeclamos-anake* Combo Pack
	Talicia® Capsule
	Voquezna® Tablet / Dual Pak / Triple Pak
	roquesia (duet) Duartas / Hipteras
	HISTAMINE-2 RECEPTOR ANTAGONISTS
Preferred	Non-Preferred
famotidine tablet / suspension (generic for Pepcid [®])	cimetidine tablet (generic for Tagamet®)
,, , .	nizatidine capsule (generic for Axid®)
	Pepcid [®] Tablet
	PANCREATIC ENZYMES
Preferred	Non-Preferred
Creon® Capsule	Pertzye® Capsule
Zenpep [®] Capsule	Viokase® Tablet
	PROGESTINS USED FOR CACHEXIA
Preferred	Non-Preferred
megestrol suspension / tablet (generic for Megace [®])	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
esomeprazole magnesium capsule (generic for Nexium® Rx)	Aciphex® Tablet
lansoprazole capsule (generic for Prevacid® Rx)	dexlansoprazole capsules (generic for Dexilant®)
Nexium® Rx Packet	esomeprazole magnesium OTC capsule / tablet (generic for Nexium® OTC)
omeprazole Rx capsule (generic for Prilosec® Rx)	esomeprazole magnesium packet (generic for Nexium® Rx Packet)
pantoprazole tablet (generic for Protonix®)	Konvomep ^{To} Suspension
Protonix® Suspension	lansoprazole capsule (generic for Prevacid® OTC)
	lansoprazole ODT (generic for Prevacid [®] SoluTab [™])
	Nexium® Rx Capsule
	omeprazole-sodium bicarbonate capsule / packet (generic for Zegerid® Rx / OTC)
	omeprazole OTC capsule / ODT / tablet (generic for Prilosec® OTC)
	pantoprazole suspension (generic for Protonix®)
	Prevacid® Rx / OTC Capsule / Solutab
	Prilosee [®] Rx Suspension
	Protonix® Tablet
1	rabeprazole tablet (generic for Aciphex [®])
	Tabeprazione univer (generic tor Acipinec.) Zegeridione (Apsule / Packet

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

D 0 1	SELECTIVE CONSTIPATION AGENTS
Preferred	Non-Preferred
Amitiza® Capsule	alosetron tablet (generic for Lotronex®)
Linzess® Capsule	Ibsrela® Tablet
lubiprostone capsule (generic for Amitiza®)	Lotronex® Tablet
	Motegrity [™] Tablet
	Movantik® Tablet
	Relistor [®] Syringe / Vial / Tablet - Clinical criteria apply
	Symproic [®] Tablet
	Trulance® Tablet
	Viberzi [®] Tablet - T/F of preferred agents not required for Irritable Bowel Syndrome with Diarrhea (IBS-D)
	ULCERATIVE COLITIS
	Oral
Preferred	Non-Preferred
Apriso [®] Capsule	Asacol® HD Tablet
balsalazide capsule (generic for Colazal®)	Azulfidine® Entab / Tablet
Lialda® Tablet	budesonide ER tablet (generic for Uceris [®])
sulfasalazine IR / DR tablet (generic for Azulfidine® / Entab)	Colazal® Capsule
sunasanazme ix / Dix taolet (generic tot Azumume / Emau)	Delzicol® Capsule
	Dipentum® Capsule
	mesalamine DR capsule (generic for Delzicol [®] , Asacol [®] HD, Lialda [®]) mesalamine ER capsule (generic for Apriso [®] , Pentasa [®])
	Pentasa [®] Capsule
	Uceris® Tablet
	LU CED ATRIC COLITIS
	ULCERATIVE COLITIS
	Rectal
	T/F of only one preferred drug required
Preferred	Non-Preferred
mesalamine enema (generic for Rowasa®)	budesonide rectal foam
mesalamine suppository (generic for Canasa®)	Canasa® Suppository
	mesalamine kit (generic for Rowasa [®])
	Rowasa® Kit
	SF Rowasa® Enema
	Uceris® Rectal Foam
	GENITOURINARY / RENAL
	ELECTROLYTE DEPLETERS (KIDNEY DISEASE)
Preferred	Non-Preferred
calcium acetate capsule (generic for PhosLo®)	Auryxia [®] Tablet
calcium acetate tablet (generic for Eliphos®)	Fosrenoi® Chewable Tablet / Powder Pack
Renvela® Powder Pack / Tablet	lanthanum carbonate chewable tablet (generic for Fosrenol®)
	MagneBind [®] 400 Rx Tablet
	sevelamer carbonate powder pack / tablet (generic for Renvela®)
	sevelamer hydrochloride tablet (generic for Renagel [®])
	Velphoro ^w Chewable
	Velphoro® Chewable Xnhorah® Tablet
	Velphoro" Chewable Xphozah Tablet
R	Xphozah® Tablet
	Xphozah® Tablet BENIGN PROSTATIC HYPERPLASIA TREATMENTS
Preferred	Xphozah® Tablet BENIGN PROSTATIC HYPERPLASIA TREATMENTS Non-Preferred
Preferred alfuzosin ER tablet (generic for Uroxatral®)	Xphozah® Tablet BENIGN PROSTATIC HYPERPLASIA TREATMENTS Non-Preferred Avodart® Sofigel
Preferred alfuzosin ER tablet (generic for Uroxatral®) doxazosin tablet (generic for Cardura®)	Xphozah® Tablet BENIGN PROSTATIC HYPERPLASIA TREATMENTS Non-Preferred Avodar® Sofigel Cardura® Tablet / XL Tablet
Preferred alfuzosin ER tablet (generic for Uroxatral®) doxazosin tablet (generic for Cardura®) dutasteride capsule (generic Avodart®)	Xphozah® Tablet BENIGN PROSTATIC HYPERPLASIA TREATMENTS Non-Preferred Avodar® Softgel Cardur® Tablet / XL Tablet Cialis® Tablet (2.5 mg / 5 mg) - Clinical criteria apply
Preferred adizzosin ER tablet (generic for Uroxatral®) doxazosin tablet (generic for Cardura®) dutasteride capsule (generic Avodart®) finasteride tablet (generic for Proscar®)	Xphozah® Tablet BENIGN PROSTATIC HYPERPLASIA TREATMENTS Non-Preferred Avodart® Softgel Cardun® Tablet / XL Tablet Cialis® Tablet (2.5 mg / 5 mg) - Clinical criteria apply dutasteride / tamsulosin capsule (generic for Jalyn®)
Preferred alfuzosin ER tablet (generic for Uroxatral®) doxazosin tablet (generic for Cardura®) dutasteride capsule (generic Avodan®) finasteride tablet (generic for Proscar®) tamsulosin capsule (generic for Flomax®)	Xphozah® Tablet BENIGN PROSTATIC HYPERPLASIA TREATMENTS Non-Preferred Avodart® Sofigel Cardura® Tablet / XL. Tablet Cialis® Tablet (2.5 mg / 5 mg) - Clinical criteria apply dutasteride / tamsulosin capsule (generic for Jalyn®) Entadfi™ Capsule
Preferred adizzosin ER tablet (generic for Uroxatral®) doxazosin tablet (generic for Cardura®) dutasteride capsule (generic Avodart®) finasteride tablet (generic for Proscar®)	Xphozah® Tablet BENIGN PROSTATIC HYPERPLASIA TREATMENTS Non-Preferred Avodar® Sofigel Cardura® Tablet / XL Tablet Cialis® Tablet (2.5 mg / 5 mg) - Clinical criteria apply dutasteride / Capsule Entatfi™ Capsule Flomax® Capsule
Preferred alfuzosin ER tablet (generic for Uroxatral®) doxazosin tablet (generic for Cardura®) dutasteride capsule (generic Avodatr®) finasteride tablet (generic for Proscar®) tamsulosin capsule (generic for Flomax®)	Xphozah® Tablet BENIGN PROSTATIC HYPERPLASIA TREATMENTS Non-Preferred Avodar® Sofigel Cardura® Tablet / XL Tablet Cialis® Tablet (2.5 mg / 5 mg) - Clinical criteria apply dutasteride / tansulosin capsule (generic for Jalyn®) Entadfi ® Capsule Flomax® Capsule Proscar® Tablet
Preferred alfuzosin ER tablet (generic for Uroxatral®) doxazosin tablet (generic for Cardura®) dutasteride capsule (generic Avodata®) finasteride tablet (generic for Proscar®) tamsulosin capsule (generic for Flomax®)	Xphozah® Tablet BENIGN PROSTATIC HYPERPLASIA TREATMENTS Non-Preferred Avodar® Softgel Cardur® Tablet / XL Tablet Cialis® Tablet (2.5 mg / 5 mg) - Clinical criteria apply dutasteride / tamsulosin capsule (generic for Jalyn®) Entadfi® Capsule Flomax® Capsule Proscar® Tablet Rapaflo® Capsule
Preferred alfuzosin ER tablet (generic for Uroxatral®) doxazosin tablet (generic for Cardura®) dutasteride capsule (generic Avodara®) finasteride tablet (generic for Proscar®) tamsulosin capsule (generic for Flomax®)	Xphozah® Tablet BENIGN PROSTATIC HYPERPLASIA TREATMENTS Non-Preferred Avodart® Softgel Cardura® Tablet (7 XL. Tablet Cialis® Tablet (2.5 mg / 5 mg) - Clinical criteria apply dutasteride / tamsulosin capsule (generic for Jalyn®) Entadfi® Capsule Flomax® Capsule Proscar® Tablet Rapaflo® Capsule slidosin capsule (generic for Rapaflo®)
Preferred alfuzosin ER tablet (generic for Uroxatral®) doxazosin tablet (generic for Cardura®) dutasteride capsule (generic Avodan®) finasteride tablet (generic for Proscar®) tamsulosin capsule (generic for Flomax®)	Xphozah® Tablet BENIGN PROSTATIC HYPERPLASIA TREATMENTS Non-Preferred Avodar® Softgel Cardur® Tablet / XL Tablet Cialis® Tablet (2.5 mg / 5 mg) - Clinical criteria apply dutasteride / tamsulosin capsule (generic for Jalyn®) Entadfi® Capsule Flomax® Capsule Proscar® Tablet Rapaflo® Capsule

