

South Carolina Department of Health and Human Services Single Preferred Drug List (sPDL)

Effective Date: 04/01/2026

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| All Managed Care plans and traditional Fee For Service utilize this single Preferred Drug List (sPDL) for the therapeutic classes listed below ONLY . Drug classes not listed below may be handled differently by the fee-for-service program and different managed care plans. Medications in non-managed (non-PDL) drug classes may require a clinical review for appropriate prescribing. |
| Documentation of Trial and Failure of TWO Preferred products (along with other potential criteria as indicated) in the specific categories below is required to receive a Non-Preferred product unless only one Preferred product is listed or it is otherwise indicated on the document. **Documentation of Trial and Failure of Preferred Product(s) does NOT apply in cases where a Non-Preferred product carries a specific indication and requiring Preferred Product(s) would be clinically inappropriate.** All new to market products in the drug classes below typically default to Non-Preferred until reviewed by the SCDHHS Pharmacy and Therapeutics Committee. Manufacturers' products (even in the categories below) that do not participate in the national Medicaid Drug Rebate Program are not covered. |
| To access Prior Authorization / Clinical Criteria guidelines for medication classes on the PDL CLICK HERE . |
| All products on this Preferred Drug List are only covered 1) with a prescription written by a participating provider 2) filled at a participating provider and 3) if the product is participating in the national Medicaid Drug Rebate Program. |
| Beneficiaries must first try the generic of a PDL product before receiving the brand name equivalent, unless the brand name is Preferred or there is a clinical reason the generic product cannot be utilized. |
| Injectables which are caregiver and/or self-administered may be covered via the Pharmacy benefit and/or may be subject to clinical review or Prior Authorization. Products which are HCP (health care provider) administered are generally covered via the Medical benefit.. |
| This list is for informational purposes only, should not be used for verification of coverage, and is subject to change without notice. |
| To search for a specific class or specific product use the "CTRL+F" function |

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| Color coded items on the PDL that may be found below: |
| Recently approved changes to move currently listed products to a different side of the PDL (Preferred/Non-Preferred) or new categories recently added |
| New to market products that have been added since the last PDL posting |
| Items of importance or clarification / coverage updates since the last PDL posting |

| ANALGESICS | |
|--|---|
| NEUROPATHIC PAIN AND SELECT AGENTS | |
| Preferred | Non-Preferred |
| duloxetine capsule (generic for Cymbalta®) | Cymbalta® Capsule |
| gabapentin capsule / solution / tablet (generic for Neurontin®) | Drizalma™ Sprinkle |
| gabapentin capsule / solution / tablet (generic for Neurontin®) | duloxetine capsule (generic for Irenka®) |
| Journavx® Tablet * (SEE BELOW) | gabapentin ER tablet (generic for Gralise® and Horizant®) |
| | Gabarone™ Tablet |
| * Age 18 and above; Indications of Acute Moderate or Severe Pain, including Postoperative Pain; Quantity Limit of 14 days supply per 60 days | Gralise® Sample Pack / Tablet |
| | Horizant® Tablet |
| | Lyrica® Capsule / Solution / CR Tablet |
| | Neurontin® Capsule / Solution / Tablet |
| | pregabalin solution (generic for Lyrica®) |
| | pregabalin ER tablet (generic for Lyrica® CR) |
| | Savella® Tablet / Titration Pack |
| NSAIDs, ORAL | |
| Preferred | Non-Preferred |
| celecoxib capsule (generic for Celebrex®) | Arthrotec® Tablet |
| diclofenac sodium EC (DR) tablet / ER tablet (generic for Voltaren® / XR) | Celebrex® Capsule |
| ibuprofen suspension / tablet Rx and OTC (generic for Motrin®) All strengths except 300mg tablet | Coxanto™ Capsule |
| indomethacin capsule (generic for Indocin®) | Daypro® Caplet |
| ketorolac tablet (generic for Toradol®) | diclofenac potassium capsule (Generic for Zipsor®) |
| meloxicam tablet (generic for Mobic®) | diclofenac potassium tablet (generic for Cataflam®) |
| nabumetone tablet (generic for Relafen®) | diclofenac sodium-misoprostol tablet (generic for Arthrotec®) |
| naproxen DR tablet | difunisal tablet (generic for Dolobid®) |
| naproxen tablet / suspension (generic for Naprosyn®) | Dolobid® Tablet |
| piroxicam capsule (generic for Feldene®) | Duexis®-Tablet |
| sulindac tablet (generic for Clinoril®) | ec-naproxen DR tablet |
| | etodolac capsule / tablet / ER tablet(generic for Lodine® / XL) |
| | Feldene® Capsule |
| | fenoprofen capsule/tablet (generic for Nalfon®) |
| | Fenopron® Capsule |
| | flurbiprofen tablet (generic for Ansaid®) |
| | ibuprofen 300mg tablet |
| | ibuprofen-famotidine tablet (generic for Duexis®) |
| | indomethacin suspension / suppository (generic for Indocin) |
| | indomethacin ER capsule (generic for Indocin SR®) |
| | ketoprofen capsule (generic for Orudis®) |
| | ketoprofen ER capsule (generic for Oruvail®) |
| | Kiprofen™ Capsule |
| | Lofena™ Tablet |
| | Lubiro™ Tablet |
| | meclufenamate capsule (generic for Meclomen®) |
| | mefenamic acid capsule (generic for Ponstel®) |
| | meloxicam capsule (generic for Vivlodex®) |
| | Nalfon® Capsule / Tablet |
| | Naprelan® Tablet |
| | Naprosyn® Suspension |
| | naproxen sodium ER (CR) tablet (generic for Naprelan®) |
| | naproxen sodium tablet (generic for Anaprox® / Anaprox® DS) |

| | |
|--|---|
| | naproxen-esomeprazole tablet (generic for Vimovo®) |
| | oxaprozin tablet (generic for DayPro®) |
| | Relafen® DS Tablet |
| | Tolectin® Tablet |
| | tolmetin capsule / tablet (generic for Tolectin®) |
| | Vimovo® Tablet |
| | Viscoca™ Suspension |
| | Zybic™ Suspension |
| LONG ACTING NARCOTIC ANALGESICS | |
| | Click below for additional information regarding Narcotic Analgesic guidelines: Opioid Prescribing and Dispensing Limits |
| Preferred | Non-Preferred |
| Butrans® Transdermal Patch | Belbuca® Buccal Film |
| fentanyl transdermal patch (12mcg, 25mcg, 50mcg, 75mcg, 100mcg) | buprenorphine patch (generic for Butrans®) |
| morphine sulfate ER tablet (generic for MS Contin®) | Conzip® Capsule |
| OxyContin® Tablet | fentanyl transdermal patch (37.5mcg, 62.5mcg, 87.5mcg) |
| tramadol ER tablet (generic for Ultram ER®, Ryzolt®) | hydrocodone ER capsule (generic for Zohydro® ER) |
| | hydrocodone ER tablet (generic for Hysingla® ER) |
| | hydromorphone ER tablet (generic for Exalgo®) |
| | Hysingla® ER Tablet |
| | morphine sulfate ER capsule (generic for Avinza® , Kadian®) |
| | MS Contin® Tablet |
| | oxycodone ER tablet (generic for OxyContin®) 20mg, 40mg, 80mg |
| | oxymorphone ER tablet |
| | tramadol ER capsule (generic for Conzip®) |
| SHORT ACTING NARCOTIC ANALGESICS | |
| | Click below for additional information regarding Narcotic Analgesic guidelines: Opioid Prescribing and Dispensing Limits |
| Preferred | Non-Preferred |
| codeine sulfate tablet | Ascomp® with Codeine Capsule (branded generic for Fiorinal with Codeine®) |
| codeine -APAP solution / tablet (generic for Tylenol with Codeine®) | butorphanol nasal spray (generic for Stadol®) |
| codeine-APAP-caffeine-butalbital tablet (generic for Fioricet with Codeine®) | carisoprodol-ASA-codeine tablet (generic for Soma® Compound) |
| codeine-APAP-caffeine-butalbital capsule | dihydrocodeine-acetaminophen-caffeine capsule |
| codeine-ASA-caffeine-butalbital capsule (generic for Fiorinal with Codeine®) | Dilaudid® Liquid / Tablet |
| Endocet® Tablet (branded generic for Percocet®) | fentanyl citrate buccal tablet (generic for Fentora®) |
| hydrocodone-APAP solution / tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®) | fentanyl citrate lozenge (generic for Actiq® Lozenge) |
| hydrocodone-ibuprofen tablet (generic for Ibudone®, Reprexain®, Vicoprofen®) | Fioricet with Codeine® Capsule |
| hydromorphone solution / suppository / tablet (generic for Dilaudid®) | levorphanol tablet (generic for Levo-Dromoran®) |
| meperidine solution / tablet (generic for Demerol®) | morphine oral syringe |
| morphine IR tablet (generic for MSIR®) | Nalocet® Tablet |
| morphine concentrated solution / solution | oxycodone-APAP solution (generic for Percocet®) |
| morphine suppository (generic for Roxanol®) | oxymorphone tablet (generic for Opana®) |
| oxycodone capsule / concentrate / solution / tablet (generic for Roxicodone®) | pentazocine-naloxone tablet (generic for Talwin NX®) |
| oxycodone-APAP tablet (generic for Percocet®) | Percocet® Tablet |
| tramadol 25 mg, 50 mg tablet (generic for Ultram®) | Qdolo® Solution |
| tramadol-APAP tablet (generic for Ultracet®) | Prolate® Tablet / Solution |
| | Roxicodone® Tablet |
| | Roxybond® Tablet |
| | Seglentis® Tablet |
| | tapentadol tablet (generic for Nucynta®) |
| | tramadol HCl solution (generic for Qdolo®) |
| | tramadol 75mg, 100 mg tablet (generic for Ultram®) |
| | Xyvona® Tablet |
| TOPICAL NSAIDs | |
| Preferred | Non-Preferred |
| diclofenac sodium 1% topical gel Rx and OTC (generic for Voltaren® Gel) | diclofenac epolamine patch (generic for Flector®) |
| | diclofenac solution / pump (generic for Pennsaid®) |
| | Pennsaid® Pump / Solution Packet |
| ANTI-INFECTIVES | |
| CEPHALOSPORINS, PENICILLINS, AND RELATED, ORAL | |
| Preferred | Non-Preferred |
| amoxicillin capsule / chewable / suspension / tablet (generic for Amoxil®, Trimox®, etc.) | Augmentin® Suspension / ES-600 Suspension / XR Tablet |
| amoxicillin-clavulanate chewable / suspension / tablet / XR tablet (generic for Augmentin® / XR) | cefaclor ER tablet (generic Ceclor® CD) |
| ampicillin capsule (generic for Principen®, etc.) | cefadroxil tablet (generic for Duricef®) |
| cefaclor capsule / suspension (generic for Ceclor®) | Pivya® Tablet |
| cefadroxil capsule / suspension (generic for Duricef®) | |
| cefdinir capsule / suspension (generic for Omnicef®) | |
| cefixime capsule / suspension / tablet (generic for Suprax®) | |
| cefepime suspension / tablet (generic for Vantin®) | |
| cefprozil suspension / tablet (generic for Cefzil®) | |
| cefuroxime tablet (generic for Cefitin®) | |
| cephalexin capsule / suspension / tablet (generic for Keflex®) | |
| dicloxacillin capsule (generic for Dynacil®, Dynapen®, etc.) | |
| penicillin V solution / tablet (generic for Veetids®, etc.) | |
| COVID-19, ORAL TREATMENTS | |
| Preferred | Non-Preferred |
| Paxlovid™ Tablet | |

FLUOROQUINOLONES, ORAL

| Preferred | Non-Preferred |
|---|---|
| ciprofloxacin tablet (generic for Cipro®) | Baxdela® Tablet |
| levofloxacin tablet (generic for Levaquin®) | Cipro® Suspension / Tablet |
| | ciprofloxacin suspension (generic for Cipro®) |
| | levofloxacin solution (generic for Levaquin®) |
| | moxifloxacin tablet (generic for Avelox®) |
| | ofloxacin tablet (generic for Floxin®) |

HERPES ANTIVIRALS, ORAL

| Preferred | Non-Preferred |
|--|---|
| acyclovir capsule / tablet / suspension (generic for Zovirax®) | famciclovir tablet (generic for Famvir®) |
| valacyclovir tablet (generic for Valtrex®) | Valtrex® Caplet |