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

		DV ANTION OLONGO
n.		IRY ANTISPASMODICS Non-Professed
fesoterodine ER tablet (generic for Toviaz®)	referred	Non-Preferred darifenacin ER tablet (generic for Enablex®)
oxybutynin solution / syrup / tablet / ER tablet (generic for Ditropa	an [®] / XL)	Detrol® Tablet / LA Capsule
solifenacin tablet (generic for Vesicare®)		flavoxate tablet (generic for Urispas®)
tolterodine tablet / ER capsule (generic for Detrol® / LA)		Gelnique® Gel Sachets
Toviaz [®] Tablet		Gemtesa® Tablet - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years
Toviaz Tablet		mirabegron ER Tablet (generic for Myrbetriq®) - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and fo
		patients age ≥65 years Myrbetriq® Granules / ER Tablet - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age
		Myroctriq Granules / ER Tablet - 1/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age ≥65 years
		oxybutynin tablet (2.5 mg)
		Oxytrol® Patch trospium tablet / ER capsule (generic for Sanctura® / XR)
		Vesicare® LS Suspension / Tablet
		GOUT
Pr allopurinol tablet (generic for Zyloprim [®])	referred	Non-Preferred 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®)		febuxostat tablet (generic for Uloric® Tablet)
		Gloperba® Solution
		Krystexxa® Vial
		Mitigare® (branded colchicine 0.6mg) Capsules
		Uloric® Tablet Zyloprim® Tablet
		HEMATOLOGIC
	Al	NTICOAGULANTS
		Injectable New Performal
	referred	Non-Preferred Arixtra® Syringe
enoxaparin syringe / vial (generic for Lovenox®) Fragmin® Syringe / Vial		ATIXITA Syringe fondaparinux syringe (generic for Arixtra®)
Tuginin Syringer via		Lovenox® Syringe / Vial
		Oral
	referred	Non-Preferred
Eliquis [®] Tablet / Starter Dose Pack Jantoven [®] (branded generic for Coumadin [®])		dabigatran capsule (generic for Pradaxa® Capsule) Pradaxa® Pellet Pack
Pradaxa® Capsule		Savaysa® Tablet
warfarin tablet (generic for Coumadin®)		Xarelto [®] Suspension
Xarelto® Starter Pack / Tablet		
D		STIMULATING FACTORS
Fulphila [®] Syringe	referred	Non-Preferred Fylnetra® Syringe
Neupogen® Vial / Syringe		Granix® Safe Syringe / Syringe / Vial
Udenyca® Autoinjector / Syringe		Leukine® Vial
		Neulasta® Syringe / Kit
		Nivestym [™] Syringe / Vial
		Nyvepria [™] Syringe
		Releuko [®] Syringe / Vial Rolvedon [™] Syringe
		Stimufend® Syringe
		Udenyca® On-Body
		Zarxio® Syringe
		Ziextenzo [®] Syringe
	HEM/	ATOPOIETIC AGENTS
		ria apply to all drugs in this class
Pr	referred	Non-Preferred
Aranesp® Syringe / Vial		Jesduvroq® Tablet
Epogen [®] Vial		Mircera® Syringe
Retacrit® Vial		Procrit [®] Vial
		Reblozyl® Vial
	THEOMEON	LESIS STIMULATING AGENTS
D _r	THROMBOPOI referred	Non-Preferred
Nplate [®] Vial	- COLOR	Alvaiz [™] Tablet
Promacta® Suspension / Tablet		Tavalisse [™] Tablet
		OPHTHALMIC CONHUNCTIVITIE ACENTS
		CONJUNCTIVITIS AGENTS Non Professor
cromolyn sodium drops (generic for Crolom®)	referred	Non-Preferred Alocrii® Drops
cromolyn sodium drops (generic for Crolom ⁺) olopatadine drops (generic for Pataday [®] , Patanol [®])		Alomide® Drops
		Alrex® Drops
		azelastine drops (generic for Optivar®)
		bepotastine drops (gneric for Bepreve®)
		Bepreve [®] Drops
		epinastine drops (generic for Elestat [®]) loteprednol drops (generic for Alrex [®])

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

	Zerviate [™] Drops
	ANTIBIOTICS
Preferred	Non-Preferred
bacitracin-polymyxin ointment (generic for Polysporin®)	Azasite [®] Drops
ciprofloxacin solution drops (generic for Ciloxan®)	bacitracin ointment (generic for AK-Tracin [®])
erythromycin ointment (generic for Ilotycin®)	Besivance® Suspension
gentamicin drops (generic for Garamycin®)	Ciloxan [®] Ointment
moxifloxacin ophthalmic solution (generic for Vigamox®)	gatifloxacin drops (generic for Zymaxid [®])
ofloxacin drops (generic for Ocuflox®)	moxifloxacin ophthalmic solution (generic for Moxeza®)
Polycin [®] Ointment (branded generic for Polysporin [®])	Natacyn [®] Drops
polymyxin-trimethoprim drops (generic for Polytrim®)	neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment)
sulfacetamide drops (generic for Bleph-10®)	neomycin-polymyxin-gramicidin drops (generic for Neosporin® Ophthalmic Drops)
tobramycin drops (generic for Tobrex®)	Neo-Polycin® Ointment (branded generic for Neosporin® Ophthalmic Ointment)
	Ocuflox® Drops
	sulfacetamide ointment (generic for Cetamide®)
	Tobrex® Ointment
	Vigamox® Drops
	Zymaxid [®] Drops
	ANTIBIOTICS-STEROID COMBINATIONS
Preferred	Non-Preferred
neomycin-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®)	neomycin-bacitracin-polymyxin-HC ointment (generic for Cortisporin®)
	neomycin-polymyxin-HC drops (generic for Ocutricin®)
	sulfacetamide-prednisolone drops (generic for Vasocidin®)
	Tobradex® ST Drops
	Zylet® Drops

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

ANTI-INFLAMMATORY	
Preferred	Non-Preferred
dexamethasone drops (generic for Decadron®)	Acular® Drops / LS Solution
diclofenac drops (generic for Voltaren®)	Acuvaii [®] Solution
difluprednate drops (generic for Durezol®)	bromfenac drops (generic for Prolensa [®] , Xibrom [®] , BromSite [®])
Flarex® Drops	BromSite® Solution
fluorometholone drops (generic for FML®)	Dextenza® Insert
flurbiprofen drops (generic for Ocufen®)	Dexycu [™] Vial
ketorolac solution (generic for Acular® / LS)	Durezol® Drops
Lotemax® Drops	FML® Forte Drops / Liquifilm® Drops
Nevanac® Droptainer	llevro [®] Drops
Pred Mild [®] Drops	lluvien® Implant
prednisolone acetate drops (generic for Pred Forte®)	Inveltys [™] Drops
	Lotemax® Gel / SM Gel / Ointment
	loteprednol drops / gel (generic for Lotemax®)
	Maxidex® Drops
	Ozurdex [®] Implant
	Pred Forte® Drops
	prednisolone sodium phosphate drops (generic for Inflamase Forte®)
	Prolensa® Drops
	Retiser® Implant
	Triesence® Vial
	Xipere™ (Intraocular)
	Yutiq [™] Implant
ANTI-INFLAMM	ATORY / IMMUNOMODULATOR
Preferred	Non-Preferred
Restasis® Drops / Restasis® Multidose™ Drops	Cequa [™] Drops
Xiidra® Drops	cyclosporine emulsion (generic for Restasis®)
	Eysuvis [®] Drops
	Miebo [™] Drops
	Tyrvaya® Nasal Spray
	Verkazia® Eye Emulsion - T/F of preferred agents not required for diagnosis of vernal keratoconjunctivitis (VKC)
	Vevye [®] Drops
	2 ADRENERGIC AGENTS
Preferred	Non-Preferred
Alphagan® P Drops	apraclonidine drops (generic for Iopidine®)
brimonidine drops (generic for Alphagan®)	brimonidine P drops (generic for Alphagan® P)
	Iopidine® Drops
DETA BLOCK	LER AGENTS / COMBINATIONS
Preferred BETA BLOCK	Non-Preferred
Combigan® Drops	hetaxolol drops (generic for Betoptic®)
timolol drops / GFS gel-solution (generic for Timoptic® / Timoptic XE®)	Betimol® Drops
amonor drops (Or 3 ger-soration (generic for Timophic At)	Betoptic® S Drops
	brimonidine tartrate / timolol drops (generic for Combigan®)
	carteolol drops (generic for Ocupress®)
	Istalol® Drops
	levobunolol drops (generic for Betagan®)
	timolol drop (generic for Istalol® Drops)
	timolol maleate drop (generic for Timoptic® Ocudose® Drops)
	Timoptic® Drops / Ocudose® Drops / XE® Solution

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS	
Preferred	Non-Preferred
dorzolamide drops (generic for Trusopt®)	Azopt [®] Drops
dorzolamide-timolol drops (generic for Cosopt®)	brinzolamide drops (generic for Azopt [®] Drops)
Simbrinza [®] Drops	Cosopt [®] Drops / PF 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	Durysta [®] Implant
	iDose® TR Implant
	Iyuzeh [™] Drops
	Lunigan [®] Drops
	tafluprost drops (generic for Zioptan®)
	travoprost drops (generic for Travatan® Z)
	Vyzulta® Drops
	Xalatan [®] Drops
	Xelpros [®] Drops
	Zioptan [®] Drops
	RHO KINASE MODIFIERS / COMBINATIONS
Preferred	Non-Preferred
Rhopressa® Drops	
Rocklatan® Drops	
	OSTEOPOROSIS
	BONE RESORPTION SUPPRESSION AND RELATED AGENTS
Preferred	Non-Preferred
alendronate tablet (generic for Fosamax [®])	Actonel® Tablet
raloxifene tablet (generic for Evista®)	alendronate solution (generic for Fosamax® Solution)
	Atelvia [®] Tablet
	Binosto® Effervescent Tablet
	calcitonin salmon nasal spray (generic for Miacalcin®)
	Evenit [™] Syringe
	Evista® Tablet
	Forteo® Pen
	Fosamax® Tablet / Plus D Tablet
	ibandronate tablet (generic for Boniva®)
	Prolia® Syringe
	risedronate tablet (generic for Actonel®)
	insectionine union tegeneric to Actività*) risedonate Da tablet (generic for Actività*)
	teriparatide pen (generic for Forte ⁽⁰⁾)
	teriparatuse pen (generic for rotteo) Tyrilos [®] Pen
	lymos ren
1	

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

OTIC	
	ANTIBIOTICS
Preferred	Non-Preferred
Ciprodex [®] Suspension	Cipro® HC Suspension
ciprofloxacin-dexamethasone suspension (generic for Ciprodex®)	ciprofloxacin solution (generic for Cetraxal®)
neomycin-polymyxin-hydrocortisone solution / suspension (generic for Cortisporin®)	ciprofloxacin-fluocinolone drops (generic for Otovel [®])
ofloxacin drops (generic for Floxin®)	Cortisporin-TC® Suspension
	Otovel [®] Drops
	INFECTIVES AND ANESTHETICS
Preferred	Non-Preferred
acetic acid solution (generic for Vosol®)	acetic acid-hydrocortisone solution (generic for Vosoi® HC)
	ANTI-INFLAMMATORY
Preferred	Non-Preferred
Dermotic [®] Oil	Flac® Otic Oil
	fluocinolone 0.01% oil (generic for Dermotic®)
	DESTRUCTION.
DETA ADD	RESPIRATORY
	RENERGIC HANDHELD, LONG ACTING
Preferred	Non-Preferred
Serevent [®] Diskus [®]	Striverdi® Respimat® Inhalation Spray
RFT A. ADR	ENERGIC HANDHELD, SHORT ACTING
Preferred	Non-Preferred
ProAir® HFA inhaler	albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler)
Ventolin® HFA Inhaler	levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler)
Xopenex® HFA Inhaler	Proair® Digihaler
Aopenea III A minatei	Proair® RespiClick®
	Proventil® HFA Inhaler
	Floventi III A limatet
BET	FA-ADRENERGIC, NEBULIZERS
	of only one preferred drug required
Preferred	Non-Preferred
albuterol 0.63mg / 3ml solution (generic for Accuneb [®])	arformoterol solution (generic for Brovana®)
albuterol 1.25mg / 3ml solution (generic for Accuneb [®])	Brovana® Solution
albuterol sulfate 2.5mg / 0.5ml solution	formoterol solution (generic for Perforomist [®])
albuterol sulfate 2.5mg / 3ml solution	levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate)
	Perforomist [®] Solution
	BETA-ADRENERGIC, ORAL
Preferred	Non-Preferred
albuterol tablets (generic for Proventil® Repetabs)	albuterol ER tablets (generic for VoSpire® ER)
albuterol syrup (generic for Ventolin® Syrup)	
terbutaline tablet (generic for Brethine®)	
	<u> </u>

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

ORALLY INF	HALED ANTICHOLINERGICS / COPD AGENTS
Preferred	Non-Preferred
Anoro® Ellipta® Inhaler	Bevespi® Aerosphere®
Atrovent® HFA Inhaler	Daliresp® Tablet
Combivent® Respimat® Inhalation Spray	Duaklir® Pressair®
Incruse® Ellipta® Inhaler	tiotropium inhaler (generic for Spiriva® Handihaler®)
ipratropium nebulizer solution (generic for Atrovent®)	Tudorza® Pressair® Inhaler
ipratropium / albuterol solution (generic for Duoneb®)	Yupelri [™] Solution
roflumilast tablet (generic for Daliresp®)	
Spiriva® Handihaler® / Respimat® Inhalation Spray	
Stiolto® Respimat® Inhalation Spray	
	INHALED CORTICOSTEROIDS
Preferred	Non-Preferred
Alvesco® Inhaler	ArmonAir™ Digihaler™
Amuity® Ellipta® Inhaler	Pulmicort® Flexhaler
Asmanex® HFA Inhaler / Twisthaler®	Pulmicort® Respules 0.25mg, 0.5mg, 1mg
budesonide suspension 0.25mg, 0.5mg, 1mg (generic for Pulmicort® Respules)	
Flovent® Diskus / HFA Inhaler	
fluticasone propionate HFA / diskus (generic for Flovent® HFA / Diskus)	<u> </u>
QVAR® RediHaler™	
	1
	ED CORTICOSTEROID COMBINATIONS
Preferred	Non-Preferred
Advair® Diskus®	AirDuo [®] Digihaler [™] / RespiClick [®]
Advair® HFA Inhaler	AirSupra [™] Inhaler
Dulera® Inhaler	Breo® Ellipta®
Symbicort® Inhaler	Breyna [™] Inhaler
	Breztri [™] Aerosphere [™]
	budesonide / formoterol inhalation (generic for Symbicort®)
	fluticasone / salmeterol HFA inhaler (generic for Advair [®] HFA)
	fluticasone / salmeterol inhalation (generic for Advair® Diskus®)
	fluticasone / salmeterol inhalation (generic for AirDuo®)
	fluticasone / vilanterol inhalation (generic for Breo® Ellipta®)
	Trelegy [®] Ellipta [®]
	Wixela Inhub
	INTRANASAL RHINITIS AGENTS
Preferred	Non-Preferred
azelastine spray (generic for Astelin®)	T/F of preferred agents not required in children < 4 years of age for steroid-containing products
Dymista® Nasal Spray	azelastine nasal spray (generic for Astepro [®])
fluticasone spray (generic for Flonase®)	azelastine-fluticasone nasal spray (generic for Dymista®)
ipratropium spray (generic for Atrovent® Nasal)	Beconase® AQ Nasal Spray
olopatadine nasal spray (generic for Patanase®)	flunisolide nasal spray (generic for Nasalide®)
	mometasone nasal spray (generic for Nasonex®)
	Omnaris [®] Nasal Spray
	Patanase® Nasal Spray
	QNasi [®] Nasal Spray / Children's Spray
	Ryaltris® Nasal Spray
	Sinuva [™] Implant
	Xhane [™] Nasal Spray
	Zetonna® Nasal Spray
	LEUKOTRIENE MODIFIERS
Preferred	Non-Preferred
montelukast chewable / tablet (generic for Singulair®)	Accolate® Tablet
grand grand /	montelukast granules (generic for Singulair®)
	Singulair® Chewable / Granules / Tablet
	zafirlukast tablet (generic for Accolate®)
	zileuton tablet (generic for Zyflo®)

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

LOW SEDATING ANTIHISTAMINES	
Preferred	Non-Preferred
cetirizine OTC syrup 1mg/1ml (generic for Zyrtec® OTC Syrup)	cetirizine chewable tablet OTC (generic for Zyrtec® OTC Tablet)
cetirizine Rx syrup (generic for Zyrtec [®] Syrup)	cetirizine OTC syrup 5mg/5ml (generic for Zyrtec® OTC Syrup)
cetirizine tablets OTC (generic for Zyrtec® OTC Tablet)	cetirizine OTC softgel
levocetirizine OTC tablet (generic for Xyzal® OTC Tablet)	Clarinex [®] Tablet - T/F of preferred agents not required for children < 2 years of age
levocetirizine Rx tablet (generic for Xyzal® Rx Tablet)	desloratadine ODT / Tablet (generic for Clarinex®) - 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)
	ionadame of e chewarie of 17 solution (generic for claim). Of c)
LOW CEDATING	ANTIHISTAMINE COMBINATIONS
	pply per 12 months apply to all drugs in this class
Preferred	Non-Preferred
loratadine-D OTC tablet (generic for Claritin-D [®] OTC)	cetirizine-D OTC tablet (generic for Zyrtec-D [®] OTC)
	Clarinex-D [®] Tablet
	fexofenadine-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	carbinoxamine tablet
cyproheptadine syrup / tablet	clemastine tablet
hydroxyzine capsule / solution / tablet	Karbinal ER Suspension - T/F of immediate release carbinoxamine solution and cetirizine syrup required for coverage
	RyClora [™] Solution
	RyVent [™] Tablet
	Vistaril® Capsule
	TOPICALS
	ACNE AGENTS
Preferred	Non-Preferred
adapalene / benzoyl peroxide (generic for Epiduo [®] Forte)	Acanya® Gel Pump
adapalene / benzoyl peroxide (generic for Epiduo® Gel)	adapalene gel pump (generic for Differin®)
adapalene cream / gel (generic for Differin®)	Altreno® Lotion (Topical)
azelaic acid gel (generic for Finacea®)	Arazlo [™] Lotion
clindamycin phosphate gel / lotion (generic for Cleocin-T [®] , Clindagel [®])	Atralin [®] Gel
clindamycin phosphate pledgets / solution (generic for Cleocin-T®)	Avar® Cleanser / LS Cleanser
clindamycin-benzoyl peroxide gel (generic for Duac®)	Avar-E [®] Emollient Cream / Green Emollient Cream / LS Cream
erythromycin gel (generic for Emcin®, Erycette®, EryGel®, et. al.)	Benzamycin® Gel
erythromycin solution (generic for Emcin [®] , EryDerm [®] , EryMax [®] , et. al)	BP [®] 10-1 Wash / Cleansing Wash
erythromycin-benzoyl peroxide gel (generic for Benzamycin®)	Cabtreo™ Gel
Finacea® Gel	Cleocin® T Lotion
Retin-A® Cream / Gel	Clindacin® ETZ Pledget / Kit / P Foam / P Pledgets / PAC Kit
Retin-A® Micro Gel	Clindagel® Gel
	clindamycin / tretinoin (generic for Veltin®)
	clindamycin phosphate foam (generic for Evoclin [®])
	clindamycin-benzoyl peroxide gel (generic for Neuac®)
	clindamycin-benzoyl peroxide gel / pump (generic for Benzaclin®)
	clindamycin-benzoyl peroxide gump (generic for Acanya®)
	clindamycin-benzoyl peroxide pump (generic for Onexton®)
	dapsone gel / gel pump (generic for Aczone® Gel)
	Ery® Pads
	Erygel [®] Gel
	Evoclin® Foam
	Fabior® Foam
	Finacea® Foam
	Klaron® Lotion
	Neuac® Gel / Kit
	Onexton® Gel / Gel Pump
	Ovace® Plus Cleansing Cream / Gel / Lotion / Shampoo / Wash
	Retin-A® Micro Pump Gel
	Rosula® Cloths / Wash
	sodium sulfacetamide 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 sulfacetamide-sulfur pad / suspension / wash (generic for Sumaxin [®])
	SSS® 10-5 Cream / Foam
	sulfacetamide-sulfur 9-4% cleanser (generic for Zencia [™])
	sulfacetamide-sulfur 9-4% creanser (generic for Zencia) sulfacetamide-sulfur cream (generic for Avar® E, SSS® 10-5)
	Sunaceannue-sunut cream (generic for Avar E, SSS 10-3) Sumadan® Kit / XLT Kit / Wash
	Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash
	tazarotene cream / foam / gel (generic for Tazorac®, Fabior®)
	tretinoin cream / gel (generic for Retin-A®)
	tretinoin microsphere gel / microsphere gel pump (generic for Retin-A [®] Micro)
	Winlevi® Cream
	Ziana® Gel
	Zma Clear™ Cleanser
ANIT	DROGENIC AGENTS
Preferred	Non-Preferred
Androgel® Pump	Androderm® Patch
testosterone gel pump (generic for Androgel [®])	Androgel [®] Packet
1	Fortacte® Cal Pump

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

Vogelxo [®] Gel / Packet / Pump	
No. 10 and 10 an	
<u> </u>	
Pennsaid® Solution Packet / Pump	
<u> </u>	
Non-Preferred	
Centany® AT Ointment Kit / Ointment	
mupirocin cream (generic for Bactroban®)	
Xepi [™] Cream	
ANTIBIOTICS - VAGINAL	
Non-Preferred	
Cleocin® Vaginal Cream	
clindamycin vaginal cream (generic for Cleocin [®] Vaginal Cream)	
Vandazole [®] Vaginal Gel	
Xaciato® Vaginal Gel	
ANTIFUNGALS	
Non-Preferred	
Bensal HP® Ointment	
Ciclodan® Cream / Cream Kit / Kit / Solution	
Ciclodan [®] Cream / Cream Kit / Kit / Solution ciclopirox gel / shampoo / suspension (generic for Loprox [®])	
ciclopirox gel / shampoo / suspension (generic for Loprox®)	
ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®)	
ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®) clotrimazole Rx solution (generic for Lotrimin® Rx)	
ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®) clotrimazole Rx solution (generic for Lotrimin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®)	
ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®) clotrimazole Rx solution (generic for Lotrinin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®)	
ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®) clotrimazole Rs solution (generic for Lotrimin® Rs) clotrimazole-betamethasone lotion (generic for Lotrisione®) econazole cream (generic for Spectazole®) Ertaczo® Cream	
ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®) clotrimazole Rs solution (generic for Lotrimin® Rs) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foam	
ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®) clotrimazole Rs solution (generic for Lotrimin® Rs) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foam Jublia® Topical Solution	
ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®) clotrimazole Rx solution (generic for Lotrimin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foam Jublia® Topical Solution ketoconazole foam (generic for Extina®) Ketodan® Foam / Foam Kit	
ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®) clotrimazole Rx solution (generic for Lotrinin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foam Jublia® Topical Solution ketoconazole foam (generic for Extina®)	
ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®) clotrimazole Rx solution (generic for Lotrimin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisione®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foam Jublia® Topical Solution ketoconazole foam (generic for Extina®) Ketodan® Foam / Foam Kit Loprox® Suspension / Cream / Kit	
ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®) clotrimazole Rx solution (generic for Lotrisin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foam Jublia® Topical Solution ketoconazole foam (generic for Extina®) Ketodan® Foam / Foam Kit Loprox® Suspension / Cream / Kit Juliconazole cream (generic for Luzu®) Luzu® Cream	
ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®) clotrimazole Rx solution (generic for Lotrisina® Rx) clotrimazole-betamethasone lotion (generic for Lotrisina®) econazole cream (generic for Spectazole®) Ertazo® Cream Extina® Foam Extina® Foam Jublia® Topical Solution ketoconazole foam (generic for Extina®) Ketodan® Foam / Foam Kit Loprox® Suspension / Cream / Kit lulticonazole cream (generic for Luzu®) Luzu® Cream miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply	
ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®) clotrimazole Rx solution (generic for Lotrisin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foam Jublia® Topical Solution ketoconazole foam (generic for Extina®) Ketodan® Foam / Foam Kit Loprox® Suspension / Cream / Kit Juliconazole cream (generic for Luzu®) Luzu® Cream	
ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®) clotrimazole Rx solution (generic for Lotrisin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foam Jublia® Topical Solution ketoconazole foam (generic for Extina®) Ketodan® Foam / Foam Kit Loprox® Suspension / Cream / Kit Juliconazole cream (generic for Luzu®) Lazu® Cream miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply naftiin® Gel	
ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®) clotrimazole Rx solution (generic for Lotrisin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foam Jublia® Topical Solution ketoconazole foam (generic for Extina®) Ketodan® Foam / Foam Kit Loprox® Suspension / Cream / Kit Juliconazole cream (generic for Luzu®) Luzu® Cream miconazole / zian coxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply naftifine cream / gel (generic for Naftin®) Naftin® Gel nystatin-triamcinolone cream / ointment (generic for Mycolog II®)	
ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®) clotrimazole Rx solution (generic for Lotrisin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Etraczo® Cream Extina® Foam Extina® Foam Jublia® Topical Solution ketoconazole foam (generic for Extina®) Ketodan® Foam / Foam Kit Loprox® Suspension / Cream / Kit lulticonazole cream (generic for Luzu®) Luzu® Cream miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply nafitine cream / gel (generic for Naftin®) Naftin® Gel nystatin-triamcinolone cream / ointment (generic for Mycolog II®) oxiconazole cream (generic for Oxista®)	
ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®) clotrimazole Rx solution (generic for Lotrisina® Rx) clotrimazole-betamethasone lotion (generic for Lotrisione®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foam Extina® Foam Jublia® Topical Solution ketoconazole fom (generic for Extina®) Ketodan® Foam / Foam Kit Loprox® suspension / Cream / Kit luliconazole cream (generic for Luzu®) Lzza® Cream miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply naftifine cream / gel (generic for Naftin®) Naftin® Gel nystatin-triamcinolone cream / ointment (generic for Mycolog II®) oxiconazole cream (generic for Oxistat®) Oxista® Lotion	
ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®) clotrimazole Rx solution (generic for Lotrisin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foam Jublia® Topical Solution ketoconazole foam (generic for Extina®) Ketodan® Foam / Foam Kit Loprox® Suspension / Cream / Kit Jubiconazole cream (generic for Luzu®) Luzu® Cream miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply antifine cream / gel (generic for Naftin®) Naftin® Gel nystatin-triamcinolone cream (generic for Mycolog II®) oxiconazole cream (generic for Oxistat®) Oxistat® Lotion salicylic acid ointment (generic for Bensal HP®)	
ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®) clotrimazole Rx solution (generic for Lotrisin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foam Jublia® Topical Solution ketoconazole foam (generic for Extina®) Ketodan® Foam / Foam Kit Loprox® Suspension / Cream / Kit Juliconazole cream (generic for Luzu®) Luzu® Cream miconazole rotam (generic for Naftin®) Anaftin® Gel aystatin-triancinolone cream / ointment (generic for Vusion®) - Clinical criteria apply naftifine cream / gel (generic for Naftin®) Naftin® Gel aystatin-triancinolone cream / ointment (generic for Mycolog II®) oxiconazole cream (generic for Oxista®) Oxista® Lotion salicylic acid ointment (generic for Rensal HP®) tavaborole topical solution (generic for Kerydin®)	
ciclopirox gel / shampoo / suspension (generic for Loprox®) ciclopirox treatment kit (generic for Ciclodan®) clotrimazole Rx solution (generic for Lotrisin® Rx) clotrimazole-betamethasone lotion (generic for Lotrisone®) econazole cream (generic for Spectazole®) Ertaczo® Cream Extina® Foam Jublia® Topical Solution ketoconazole foam (generic for Extina®) Ketodan® Foam / Foam Kit Loprox® Suspension / Cream / Kit Jubiconazole cream (generic for Luzu®) Luzu® Cream miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) - Clinical criteria apply antifine cream / gel (generic for Naftin®) Naftin® Gel nystatin-triamcinolone cream (generic for Mycolog II®) oxiconazole cream (generic for Oxistat®) Oxistat® Lotion salicylic acid ointment (generic for Bensal HP®)	
	Centany® AT Ointment Kit / Ointment mupirocin cream (generic for Bactroban®) Xepi™ Cream ANTIBIOTICS - VAGINAL Non-Preferred Cleocin® Vaginal Cream elindamycin vaginal cream (generic for Cleocin® Vaginal Cream) Vandazole® Vaginal Gel Xaciato® Vaginal Gel ANTIFUNGALS Non-Preferred