HIV ANTIVIRALS, ORAL / SELF ADMINISTERED

| Preferred | Non-Preferred |
|---|---|
| abacavir solution / tablet (generic for Ziagen®) | Fuzeon® Injection- Clinical Criteria Applies |
| abacavir-lamivudine tablet (generic for Epzicom®) | |
| Aptivus® Capsule / Solution | |
| atazanavir capsule (generic for Reyataz®) | |
| Atripla® Tablet | |
| Biktarvy® Tablet | |
| Cimduo® Tablet | |
| Complera® Tablet | |
| darunavir tablet (generic for Prezista®) | |
| Delstrigo® Tablet | |
| Descovy® Tablet | |
| Dovato® Tablet | |
| Edurant® Tablet | |
| efavirenz capsule / tablet (generic for Sustiva®) | |
| efavirenz-emtricitabine-tenofovir disoproxil fumarate tablet (generic for Atripla®) | |
| efavirenz-lamivudine-tenofovir disoproxil fumarate (Symfi®) | |
| efavirenz-lamivudine-tenofovir disoproxil fumarate (Symfi Lo™) | |
| emtricitabine capsule (generic for Emtriva®) | |
| emtricitabine- rilpivirine-tenofovir disoproxil fumarate tablet (generic for Complera®) | |
| emtricitabine-tenofovir disoproxil fumarate tablet (generic for Truvada®) | |
| Emtriva® Capsule / Solution | |
| EpiVir® Solution / Tablet | |
| etravirine tablet (generic for Intelence®) | |
| Evotaz® Tablet | |
| fosamprenavir tablet (generic for Lexiva®) | |
| Genvoya® Tablet | |
| Intelence® Tablet | |
| Isentress® Chewable / HD Tablet / Powder Pack / Tablet | |
| Juluca® Tablet | |
| Kaletra® Solution / Tablet | |
| lamivudine solution / tablet (generic for EpiVir®) | |
| lamivudine-zidovudine tablet (generic for Combivir®) | |
| lopinavir-ritonavir solution / tablet (generic for Kaletra®) | |
| maraviroc tablet (generic for Selzentry®) | |
| nevirapine suspension / ER tablet / tablet (generic for Viramune®) | |
| Norvir® Powder Pack / Tablet | |
| Odefsey® Tablet | |
| Pifeltro® Tablet | |
| Prezcobix® Tablet | |
| Prezista® Suspension / Tablet | |
| Retrovir® Capsule / Syrup | |
| Reyataz® Capsule / Powder Pack | |
| ritonavir tablet (generic for Norvir®) | |
| Rukobia® ER Tablet | |
| Selzentry® Solution / Tablet | |
| Stribild® Tablet | |
| Symfi® Tablet | |
| Symfi Lo® Tablet | |
| Symtuza® Tablet | |
| tenofovir disoproxil fumarate tablet (generic of Viread®) | |
| Tivicay® PD Suspension / Tablet | |
| Triumeq® PD Suspension / Tablet | |
| Trizivir® Tablet | |
| Truvada® Tablet | |
| Tybost® Tablet | |
| Viracept® Tablet | |
| Viread® Powder / Tablet | |
| Vocabria® Tablet | |
| Ziagen® Solution | |
| zidovudine capsule / syrup / tablet (generic for Retrovir®) | |

MACROLIDES / KETOLIDES, ORAL

| Preferred | Non-Preferred |
|---|--|
| azithromycin powder packet / suspension / tablet (generic for Zithromax®) | clarithromycin ER tablet (generic for Biaxin XL®) |
| clarithromycin suspension / tablet (generic for Biaxin®) | E.E.S. Suspension / Tablet |
| erythromycin ethyl succinate suspension (generic for E.E.S.® Suspension, Eryped®) | erythromycin ES tablet (generic for E.E.S.® Filmtab) |
| Erythrocin® Filmtab | erythromycin DR capsule / tablet |
| | Eryped® 200/400 Suspension |
| | Ery-Tab® Tablet |
| | Zithromax® Powder Packet / Suspension / Tablet / Tri-Pak / Z-Pak |

GASTROINTESTINAL ANTIMICROBIALS, ORAL

Trial and Failure of Only 1 Preferred Product Required

| Preferred | Non-Preferred |
|--|--|
| Difcid® Suspension / Tablet | fidaxomicin tablet (generic for Difcid®) |
| metronidazole capsule (generic for Flagyl®) | Firvaq® Solution |
| metronidazole tablet (generic for Flagyl®) | Flagyl® Capsule |
| vancomycin capsule (generic for Vancocin®) | Likmez® Suspension |
| vancomycin oral solution (generic for Firvaq®) | neomycin tablet (generic for Mycifradin®) |
| | nitazoxanide tablet (generic for Alinia® Tablet) |
| | paromomycin capsule (generic for Humatin®) |
| | Solosec® Granules |
| | tinidazole tablet (generic for Tindamax®) |
| | Vancocin® Capsule |

ANTIFUNGAL AGENTS, ORAL

| Preferred | Non-Preferred |
|--|---|
| fluconazole suspension / tablet (generic for Diflucan® Tablet) | Brexafemme® Tablet |
| griseofulvin suspension (generic for Grifulvin V®) | Cresemba® Capsule |
| griseofulvin ultra microsized tablet (generic for Gris-Peg®) | Diflucan® Suspension / Tablet |
| nystatin suspension / tablet | griseofulvin microsized tablet (generic for Grifulvin V®) |
| terbinafine tablet (Generic for Lamisil®) | itraconazole capsule / solution (generic for Sporanox®) |
| | ketoconazole tablet (generic for Nizoral®) |
| | Sporanox® Capsule / Solution |
| | Vfend® Tablet |
| | voriconazole suspension / tablet (generic for Vfend®) |

TETRACYCLINES, ORAL

| Preferred | Non-Preferred |
|--|--|
| doxycycline hyclate capsule / tablet (generic for Vibramycin®, Vibra-Tab®) | demeclocycline tablet (generic for Declomycin®) |
| minocycline capsule (generic for Minocin®) | Doryx® DR / MPC Tablet |
| minocycline tablet | doxycycline hyclate DR tablet (generic for Doryx® DR) |
| Morgidox® Capsule (branded generic for doxycycline) | doxycycline monohydrate capsule (generic for Monodox®, Adoxa®) |
| tetracycline capsule / tablet (generic for Sumycin®) | doxycycline monohydrate IR-DR capsule (generic for Oracea®) |
| | doxycycline monohydrate tablet |
| | doxycycline suspension (generic for Vibramycin®) |
| | minocycline ER tablet (generic for Solodyn® ER) |
| | Nuzyra® Tablet |
| | Oracea® Capsule |
| | Vibramycin® Capsule |

CARDIOVASCULAR

ACE INHIBITORS & COMBINATIONS

| Preferred | Non-Preferred |
|---|---|
| amlodipine-benazepril capsule (generic for Lotrel® Capsule) | Accupril® Tablet |
| benazepril (generic for Lotensin®) | Accuretic® Tablet |
| benazepril-HCTZ (generic for Lotensin® HCT) | Altace® Capsule |
| captopril (generic for Capoten®) | captopril-HCTZ tablet (generic for Capozide®) |
| enalapril tablet (generic for Vasotec®) | enalapril solution (generic for Epaned®) |
| enalapril-HCTZ (generic for Vaseretic®) | Epaned® Solution |
| lisinopril (generic for Prinivil® and Zestril®) | fosinopril tablet (generic for Monopril®) |
| lisinopril-HCTZ (generic for Prinzide®, Zestoretic®) | fosinopril-HCTZ tablet (generic for Monopril® HCT) |
| ramipril capsule (generic for Altace®) | Lotensin® Tablet |
| trandolapril-verapamil tablet (generic for Tarka®) | Lotensin® HCT Tablet |
| | Lotrel® Capsule |
| | moexipril tablet (generic for Univasc®) |
| | perindopril tablet (generic for Aceon®) |
| | Qbrelis® Solution |
| | quinapril tablet (generic for Accupril®) |
| | quinapril-HCTZ tablet (generic for Accuretic®, Quinaretic®) |
| | trandolapril tablet (generic for Mavik®) |
| | Zestril® Tablet |
| | Zestoretic® Tablet |

| ANGIOTENSIN RECEPTOR BLOCKERS (ARBs) & DIURETIC COMBINATIONS | |
|--|---|
| Preferred | Non-Preferred |
| eprosartan tablet (generic for Teveten®) | Arbli™ Suspension |
| irbesartan (generic for Avapro®) | Atacand® Tablet |
| irbesartan-HCTZ (generic for Avalide®) | Atacand® HCT Tablet |
| losartan (generic for Cozaar®) | Avalide® Tablet |
| losartan-HCTZ (generic for Hyzaar®) | Avapro® Tablet |
| olmesartan (generic for Benicar®) | Benicar® Tablet |
| olmesartan-HCTZ tablet (generic for Benicar® HCT) | Benicar HCT® |
| telmisartan (generic for Micardis®) | candesartan tablet (generic for Atacand®) |
| telmisartan-HCTZ (generic for Micardis® HCT) | candesartan-HCTZ tablet (generic for Atacand® HCT) |
| valsartan tablet (generic for Diovan®) | Cozaar® Tablet |
| valsartan-HCTZ (generic for Diovan® HCT) | Diovan® Tablet |
| | Diovan® HCT Tablet |
| | Edarbi® Tablet |
| | Edarbyclor® Tablet |
| | Hyzaar® Tablet |
| | Micardis® Tablet |
| | Micardis® HCT Tablet |
| | valsartan solution (generic for Prexxartan®) |
| | |
| ANTIHYPERTENSIVES, SYMPATHOLYTICS | |
| Preferred | Non-Preferred |
| Repatha® Injection | Praluent® Injection |
| | |
| ANTIHYPERTENSIVES, SYMPATHOLYTICS | |
| Preferred | Non-Preferred |
| clonidine patch (generic for Catapres® TTS) | clonidine ER tablet (generic for Nexiclon™ XR) |
| clonidine tablet (generic for Catapres®) | Javadin™ Solution |
| guanfacine tablet (generic for Tenex®) | methyldopa-HCTZ tablet (generic for Aldoril®) |
| methyldopa tablet (generic for Aldomet®) | Nexiclon™ XR Tablet |
| | |
| ARNI ARB/NEPRILYSIN COMBO | |
| Preferred | Non-Preferred |
| sacubitril-valsartan tablet (generic for Entresto®) | Entresto® Sprinkle Capsule / Tablet |
| | |
| BETA BLOCKERS & COMBINATIONS | |
| Preferred | Non-Preferred |
| acebutolol capsule (generic for Sectral®) | Betapace® Tablet / AF Tablet |
| atenolol tablet (generic for Tenormin®) | betaxolol tablet (generic for Kerlone®) |
| atenolol-chlorthalidone tablet (generic for Tenoretic®) | Bystolic® Tablet |
| bisoprolol fumarate tablet (generic for Zebeta®) | carvedilol ER capsule (generic for Coreg® CR Capsule) |
| bisoprolol-HCTZ tablet (generic for Ziac®) | Hemangeol® Solution |
| carvedilol tablet (generic for Coreg®) | Inderal® LA Capsule |
| labetalol tablet (generic for Trandate®) | Innopran® XL Capsule |
| metoprolol succinate ER tablet (generic for Toprol XL®) | Kapsargo® Sprinkle |
| metoprolol tartrate tablet (generic for Lopressor®) | Lopressor® Solution / Tablet |
| nadolol tablet (generic for Corgard®) | metoprolol-HCTZ tablet (generic for Lopressor® HCT) |
| propranolol solution / tablet (generic for Inderal®) | nebivolol tablet (generic for Bystolic®) |
| propranolol ER capsule (generic for Inderal® LA) | pindolol tablet (generic for Visken®) |
| propranolol-HCTZ tablet | Sotylize® Solution |
| sotalol tablet / AF tablet (generic for Betapace® / AF, Sorine®) | Tenoretic® Tablet |
| | Tenormin® Tablet |
| | timolol tablet (generic for Blocadren®) |
| | Toprol XL® Tablet |
| | |
| BILE ACID SEQUESTRANTS | |
| Preferred | Non-Preferred |
| cholestyramine packet / powder (generic for Questran®) | colesevelam packet / tablet (generic for Welchol®) |
| cholestyramine light packet / powder (generic for Questran® Light) | Colestid® Granules / Tablet |
| colestipol granules (generic for Colestid®) | Prevalite® Packet / Powder |
| colestipol tablet (generic for Colestid® Tablet) | Questran® Light Powder |
| | Questran® Packet / Powder |
| | Welchol® Packet / Tablet |
| | |
| CALCIUM CHANNEL BLOCKERS (CCBs), DIHYDROPYRIDINES | |
| Preferred | Non-Preferred |
| amlodipine tablet (generic for Norvasc®) | Katerzia® Suspension |
| felodipine ER tablet (generic for Plendil®) | levamlodipine tablet (generic for Coniupri®) |
| isradipine capsule (generic for Dynacirc®) | nifedipine capsule (generic for Procardia®) |
| nicardipine capsule (generic for Cardene®) | nimodipine capsule (generic for Nimotop®) |
| nifedipine ER tablet (generic for Adalat CC® / Procardia XL®) | nimodipine solution (generic for Nymalize®) |
| | nisoldipine ER tablet (generic for Sular®) |
| | Norliqva® Solution |
| | Norvasc® Tablet |
| | Nymalize® Solution / Oral Syringe |
| | Procardia® XL Tablet |
| | Sdamlo® Solution |
| | Sular® Tablet |