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

	I	ANTIPARASITICS
		y one preferred drug required
	Preferred	Non-Preferred
Natroba® Topical Suspension		Crotan Lotion
permethrin cream (generic for Elimite®)		Eurax® Cream / Lotion
		lindane shampoo
		malathion lotion (generic for Ovide®)
		Ovide® Lotion
		Sklice® Lotion
		spinosad topical suspension (generic for Natroba®)
		spinosau topicai suspension (generic for ivatrota)
		ANTIVIRAL
	D., 6	
	Preferred	Non-Preferred
acyclovir ointment (generic for Zovirax®)		acyclovir cream (generic for Zovirax®)
Zovirax [®] Cream		Denavir® Cream
		penciclovir cream (generic for Denavir [®])
		Xerese® Cream
		Zovirax® Ointment
		IUNOMODULATORS
		Atopic Dermatitis
		ria apply to all drugs in this class
	Preferred	Non-Preferred
Adbry® Syringe		Opzelura [™] Cream
Dupixent [®] Pen / Syringe		pimecrolimus cream (generic for Elidel [®])
Elidel® Cream		
Eucrisa® 2% Ointment		
Protopic® Ointment		
tacrolimus ointment (generic for Protopic®)		
	Im	idazoquinolinamines
	Preferred	Non-Preferred
imiquimod cream packet (generic for Aldara®)	Treicireu	Condylox [®] Gel
iniiquiniod cream packet (generic for Aldara)		Hyftor™ Gel
		imiquimod cream / cream pump (generic for Zyclara®)
		podofilox gel / solution (generic for Condylox®)
l		
		Veregen® Ointment
		Veregen" Cintment Zyelara © Cream / Cream Pump
	Preferred	Zyclara® Cream / Cream Pump
calcipotriene cream / solution (generic for Dovonex®)	Preferred	Zyclara® Cream Pump PSORIASIS
calcipotriene cream / solution (generic for Dovonex®)	Preferred	Zyclara® Cream Pump PSORIASIS Non-Preferred calcipotriene ointment / foam (generic for Dovonex®, Sorilux®)
calcipotriene cream / solution (generic for Dovonex®)	Preferred	Zyclara® Cream / Cream Pump PSORIASIS Non-Preferred
calcipotriene cream / solution (generic for Dovonex®)	Preferred	Zyclara® Cream Pump PSORIASIS Non-Preferred calcipotriene ointment / foam (generic for Dovonex®, Sorilux®) calcipotriene-betamethasone suspension / ointment (generic for Talconex®) calcitriol ointment (generic for Vectical®)
calcipotriene cream / solution (generic for Dovonex®)	Preferred	Zyclara® Cream Pump PSORIASIS Non-Preferred calcipotriene ointment / foam (generic for Dovonex®, Sorilux®) calcipotriene-betamethasone suspension / ointment (generic for Talconex®) calcibriol ointment (generic for Vectical®) Duobrii™ Lotion
calcipotriene cream / solution (generic for Dovonex®)	Preferred	Zyclara® Cream Pump PSORIASIS Non-Preferred calcipotriene ointment / foam (generic for Dovonex®, Sorilux®) calcipotriene-betamethasone suspension / ointment (generic for Talconex®) calcitriol ointment (generic for Vectical®) Duobrii™ Lotion Enstilar® Foam
calcipotriene cream / solution (generic for Dovonex®)	Preferred	Zyelara® Cream / Cream Pump PSORIASIS Non-Preferred calcipotriene ointment / foam (generic for Dovones®, Sorilux®) calcipotriene-betamethasone suspension / ointment (generic for Talcones®) calcitriol ointment (generic for Vectical®) Duobrii™ Lotion Ensilar® Foam Sorilux® Foam
calcipotriene cream / solution (generic for Dovonex®)	Preferred	Zyclara® Cream / Cream Pump PSORIASIS Non-Preferred calcipotriene ointment / foam (generic for Dovonex®, Sorilux®) calcipotriene-betamethasone suspension / ointment (generic for Talconex®) calcitriol ointment (generic for Vectical®) Duobrii " Lotion Enstila® Foam Sorilux® Foam Taclonex® Ointment / Suspension
calcipotriene cream / solution (generic for Dovonex®)	Preferred	Zyclara® Cream Pump PSORIASIS Non-Preferred calcipotriene ointment / foam (generic for Dovonex®, Sorilux®) calcipotriene-betamethasone suspension / ointment (generic for Talconex®) calcitriol ointment (generic for Vertical®) Duobrii™ Lotion Enstilar® Foam Sorilux® Foam Taclonex® Ointment / Suspension Viama® Cream
calcipotriene cream / solution (generic for Dovonex®)	Preferred	Zyclara® Cream / Cream Pump PSORIASIS Non-Preferred calcipotriene ointment / foam (generic for Dovonex®, Sorilux®) calcipotriene-betamethasone suspension / ointment (generic for Talconex®) calcitriol ointment (generic for Vectical®) Duobrii " Lotion Enstila® Foam Sorilux® Foam Taclonex® Ointment / Suspension
calcipotriene cream / solution (generic for Dovonex®)		Zyclara® Cream / Cream Pump PSORIASIS Non-Preferred calcipotriene ointment / foam (generic for Dovonex®, Sorilux®) calcipotriene-betamethasone suspension / ointment (generic for Talconex®) calcitriol ointment (generic for Vectical®) Ducbri™ Lotion Ensillar® Foam Sorilux® Foam Taclonex® Ointment / Suspension Viama® Cream Zoryve® Cream
calcipotriene cream / solution (generic for Dovonex®)	R	Zyclara® Cream Pump PSORIASIS Non-Preferred calcipotriene ointment / foam (generic for Dovonex®, Sorilux®) calcipotriene-betamethasone suspension / ointment (generic for Talconex®) calcitriol ointment (generic for Vectical®) Duobri™ Lotion Enstilar® Foam Sorilux® Foam Taclonex® Ointment / Suspension Vtama® Cream Zoryve® Cream OSACEA AGENTS
		Zyclara® Cream Pump PSORIASIS Non-Preferred calcipotriene ointment / foam (generic for Dovonex®, Sorilux®) calcipotriene-betamethasone suspension / ointment (generic for Talconex®) calcitriol ointment (generic for Vectical®) Duobrii Lotion Enstila® Foam Sorilux® Foam Taclonex® Ointment / Suspension Vtama® Cream Zoryve® Cream OSACEA AGENTS Non-Preferred
azelaic acid gel (generic for Finacea®)	R	Zyclara® Cream / Cream Pump PSORIASIS Non-Preferred calcipotriene ointment / foam (generic for Dovones® Sorilux®) calcipotriene-betamethasone suspension / ointment (generic for Talcones®) calcitriol ointment (generic for Vectical®) Duobris™ Lotion Ensilla® Foam Sorilux® Foam Sorilux® Foam Taclonex® Ointment / Suspension Vatana® Cream Zoryve® Cream OSACEA AGENTS Non-Preferred brimonidine gel pump (generic for Mirvaso®)
azelaic acid gel (generic for Finacea®) Finacea® Gel	R	Zyclara® Cream / Cream Pump PSORIASIS Non-Preferred calcipotriene ointment / foam (generic for Dovones®, Sorilux®) calcipotriene-betamethasone suspension / ointment (generic for Talconex®) calcitriol ointment (generic for Vectical®) Duobrin® Lotion Ensitla® Foam Sorilux® Foam Taclonex® Ointment / Suspension Vtama® Cream Zoryve® Cream OSACEA AGENTS Non-Preferred brimonidine gel pump (generic for Mirvaso®) Finacea® Foam
azelaic acid gel (generic for Finacea®) Finacea® Gel metronidazole cream (generic for MetroCream®)	R	Zyclara® Cream / Cream Pump PSORIASIS Non-Preferred calcipotriene ointment / foam (generic for Dovonex®, Sorilux®) calcipotriene-betamethasone suspension / ointment (generic for Talconex®) calcitriol ointment (generic for Vectical®) Duobri™ Lotion Enstillar® Foam Sorilux® Foam Taclonex® Ointment / Suspension Viama® Cream Zovyve® Cream OSACEA AGENTS Non-Preferred brimonidine gel pump (generic for Mirvaso®) Finaca® Foam ivermectin cream (generic for Soolantra®)
azelaic acid gel (generic for Finacea [®]) Finacea [®] Gel metronidazole cream (generic for MetroCream [®]) metronidazole gel / pump (generic for MetroGel [®])	R	PSORIASIS Non-Preferred calcipotriene ointment / foam (generic for Dovonex®, Sorilux®) calcipotriene-betamethasone suspension / ointment (generic for Talconex®) calcitriol ointment (generic for Vectical®) Duobrii Lotion Enstila® Foam Sorilux® Foam Taclonex® Ointment / Suspension Vtama® Cream Zoryve® Cream OSACEA AGENTS Non-Preferred brimonidine gel pump (generic for Mirvaso®) Finacea® Foam vermectin cream (generic for Soolanta®) metronidazole lotion (generic for MetroLotion®)
azelaic acid gel (generic for Finacea®) Finacea® Gel metronidazole cream (generic for MetroCream®)	R	Zyclara® Cream / Cream Pump PSORIASIS Non-Preferred calcipotriene ointment / foam (generic for Dovones®, Sorilux®) calcipotriene-betamethasone suspension / ointment (generic for Talcones®) calcitriol ointment (generic for Vectical®) Duobris™ Lotion Ensilar® Foam Sorilux® Foam Taclonex® Ointment / Suspension Vtama® Cream Zoryve® Cream OSACEA AGENTS Non-Preferred brimonidine gel pump (generic for Mirvaso®) Finacea® Foam ivermectin cream (generic for Soolantra®) meteronidazole lotion (generic for MetroLotion®) Noritate® Cream Noritate® Cream
azelaic acid gel (generic for Finacea [®]) Finacea [®] Gel metronidazole cream (generic for MetroCream [®]) metronidazole gel / pump (generic for MetroGel [®])	R	Zyclara® Cream / Cream Pump PSORIASIS Non-Preferred calcipotriene ointment / foam (generic for Dovones®, Sorilux®) calcipotriene-betamethasone suspension / ointment (generic for Talcones®) calcitriol ointment (generic for Vectical®) Duobrin™ Lotion Borilux® Foam Sorilux® Foam Taclonex® Ointment / Suspension Vtama® Cream Zoryve® Cream OSACEA AGENTS Non-Preferred brimonidine gel pump (generic for Mirvaso®) Finacea® Foam ivermectin cream (generic for MetroLotion®) metronidazole lotion (generic for MetroLotion®) Nonitate® Cream Rhofade® Cream Rhofade® Cream
azelaic acid gel (generic for Finacea®) Finacea® (generic for Finacea®) Finacea® (generic for MetroCrean®) metronidazole cream (generic for MetroGel®)	R	Zyclara® Cream / Cream Pump PSORIASIS Non-Preferred calcipotriene ointment / foam (generic for Dovones®, Sorilux®) calcipotriene-betamethasone suspension / ointment (generic for Talcones®) calcitriol ointment (generic for Vectical®) Duobris™ Lotion Ensilar® Foam Sorilux® Foam Taclonex® Ointment / Suspension Vtama® Cream Zoryve® Cream OSACEA AGENTS Non-Preferred brimonidine gel pump (generic for Mirvaso®) Finacea® Foam ivermectin cream (generic for Soolantra®) meteronidazole lotion (generic for MetroLotion®) Noritate® Cream Noritate® Cream

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

	STEROIDS	
	Low Potency	
Preferred	Non-Preferred	
DermaSmoothe® FS Scalp and Body Oil	alclometasone dipropionate cream / ointment (generic for Aclovate®)	
desonide cream / ointment (generic for DesOwen®)	Aqua Glycolic® HC Kit	
hydrocortisone cream / lotion / ointment (generic for Hytone®)	desonide lotion (generic for DesOwen® Lotion)	
	fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil)	
	Hydroxym [™] Gel	
	Texacort® Solution	
	Medium Potency	
Preferred	Non-Preferred	
fluticasone cream / ointment (generic for Cutivate®)	Beser™ Lotion / Kit	
mometasone cream / ointment / solution (generic for Elocon®)	clocortolone cream (generic for Cloderm®)	
•	Cloderm® Cream / Pump	
	fluocinolone cream / ointment / solution (generic for Synalar®)	
	flurandrenolide cream / lotion / ointment (generic for Cordran®)	
	fluticasone lotion (generic for Cutivate® Lotion)	
	hydrocortisone butyrate cream / lipid cream / lotion / ointment / solution (generic for Locoid®)	
	hydrocortisone valerate cream / ointment (generic for Westcort®)	
	Locoid® Lipocream / Lotion	
	Pandel® Cream	
	prednicarbate cream / ointment (generic for Dermatop®)	
	Synalar® Cream / Ointment / Kit / Solution / TS Kit	
	High Potency	
Preferred	Non-Preferred	
betamethasone valerate cream / ointment (generic for Valisone®)	amcinonide 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®)	
¥ .	betamethasone valerate foam / lotion (generic for Valisone®)	
	desoximetasone cream / gel / ointment / spray (generic for Topicort®)	
	difforasone cream / ointment (generic for Florone®)	
	Diprolene® Ointment	
	fluocinonide emollient cream (generic for Lidex® E)	
	halcinonide cream (generic for Halog®)	
	Halog® Cream / Ointment / Solution	
	Kenalog ® Spray	
	Topicor® Cream / Gel / Ointment / Spray	
	triamcinolone spray (generic for Kenalog [®])	\neg
	Vanos® Cream	
	•	

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

hali Lotion betasol foam / emollient foam / emulsion foam (generic for Olux® / Olux E®) betasol lotion / spray (generic for Clobex®) dam® Kit / Shampoo betasol propionate foam (generic for Lexette®) betasol propionate foam (generic for Lexette®) betasol propionate foam (generic for Lexette®) cette® Foam provate® Ointment et® Foam / Foam Kit		
hali Lotion betasol foam / emollient foam / emulsion foam (generic for Olux® / Olux E®) betasol lotion / spray (generic for Clobex®) dam® Kit / Shampoo betasol propionate foam (generic for Lexette®) betasol propionate foam (generic for Lexette®) betasol propionate foam (generic for Lexette®) cette® Foam 8 Foam novate® Ointment et ® Foam / Foam Kit		
eetasol foam / emollient foam / emulsion foam (generic for Olux® / Olux-E®) eetasol lotion / spray (generic for Clobex®) dan® Kit / Shampoo bebetasol propionate foam (generic for Lexette®) eeklo™ Lotion ette® Foam x® Foam novate® Ointment et™ Foam / Foam Kit		
extasol lotion / spray (generic for Clobex®) dan® Kit / Shampoo betasol propionate foam (generic for Lexette®) seklo™ Lotion ette® Foam novate® Ointment et™ Foam / Foam Kit		
dan® Kit / Shampoo betasol propionate foam (generic for Lexette®) eklo Lotion ette® Foam novate® Ointment ett® Foam / Foam / Foam Kit		
eklo [™] Lotion ette [®] Foam x [®] Foam novate [®] Ointment et [™] Foam / Foam Kit		
ette [®] Foam x [®] Foam novate [®] Ointment et [®] Foam / Foam Kit		
x [®] Foam novate [®] Ointment et [™] Foam / Foam Kit		
novate® Ointment et Foam / Foam Kit		
et [™] Foam / Foam Kit		
Tovet [™] Foam / Foam Kit		
Ultravate [®] Lotion		
CELLANEOUS		
NAGEMENT AGENTS		
tin Mimemetics		
pply to all drugs in this class		
Non-Preferred		
enda® Pen		
bound [®] Pen		
ncretin Mimetics		
Non-Preferred		
zphetamine tablet		
stat capsule (generic for Xenical®) nical® Capsule		
icai Capsuie		
DULATORS, ASTHMA		
apply to all drugs in this class		
Non-Preferred		
qair® Vial		
cala® Syringe / Vial / Autoinjector		
spire® Pen / Syringe - T/F of preferred agents not required for diagnosis of non-allergic, non-eosinophilic severe asthma		
air® Vial		
ANTIPSORIATICS, ORAL		
Non-Preferred		
hoxsalen rapid (generic for Oxsoralen-Ultra®)		
INE, SELF INJECTED		
pply to all drugs in this class		
Non-Preferred		
vi-Q®Auto Injector		
nephrine auto injector (generic for Adrenaclick®)		
njepi [™] Syringe		
GENTS, COMBINATIONS		
Non-Preferred		
ava® Capsule		
Tablet		
Notice and the second s		