| CALCIUM CHANNEL BLOCKERS (CCBs), NON-DIHYDROPYRIDINES | |
|--|--|
| Preferred | Non-Preferred |
| Cartia XT® Capsule (branded generic for Cardizem CD®) | Matzim® LA Tablet (branded generic for Cardizem LA®) |
| Dilt XR® Capsule (branded generic for Dilacor XR®) | verapamil PM capsule (generic for Verelan® PM) |
| diltiazem tablet (Generic for Cardizem) | Verelan® PM-Capsule |
| diltiazem SR 12 hour capsule (generic for Cardizem® SR) | |
| diltiazem CD (ER 24 hour) capsule (generic for Dilacor XR®, Tiazac®, Cardizem CD®) | |
| diltiazem LA tablet (generic for Cardizem LA®) | |
| Tiadyt® ER Capsule | |
| verapamil tablet (generic for Calan®) | |
| verapamil ER capsule (generic for Verelan®) | |
| verapamil ER tablet (generic for Calan® SR) | |
| | |
| CCB / ARB COMBINATION PRODUCTS | |
| Trial and Failure of Only 1 Preferred Product Required | |
| Preferred | Non-Preferred |
| amlodipine/valsartan tablet (generic for Exforge®) | amlodipine-olmesartan tablet (generic for Azor®) |
| amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT) | Azor® Tablet |
| | Exforge® Tablet |
| | Exforge HCT® Tablet |
| | olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor®) |
| | telmisartan-amlodipine tablet (generic for Twynsta®) |
| | Tribenzor® Tablet |
| | |
| CHOLESTEROL ABSORPTION INHIBITORS / COMBINATIONS | |
| Preferred | Non-Preferred |
| ezetimibe tablet (generic for Zetia®) | ezetimibe-simvastatin (generic for Vytorin®) |
| | Vytorin® Tablet |
| | Zetia® Tablet |
| | |
| DIRECT RENIN INHIBITORS | |
| Clinical Criteria applies if an ARB has not been prescribed previously | |
| Preferred | Non-Preferred |
| Tekturma® Tablet | aliskiren tablet (generic for Tekturma®) |
| | |
| ENDOTHELIN RECEPTOR ANTAGONISTS / ORAL PULMONARY HYPERTENSION | |
| Preferred | Non-Preferred |
| ambrisentan tablet (generic for Letairis®) | bosentan suspension (generic for Tracleer®) |
| bosentan tablet (generic for Tracleer®) | Letairis® Tablet |
| | Opsumit® Tablet |
| | Opsynvi® Tablet |
| | Tracleer® Suspension / Tablet |
| | |
| FIBRIC ACID DERIVATIVES | |
| Preferred | Non-Preferred |
| fenofibrate tablet (generic Tricor®) | fenofibrate capsule (generic for Antara®, Lipofen®, et. al.) |
| gemfibrozil tablet (generic for Lipid®) | fenofibrate tablet (generic for Lofibra®, Fenoglide®, et. al.) |
| | fenofibric acid capsule (generic for Trilipix®) |
| | fenofibric acid tablet (generic for Fibricor®) |
| | Lipofen® Capsule |
| | Lipid® Tablet |
| | Tricor® Tablet |
| | |
| LIPOTROPICS, OMEGA-3 FATTY ACIDS | |
| Preferred | Non-Preferred |
| omega 3 acid ethyl esters capsule (generic for Lovaza®) | |
| icosapent ethyl capsule (generic for Vascepa®) | |
| | |
| NON-NITRATE ANTIANGINALS | |
| Preferred | Non-Preferred |
| ranolazine ER tablet (generic for Ranexa®) | Aspruzo™ Sprinkle |
| | |
| ORAL PULMONARY HYPERTENSION AGENTS, OTHER | |
| Clinical Criteria applies to all medications in this class | |
| Preferred | Non-Preferred |
| Alyq® Tablet (branded generic of tadalafil) | Adcirca® Tablet |
| sildenafil tablet (generic for Revatio®) | Adempas® Tablet |
| tadalafil tablet (generic for Adcirca®) | Liqrev® Suspension |
| | Orenitram® ER Tablet / Titration Kit |
| | Revatio® Suspension / Tablet |
| | sildenafil suspension (generic for Revatio®) |
| | Tadliq® Suspension |
| | Uptravi® Tablet |
| | |

| STATINS AND COMBINATIONS | |
|--|---|
| Preferred | Non-Preferred |
| atorvastatin tablet (generic for Lipitor®) | amlodipine-atorvastatin (generic for Caduet®) |
| fluvastatin capsule (generic for Lescol®) | Altoprev® Tablet |
| lovastatin tablet (generic for Mevacor®) | Atoraliq® Suspension |
| pravastatin tablet (generic for Pravachol®) | Caduet® Tablet |
| rosuvastatin tablet (generic for Crestor®) | Crestor® Tablet |
| simvastatin tablet (generic for Zocor®) | Ezallor® Capsule |
| | fluvastatin ER tablet (generic for Lescol® XL) |
| | Lescol® XL Tablet |
| | Lipitor® Tablet |
| | Livalo® Tablet |
| | Zocor® Tablet |
| | pitavastatin (generic for Livalo®) |
| | Zypitamag® Tablet |
| CENTRAL NERVOUS SYSTEM ALZHEIMER'S AGENTS | |
| CHOLINESTERASE INHIBITORS | |
| Preferred | Non-Preferred |
| donepezil tablet / ODT 5 mg, 10 mg (generic for Aricept® / Aricept® ODT) | Adlarity® Patch |
| Exelon® Patch | Aricept® Tablet |
| rivastigmine capsule (generic for Exelon®) | donepezil tablet 23 mg (generic for Aricept®) |
| | galantamine ER capsule / solution / tablet (generic for Razadyne® / ER) |
| | rivastigmine transdermal (generic for Exelon®) |
| | Zunvey® Tablet |
| NMDA RECEPTOR ANTAGONIST | |
| Preferred | Non-Preferred |
| memantine solution / tablet (generic for Namenda®) | memantine ER capsule (generic for Namenda® XR) |
| | memantine titration pack (generic for Namenda®) |
| | memantine-donepezil capsule (generic for Namzaric®) |
| | Namenda® XR Capsule / XR Titration Pack |
| | Namzaric® Capsule / Titration Pack |
| ANTI-CONVULSANTS CARBAMAZEPINE DERIVATIVES | |
| Preferred | Non-Preferred |
| carbamazepine chewable tablet (generic for Tegretol®) | Aptiom® Tablet |
| carbamazepine suspension (generic for Tegretol®) | carbamazepine ER capsule (generic for Carbatrol®) |
| carbamazepine tablet (generic for Tegretol®) | carbamazepine ER tablet (generic for Tegretol XR®) |
| Carbatrol® Capsule | Equetro® Capsule |
| Epitol® Tablet (branded generic for Tegretol®) | eslicarbazepine tablet (generic for Aptiom®) |
| oxcarbazepine tablet (generic for Trileptal®) | oxcarbazepine ER tablet (generic for Oxtellar® XR) |
| Tegretol® XR Tablet | oxcarbazepine suspension (generic for Trileptal®) |
| Trileptal® Suspension | Oxtellar® XR Tablet |
| | Tegretol® Suspension / Tablet |
| | Trileptal® Tablet |
| FIRST GENERATION ANTICONVULSANTS | |
| Preferred | Non-Preferred |
| Celontin® Kapseal | Depakote® Sprinkle Capsule / Tablet |
| divalproex tablet / ER tablet / sprinkle capsule (generic for Depakote® / ER / Sprinkle) | Depakote® ER Tablet |
| ethosuximide capsule / solution (generic for Zarontin®) | Dilantin® Capsule / Infatab / Suspension |
| felbamate suspension / tablet (generic for Felbatol®) | Felbatol® Tablet |
| phenytoin chewable / capsules / infatab / suspension (generic for Dilantin®) | methsuximide capsule (generic for Celontin® Kapseal) |
| phenytoin extended capsules (generic for Phenytek®) | Phenytek® Capsule |
| primidone Tablet (generic for Mysoline®) | Zarontin® Capsule / Solution |
| valproic acid capsule / solution (generic for Depakene®) | |
| SECOND GENERATION ANTICONVULSANTS | |
| Preferred | Non-Preferred |
| Banzel® Tablet- Clinical Criteria Applies | Banzel® Suspension |
| clobazam suspension / tablet (generic for Onfi®) | brivacetam solution / tablet (generic for Briviact®) |
| Fycompa® Tablet / Suspension- Clinical Criteria Applies | Briviact® Solution / Tablet |
| gabapentin capsule / solution / tablet (generic for Neurontin®) | Diacomit® Capsule / Powder Packet |
| lacosamide solution / tablet (generic for Vimpat®) | Elepsia™ XR Tablet |
| lamotrigine chewable /dispersible / tablet (generic for Lamictal®) | Epidiolex® Solution / Solution Pack |
| lamotrigine ER tablet / ODT (generic for Lamictal® XR / ODT) | Eprontia® Solution |
| levetiracetam tablet / ER tablet / solution (generic for Keppra®/ XR) | Fintepla® Solution |
| pregabalin capsule (generic for Lyrica®) | Keppra® Tablet / Solution / XR Tablet |
| Roweepra® Tablet | Lamictal® Chewable / Dispersible / ODT / Tablet / XR / Starter Kit |
| rufinamide suspension (generic for Banzel®)- Clinical Criteria Applies | lamotrigine starter kit (generic for Lamictal® / ODT / XR) |
| Sabril® Powder Packet- Clinical Criteria Applies | levetiracetam tablet for suspension (generic for Spritam®) |
| tiagabine tablet (generic for Gabitril®)- Clinical Criteria Applies | Libervant® Film |
| topiramate sprinkle capsule / tablet (generic for Topamax®) | Lyrica® Capsule / Solution / CR Tablet |
| vigabatrin tablet (generic for Sabril®)- Clinical Criteria Applies | Motpoly™ XR Capsule |
| Vigpoder® Powder Packet- Clinical Criteria Applies | Neurontin® Capsule / Solution / Tablet |
| zonisamide capsule (generic for Zonegran®) | Onfi® Suspension / Tablet |

| | |
|---|---|
| | perampanel suspension / tablet (generic for Fycompa®) |
| | pregabalin solution (generic for Lyrica®) |
| | pregabalin ER tablet (generic for Lyrica® CR) |
| | Qudexy® XR Capsule |
| | rufinamide tablet (generic for Banzel®) |
| | Sabril® Tablet |
| | Spritam® Tablet |
| | Subvenite® Starter Kit / Suspension / Tablet |
| | Sympazan® Film |
| | Topamax® Sprinkle Capsule / Tablet |
| | topiramate ER capsule (generic for Qudexy®) |
| | topiramate ER capsule (generic for Trokendi XR®) |
| | topiramate solution (generic for Eprontia™) |
| | Trokendi® XR Capsule |
| | vigabatrin powder pack (generic for Sabril®) |
| | Vigadrone® Powder Packet / Tablet |
| | Vigafyde™ Oral Solution |
| | Vimpat® Solution / Tablet |
| | Xcopri® Dose Pack / Tablet / Titration Pack |
| | Zonisade® Oral Suspension |
| | Zialmy® Oral Suspension |
| NASAL ADMINISTRATION | |
| Preferred | Non-Preferred |
| Nayzilam® Nasal Spray | |
| Valtoco® Nasal Spray | |
| RECTAL ADMINISTRATION | |
| Preferred | Non-Preferred |
| diazepam rectal gel system | |
| ANTI-PARKINSON AGENTS | |
| ANTI-PARKINSON , OTHER | |
| Preferred | Non-Preferred |
| amantadine capsule / solution / tablet (generic for Symmetrel®) | Apokyn® Cartridge |
| benztropine tablet (generic for Cogentin®) | apomorphine cartridge (generic for Apokyn®) |
| bromocriptine capsule / tablet (generic for Parlodel®) | Azilect® Tablet |
| carbidopa-levodopa tablet / ER tablet (generic for Sinemet® / Sinemet CR®) | carbidopa tablet (generic for Lodosyn®) |
| carbidopa-levodopa ODT tablet (generic for Parcopa®) | carbidopa-levodopa ER capsule (generic for Rytary® ER) |
| pramipexole tablet (generic for Mirapex®) | carbidopa-levodopa-entacapone tablet (generic for Stalevo®) |
| ropinirole tablet (generic for Requip®) | Crexont® ER Capsule |
| selegiline capsule / tablet (generic for Eldepryl®) | Dhivy® Tablet |
| trihexyphenidyl elixir / solution / tablet (generic for Artane®) | Duopa® Suspension |
| | entacapone tablet (generic for Comtan®) |
| | Gocovri® Capsule - Clinical Criteria Applies |
| | Inbrija® Inhalation |
| | Mirapex® ER Tablet |
| | Neupro® Patch |
| | Nourianz® Tablet |
| | Ongentys® Capsule |
| | Osmolex® ER Tablet |
| | pramipexole ER tablet (generic for Mirapex® ER) |
| | rasagiline tablet (generic for Azilect®) |
| | ropinirole ER tablet (generic for Requip® XL) |
| | Rytary® ER Capsule |
| | tolcapone tablet (generic for Tasmar®) |
| | Sinemet® Tablet |
| | Xadago® Tablet |
| BEHAVIORAL HEALTH | |
| ANTIDEPRESSANTS, OTHER | |
| Preferred | Non-Preferred |
| bupropion tablet / SR tablet / XL tablet (generic for Wellbutrin® Tablet / SR / XL) | Auvelity® Tablet |
| desvenlafaxine ER tablet (generic for Pristiq®) | bupropion XL 450 mg tablet (generic for Forfivo® XL) |
| duloxetine capsule (generic for Cymbalta®) | Cymbalta® Capsule |
| mirtazapine ODT / tablet (generic for Remeron®) | desvenlafaxine ER tablet (generic for Khedezla®) |
| nefazodone tablet (generic for Serzone®) | duloxetine capsule (generic for Irenka®) |
| phenelzine tablet (generic for Nardil®) | Effexor® XR Capsule |
| trazodone tablet (generic for Desyre®) | Emsam® Patch |
| venlafaxine tablet / ER capsules (generic for Effexor® / XR) | Exxua™ Tablet |
| vilazodone tablet (generic for Viibryd®) | Fetzima® Capsule / Titration Pak |
| | Forfivo® XL Tablet |
| | Marplan® Tablet |
| | Nardil® Tablet |
| | Pristiq® ER Tablet |
| | Raldesy™ Solution |
| | Remeron® Soltab® / Tablet |
| | tranylcypromine tablet (generic for Parnate®) |
| | Trintellix® Tablet |
| | venlafaxine HCl / besylate ER tablet |
| | Viibryd® Tablet / Starter Pack |
| | Wellbutrin® SR Tablet |
| | Zuruvae® Capsule- Clinical Criteria Applies |

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS

| Preferred | Non-Preferred |
|--|--|
| Adderall® Tablet (Generic Product Per FDA) | Adderall® XR Capsule |
| amphetamine salt combo tablet (generic for Adderall®) | Adzenys® XR ODT |
| amphetamine salt combo XR capsule (generic for Adderall® XR) | amphetamine ER ODT tablet (generic for Adzenys®) |
| atomoxetine capsule (generic for Strattera®) | amphetamine sulfate tablet (generic for Evekeo®) |
| clonidine ER tablet (generic for Kapvay®) | Aptensio® XR Capsule |
| dexmethylphenidate tablet (generic for Focalin®) | Azstarys® Capsule |
| dexmethylphenidate ER capsule (generic for Focalin® XR) | Concerta® Tablet |
| dextroamphetamine tablet (generic for Dexedrine®) | Cotempla® XR ODT |
| dextroamphetamine ER capsule (generic for Dexedrine® ER Spansule) | Daytrana® Patch |
| Dyanavel® Suspension | Dexedrine® Spansule® |
| guanfacine ER tablet (generic for Intuniv®) | dextroamphetamine-amphetamine ER capsule (generic for Mydayis® ER) |
| methylphenidate CD capsule (generic for Metadate® CD) | dextroamphetamine solution (generic for ProCentra®) |
| methylphenidate solution / tablet (generic for Methylin® , Ritalin®) | Dyanavel® XR Tablet |
| methylphenidate ER tablet (generic for Ritalin® SR) | Evekeo® ODT Tablet / Tablet |
| methylphenidate ER tablet (generic for Concerta®) | Focalin® Tablet / XR Capsule |
| methylphenidate LA capsule (generic for Ritalin® LA) | Intuniv® Tablet |
| Quillichew® ER Tablet | Jornay PM® Capsule |
| Quillivant® XR Suspension | lisdexamfetamine capsule / chewable tablet (generic for Vyvanse®) |
| Vyvanse® Capsules / Chewable Tablets | methamphetamine tablet (generic for Desoxyn®) |
| | Methylin® Solution |
| | methylphenidate chewable tablet |
| | methylphenidate ER capsule (generic for Aptensio® XR) |
| | methylphenidate ER tablet (generic for Relexxii® ER) |
| | methylphenidate patch (generic for Daytrana®) |
| | Mydayis® ER Capsule |
| | Onyda™ XR Suspension |
| | ProCentra® Solution |
| | Qelbree® Capsule |
| | Relexxii® ER Tablet |
| | Ritalin® Tablet |
| | Ritalin® LA Capsule |
| | Strattera® Capsule |
| | Xelstrym® Patch |
| | Zenedi® Tablet |

ATYPICAL ANTIPSYCHOTICS , ORAL and SHORT ACTING INJECTABLES

Trial and Failure of Only 1 Preferred Product Required
Prior Authorization is required for ALL antipsychotic medications for children ≤ age 6

| Preferred | Non-Preferred |
|--|--|
| aripiprazole tablet (generic for Abilify®) | Abilify® Tablet / Abilify® MyCite® Tablet |
| asenapine SL tablet (generic for Saphris® SL) | Adasuve® Inhalation Powder |
| clozapine tablet (generic for Clozaril®) | aripiprazole ODT (generic for Abilify® Discmelt®) |
| lurasidone tablet (generic for Latuda®) | aripiprazole solution (generic for Abilify®) |
| olanzapine tablet (generic for Zyprexa®) | Caplyta® Capsule |
| quetiapine tablet / ER tablet (generic for Seroquel® / XR) | clozapine ODT (generic for FazaClo®) |
| risperidone ODT / solution / tablet (generic for Risperdal®) | Clozaril® Tablet |
| Vraylar® Capsule / Pack | Cobenfy™ Capsule / Starter Pack |
| ziprasidone capsule (generic for Geodon®) | Fanapt® Tablet / Titration Pack |
| | Geodon® Capsule |
| | Invega® ER Tablet |
| | Latuda® Tablet |
| | Lybalvi® Tablet |
| | Nuplazid® Capsule / Tablet |
| | olanzapine ODT (generic for Zyprexa®) |
| | olanzapine-fluoxetine capsule (generic for Symbyax®) |
| | Opizza™ Film |
| | paliperidone ER tablet (generic for Invega®) |
| | Rexulti® Tablet / Pack |
| | Risperdal® Solution / Tablet |
| | Saphris® SL Tablet |
| | Secuado® Patch |
| | Seroquel® Tablet / XR /XR Sample Kit |
| | Versacloz® Suspension |
| | ziprasidone injection (Generic for Geodon®) |
| | Zyprexa® Tablet |

ATYPICAL ANTIPSYCHOTICS, LONG ACTING INJECTABLES

Prior Authorization is required for ALL antipsychotic medications for children ≤ age 6

| Preferred | Non-Preferred |
|------------------------------|-----------------------------|
| Abilify Asimtufi® Injection | Erzofri® Injection |
| Abilify Maintena® Injection | Rykindo® Injection |
| Aristada® Injection | Zyprexa® Reiprev™ Injection |
| Aristada® Initio® Injection | |
| Invega Hafyera™ Injection | |
| Invega® Sustenna® Injection | |
| Invega® Trinza® Injection | |
| Perseris® Injection | |
| Risperdal® Consta® Injection | |
| Uzedy® Injection | |

| SELECTIVE SEROTONIN REUPTAKE INHIBITORS | |
|---|--|
| Preferred | Non-Preferred |
| citalopram solution / tablet (generic for Celexa®) | Celexa® Tablet |
| escitalopram tablet (generic for Lexapro®) | citalopram capsule |
| fluoxetine capsule / solution (generic for Prozac®) | escitalopram solution (generic for Lexapro®) |
| fluoxetine 10mg, 20mg tablet | fluoxetine 60mg tablet |
| fluvoxamine tablet (generic for Luvox®) | fluoxetine DR 90mg capsule (generic for Prozac® Weekly) |
| paroxetine tablet (generic for Paxil®) | fluvoxamine ER capsule (generic for Luvox CR®) |
| sertraline tablet (generic for Zoloft®) | Lexapro® Tablet |
| | paroxetine capsule (generic for Brisdelle®) |
| | paroxetine suspension / CR tablet (generic for Paxil® / CR) |
| | Paxil® Suspension / Tablet / CR Tablet |
| | Prozac® Pulvule |
| | sertraline capsule |
| | sertraline solution (generic for Zoloft®) |
| | Zoloft® Solution / Tablet |
| | |
| OTHER CNS AGENTS | |
| ANTI-MIGRAINE, CGRP MODULATORS, ACUTE TREATMENT | |
| Clinical Criteria applies to all drugs in this class | |
| Preferred | Non-Preferred |
| Ubrovelvy® Tablet | Emgality® 100mg Injection (Single dose and 3 Dose) |
| | Nurtec® ODT |
| | Zavzpret® Nasal Spray |
| | |
| ANTI-MIGRAINE, CGRP MODULATORS, PREVENTATIVE | |
| Clinical Criteria applies to all drugs in this class | |
| Preferred | Non-Preferred |
| Ajovy® Injection | Aimovig® Injection |
| Emgality® 120mg Injection | Nurtec® ODT |
| Qulipta® Tablet | |
| | |
| ANTI-MIGRAINE, TRIPTANS AND OTHER | |
| Preferred | Non-Preferred |
| Relpax® Tablet | almotriptan (generic for Axert®) |
| rizatriptan tablet / ODT (generic for Maxalt®) | diclofenac potassium powder (generic for Cambia®) - Clinical Criteria Applies |
| sumatriptan tablet / injection (generic for Imitrex®) | eletriptan tablet (generic for Relpax®) |
| | Elyxyb® Solution - Clinical Criteria Applies |
| | Frova® Tablet |
| | frovatriptan tablet (generic for Frova®) |
| | Imitrex® Injection / Tablet |
| | Maxalt® Tablet / MLT Tablet |
| | naratriptan tablet (generic for Amerge®) |
| | Reyvow® Tablet |
| | sumatriptan nasal spray (generic for Imitrex®) |
| | sumatriptan-naproxen (generic for Treximet®) |
| | Symbravo® Tablet |
| | Tosymra® Nasal Spray |
| | Zembrace® SymTouch® |
| | zolmitriptan nasal spray / ODT / tablet (generic for Zomig®) |
| | Zomig® Nasal Spray / Tablet |
| | |
| ANTI-NARCOLEPSY AND RELATED AGENTS | |
| Clinical Criteria applies to all drugs in this class. Documentation of Trial and Failure of 1 Preferred product is required. | |
| Preferred | Non-Preferred |
| armodafinil tablet (generic for Nuvigil®) | Nuvigil® Tablet |
| modafinil tablet (generic for Provigil®) | Provigil® Tablet |
| | Sunosi® Tablet |
| | Wakix® Tablet |
| | |
| MOVEMENT DISORDERS | |
| Preferred | Non-Preferred |
| Austedo® Tablet / XR Tablet | Austedo® Titration Pack / XR Titration Pack |
| Ingrezza® Capsule / Initiation Pack / Sprinkle | Xenazine® Tablet |
| tetrabenazine tablet (generic for Xenazine® Tablet) | |
| | |
| MULTIPLE SCLEROSIS AGENTS - ORAL | |
| Preferred | Non-Preferred |
| dalfampridine ER tablet (generic for Ampyra®) | Ampyra® Tablet |
| dimethyl fumarate DR capsule / starter pack (generic for Tecfidera® Capsule / Starter Pack) | Aubagio® Tablet |
| fingolimod capsule (generic for Gilenya®) | Bafiertam® Capsule |
| terifunomide tablet (generic for Aubagio®) | Gilenya® Capsule |
| | Mavenclad® Tablet |
| | Mayzent® Starter Pack / Tablet |
| | Ponvory® Starter Pack / Tablet |
| | Tascenso ODT® |
| | Tecfidera® Capsule / Starter Pack |
| | Vumerity® Capsule |
| | Zeposia® Starter Pack / Capsule |
| | |

| MULTIPLE SCLEROSIS AGENTS- INJECTABLE | |
|---|--|
| Preferred | Non-Preferred |
| Avonex® Injection | Copaxone® Injection 40mg/ml |
| Betaseron® Injection | glatiramer injection (generic for Copaxone®) |
| Copaxone® Injection 20mg/ml dose only | Glatopa® Injection |
| Kesimpta® Injection - Clinical Criteria Applies | Plegridy® Injection |
| | Rebif® / Rebiodose® / Titration Pack / Injection |
| | |
| NON-ERGOT DOPAMINE RECEPTOR AGONISTS / RESTLESS LEG AGENTS | |
| Preferred | Non-Preferred |
| pramipexole tablet (generic for Mirapex®) | pramipexole ER tablet (generic for Mirapex ER®) |
| ropinirole tablet (generic for Requip®) | Mirapex® ER Tablet |
| | Neupro® Patch |
| | Osmolex® ER Tablet |
| | ropinirole ER tablet (generic for Requip XL®) |
| | |
| SEDATIVE/HYPNOTICS, NON-BARBITURATES | |
| Preferred | Non-Preferred |
| temazepam capsule (generic for Restoril®) | Ambien® Tablet / CR Tablet |
| zolpidem tablet (generic for Ambien®) | Belsomra® Tablet |
| | Dayvigo® Tablet |
| | Doral® Tablet |
| | doxepin tablet (generic for Silenor®) |
| | Edluar® SL Tablet |
| | estazolam tablet (generic for Prosom®) |
| | eszopiclone tablet (generic for Lunesta®) |
| | flurazepam capsule (generic for Dalmene®) |
| | Halcion® Tablet |
| | Hetlioz® Capsule / Suspension |
| | Igalmi® Film |
| | Lunesta® Tablet |
| | quazepam tablet (generic for Doral®) |
| | Quviviq® Tablet |
| | ramelteon tablet (generic for Rozerem®) |
| | Restoril® Capsule |
| | Rozerem® Tablet |
| | tasimelteon capsule (generic for Hetlioz®) |
| | triazolam tablet (generic for Halcion®) |
| | zaleplon capsule (generic for Sonata®) |
| | zolpidem capsule |
| | zolpidem ER tablet (generic for Ambien® CR) |
| | zolpidem SL tablet (generic for Intermezzo®) |
| | |
| SKELETAL MUSCLE RELAXANTS | |
| Preferred | Non-Preferred |
| baclofen tablet (generic for Lioresal®) | Amrix® ER Capsule |
| chlorzoxazone tablet (generic for Parafon Forte®) | baclofen oral solution covered ≤ age 12 with no P.A. |
| cyclobenzaprine tablet (generic for Flexeril®) | baclofen suspension (generic for Fleqsuvy®) |
| dantrolene sodium capsule (generic for Dantrium®) | carisoprodol (generic for Soma®) |
| methocarbamol tablet (generic for Robaxin®) | carisoprodol-aspirin (generic for Soma® Compound) |
| orphenadrine ER tablet (generic for Norflex®) | cyclobenzaprine ER capsule (generic for Amrix® ER) |
| tizanidine tablet (generic for Zanaflex®) | Dantrium® Capsule / Injection |
| | Fexmid® Tablet |
| | Fleqsuvy® Suspension |
| | Lorzone® Tablet |
| | Lyvispah® Granule Packet |
| | metaxalone tablet (generic for Skelaxin®) |
| | Norgesic® Tablet / Forte Tablet |
| | Ontrafy™ Solution |
| | orphenadrine-aspirin-caffeine tablet (generic for Norgesic®) |
| | Orphengestic® Forte Tablet |
| | Ozobax® Solution |
| | Soma® Tablet |
| | Tanlor® Tablet |
| | tizanidine capsules (generic for Zanaflex®) |
| | Tonmya™ SL Tablet |
| | Zanaflex® Capsule / Tablet |
| | |
| ENDOCRINE AND METABOLIC | |
| ANTI-DIABETICS | |
| ALPHA-GLUCOSIDASE INHIBITORS | |
| Preferred | Non-Preferred |
| acarbose tablet (generic for Precose®) | migliitol tablet (generic for Glyset®) |
| | Precose® Tablet |
| | |
| AMYLIN ANALOGS | |
| Clinical Criteria applies if patient has no recent claim for insulin therapy | |
| Preferred | Non-Preferred |
| Symlin® Injection | |
| | |