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

ESTROGEN AC	SENTS, ORAL / TRANSDERMAL
Preferred	Non-Preferred
Climara® Pro Patch	Climara® Patch
CombiPatch® Patch	Divigel® Gel Packet
estradiol patch (generic for Climara®, Menostar®, Vivelle-Dot®)	Dotti [™] Patch
estradiol tablet (generic for Estrace®)	Duavee® Tablet
Evamist® Spray	Elestrin® Gel
Menest® Tablet	Estrace® Tablet
Premarin® Tablet	estradiol gel packet (generic for Divigel®)
	Lyllana™ Patch
	Menostar® Patch
	Minivelle® Patch
	Osphena® Tablet
	Veozah [™] Tablet
	Vivelle-Dot® Patch
	ENTS, VAGINAL PREPARATIONS
Preferred	Non-Preferred
Estring® Vaginal Ring	Estrace [®] Cream
Premarin® Vaginal Cream	estradiol vaginal cream / tablet (generic for Estrace [®])
Vagifem® Vaginal Tablet	Femring® Vaginal Ring
	Imvexxy® Vaginal Inserts
	Yuvafem® Vaginal Tablet
	RTICOID STEROIDS, ORAL
Preferred	Non-Preferred
budesonide EC capsule (generic for Entocort® EC)	Alkindi® Sprinkle Capsule
dexamethasone elixir / tablet (generic for Decadron®)	Cortef® Tablet
dexamethasone solution (generic for Concedix®)	cortisone tablet (generic for Patisone®)
Emflaza® Tablet - Clinical criteria apply	deflazacort tablet (generic for Emflaza®) - Clinical criteria apply
hydrocortisone tablet (generic for Cortef®)	dexamethasone tablet dosepack / Intensol [®] Drops
methylprednisolone 4mg dosepack / tablet (generic for Medrol®)	Emflaza® Suspension - Clincal criteria apply. T/F of preferred agents not required for children < 12 years of age.
prednisolone sodium phosphate solution (generic for PediaPred®, OraPred®, Veripred®)	Eohilia® Suspension - T/F of preferred agents not required for diagnosis of eosinophilic esophagitis
prednisolone solution (generic for Prelone [®] , Millipred [®])	Hemady [™] Tablet
prednisone dose pack (generic for Sterapred [®])	Medrol® Dose Pack / Tablet
prednisone solution / tablet (generic for Deltasone®)	methylprednisolone 8mg / 16mg / 32mg / tablet (generic for Medrol®)
	Millipred [®] Dose Pack / Tablet
	prednisolone ODT (generic for Orapred® ODT)
	prednisolone tablet
	Prednisone Intensol® Concentrated Solution
	Rayos® Tablet
	Taperdex® Tablet
	Tarpeyo™ Capsule - T/F of preferred agents not required for diagnosis of IgA nephropathy
CYTOKINE AND CAM ANTAGON	STS (previously listed as Immunomodulators, Systemic)
	ria apply to all drugs in this class
T/F of onl	y one Preferred drug required
Preferred	Non-Preferred
	Abrilada [™] Pen / Syringe
adalimumab-adaz Pen / Syringe	
adalimumab-adaz Pen / Syringe adalimumab-fkjp Pen / Syringe	Acterna® ACTPen™ / Syringe / Vial
adalimumab-fkjp Pen / Syringe	Actema® ACTPen™/ Syringe / Vial adalimumab-aacf Pen
adalimumab-fkjp Pen / Syringe Cosentyx® Sensoready® Pen / UnoReady® Pen / Syringe	Actema® ACTPen™/ Syringe / Vial adalimumab-aacf Pen adalimumab-aaty Autoinjector / Syringe
adalimumab-fkjp Pen / Syringe Cosentyx® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial	Actema® ACTPen™/ Syringe / Vial adalimumab-aacf Pen
adalimumab-fkjp Pen / Syringe Cosentyx® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Vial Hadlima™ Syringe / PushTouch	Actema® ACTPen™ / Syringe / Vial adalimumab-aacf Pen adalimumab-aaty Autoinjector / Syringe adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumab-ryvk Autoinjector
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima® Syringe / PushTouch Humira® Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe	Acterma® ACTPen™ / Syringe / Vial adalimumab-aater Pen adalimumab-aaty Autoinjector / Syringe adalimumab-aaty Autoinjector / Syringe adalimumab-ryk Autoinjector Amjevita™ Syringe / Autoinjector
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterma® ACTPen™/ Syringe / Vial adalimumab-aaty Autoinjector / Syringe adalimumab-aaty Autoinjector / Syringe adalimumab-abryk Autoinjector Adalimumab-bryk Autoinjector Amjevita® Syringe / Autoinjector Arcalyst® SQ Syringe
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Actema® ACTPen™/ Syringe / Vial adalimumab-aarty Autoinjector / Syringe adalimumab-adty Autoinjector / Syringe adalimumab-adbum Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumab-ryok Autoinjector Amjevita® Syringe / Autoinjector Arcalyst® SQ Syringe Avsola® Vial
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Actema® ACTPen™/ Syringe / Vial adalimumab-aact Pen adalimumab-aaty Autoinjector / Syringe adalimumab-adthn Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumab-ryvk Autoinjector Amjevita® Syringe / Autoinjector Arcalyst® SQ Syringe Avsola® Vial Bimzek® Autoinjector / Syringe
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterma® ACTPen" / Syringe / Vial adalimumab-aact Pen adalimumab-aaty Autoinjector / Syringe adalimumab-ayty Nationjector / Syringe adalimumab-yvk Autoinjector Amjevita" Syringe / Autoinjector Amjevita" Syringe / Autoinjector Arcalyst® SQ Syringe Avsola® Vial Bimzek® Autoinjector / Syringe Cibinqo" Tablet
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterma® ACTPen™/ Syringe / Vial adalimumab-aact Pen adalimumab-aaty Autoinjector / Syringe adalimumab-aaty Autoinjector / Syringe adalimumabyrk Autoinjector Amjevita™ Syringe / Autoinjector Amjevita™ Syringe / Autoinjector Arcalyx® SQ Syringe Avsola® Vial Bimzek® Autoinjector / Syringe Cibinqo™ Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterma® ACTPen™/ Syringe / Vial adalimumab-aast Pen adalimumab-aaty Autoinjector / Syringe adalimumab-adty Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumab-yvk Autoinjector Amjevita™ Syringe / Autoinjector Arcalyst® SQ Syringe / Autoinjector Arcalyst® SQ Syringe Avsola™ Vial Bimzeh® Autoinjector / Syringe (Cibingo™ Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Vial
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterma® ACTPen™/ Syringe / Vial adalimumab-aarty Autoinjector / Syringe adalimumab-adty Autoinjector / Syringe adalimumab-adty Peor / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumab-yvk Autoinjector Amjevita® Syringe / Autoinjector Arcalyst® SQ Syringe Avsola® Vial Bimzels® Autoinjector / Syringe Cibinqo® Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentys® Vial Cytezo® Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterna® ACTPen" / Syringe / Vial adalimumab-aact Pen adalimumab-aaty Autoinjector / Syringe adalimumab-ayty Autoinjector / Syringe adalimumab-yvk Autoinjector Anjevita® Syringe / Autoinjector Aralyst® SQ Syringe Arcalys® SQ Syringe Avosla® Vial Bimzek® Autoinjector / Syringe Cibinqo® Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Vial Cytezo® Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspryng® Syringe
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterma® ACTPen™/ Syringe / Vial adalimumab-aact Pen adalimumab-aaty Autoinjector / Syringe adalimumab-aaty Autoinjector / Syringe adalimumab-ayty Rutoinjector Amjevita™ Syringe / Autoinjector Amjevita™ Syringe / Autoinjector Arcalyst® SQ Syringe Avsola® Vial Bimzek® Autoinjector / Syringe Cibinqo™ Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Vial Enspryn Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspryn ™ Syringe Entyvio® Pen / Vial
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterma® ACTPen™/ Syringe / Vial adalimumab-aact Pen adalimumab-aaty Autoinjector / Syringe adalimumab-aaty Autoinjector / Syringe adalimumab-ayth Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumab-yrk Autoinjector Amjevita™ Syringe / Autoinjector Arcalys® SQ Syringe Avsola® SQ Syringe Avsola® Autoinjector / Syringe Cibinqo™ Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentys® Vial Cystero™ Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Ensprivgo™ Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Entyvio® Pen / Vial Hyrimoz™ Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterma® ACTPen™/ Syringe / Vial adalimumab-aact Pen adalimumab-aaty Autoinjector / Syringe adalimumab-adtw Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumab-yvk Autoinjector Amjevita™ Syringe / Autoinjector Arcalyst® SQ Syringe Avsola® Vial Binzelx® Autoinjector / Syringe Cibingo™ Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Vial Cyltezo™ Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspryng™ Syringe Entyvio® Pen / Vial Hyrimoz™ Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen Hulio™ Pen / Syringe
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Actema® ACTPen™/ Syringe / Vial adalimumab-aasty Autoinjector / Syringe adalimumab-aaty Autoinjector / Syringe adalimumab-aythy Autoinjector Amjevita® Syringe / Autoinjector Amjevita® Syringe / Autoinjector Arcalyst® SQ Syringe Avsola® Vial Bimzels® Autoinjector / Syringe Cibingo® Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Vial Cytezo® Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspryng® Syringe Entyvio® Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen Hulio® Pen / Syringe Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterma® ACTPen™/ Syringe / Vial adalimumab-aact Pen adalimumab-aaty Autoinjector / Syringe adalimumab-aaty Autoinjector / Syringe adalimumab-ayth Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumab-yrk Autoinjector Amjevita™ Syringe / Autoinjector Arcalyst® SQ Syringe Arcalyst® SQ Syringe Avial Bimzelx® Autoinjector / Syringe Cibinqo™ Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Vial Cosentyx® Vial Enspryng ™ Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspryng ™ Syringe Entyvio® Pen / Vial Hyrimoz™ Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen Hulio™ Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe Ilaris® Vial
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Actema® ACTPen™/ Syringe / Vial adalimumab-aasty Autoinjector / Syringe adalimumab-aaty Autoinjector / Syringe adalimumab-aythy Autoinjector Amjevita® Syringe / Autoinjector Amjevita® Syringe / Autoinjector Arcalyst® SQ Syringe Avsola® Vial Bimzels® Autoinjector / Syringe Cibingo® Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Vial Cytezo® Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspryng® Syringe Entyvio® Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen Hulio® Pen / Syringe Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterma® ACTPen™/ Syringe / Vial adalimumab-aact Pen adalimumab-aaty Autoinjector / Syringe adalimumab-aaty Autoinjector / Syringe adalimumab-ayth Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumab-yrk Autoinjector Amjevita™ Syringe / Autoinjector Arcalyst® SQ Syringe Arcalyst® SQ Syringe Avial Bimzelx® Autoinjector / Syringe Cibinqo™ Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Vial Cosentyx® Vial Enspryng ™ Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspryng ™ Syringe Entyvio® Pen / Vial Hyrimoz™ Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen Hulio™ Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe Ilaris® Vial
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterma® ACTPen™ / Syringe / Vial adalimumab-aact Pen adalimumab-aaty Autoinjector / Syringe adalimumab-aaty Autoinjector / Syringe adalimumab-ayth Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumab-yvk Autoinjector Amjevita™ Syringe / Autoinjector Amjevita™ Syringe / Autoinjector Arcalyst® SQ Syringe Avsola® Vial Bimzelx® Autoinjector / Syringe Cibinqo™ Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Vial Cosentyx® Vial Enspyrngs™ Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspyrngs™ Syringe Entyvio® Pen / Vial Hyrimoz™ Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen Hulio™ Pen / Syringe Ilaris® Vial Ilaris® Vial Illumya® Syringe
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterma® ACTPen™ / Syringe / Vial adalimumab-aact Pen adalimumab-aaty Autoinjector / Syringe adalimumab-aaty Autoinjector / Syringe adalimumab-ayth Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumab-yvk Autoinjector Amjevita™ Syringe / Autoinjector Amjevita™ Syringe / Autoinjector Arcalys® SQ Syringe Avsola® Vial Bimzek® Autoinjector / Syringe Cibinqo™ Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Vial Cytlezo™ Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspryng™ Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspryng™ Syringe Entyvio® Pen / Vial Hyrimoz™ Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen Hulio™ Pen / Syringe Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe Inflectra™ Vial Ilumya® Syringe Inflectra™ Vial
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterma® ACTPen™/ Syringe / Vial adalimumab-aact Pen adalimumab-aaty Autoinjector / Syringe adalimumab-adw Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumabyrk Autoinjector Amjevita® Syringe / Autoinjector Arcalys® SQ Syringe Avsola® Vial Bimzek® Autoinjector / Syringe Cibingo® Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Vial Cyttezo" Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspryng™ Syringe Entyvio® Pen / Vial Hyrimoz™ Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen Hulio™ Pen / Syringe Ilaris® Vial Ilaris® Viange / Pen
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterma® ACTPen™/ Syringe / Vial adalimumab-aact Pen adalimumab-aaty Autoinjector / Syringe adalimumab-aaty Autoinjector / Syringe adalimumab-ayth Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumab-yvk Autoinjector Amjevita® Syringe / Autoinjector Arcalys® SQ Syringe Avosla® Vial Bimzels® Autoinjector / Syringe Cibinqo® Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Vial Cytezo® Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspryng™ Syringe Entyvio® Pen / Vial Hyrimoz™ Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen Hulio™ Pen / Syringe Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe Ilaris® Vial Ilumya® Syringe Inflectra™ Vial Kevzara® Syringe / Pen Kinere® Syringe - TrF of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterma® ACTPen™/ Syringe / Vial adalimumab-aact Pen adalimumab-aaty Autoinjector / Syringe adalimumab-aaty Autoinjector / Syringe adalimumab-ayth Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumab-yvk Autoinjector Amjevita™ Syringe / Autoinjector Amjevita™ Syringe / Autoinjector Arcalys® SQ Syringe Avsola® Vial Bimzelx® Autoinjector / Syringe Cibinqo™ Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Vial Enspormsg™ Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspormsg™ Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspormsg™ Syringe / Crohn's-UC-HS Pen / Syringe / Psoriasis Pen Hydinoz™ Pen / Vial Hydinoz™ Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen Hulio™ Pen / Syringe Ilaris® Vial Ilumya® Syringe Inflectn™ Vial Kevzara® Syringe / Pen Kinere® Syringe / Tr of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease Olumiant® Pen / Vial
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterma® ACTPen™/ Syringe / Vial adalimumab-aact Pen adalimumab-aaty Autoinjector / Syringe adalimumab-aaty Autoinjector / Syringe adalimumab-ayth Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumab-yrk Autoinjector Amjevita® Syringe / Autoinjector Amjevita® Syringe / Autoinjector Arcalys® SQ Syringe Avsols® SQ Syringe Avsols® Autoinjector / Syringe Cibingo® Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Vial Cytezo® Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Entryvio® Pen / Vial Hyrimoz® Pen / Vial Hyrimoz® Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen Hulio® Pen / Syringe Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe Illaris® Vial Illumya® Syringe Inflectra® Syringe - Thet of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease Olumon®® Tablet Ornecio® Clickjet® / Syringe / Vial
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterna® ACTPen™/ Syringe / Vial adalimumab-aact Pen adalimumab-aaty Autoinjector / Syringe adalimumab-aaty Autoinjector / Syringe adalimumab-ayth Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumab-yvk Autoinjector Amjevita® Syringe / Autoinjector Arcalys® SQ Syringe Arcalys® SQ Syringe Arcalys® SQ Syringe Absoola® Vial Bimzels® Autoinjector / Syringe Cibinqo® Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Vial Cyltezo® Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspryng™ Syringe Entyvio® Pen / Vial Hyrimoz™ Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen Hulio™ Pen / Syringe Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe Idacio® Vial Ilumya® Syringe Ilaris® Vial Ilumya® Syringe / Pen Kinere® Syringe - T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease Olumian® Pen / Vial Orencia® Clickjet® / Syringe / Vial Remicade® Vial
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterma® ACTPen™/ Syringe / Vial adalimumab-aact Pen adalimumab-aaty Autoinjector / Syringe adalimumab-aaty Autoinjector / Syringe adalimumab-ayth Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumab-yvk Autoinjector Amjevita™ Syringe / Autoinjector Amjevita™ Syringe / Autoinjector Arcalys® SQ Syringe Avosla® Vial Bimzelx® Autoinjector / Syringe Cibinqo™ Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Vial Cosentyx® Vial Enspryng™ Syringe (Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspryng™ Syringe (Prodn's-UC-HS Pen / Psoriasis Pen / Pen Enspryng™ Syringe Entyvio® Pen / Vial Hyrimoz™ Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen Hulio™ Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe Ilacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe Ilacio® Pen / Syringe Ilacio® Syringe Inflectra™ Vial Kevzam® Syringe / Pen Kinere® Syringe / Pen Kinere® Syringe - T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease Olmvohs® Pen / Vial Remicade® Vial Remicade® Vial Remicade® Vial Remicade® Vial
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterma® ACTPen® / Syringe / Vial adalimumab-aact Pen adalimumab-aaty Autoinjector / Syringe adalimumab-aaty Autoinjector / Syringe adalimumab-ayty Rutoinjector Amjevita® Syringe / Autoinjector Amjevita® Syringe / Autoinjector Amjevita® Syringe / Autoinjector Arcalyse® SQ Syringe Avosla® Vial Bimzels® Autoinjector / Syringe Cibinqo® Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentyx® Vial Cosentyx® Vial Enspryng® Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspryng® Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspryng® Pen / Vial Hyrimoz® Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen Hulio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe Ilaris® Vial Ilumya® Syringe Ilaris® Vial Ilumya® Syringe / Pen Kinera® Syringe / Pen Kinera® Syringe / Pen Kinera® Syringe / Pif of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease Olumiant® Tablet Orencia® Clickje® Vial Renflexis® ET Tablet
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Acterna® ACTPen® / Syringe / Vial adalimumab-aard Pen adalimumab-aardy Autoinjector / Syringe adalimumab-aardy Autoinjector / Syringe adalimumab-ayvk Autoinjector Amjevita® Syringe / Autoinjector Amjevita® Syringe / Autoinjector Arcalys® SQ Syringe Avsola® SQ Syringe Avsola® Vial Bimzek® Autoinjector / Syringe Cibinqo® Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentys® Vial Etsporys® Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Etsporys® Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Etsporys® Syringe / Crohn's-UC-Pen / Ped. Crohn's Pen / Syringe / Pen / Vial Hyrimos® Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe Ilatis® Pen / Syringe Ilatis® Vial Ilumya® Syringe Illeton W Vial Kevzana® Syringe - T/F of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease Olumian® Teablet Omvoh® Pen / Vial Remicad® Vial Rinvog® ER Tablet Siliq® Syringe
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Actenna® ACTPen® / Syringe / Vial adalimumab-aacf Pen adalimumab-aacf Pen adalimumab-aath Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumab-abhn Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumab-yvk Autoinjector Amjevita® Syringe / Autoinjector Arcalys® SQ Syringe Avsola® Vial Bimzeh® Autoinjector / Syringe Cibinqo® Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentys® Vial Cytezo® Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspryng® Syringe Entyvio® Pen / Vial Hyrimoz® Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen Hulio® Pen / Syringe Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe Ilaris® Vial Ilunya® Syringe Ilaris® Vial Kevzan® Syringe - TrF of preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease Olumian® Tablet Omoroh® Pen / Vial Remicade® Vial Remicade® Vial Remicade® Vial Remicade® Vial Remicade® Expringe Kineyo® Expringe Simland® Autoinjector
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Actemra® ACTPen® / Syringe / Vial adalimumab-aard Pen adalimumab-aard Pen adalimumab-aard Pen adalimumab-aard Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe adalimumab-aybw Autoinjector Amjevita® Sy Syringe / Autoinjector Arcalyst® SQ Syringe Avsola® Vial Bimzek® Autoinjector / Syringe Cibingo® Tablet Cibingo® Tablet Cibingo® Tablet Cosentya® Vial Cytezo® Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspryoß Syringe Ensyrioß Pen / Vial Hyrimoz® Pen / Crohn's-UC-Pen / Ped. Crohn's Pen / Syringe Psoriasis Pen Hulio® Pen / Syringe Idacio® Pen / Psoriasis Pen / Crohn's-UC-Pen / Syringe Inflectn® Vial Illumya® Syringe Inflectn® Vial Revzara® Syringe / Pen Kinert® Syringe / Pen Kinert® Syringe / Pen Kinert® Syringe / Pen Cohn's-UC-Pen / Syringe Inflectn® Vial Revzara® Syringe / Pen Kinert® Syringe / Pen Cohnian® Tablet Omvon® Pen / Vial Renlexis® Kyringe / Syringe / Vial
adalimumab-fkjp Pen / Syringe Cosentys® Sensoready® Pen / UnoReady® Pen / Syringe Enbrel® Mini Cartridge / Sureclick® Syringe / Syringe / Vial Hadlima™ Syringe / PushTouch Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack / Pen / Psoriasis Starter Pack / Syringe infliximab vial (generic for Remicade®)	Actenna® ACTPen® / Syringe / Vial adalimumab-aacf Pen adalimumab-aath Pen / Poroiasis-UV Pen / Crohn's Pen / Syringe adalimumab-adbm Pen / Poroiasis-UV Pen / Crohn's Pen / Syringe adalimumab-athy Nattoinjector Amjevita® Syringe / Autoinjector Arcalys® SQ Syringe Avcola® Vial Bimzeh® Autoinjector / Syringe Cibinqo® Tablet Cimzia® Starter Kit / Syringe Kit / Vial Kit Cosentya® Vial Cytezo® Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen Enspryng® Syringe Entyvio® Pen / Vial Hyrimoz® Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen Hulio® Pen / Syringe Idacio® Pen / Syringe Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe Ilaris® Vial Ilmya® Syringe - Tr for preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease Olumian® Tablet Omwohn® Pen / Vial Centage Syringe - Tr for preferred agents not required for diagnosis of Neonatal Onset Multi-System Inflammatory Disease Olumian® Tablet Omwohn® Pen / Vial Remicade® Vial Remicade® Vial Remicade® Vial Remicade® Autoinjector