| BIGUANIDES AND COMBINATIONS | |
|---|--|
| Preferred | Non-Preferred |
| glyburide-metformin tablet (generic for Glucovance®) | glipizide-metformin tablet (generic for Metaglip®) |
| metformin tablet (generic for Glucophage®) *all except 625mg strength | metformin solution (generic for Riomet® Solution) |
| metformin tablet ER tablet (generic for Glucophage® ER) | metformin 625mg tablet |
| | metformin ER tablet (generic for Fortamet®) |
| | metformin ER tablet (generic for Glumetza®) |
| | Riomet® Solution / ER Suspension |
| | |
| DPP-4 INHIBITORS AND COMBINATIONS | |
| Clinical Criteria applies if no claim for metformin in history | |
| Preferred | Non-Preferred |
| Janumet® Tablet | alogliptin tablet (generic for Nesina®) |
| Januvia® Tablet | alogliptin-metformin tablet (generic for Kazano®) |
| Jentadueto® Tablet | alogliptin-pioglitazone tablet (generic for Oseni®) |
| Tradjenta® Tablet | Brynovin® Solution |
| | Glyxambi® Tablet |
| | Janumet® XR Tablet |
| | Jentadueto® XR Tablet |
| | Kazano® Tablet |
| | Nesina® Tablet |
| | Onglyza® Tablet |
| | Oseni® Tablet |
| | Qtern® Tablet |
| | saxagliptin tablet (generic for Onglyza®) |
| | saxagliptin-metformin ER tablet (generic for Kombiglyze® XR) |
| | sitagliptin (generic for Zituvio®) |
| | sitagliptin-metformin (generic for Zituvimet®) |
| | sitagliptin-metformin XR (generic for Zituvimet® XR) |
| | Steglujan® Tablet |
| | Trijardy® XR Tablet |
| | Zituvimet™ / XR Tablet |
| | Zituvio® Tablet |
| | |
| GLP -1 / GIP AGONISTS, INJECTABLE | |
| Clinical Criteria applies to all drugs in this class. Documentation of Trial and Failure of ALL Preferred products is required. | |
| Preferred | Non-Preferred |
| Ozempic® Injection | Bydureon® BCise™ Injection |
| Trulicity® Injection | Byetta® Injection |
| Victoza® Injection | exenatide injection (generic for Byetta®) |
| | liraglutide injection (generic for Victoza®) |
| | Mounjaro® Injection |
| | Soliqua® Injection |
| | Xultophy® Injection |
| | |
| INSULINS | |
| Preferred | Non-Preferred |
| Apidra® SoloStar® | Admelog® SoloStar® / Injection |
| Humalog® U-100 Cartridge / KwikPen® / Tempo Pen™ / Injection | Afrezza® Inhalation Powder |
| Humalog® U-100 Junior KwikPen® | Apidra® Injection |
| Humalog® U-200 KwikPen® | Basaglar® KwikPen® / Tempo Pen™ |
| Humalog® 50/50 Mix KwikPen® / Injection | Fiasp® FlexTouch® / Injection |
| Humalog® 75/25 Mix KwikPen® / Injection | insulin degludec U-100, U-200 FlexTouch® / injection (generic for Tresiba®) |
| Humulin® 70/30 KwikPen® / Injection | insulin glargine U-100 SoloStar® / injection (authorized biosimilar for Lantus®) |
| Humulin® N KwikPen® / Injection | insulin glargine U-300 SoloStar® / Max SoloStar® (generic for Toujeo® / Max SoloStar®) |
| Humulin® R U-100 Injection | insulin glargine-yfjn injection (generic for Semglee® yfjn) |
| Humulin® R U-500 KwikPen® / U-500 Injection | Kirsty™ Injection |
| insulin aspart cartridge / FlexPen® / injection (generic for Novolog®) | Lyumjev® U-100 KwikPen® / Tempo Pen™ / Injection |
| insulin aspart mix 70/30 U-100 FlexPen® / injection (generic for Novolog® Mix 70/30) | Lyumjev® U-200 KwikPen® |
| insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior) | Merilog™ Solostar® / Injection |
| insulin lispro KwikPen® / injection (generic for Humalog®) | Novolin® N (and ReliOn® N) FlexPen® / Injection |
| insulin lispro mix 75/25 KwikPen® (generic for Humalog® 75/25 Mix) | Novolin® R (and ReliOn® R) FlexPen® / Injection |
| Lantus® SoloStar® / Injection | Novolin® 70/30 (and ReliOn® 70/30) FlexPen® / Injection |
| Levemir® Vial | Rezvoglar™ KwikPen® |
| Novolog® (and ReliOn®) Cartridge / FlexPen® / Injection | Semglee™ yfjn Injection |
| Novolog® (and ReliOn®) Mix 70/30 FlexPen® / Injection | Toujeo® U-300 SoloStar® / Max SoloStar® |
| Tresiba® U-100, U-200 FlexTouch® / Injection | |
| | |
| MEGLITINIDES | |
| Preferred | Non-Preferred |
| nateglinide tablet (generic for Starlix®) | repaglinide tablet (generic for Prandin®) |
| | |
| SODIUM-GLUCOSE TRANSPORTER 2 (SGLT2) INHIBITORS | |
| Clinical Criteria applies if no claim for metformin in history | |
| Preferred | Non-Preferred |
| Farxiga® Tablet | dapagliflozin tablet (generic for Farxiga®) |
| Invokamet® Tablet | dapagliflozin-metformin tablet (generic for Xigduo® XR) 5mg/1000mg, 10mg/1000mg |
| Invokana® Tablet | Inpefa® Tablet - Clinical Criteria Applies |
| Jardiance® Tablet | Invokamet® XR Tablet |
| Xigduo® XR Tablet | Segluromet® Tablet |
| | Steglatro® Tablet |
| | Synjardy® / Synjardy® XR Tablet |
| | |

| SULFONYLUREAS | |
|---|---|
| Preferred | Non-Preferred |
| glimepiride tablet (generic for Amaryl®) | Glucotrol® XL Tablet |
| glipizide tablet / ER tablet (generic for Glucotrol® / XL) | |
| glyburide micronized tablet (generic for Micronase®, Glynase®) Caution: glyburide may result in a higher risk of severe prolonged hypoglycemia in older adults | |
| glyburide tablet (generic for Diabeta®) Caution: glyburide may result in a higher risk of severe prolonged hypoglycemia in older adults | |
| | |
| THIAZOLIDINEDIONES / COMBINATIONS | |
| Preferred | Non-Preferred |
| pioglitazone tablet (generic for Actos®) | ActoPlus Met® Tablet |
| | Actos® Tablet |
| | Duetact® Tablet |
| | pioglitazone-glimepiride tablet (generic for Duetact®) |
| | pioglitazone-metformin tablet (generic for ActoPlus Met®) |
| | |
| OTHER ENDOCRINE AND METABOLIC AGENTS | |
| BISPHOSPHONATES and OSTEOPOROSIS | |
| Preferred | Non-Preferred |
| alendronate tablet (generic for Fosamax®) | Actonel® Tablet |
| calcitonin salmon nasal spray (generic for Miacalcin®) | alendronate solution (generic for Fosamax® Solution) |
| ibandronate tablet (generic for Boniva®) | Atelvia® Tablet |
| teriparatide injection (generic for Forteo® Injection) | Binosto® Effervescent Tablet |
| | Bonsity® Injection |
| | Evista® Tablet |
| | Forteo® Injection |
| | Fosamax® Tablet / Plus D Tablet |
| | raloxifene tablet (generic for Evista®) |
| | risedronate tablet (generic for Actonel®) |
| | Tymlos® Injection |
| | |
| ELECTROLYTE BINDERS / DEPLETERS | |
| Preferred | Non-Preferred |
| calcium acetate capsule / tablet (Rx) | Auryxia® Tablet |
| Lokelma® for Oral Suspension | Calphron® Tablet |
| sevelamer carbonate tablet (generic for Renvela®) | Fosrenol® Chewable / Powder Pack |
| sodium polystyrene sulfonate suspension (SPS®, Kionex®) | lanthanum carbonate chewable tablet (generic for Fosrenol®) |
| Veltassa® for Oral Suspension | MagneBind® 400 Rx Tablet |
| | Renvela® Powder Pack / Tablet |
| | sevelamer carbonate powder pack (generic for Renvela®) |
| | sevelamer hydrochloride tablet (generic for Renagel®) |
| | Velphoro® Chewable |
| | Xphozah® Tablet |
| | |
| GLUCOCORTICIDS, ORAL | |
| Preferred | Non-Preferred |
| budesonide EC capsule (generic for Entocort® EC) | Agamree® Suspension |
| cortisone tablet (generic for Patison®) | Alkindi® Sprinkle Capsule |
| dexamethasone elixir / tablet (generic for Decadron®) | Cortef® Tablet |
| dexamethasone solution (generic for Concedix®) | deflazacort suspension / tablet (generic for Emfaza®) |
| dexamethasone dose pack | dexamethasone Intensol® Drops |
| hydrocortisone tablet (generic for Cortef®) | Emfaza® Suspension / Tablet |
| methylprednisolone dose pack / tablet (generic for Medrol®) | Eohilla™ Packet for Suspension |
| prednisolone ODT (generic for Orapred® ODT) | Hemady® Tablet |
| prednisolone solution (generic for PediaPred®, OraPred®, Veripred®) | Kymbee™ Tablet |
| prednisolone solution (generic for Prelone®, Millipred®) | Khindivi® Solution |
| prednisone dose pack (generic for Sterapred®) | Medrol® Dose Pack / Tablet |
| prednisone solution / tablet (generic for Deltasone®) | Millipred® Dose Pack / Tablet |
| | prednisone DR tablet |
| | prednisone Intensol® Solution |
| | prednisolone tablet (generic for Millipred®) |
| | Rayos® Tablet |
| | Taperdex® Dose Pack |
| | Tarpeyo® Capsule |
| | |
| GROWTH HORMONE | |
| Clinical Criteria applies to all drugs in this class | |
| Preferred | Non-Preferred |
| Genotropin® Cartridge / MiniQuick® | Humatrope® Cartridge |
| Norditropin® Flexpro® | Increlex® Injection |
| | Ngela™ Injection |
| | Nutropin® AQ NuSpin® |
| | Omnitrope® Cartridge / Injection |
| | Serostim® Injection |
| | Skytrofa® Cartridge |
| | Sogroya® Injection |
| | Zomacton® Injection |
| | |
| PANCREATIC ENZYMES | |
| Preferred | Non-Preferred |
| Creon® Capsule | Pertzye® Capsule |
| Zenpep® Capsule | Viokase® Tablet |
| | |
| UREA CYCLE DISORDERS, NAGS DEFICIENCY | |
| Clinical Criteria applies to all drugs in this class | |
| Preferred | Non-Preferred |
| Carbaglu® Tablet | carglumic acid tablet (generic for Carbaglu®) |

**GASTROINTESTINAL
ANTIEMETIC/ANTIVERTIGO AGENTS**

| Preferred | Non-Preferred |
|---|---|
| aprepitant capsule / pack (generic for Emend®) | Akynzeo® Capsule |
| metoclopramide solution / tablet (generic for Reglan®) | Antivert® Chewable Tablet / Tablet |
| ondansetron ODT / solution / tablet (generic for Zofran®) | Bonjesta® Tablet |
| prochlorperazine suppository / tablet (generic for Compazine®) | Compro® Rectal Suppository |
| promethazine solution / suppository / tablet / (generic for Phenergan®) | Diclegis® Tablet |
| Promethegan® Suppository (branded generic for promethazine) | doxylamine-pyridoxine tablet (generic for Diclegis® Tablet) |
| scopolamine patch (generic for Transderm-Scop®) | dronabinol capsule (generic for Marinol®) |
| | Emend® Capsule / Powder Packet / TriPack |
| | Gimoti® Nasal Spray |
| | granisetron tablet (generic for Kytril®) |
| | Marinol® Capsule |
| | meclizine Rx tablet (generic for Antivert®) |
| | Reglan® Tablet |
| | Sancuso® Patch |
| | Transderm-Scop® Patch |
| | trimethobenzamide capsule (generic for Tigan®) |

GI MOTILITY, CHRONIC

| Preferred | Non-Preferred |
|---|--|
| Linzess® Capsule | alosetron tablet (generic for Lotronex®) |
| lubiprostone capsule (generic for Amitiza®) | Amitiza® Capsule |
| Movantik® Tablet | lidsrela® Tablet |
| | Lotronex® Tablet |
| | Motegrity® Tablet |
| | prucalopride tablet (generic for Motegrity®) |
| | Symproic® Tablet |
| | Viberzi® Tablet |

HISTAMINE-2 RECEPTOR ANTAGONISTS

| Preferred | Non-Preferred |
|--|---|
| famotidine tablet / suspension (generic for Pepcid®) | cimetidine solution / tablet (generic for Tagamet®) |
| ranitidine syrup (generic for Zantac®) | nizatidine capsule (generic for Axid®) |
| | ranitidine tablet |

LAXATIVES & CATHARTICS

| Preferred | Non-Preferred |
|--|--|
| Clearlax® Powder (branded generic for Miralax®) OTC | Clenpiq® Solution |
| Constulose® Solution (branded generic for lactulose) | GoLYTELY® Solution |
| Enulose® Solution (branded generic for lactulose) | Kristalose® Packet for Oral Solution |
| Gavilax® Powder (branded generic for Miralax®) OTC | lactulose packet for solution |
| Gavilyte-C® Solution (branded generic for CoLyte) | sod sul-potass sul-mag sul solution (generic for Suprep®) |
| Gavilyte-G® Solution (branded generic for GoLYTELY®) | Suflave® Powder |
| Generlac® Solution (branded generic for lactulose) | Suprep® Bowel Prep Kit |
| Healthylax® Powder (branded generic for Miralax®) OTC | Sutab® Tablet |
| lactulose solution | PEG 3350-sod sul-nacl-ascb-c powder packet (generic for MoviPrep®) |
| magnesium citrate solution OTC | |
| polyethylene glycol 3350 powder (generic for Miralax®) OTC | |
| polyethylene glycol 3350 powder Rx | |

PROGESTINS FOR CACHEXIA

| Preferred | Non-Preferred |
|-----------------------------------|-------------------------------------|
| megestrol oral suspension 40mg/ml | megestrol oral suspension 625mg/5ml |

PROTON PUMP INHIBITORS

| Preferred | Non-Preferred |
|---|--|
| Dexilant® Capsule | dexlansoprazole capsules (generic for Dexilant®) |
| esomeprazole magnesium Rx packet for suspension (generic for Nexium® Rx Packet) | esomeprazole magnesium Rx capsule (generic for Nexium® Rx) |
| omeprazole Rx capsule (generic for Prilosec® Rx) | Konvomep® Suspension |
| pantoprazole tablet (generic for Protonix®) | lansoprazole capsule Rx (generic for Prevacid®) |
| Protonix® Suspension | lansoprazole ODT Rx (generic for Prevacid® SoluTab™) covered ≤ age 12 with no P.A. |
| | Nexium® Rx Capsule |
| | Nexium® Rx Packet |
| | omeprazole-sodium bicarbonate Rx capsule / packet (generic for Zegerid® Rx) |
| | pantoprazole suspension (generic for Protonix®) |
| | Prevacid® Rx Capsule / Solutab |
| | Prilosec® Rx Suspension |
| | Protonix® Tablet |
| | rabeprazole tablet (generic for Aciphex®) |

| ULCERATIVE COLITIS THERAPY | |
|---|--|
| Preferred | Non-Preferred |
| balsalazide capsule (generic for Colazal®) | Asacol® HD Tablet |
| mesalamine enema | Azulfidine® EN-tab / Tablet |
| mesalamine ER capsule (generic for Apriso®) | budesonide rectal foam (generic for Uceris®) |
| mesalamine suppository (generic for Canasa®) | budesonide ER tablet (generic for Uceris®) |
| Pentasa® Capsule | Canasa® Rectal Suppository |
| sulfasalazine IR / DR tablet (generic for Azulfidine® / EN-tab) | Dipentum® Capsule |
| | Lialda® Tablet |
| | mesalamine enema kit (generic for Rowasa® Enema Kit) |
| | mesalamine DR capsule / tablet |
| | mesalamine ER capsule (generic for Pentasa®) 500mg |
| | Rowasa® Enema / Kit |
| | siRowasa® Enema |
| | |
| GENITOURINARY | |
| AGENTS FOR BENIGN PROSTATIC HYPERPLASIA (BPH) | |
| Preferred | Non-Preferred |
| alfuzosin ER tablet (generic for Uroxatral®) | Cardura® Tablet / XL Tablet |
| doxazosin tablet (generic for Cardura®) | dutasteride-tamsulosin capsule (generic for Jalyn®) |
| dutasteride capsule (generic Avodart®) | Flomax® Capsule |
| finasteride 5mg tablet (generic for Proscar®) | Jalyn® Capsule |
| tamsulosin capsule (generic for Flomax®) | Proscar® Tablet |
| terazosin capsule (generic for Hytrin®) | Rapaflo® Capsule |
| | silodosin capsule (generic for Rapaflo®) |
| | Tezruy™ Solution |
| | |
| BLADDER ANTISPASMODICS | |
| Preferred | Non-Preferred |
| fesoterodine ER tablet (generic for Toviaz®) | darifenacin ER tablet (generic for Enablex®) |
| Myrbetriq® ER Tablet | Detrol® Tablet / LA Capsule |
| oxybutynin solution / tablet / ER tablet (generic for Ditropan® / XL) | flavoxate tablet (generic for Urispas®) |
| solfifenacin tablet (generic for Vesicare®) | Gemtesa® Tablet |
| | mirabegron ER tablet (generic for Myrbetriq®) |
| | Myrbetriq® Suspension |
| | Oxytrol® Rx Patch |
| | tolterodine tablet / ER capsule (generic for Detrol® / LA) |
| | Toviaz® Tablet |
| | tropium tablet / ER capsule (generic for Sanctura® / XR) |
| | Vesicare® LS Suspension / Tablet |
| | |
| GOUT | |
| ANTIHYPURICEMICS | |
| Preferred | Non-Preferred |
| allopurinol 100mg, 300mg tablet (generic for Zyloprim®) | allopurinol 200mg tablet (generic for Zyloprim®) |
| 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 |
| | Mitigare® Capsule |
| | Uloric® Tablet |
| | Zyloprim® Tablet |
| | |
| HEMATOLOGICAL & ONCOLOGICAL AGENTS | |
| ANTICOAGULANTS, INJECTABLE | |
| Preferred | Non-Preferred |
| enoxaparin injection (generic for Lovenox®) | Arixtra® Injection |
| | fondaparinux injection (generic for Arixtra®) |
| | Fragmin® Injection |
| | Lovenox® Injection |
| | |
| ANTICOAGULANTS, ORAL | |
| Preferred | Non-Preferred |
| Eliquis® DVT Pack / Sprinkle / Starter Pack / Tablet | dabigatran capsule (generic for Pradaxa®) |
| Jantoven® Tablet (branded generic for warfarin) | Pradaxa® Pellet Pack |
| Pradaxa® Capsule | rivaroxaban suspension (Generic for Xarelto®) |
| warfarin tablet (generic for Coumadin®) | rivaroxaban tablet (Generic for Xarelto®) 2.5mg |
| Xarelto® Suspension / Starter Pack / Tablet | Savaysa® Tablet |
| | |
| HEMATOPOIETIC AGENTS | |
| Preferred | Non-Preferred |
| Epogen® Injection | Aranesp® Injection |
| Retacrit® Injection | Jesduvroq® Tablet |
| | Mircera® Injection |
| | Procrit® Vial |
| | Vafseo® Tablet |
| | |
| PLATELET AGGREGATION INHIBITORS | |
| Preferred | Non-Preferred |
| Brilinta® Tablet | aspirin-dipyridamole ER capsule (generic for Aggrenox®) |
| clopidogrel tablet (generic for Plavix®) | dipyridamole tablet (generic for Persantine®) |
| prasugrel tablet (generic for Effient® Tablet) | Effient® Tablet |
| | Plavix® Tablet |
| | ticagrelor tablet (generic for Brilinta®) |
| | |

HORMONE RELATED THERAPY

ANDROGENIC AGENTS

Clinical Criteria applies to all drugs in this class
Trial and Failure of Only 1 Preferred Product Required

| Preferred | Non-Preferred |
|---|--|
| testosterone gel 1.62% pump (generic for AndroGel®) | Androderm® Patch |
| Testim® 1% Gel | AndroGel® 1.62% Pump |
| | Natesto® Nasal Gel |
| | testosterone gel / packet (generic for AndroGel®, Testim®) |
| | testosterone gel / pump (generic for Fortesta®, Axiron®, Vogelxo®) |
| | testosterone 1.62% packet (generic for AndroGel®) |
| | Vogelxo® Gel / Packet / Pump |

HYPOGLYCEMIA AGENTS

GLUCAGON AND SIMILAR PRODUCTS

| Preferred | Non-Preferred |
|------------------------------------|---|
| Baqsimi® Nasal | glucagon emergency kit (Fresenius Kabi) |
| Glucagen® HypoKit® | diazoxide suspension |
| glucagon 1mg injection | Gvoke® Injection |
| glucagon 1mg emergency kit | |
| Gvoke® HypoPen® | |
| Proglycem® 50mg/ml Oral Suspension | |
| Zegalogue® 0.6mg/0.6ml Injection | |

IMMUNOLOGICS

IMMUNOMODULATORS, ASTHMA, INJECTABLE

Clinical Criteria applies to all drugs in this class

| Preferred | Non-Preferred |
|---------------------|---------------------|
| Dupixent® Injection | Nucala® Injection |
| Fasenra® Injection | Tezspire® Injection |
| Xolair® Injection | |

IMMUNOMODULATORS, ATOPIC DERMATITIS, INJECTABLE

Clinical Criteria applies to all drugs in this class

| Preferred | Non-Preferred |
|---------------------|---------------------|
| Adbry® Injection | Ebglyss® Injection |
| Dupixent® Injection | Nemluvio™ Injection |

IMMUNOMODULATORS, ATOPIC DERMATITIS, TOPICAL

| Preferred | Non-Preferred |
|---|---------------------|
| pimecrolimus cream (generic for Elidel®) | Anzupgo® Cream |
| tacrolimus ointment (generic for Protopic®) | Eucrisa® Ointment |
| | Opzelura® Cream |
| | Vtama® Cream |
| | Zoryve® 0.05% Cream |
| | Zoryve® 0.15% Cream |

IMMUNOMODULATORS, BULLOUS PEMPFIGOID, INJECTABLE

Clinical Criteria applies to all drugs in this class

| Preferred | Non-Preferred |
|---------------------|---------------|
| Dupixent® Injection | |

IMMUNOMODULATORS, CHRONIC RHINOSINUSITIS WITH NASAL POLYPOSIS

Clinical Criteria applies to all drugs in this class

| Preferred | Non-Preferred |
|---------------------|-------------------|
| Dupixent® Injection | Nucala® Injection |
| Xolair® Injection | |

IMMUNOMODULATORS, CHRONIC SPONTANEOUS URTICARIA

Clinical Criteria applies to all drugs in this class

| Preferred | Non-Preferred |
|---------------------|------------------|
| Dupixent® Injection | Rhaphido® Tablet |
| Xolair® Injection | |

IMMUNOMODULATORS, COPD

Clinical Criteria applies to all drugs in this class

| Preferred | Non-Preferred |
|---------------------|-------------------|
| Dupixent® Injection | Nucala® Injection |

**IMMUNOMODULATORS, INJECTABLE AND ORAL
CYTOKINE AND CAM ANTAGONISTS AND RELATED**

| Preferred | Non-Preferred |
|---|--|
| To receive a Non-Preferred product for indications that align with Preferred products, Trial and Failure of only 1 Preferred product is required | |
| To receive a Non-Preferred product for all indications outside of Preferred product indications, providers should submit a Prior Authorization request | |
| Enbrel® Injection | Abrilada™ Injection |
| Humira® / Humira® CF Injection | Actemra® Injection |
| | adalimumab-aacf injection (unbranded Idacio®) |
| | adalimumab-aaty injection (unbranded Yuflyma®) |
| | adalimumab-adaz injection (unbranded Hyrimoz®) |
| | adalimumab-adbm injection (unbranded Cytezo®) |
| | adalimumab-fkjp injection (unbranded Hulio®) |
| | adalimumab-ryvk injection (unbranded Simlandi®) |
| | Amjevita® Injection |
| | Arcalyst® Injection |
| | Avtozma® Injection |
| | Bimzelx® Injection |
| | Cibinqo™ Tablet |
| | Cimzia® Injection |
| | Cosentyx® Injection |
| | Cyltezo® Injection |
| | Enspryng® Injection |
| | Entyvio® Injection |
| | Hadlima™ Injection |
| | Hulio® Injection |
| | Hyrimoz® Injection |
| | Idacio® Injection |
| | Imuldosa® Injection |
| | Kevzara® Injection |
| | Kineret® Injection |
| | Leqselvi® Tablet |
| | Litfulo™ Capsule |
| | Olumiant® Tablet |
| | Omvoh® Injection |
| | Orencia® Injection |
| | Otezla® / XR Starter Pack / Tablet |
| | Otulfii® Injection |
| | Pyzchiva® Injection |
| | Rinvoq® ER Tablet |
| | Rinvoq® LQ Solution |
| | Selarsdi™ Injection |
| | Simlandi® Injection |
| | Simponi® / ARIA Injection |
| | Skyrizi® On-Body / Injection |
| | Sotyktu® Tablet |
| | Spevigo® Injection |
| | Starjemza™ Injection |
| | Stelara® Injection |
| | Steqeyma® Injection |
| | Taltz® Injection |
| | Tremfya® Injection |
| | Tyenne® Injection |
| | ustekinumab injection (generic for Stelara®) |
| | ustekinumab-aaaz injection (biosimilar for Stelara®) |
| | ustekinumab-aekn injection (biosimilar for Stelara®) |
| | ustekinumab-ttwe injection (biosimilar for Stelara®) |
| | Velsipity™ Tablet |
| | Xeljanz® Tablet / Solution / XR Tablet |
| | Yesintek® Injection |
| | Yuflyma® Injection |
| | Yusimry® Injection |
| | Zymfentra® Injection |

IMMUNOMODULATORS, EOSINOPHILIC ESOPHAGITIS

Clinical Criteria applies to all drugs in this class

| Preferred | Non-Preferred |
|---------------------|---------------|
| Dupixent® Injection | |

IMMUNOMODULATORS, EOSINOPHILIC GRANULOMATOSIS WITH POLYANGIITIS

Clinical Criteria applies to all drugs in this class

| Preferred | Non-Preferred |
|--------------------|-------------------|
| Fasenra® Injection | Nucala® Injection |

IMMUNOMODULATORS, IGE MEDIATED FOOD ALLERGY

Clinical Criteria applies to all drugs in this class

| Preferred | Non-Preferred |
|-------------------|---------------|
| Xolair® Injection | |