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

	Sotyktu [®] Tablet
	Spevigo [®] Vial / Syringe
	Stelara® Syringe / Vial
	Taltz® Auto-injector / Syringe
	Tremfya [®] Syringe / Injector
	Tyenne® Vial
	Uplizna® Vial
	Velsipity® Tablet
	Xeljanz® Tablet / Solution / XR Tablet
	Yuflyma® Syringe / Autoinjector / Crohn's-UC-HS Autoinjector
	Yusimry [™] Pen
	Zymfentra [™] Pen / Syringe
IMM	UNOSUPPRESSANTS
Preferred	Non-Preferred
Astagraf® XL Capsule	
Azasan [®] Tablet	
azathioprine tablet (generic for Imuran®)	
Cellcept® Capsule / Suspension / Tablet	
cyclosporine capsule (generic for Sandimmune [®])	
cyclosporine modified capsule / solution (generic for Gengraf®, Neoral®) Envarsus® XR Tablet	
Envarsus® XR Tablet	
everolimus tablet (generic for Zortress® Tablet) Gengraf® Capsule / Solution	
Gengraf® Capsule / Solution	
Imuran [®] Tablet	
mycophenolate capsule / suspension / tablet (generic for Cellcept®)	
mycophenolic acid tablet (generic for Myfortic®)	
Myfortic® Tablet	
Neoral® Capsule / Solution	
Prograf® Capsule / Granule Packet	
Rapamune [®] Solution / Tablet	
Rezurock [™] Tablet	
Sandimmune® Capsule / Solution	
sirolimus tablet / solution (generic for Rapamune [®])	
tacrolimus capsule (generic for Hecoria [®] , Prograf [®]) Tavneos [®] Capsule	
Tavneos Capsule	
Zortress® Tablet	

Effective Date: October 1, 2024

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. Drugs requiring prior authorization, clinical criteria and prior authorization request forms can be found at:

	EMENT DISORDERS
Clinical crite	ia apply to all drugs in this class
Preferred	Non-Preferred
Austedo® Tablet	Xenazine® Tablet
Austedo® XR Tablet / Titration Kit	
Ingrezza® Capsule / Initiation Pack	
tetrabenazine tablet	
HEREDITARY ANGIO	DEMA (HAE) PROPHYLAXIS AGENTS
	ia apply to all drugs in this class
Preferred	Non-Preferred
Haegarda [®] Vial	Cinryze [®] Vial
Orladeyo [®] Capsule	Takhzyro® Vial / Syringe
HEREDITARY ANGIO	EDEMA (HAE) TREATMENT AGENTS
	ia apply to all drugs in this class
Preferred	Non-Preferred
Berinert [®] Vial / Kit	Firazyr® Syringe
icatibant syringe (generic for Firazyr®)	Ruconest [®] Vial
Kalbitor® Vial	
Sajazir Syringe (branded generic for icatibant)	
Sujazar Syringe (oranteu generie ioi icatioani)	
	OID ANTA CONIGER
	OID ANTAGONISTS
Preferred	Non-Preferred
Kloxxado [™] Nasal 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	
Vivitrol® Vial / Diluent	
Zimhi [™] Syringe	
OP	OID DEPENDENCE
Preferred	Non-Preferred
Prior Approval Not Required for Coverage of Preferred Agents	Clinical Criteria Apply to Non-Preferred Agents
Brixadi [™] Weekly Syringe / Monthly Syringe	buprenorphine-naloxone SL film (generic for Suboxone®)
buprenorphine-naloxone SL tablet (generic for Suboxone®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal
buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®)	
buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal
buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL
buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subotxone®) Suboxone® SL Film Sublocade® Syringe SKELETA	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL L MUSCLE RELAXANTS
buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL
buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Suboxone®) Suboxone® SL Film Sublocade® Syringe SKELETA	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL L MUSCLE RELAXANTS
buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe SKELET. Preferred baclofen tablet (generic for Lioresal®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL L MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule
buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexerii®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL LL MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subutxo®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeri®) methocarbamol tablet (generic for Robaxin®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL L MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy™)
buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexerii®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL LL MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subutxo®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL L MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy™)
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subutxo®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zabsolv® Tablet SL L MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule bactofen oral solution bactofen oral solution bactofen for Parafon Fort® cyclobenzaprine ER capsule (generic for Parafon Fort®) cyclobenzaprine ER capsule (generic for Amrix® ER)
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subutxo®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL L MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen oral solution baclofen oral solution baclofen supersion (generic for Fleqsuvy) chlorzoxazone tablet (generic for Parafon Fort®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule / Vial
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subutxo®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL L MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy™) chlorzoxazone tablet (generic for Parafon Fort®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule (Vial dantrolene sodium capsule (generic for Dantrium®)
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subutxo®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL L MUSCLE RELAXANTS Non-Preferred Amix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy™) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amix® ER) Dantrium® Capsule (Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subutxo®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL L MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy™) chlorzoxazone tablet (generic for Parafon Fort®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule (Vial dantrolene sodium capsule (generic for Dantrium®)
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subutxo®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL L MUSCLE RELAXANTS Non-Preferred Amix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy™) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amix® ER) Dantrium® Capsule (Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subutxo®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zabsolv® Tablet SL L MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen oral solution baclofen suspension (generic for Flegsuvy™) chlorzoxazone tablet (generic for Parafon Fort®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule (Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Flegsuvy™ Suspension Lorzone® Tablet
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subutxo®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL L. MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy®) chlorzosazone tablet (generic for Parafon Fore®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy® Suspension Lorzone® Tablet Lyvispah® Granule Packet
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subutxo®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zabsolv® Tablet SL L MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy®) chlorzoxazone tablet (generic for Parafon Fore®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule (Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy® Suspension Lorzone® Tablet Lyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®)
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subutxo®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Lacemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen at solution baclofen suspension (generic for Fleqsuvy™) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule (generic for Dantrium®) Fexnid® Tablet Fleqsuvy™ Suspension Lorzone® Tablet Lyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic™ Tablet / Forte Tablet
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subutxo®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zabsolv® Tablet SL L MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy®) chlorzoxazone tablet (generic for Parafon Fore®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule (Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy® Suspension Lorzone® Tablet Lyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®)
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subutxo®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zabsolv® Tablet SL MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen asloution baclofen asloution baclofen suspension (generic for Flegsuvy™) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule (Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Flegsuvy™ Suspension Lorzone® Tablet Lyvispa® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic™ Tablet / Forte Tablet orphenadrine / aspirin / caffeine tablet (generic for Norgesic™)
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subutxo®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zabsolv® Tablet SL L MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Flegsuvy™) chlorzoxazone tablet (generic for Parafon Fort®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule (Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy™ Suspension Lorzone® Tablet Lyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic™ Tablet / Forte Tablet orphenadrine citrate tablet / vial (generic for Norgesic™) orphenadrine citrate tablet / vial (generic for Norgelsc™) orphenadrine citrate tablet / vial (generic for Norgelsc™)
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subutxo®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL L MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy®) chlorzoxazone tablet (generic for Parafon Fort®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy® Suspension Lzozone® Tablet Lzyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic® Tablet / Forte Tablet orphenadrine / aspirin / caffeine tablet (generic for Norgesic®) Orphengesic® Forte Tablet Orphengesic® Forte Tablet Orphengesic® Forte Tablet
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subutxo®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zabsolv® Tablet SL MUSCLE RELAXANTS Non-Preferred Amix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy®) chlorzoxazone tablet (generic for Parafon Fore®) cyclobenzaprine ER capsule (generic for Parafon Fore®) cyclobenzaprine ER capsule (generic for Amix® ER) Dantrium® Capsule (Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy® Suspension Lorzone® Tablet Lyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic® Tablet / Forte Tablet orphenadrine / aspirin / caffeine tablet (generic for Norgesic®) orphenadrine citate tablet / vial (generic for Norgesic®) Orphenagesic® Forte Tablet Robaxin® Vial
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subutxo®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL L MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy®) chlorzoxazone tablet (generic for Parafon Fort®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy® Suspension Lzozone® Tablet Lzyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic® Tablet / Forte Tablet orphenadrine / aspirin / caffeine tablet (generic for Norgesic®) Orphengesic® Forte Tablet Orphengesic® Forte Tablet Orphengesic® Forte Tablet
buprenorphine-naloxone SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subutxo®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zabsolv® Tablet SL MUSCLE RELAXANTS Non-Preferred Amix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy®) chlorzoxazone tablet (generic for Parafon Fore®) cyclobenzaprine ER capsule (generic for Parafon Fore®) cyclobenzaprine ER capsule (generic for Amix® ER) Dantrium® Capsule (Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy® Suspension Lorzone® Tablet Lyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic® Tablet / Forte Tablet orphenadrine / aspirin / caffeine tablet (generic for Norgesic®) orphenadrine citate tablet / vial (generic for Norgesic®) Orphenagesic® Forte Tablet Robaxin® Vial
buprenorphine-naloxone SL tablet (generic for Suboxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Flexeril®) methocarbamol tablet (generic for Robaxin®)	Lacemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zabsolv® Tablet SL MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen at solution baclofen suspension (generic for Fleqsuvy™) chlorzoxazone tablet (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Parafon Forte®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule (generic for Dantrium®) Fexnid® Tablet Fleqsuvy™ Suspension Lorzone® Tablet Lyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic™ Tablet / Yorte Tablet orphenadrine / aspirin / caffeine tablet (generic for Norgesic™) orphenadrine / aspirin / caffeine tablet (generic for Norgesic™) Orphengesic® Forte Tablet Noxaxin® Vial tizanidine capsules (generic for Zanaflex®)
buprenorphine SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe SKELET Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Robaxin®) tizanidine tablet (generic for Zanaflex®)	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL L MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy®) chlorzoxazone tablet (generic for Parafon Fort®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy® Suspension Lzozone® Tablet Lzyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic® Tablet / Forte Tablet orphenadrine / aspirin / caffeine tablet (generic for Norgesic®) Orphengesic® Forte Tablet Robaxin® Vial tizanidine capsules (generic for Zanaflex®) Zanaflex® Capsule / Tablet
buprenorphine SL tablet (generic for Subutxone®) buprenorphine SL tablet (generic for Subutxo®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Robaxin®) tizanidine tablet (generic for Zanaflex®) DISPOSABLE	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zabsolv® Tablet SL MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy®) chlorzoxazone tablet (generic for Parafon Fore®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule (Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy® Suspension Lorzone® Tablet Lyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic® Tablet / Fort Tablet orphenadrine / aspirin / caffeine tablet (generic for Norgesic®) orphenadrine citrate tablet / vial (generic for Norgesic®) Orphenagesic® Forte Tablet Robaxin® Vial tizandithe capsules (generic for Zanaflex®) Zanaflec® Capsule / Tablet
buprenorphine AL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe SKELETA Preferred baclofen tablet (generic for Robaxin®) methocarbamol tablet (generic for Robaxin®) tizanidine tablet (generic for Tanaflex®) methocarbamol tablet (generic for Zanaflex®) professed DISPOSABLE Preferred	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zubsolv® Tablet SL L MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy®) chlorzoxazone tablet (generic for Parafon Fort®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule / Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy® Suspension Lzozone® Tablet Lzyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic® Tablet / Forte Tablet orphenadrine / aspirin / caffeine tablet (generic for Norgesic®) Orphengesic® Forte Tablet Robaxin® Vial tizanidine capsules (generic for Zanaflex®) Zanaflex® Capsule / Tablet
buprenorphine SL tablet (generic for Subutex®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe SKELET. Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Robaxin®) tizanidine tablet (generic for Tanaflex®) tizanidine tablet (generic for Zanaflex®) DISPOSABLE Preferred DISPOSABLE Omnipod \$® G6 Pods (5-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zabsolv® Tablet SL MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy®) chlorzoxazone tablet (generic for Parafon Fore®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule (Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy® Suspension Lorzone® Tablet Lyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic® Tablet / Fort Tablet orphenadrine / aspirin / caffeine tablet (generic for Norgesic®) orphenadrine citrate tablet / vial (generic for Norgesic®) Orphenagesic® Forte Tablet Robaxin® Vial tizandithe capsules (generic for Zanaflex®) Zanaflec® Capsule / Tablet
buprenorphine SL tablet (generic for Subutex®) buprenorphine SL tablet (generic for Subutex®) Suboxone® SL Film Sublocade® Syringe SKELET. Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Robaxin®) tizanidine tablet (generic for Tanaflex®) tizanidine tablet (generic for Zanaflex®) DISPOSABLE Preferred DISPOSABLE Omnipod \$® G6 Pods (5-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zabsolv® Tablet SL MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy®) chlorzoxazone tablet (generic for Parafon Fore®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule (Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy® Suspension Lorzone® Tablet Lyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic® Tablet / Fort Tablet orphenadrine / aspirin / caffeine tablet (generic for Norgesic®) orphenadrine citrate tablet / vial (generic for Norgesic®) Orphenagesic® Forte Tablet Robaxin® Vial tizandithe capsules (generic for Zanaflex®) Zanaflec® Capsule / Tablet
buprenorphine SL tablet (generic for Subutex®) buprenorphine SL tablet (generic for Subutex®) Subuoxne® SL Film Sublocade® Syringe SKELET. Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Robaxin®) tizanidine tablet (generic for Tanaflex®) itizanidine tablet (generic for Zanaflex®) DISPOSABLE Preferred DISPOSABLE Omnipod 5® 66 Pods (5-Pack) / 66 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit Omnipod DASH® Pods (5-Pack) / Intro Kit	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zabsolv® Tablet SL MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy®) chlorzoxazone tablet (generic for Parafon Fort®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule (Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy® Suspension Lorzone® Tablet Lyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic® Tablet / Fort Tablet orphenadrine / aspirin / caffeine tablet (generic for Norgesic®) orphenadrine citrate tablet / vial (generic for Norflex®) Orphenagesic® Forte Tablet Robaxin® Vial tizandithe capsules (generic for Zanaflex®) Zanaflec® Capsule / Tablet
buprenorphine SL tablet (generic for Subuxone®) buprenorphine SL tablet (generic for Subuxone®) Suboxone® SL Film Sublocade® Syringe SKELET. Preferred baclofen tablet (generic for Lioresal®) cyclobenzaprine tablet (generic for Robaxin®) tizanidine tablet (generic for Tanaflex®) tizanidine tablet (generic for Zanaflex®) DISPOSABLE Preferred DISPOSABLE Omnipod \$® G6 Pods (5-Pack) / G6 Intro Kit / G6-G7 Pods / G6-G7 Intro Kit	Lucemyra® Tablet - T/F of preferred agents not required for diagnosis of opioid withdrawal Zabsolv® Tablet SL MUSCLE RELAXANTS Non-Preferred Amrix® ER Capsule baclofen oral solution baclofen suspension (generic for Fleqsuvy®) chlorzoxazone tablet (generic for Parafon Fore®) cyclobenzaprine ER capsule (generic for Amrix® ER) Dantrium® Capsule (Vial dantrolene sodium capsule (generic for Dantrium®) Fexmid® Tablet Fleqsuvy® Suspension Lorzone® Tablet Lyvispah® Granule Packet metaxalone tablet (generic for Skelaxin®) Norgesic® Tablet / Fort Tablet orphenadrine / aspirin / caffeine tablet (generic for Norgesic®) orphenadrine citrate tablet / vial (generic for Norgesic®) Orphenagesic® Forte Tablet Robaxin® Vial tizandithe capsules (generic for Zanaflex®) Zanaflec® Capsule / Tablet

Effective Date: October 1, 2024

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. 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

DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES

Clinical criteria apply to all items in this class	
Continuous Glucose Monitor Transmitters / Receivers / Readers	
Preferred	Non-Preferred
Dexcom G6 [®] Transmitter / Receiver	Freestyle Libre™ 14 day Reader
Dexcom G7 [®] Receiver	
Freestyle Libre™ 2 Reader	
Freestyle Libre [™] 3 Reader	
Continuous Glucose Monitor Sensors	
Preferred	Non-Preferred
Freestyle Libre [™] 2 Sensor	Freestyle Libre™ 14 day Sensor
Freestyle Libre™ 3 Sensor	
Dexcom G6 [®] Sensor	
Dexcom G7 [®] Sensor	

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.*

DIABETIC SUPPLIES

Meters	Lancing Devices
ACCU-CHEK [®] Guide Retail care kit * (see above for billing)	ACCU-CHEK® Softclix lancing device kit (Black)
ACCU-CHEK [®] Guide Me Retail care kit * (see above for billing)	ACCU-CHEK® Fastclix 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 ct test strips	ACCU-CHEK® SmartView glucose control solution (1 level)
ACCU-CHEK [®] Guide 50 ct test strips	ACCU-CHEK® Guide 2-Level control solution (2-levels)
ACCU-CHEK [®] Guide 100 ct test strips	
Lancets	
ACCU-CHEK [®] Softclix 100 ct Lancets	
ACCU-CHEK [®] Fastclix 102 ct Lancets	