IMMUNOMODULATORS, PRURIGO NODULARIS

Clinical Criteria applies to all drugs in this class

| Preferred | Non-Preferred |
|---------------------|---------------------|
| Dupixent® Injection | Nemluvio™ Injection |

| IMMUNOMODULATORS, TOPICAL | |
|---|---|
| Preferred | Non-Preferred |
| Imiquimod 5% cream packet (generic for Aldara®) | Condylox® Gel |
| | Hyftor® Gel |
| | Imiquimod 3.75% cream / cream pump (generic for Zyclara®) |
| | podofilox gel / solution (generic for Condylox®) |
| | Veregen® Ointment |
| | |
| IMMUNOSUPPRESSANTS, ORAL | |
| Preferred | Non-Preferred |
| azathioprine tablet (generic for Imuran®) | Astagraf® XL Capsule |
| cyclosporine capsule / oral solution (generic for Sandimmune®) | Cellcept® Capsule / Suspension / Tablet |
| Gengraf® Capsule / Solution (branded generic for Sandimmune®) | Envarsus® XR Tablet |
| mycophenolate capsule / suspension / tablet (generic for Cellcept®) | everolimus tablet / tablet for suspension (generic for Zortress®) |
| mycophenolic acid DR tablet (generic for Myfortic®) | Imuran® Tablet |
| Sandimmune® Capsule / Solution | Myfortic® Tablet |
| sirolimus solution / tablet (generic for Rapamune®) | Myhibbin™ Suspension |
| tacrolimus capsule (generic for Prograf®) | Neoral® Capsule / Solution |
| | Prograf® Capsule / Granule Packet |
| | Rezurock® Tablet |
| | Tavneos® Capsule |
| | Zortress® Tablet |
| | |
| HEPATITIS B THERAPY | |
| Preferred | Non-Preferred |
| Baraclude® Solution | adefovir tablet (generic for Hepsera®) |
| entecavir tablet (generic for Baraclude®) | Baraclude® Tablet |
| lamivudine HBV tablet (generic for EpiVir® HBV) | Hepsera® Tablet |
| tenofovir disoproxil fumarate tablet (generic of Viread®) | |
| Vemlidy® tablet | |
| Viread® Powder / Tablet | |
| | |
| HEPATITIS C THERAPY | |
| Clinical Criteria applies to all drugs in this class | |
| Preferred | Non-Preferred |
| Epclusa® Pellet Pack / 200mg - 50mg Tablet | Epclusa® 400mg -100mg Tablet |
| Mavyret® Pellet Pack / Tablet | Harvoni® Pellet Pack / Tablet |
| sofosbuvir-velpatasvir 400mg - 100mg tablet (generic for Epclusa®) | ledipasvir-sofosbuvir tablet (generic for Harvoni®) |
| Vosevi® Tablet | Pegasys® Injection |
| | ribavirin capsule / tablet (generic for Copegus® , Rebetol®) |
| | Sovaldi® Pellet Pack / Tablet |
| | Zepatier® Tablet |
| | |
| METHOTREXATE, ORAL AND INJECTABLE | |
| Preferred | Non-Preferred |
| methotrexate tablet | Jylamvo® Solution |
| methotrexate injection | Otrexup® Injection |
| Rasuvo® Injection | Trexall® Tablet |
| | Xatmep® Solution |
| | |
| OPHTHALMICS | |
| ALLERGIC CONJUNCTIVITIS AGENTS, OPHTHALMIC | |
| Preferred | Non-Preferred |
| Alaway® Drops OTC | Alrex® Drops |
| Alomide® Drops | azelastine drops (generic for Optivar®) |
| cromolyn sodium drops | bepotastine drops (generic for Bepreve®) |
| ketotifen drops OTC | Bepreve® Drops |
| olopatadine OTC drops (generic for Once Daily Pataday®) | epinastine drops (generic for Elestat®) |
| Zaditor® Drops OTC | loteprednol etabonate 0.2% drops (generic for Alrex®) |
| | olopatadine Rx drops (generic for Pataday® , Patanol®) |
| | Zerviate™ Drops |
| | |
| ANTIBIOTICS OTHER, OPHTHALMIC | |
| bacitracin ophthalmic ointment | |
| bacitracin-polymyxin B ointment | |
| neomycin-bacitracin-polymyxin B ointment | |
| neomycin-polymyxin-gramicidin drops | |
| polymyxin B-trimethoprim solution | |
| sulfacetamide ointment / solution | |
| | |
| ANTIBIOTIC COMBINATIONS, OPHTHALMIC | |
| neomycin-bacitracin-poly B-hydrocortisone ointment | Maxitrol® Ointment / Suspension |
| neomycin-polymyxin B- dexamethasone drops / ointment | Tobradex® Ointment |
| neomycin-polymyxin B- hydrocortisone drops | Tobradex® ST Suspension |
| prednisolone-gatifloxacin-bromfenac drops | tobramycin-loteprednol (generic for Zylet®) |
| prednisolone-gatifloxacin-nepafenac drops | Zylet® Suspension |
| prednisolone-moxifloxacin drops | |
| sulfacetamide-prednisolone drops | |
| tobramycin-dexamethasone suspension | |
| | |

| ANTIBIOTICS: QUINOLONES & MACROLIDES, OPHTHALMIC | |
|--|--|
| Preferred | Non-Preferred |
| ciprofloxacin ophthalmic drops (generic for Ciloxan®) | Azaste® Drops |
| erythromycin ophthalmic ointment | besifloxacin (generic for Besivance®) |
| gentamicin ophthalmic drops | Besivance® Ophthalmic Suspension |
| moxifloxacin ophthalmic solution (generic for Moxeza®, Vigamox®) | Ciloxan® Ointment |
| ofloxacin ophthalmic drops (generic for Ocuflox®) | gatifloxacin drops (generic for Zymaxid®) |
| | levofloxacin drops (generic for Quixin®) |
| | Ocuflox® Drops |
| | tobramycin ophthalmic drops (generic for Tobrex®) |
| | Tobrex® Ophthalmic Ointment |
| | Vigamox® Drops |
| | |
| ANTI-INFLAMMATORY / IMMUNOMODULATORS, OPHTHALMIC | |
| Preferred | Non-Preferred |
| Restasis® Drops / Restasis® Multidose® Drops | Cequa® Drops |
| Xidra® Drops | cyclosporine emulsion single use vials (generic for Restasis®) |
| | Eysuvis® Drops |
| | Miebo® Drops |
| | Tryptyr® Drops |
| | Tyrvaya® Nasal Spray |
| | Verkazia® Eye Emulsion |
| | Vevye® Drop |
| | |
| ANTI-INFLAMMATORY STEROIDS / NSAIDs, OPHTHALMIC | |
| Preferred | Non-Preferred |
| dexamethasone drops (generic for Decadron®) | Acular® Drops / LS Drops |
| diclofenac drops (generic for Voltaren®) | Acuvail® Drops |
| Durezol® Drops | bromfenac drops (generic for Bromsite®, Prolensa®, Xibrom®) |
| Flarex® Drops | Bromsite® Drops |
| fluoromethalone drops (generic for FML®) | difluprednate drops (generic for Durezol®) |
| flurbiprofen drops (generic for Ocufen®) | FML Forte® / Liquifilm® Drops |
| ketorolac solution (generic for Acular® / LS) | Ilviro® Drops |
| Maxidex® Drops | Inveltys® Drops |
| Nevanac® Drops | Lotemax® Drops / Gel / Ointment |
| Pred Mild® Drops | Lotemax® SM Gel |
| prednisolone acetate drops (generic for Pred Forte®) | loteprednol etabonate 0.5% drops / gel (generic for Lotemax®) |
| | Pred Forte® Drops |
| | prednisolone sodium drops (generic for Inflammase Forte®) |
| | Prolensa® Drops |
| | |
| GLAUCOMA THERAPY | |
| ALPHA-2 ADRENERGICS, OPHTHALMIC | |
| Preferred | Non-Preferred |
| Alphagan® P 0.1%, 0.15% Drops | brimonidine 0.1%, 0.15% drops (generic for Alphagan®, Alphagan® P) |
| brimonidine 0.2% (generic for Alphagan®) | apraclonidine drops (generic for Iopidine®) |
| | Iopidine® Drops |
| | |
| BETA BLOCKERS , OPHTHALMICS | |
| Preferred | Non-Preferred |
| betaxolol drops (generic for Betoptic®) | Betimol® Drops |
| carteolol drops (generic for Ocupress®) | Betoptic® S Drops |
| Combigan® Drops | brimonidine-timolol drops (generic for Combigan®) |
| levobunolol drops (generic for Betagan®) | Istalol® Drops |
| timolol drops (generic for Timoptic®) | timolol drops (generic for Betimol®) |
| timolol GFS gel solution (generic for Timoptic XE®) | timolol drops (generic for Istalol®) |
| | Timoptic® in Ocudose® |
| | |
| CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS, OPHTHALMIC | |
| Preferred | Non-Preferred |
| Azopt® Drops | brinzolamide drops (generic for Azopt®) |
| dorzolamide drops (generic for Trusopt®) | Cosopt® Drops / PF Drops |
| dorzolamide-timolol drops (generic for Cosopt®) | Simbrinza® Drops |
| | |
| PROSTAGLANDIN AGONISTS , OPHTHALMIC | |
| Preferred | Non-Preferred |
| latanoprost drops (generic for Xalatan®) | bimatoprost drops (generic for Lumigan®) |
| Lumigan® Drops | Iyuzeh™ Drops |
| Travatan® Z 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 | |
| | |

| OTICS | |
|--|---|
| OTIC ANTIBIOTICS | |
| Preferred | Non-Preferred |
| ciprofloxacin-dexamethasone otic suspension (generic for Ciprodex®) | Cipro® HC Otic Suspension |
| neomycin-polymyxin-hydrocortisone otic solution / suspension (generic for Cortisporin®) | ciprofloxacin otic drops |
| ofloxacin otic drops (generic for Floxin®) | ciprofloxacin-fluocinolone drops (generic for Otovel®) |
| | Cortisporin-TC® Suspension |
| | Otovel® Drops |
| | |
| RESPIRATORY | |
| ANTIBIOTICS, INHALED | |
| Clinical Criteria applies to all drugs in this class; Additional step edit requiring trial of inhaled tobramycin for TOBI PODHALER | |
| Preferred | Non-Preferred |
| tobramycin inhalation pak / solution (generic for Tobii®) | Arikayce® for Inhalation |
| TOBI® Podhaler® | Bethkis® for Inhalation |
| | Cayston® Solution |
| | Kitabis® Pak |
| | Tobi® Solution |
| | tobramycin inhalation solution (generic for Bethkis®) |
| | tobramycin pak (generic for Kitabis®) |
| | |
| COPD and ASTHMA AGENTS, INHALED AND ORAL | |
| Preferred | Non-Preferred |
| Anoro® Ellipta® Inhaler | Bevespi® Aerosphere® Inhaler |
| Atrovent® HFA Inhaler | Daliresp® Tablet |
| Combivent® Respimat® Inhalation Spray | Duaklir® Pressair® |
| Incruse® Ellipta® Inhaler | Ohtuvayre™ Inhalation Suspension |
| ipratropium nebulizer solution (generic for Atrovent®) | roflumilast tablet (generic for Daliresp®) |
| ipratropium-albuterol solution (generic for Duoneb®) | Spiriva® Respimat® Inhalation Spray |
| Spiriva® Handihaler® | tiotropium inhaler (generic for Spiriva® Handihaler®) |
| Stiolto® Respimat® Inhalation Spray | Tudorza® Pressair® Inhaler |
| | umeclidinium-vilanterol (generic for Anoro® Ellipta®) |
| | Yupelri® Solution |
| | |
| ANTIHISTAMINES, MINIMALLY SEDATING | |
| ALL Liquids and ODT formulations below limited to patients age ≤ 12 | |
| Preferred | Non-Preferred |
| cetirizine Rx syrup (generic for Zyrtec® Rx Syrup) | Clarinex® Tablet |
| cetirizine OTC syrup / tablet (generic for Zyrtec® OTC) | Clarinex-D® Tablet |
| levocetirizine tablet OTC (generic for Xyzal® OTC Tablet) | desloratadine ODT / tablet (generic for Clarinex®) |
| levocetirizine Rx tablet (generic for Xyzal® Rx Tablet) | levocetirizine Rx solution (generic for Xyzal® Rx Solution) |
| loratadine OTC tablet (generic for Claritin® OTC) | |
| loratadine 5mg chewable OTC tablet (generic for Claritin® Chewable OTC) | |
| loratadine 10mg ODT tablet OTC (generic for Claritin® RediTabs OTC) | |
| | |
| NASAL RHINITIS AGENTS | |
| Preferred | Non-Preferred |
| azelastine 0.1% Rx nasal spray (generic for Astelin®) | azelastine 0.15% Rx nasal spray (generic for Astepro®) |
| ipratropium nasal spray (generic for Atrovent® Nasal) | azelastine-fluticasone nasal spray (generic for Dymista®) |
| | Dymista® Nasal Spray |
| | olopatadine nasal spray (generic for Patanase) |
| | Ryaltris® Nasal Spray |
| | |
| BETA ADRENERGIC DEVICES, LONG-ACTING METERED DOSE INHALERS | |
| Prescribers are reminded of the warnings associated with use of long-acting beta agonists | |
| Preferred | Non-Preferred |
| Serevent® Diskus® | Striverdi® Respimat® Inhalation Spray |
| | |
| BETA ADRENERGIC AGENTS, NEBULIZED AGENTS | |
| Preferred | Non-Preferred |
| albuterol nebulizer solution (all strengths) | Brovana® Solution |
| arformoterol solution (generic for Brovana®) | formoterol solution (generic for Performist®) |
| | levalbuterol solution / concentrate solution (generic for Xopenex® / Concentrate) |
| | Performist® Solution |
| | |
| BETA ADRENERGIC DEVICES, SHORT-ACTING INHALERS | |
| Preferred | Non-Preferred |
| albuterol HFA inhaler (generic for Proair® HFA, Proventil® HFA, Ventolin® HFA) | levalbuterol HFA inhaler (generic for Xopenex® HFA) |
| Proair® RespiClick® | Proair® DigiHaler® |
| Ventolin® HFA Inhaler | Xopenex® HFA Inhaler |
| | |
| BETA AGONIST AGENTS, SHORT-ACTING ORAL AGENTS | |
| Trial and Failure of Only 1 Preferred Product Required | |
| Preferred | Non-Preferred |
| albuterol syrup (generic for Ventolin® Syrup) | albuterol ER tablets (generic for VoSpire® ER) |
| albuterol tablets (generic for Proventil®) | terbutaline tablet (generic for Brethine®) |
| | |
| CORTICOSTEROIDS, INHALER DEVICES | |
| Preferred | Non-Preferred |
| Alvesco® Inhaler | ArmonAir® DigiHaler® |
| Arnuity® Ellipta® Inhaler | fluticasone Ellipta® (generic for Arnuity®) |
| Asmanex® HFA Inhaler | fluticasone propionate diskus (generic for Flovent® Diskus) |
| Asmanex® Twisthaler® | |
| fluticasone propionate HFA (generic for Flovent® HFA) | |
| Pulmicort® Flexhaler | |
| QVAR® RediHaler® | |
| | |

| CORTICOSTEROID COMBINATION, INHALER DEVICES | |
|---|--|
| Preferred | Non-Preferred |
| Advair® Diskus® | AirDuo® Dighaler® / RespiClick® |
| Advair® HFA Inhaler | Airsupra® Inhaler |
| Dulera® Inhaler | Breo® Ellipta® |
| Symbicort® Inhaler | Breyna® Inhaler |
| | Breztri® Aerosphere® Inhaler |
| | budesonide-formoterol inhalation (generic for Symbicort®) |
| | fluticasone-salmeterol inhalation (generic for Advair® Diskus®) |
| | fluticasone-salmeterol inhalation (generic for AirDuo®) |
| | fluticasone-salmeterol HFA inhaler (generic for Advair® HFA) |
| | fluticasone-vilanterol inhalation (generic for Breo® Ellipta®) |
| | Trelegy® Ellipta® Inhaler |
| | Wixela® Inhub® |
| | |
| CORTICOSTEROIDS, NEBULIZED AGENTS | |
| Preferred | Non-Preferred |
| budesonide suspension (generic for Pulmicort® Respules) | Pulmicort® Respules |
| | |
| INTRANASAL STEROIDS | |
| Preferred | Non-Preferred |
| fluticasone Rx nasal spray (generic for Flonase® Rx) | flunisolide nasal spray (generic for Nasalide®) |
| mometasone Rx nasal spray (generic for Nasonex®) | Omnaris® Nasal Spray |
| | QNas® Nasal Spray |
| | QNas® Children's Nasal Spray |
| | Xhance® Nasal Spray |
| | |
| LEUKOTRIENE RECEPTOR ANTAGONISTS | |
| Preferred | Non-Preferred |
| montelukast chewable tablet / granules / tablet (generic for Singulair®) | Accolate® Tablet |
| zafirlukast tablet (generic for Accolate®) | Singulair® Chewable / Granules / Tablet |
| | zileuton tablet (generic for Zylfo®) |
| | Zyflo® FilmTAB® |
| | |
| SICKLE CELL ANEMIA TREATMENTS | |
| GENE THERAPIES, SICKLE CELL | |
| Clinical Criteria applies to all drugs in this class | |
| Preferred | Non-Preferred |
| Casgevy® | |
| Lyfgenia™ | |
| | |
| ORAL MEDICATIONS, SICKLE CELL | |
| Preferred | Non-Preferred |
| Droxia® Capsule | |
| Endari® Clinical Criteria Applies | |
| hydroxyurea capsule / powder | |
| l-glutamine powder (generic for Endari®) Clinical Criteria Applies | |
| Siklos® Tablet | |
| Xromi® Solution | |
| | |
| TOPICAL AGENTS | |
| TOPICAL ACNE AGENTS | |
| Preferred | Non-Preferred |
| adapalene 0.3% gel pump | adapalene cream (generic for Differin®) |
| benzoyl peroxide 5% wash OTC | adapalene 0.3% gel |
| benzoyl peroxide 10% wash OTC | adapalene-benzoyl peroxide 0.1%-2.5% |
| clindamycin-benzoyl peroxide 1.2(1)%-5% gel (generic for Duac®) | adapalene-benzoyl peroxide 0.3%-2.5% |
| clindamycin solution (generic for Cleocin-T®) | Aklief® Cream |
| Ery® Pads | Avar® Cleanser / LS Cleanser |
| erythromycin solution (generic for Emcin®, EryDerm®, EryMax®, et. al.) | Avar-E® Emollient Cream |
| Lintera 10% Wash OTC | Avita® Cream |
| tretinoin cream / gel (generic for Retin-A®) | BP® 10-1 Wash / Cleansing Wash |
| | Cleocin® T Lotion |
| | Clindacin® ETZ Pledget / Foam / P Pledget |
| | clindamycin-benzoyl peroxide 1.2%-2.5% gel |
| | clindamycin foam |
| | clindamycin gel / lotion (generic for Clindagel®, Cleocin-T®) |
| | clindamycin pledget (generic for Cleocin-T®) |
| | clindamycin-benzoyl peroxide 1.2%-3.75% |
| | clindamycin-benzoyl peroxide gel / pump 1%-5% |
| | clindamycin-tretinoin (generic for Veltin®) |
| | dapsone gel / gel pump (generic for Aczone® Gel) |
| | Differin® Cream / Gel / Gel Pump / Lotion |
| | Epiduo Forte® Gel Pump |
| | Erygel® Gel |
| | erythromycin gel (generic for Emcin®, Erycette®, EryGel®, et. al.) |
| | erythromycin-benzoyl peroxide gel (generic for Benzamycin®) |
| | Evocin® Foam |
| | Fabior® Foam |
| | Neuac® Gel |
| | Osace® Gel / Lotion / Plus Cream / Plus Shampoo / Wash / Plus Wash |
| | Resuta® Cloths / Wash |

| | |
|--|--|
| | sodium sulfacetamide 10% cleansing gel |
| | sodium sulfacetamide 10% shampoo / suspension / wash |
| | sodium sulfacetamide-sulfur emulsion 10%-1% |
| | sodium sulfacetamide-sulfur pad 10%-4% |
| | sodium sulfacetamide-sulfur cleanser 9.8%-4.8% |
| | sodium sulfacetamide-sulfur cleanser / lotion 10%-5% (generic for Avar®) |
| | sodium sulfacetamide-sulfur wash 9%-4.5% |
| | sodium sulfacetamide wash 10% |
| | SSS® 10-5 Cream / Foam |
| | sulfacetamide-sulfur 8%-4% cleanser / suspension |
| | sulfacetamide-sulfur cleanser 9%-4% (generic for Zencia®) |
| | sulfacetamide-sulfur 10%-2% cleanser / cream |
| | sulfacetamide-sulfur cream / lotion / suspension 10%-5% |
| | Sumadan® Kit / XLT Kit / Wash 9%-4.5% |
| | Sumaxin® Cleansing Pads / CP Kit / TS Topical Suspension / Wash |
| | tazarotene cream / foam / gel (generic for Tazorac® , Fabior®) |
| | tretinoin micro gel / micro gel pump (generic for Retin-A® Micro) |
| | Twyneo® Cream |
| | Winlevi® Cream |
| | Zma Clear™ Cleanser |
| TOPICAL ANTIBIOTICS | |
| Preferred | Non-Preferred |
| mupirocin ointment (generic for Bactroban®) | Centany® Ointment / AT Ointment Kit |
| | mupirocin cream (generic for Bactroban®) |
| | Xepi™ Cream |
| TOPICAL ANTIFUNGALS | |
| Preferred | Non-Preferred |
| ciclopirox 0.77% cream / topical suspension (generic for Loprox®) | Ciclodan® Cream / Kit / Solution |
| ciclopirox 8% solution | ciclopirox 0.77% gel |
| clotrimazole Rx cream / solution (generic for Lotrimin® Rx) | ciclopirox 1% shampoo (generic for Loprox®) |
| clotrimazole-betamethasone cream / lotion (generic for Lotrisone® cream) | ciclopirox 8% treatment kit |
| econazole cream (generic for Spectazole®) | econazole foam (generic for Ecoza®) |
| ketoconazole cream / shampoo (generic for Nizoral®) | Extina® Foam |
| Klayesta® Powder (branded generic for nystatin) | ketoconazole foam (generic for Extina® Foam) |
| Nyamyc® Powder (branded generic for nystatin) | Ketodan® Foam / Kit |
| nystatin cream / ointment / powder (generic for Mycostatin® , Nystop®) | Loprox® Cream / Kit / Shampoo / Suspension / Suspension Kit |
| nystatin-triamcinolone cream / ointment (generic for Mycolog II®) | miconazole / zinc oxide / petrolatum ointment (generic for Vusion®) |
| Nystop® Powder (branded generic for nystatin) | naftifine cream / gel (generic for Naftin® Cream / Gel) |
| | Naftin® Gel |
| | oxiconazole cream (generic for Oxistat®) |
| | Oxistat® Lotion |
| | salicylic acid 3% ointment (generic for Bensal HP®) |
| | tavaborole topical solution (generic for Kerydin® Topical Solution) |
| | Vusion® Ointment |
| TOPICAL ANTIPARASITICS | |
| Preferred | Non-Preferred |
| Natroba® Topical Suspension | Crotan™ Lotion |
| permethrin 1% creme rinse OTC | Elimite® Cream |
| permethrin cream (generic for Elimite®) | Eurax® Cream / Lotion |
| | malathion lotion (generic for Ovide®) |
| | Ovide® Lotion |
| | spinosad topical suspension (generic for Natroba®) |
| TOPICAL ANTIVIRALS | |
| Preferred | Non-Preferred |
| acyclovir 5% cream (generic for Zovirax®) | acyclovir 5% ointment (generic for Zovirax®) |
| | Denavir® Cream |
| | penciclovir cream (generic for Denavir®) |
| LOW POTENCY STEROIDS | |
| Preferred | Non-Preferred |
| alclometasone dipropionate cream / ointment (generic for Aclovate®) | Capex® Shampoo |
| desonide cream / lotion / ointment (generic for DesOven®) | DermaSmoothe® FS Body Oil / Scalp Oil |
| fluocinolone body oil / scalp oil (generic for DermaSmoothe®) | Hydroxym™ Gel |
| hydrocortisone 1% Rx cream / Rx ointment | Texacort® Solution |
| hydrocortisone 2.5% Rx cream / Rx lotion / Rx ointment | |
| MEDIUM POTENCY STEROIDS | |
| Preferred | Non-Preferred |
| fluocinolone cream / ointment / solution (generic for Synalar®) | Beser™ Lotion |
| fluticasone cream / ointment (generic for Cutivate®) | betamethasone valerate foam (generic for Luxiq®) |
| hydrocortisone butyrate ointment / solution (generic for Locoid®) | clocoortolone cream / cream pump (generic for Cloderm®) |
| hydrocortisone valerate cream (generic for Westcort®) | flurandrenolide cream / lotion / ointment (generic for Cordran®) |
| mometasone cream / ointment / solution (generic for Elocon®) | fluticasone lotion (generic for Cutivate®) |
| | hydrocortisone butyrate cream / lotion (generic for Locoid®) |
| | hydrocortisone valerate ointment (generic for Westcort®) |
| | Luxiq® Foam |
| | Pandel® Cream |
| | prednicarbate ointment (generic for Dermatop®) |
| | Synalar® Cream / Ointment / Solution |

HIGH POTENCY STEROIDS

| Preferred | Non-Preferred |
|--|---|
| betamethasone dipropionate cream / lotion (generic for Diprosone®) | amcinonide cream (generic for Cyclort®) |
| betamethasone dipropionate augmented cream (generic for Diprolene®) | betamethasone dipropionate ointment (generic for Diprosone®) |
| betamethasone valerate cream / lotion (generic for Valisone®) | betamethasone dipropionate augmented gel / lotion / ointment (generic for Diprolene®) |
| fluocinonide cream / gel / solution (generic for Lidex®) | betamethasone valerate ointment (generic for Valisone®) |
| fluocinonide emollient cream (generic for Lidex® E) | desoximetasone cream / gel / ointment / spray (Generic for Topicort®) |
| triamcinolone acetonide cream / lotion / ointment (generic for Kenalog®) | diflorasone cream / ointment (generic for Florone®) |
| | Diprolene® Ointment |
| | fluocinonide ointment (generic for Lidex®) |
| | halcinonide cream / solution (generic for Halog®) |
| | Halog® Cream / Solution |
| | Kenalog® Aerosol Spray |
| | Topicort® Cream / Gel / Ointment / Spray |
| | triamcinolone aerosol spray (generic for Kenalog®) |

VERY HIGH POTENCY STEROIDS

| Preferred | Non-Preferred |
|--|---|
| clobetasol cream / gel / ointment / solution (generic for Temovate®) | Apexicon® E Cream |
| clobetasol emollient cream (generic for Temovate® E) | clobetasol foam / lotion / shampoo / spray (generic for Temovate®) |
| halobetasol cream / ointment (generic for Ultravate®) | clobetasol emollient foam / emulsion foam (generic for Olux® / Olux-E®) |
| | Clobex® Shampoo / Spray |
| | Clodan® Shampoo |
| | halobetasol foam (generic for Lexette®) |
| | Impeklo™ Lotion |
| | Lexette® Foam |
| | Olux® Foam / E - Foam |
| | Temovate® Ointment |
| | Tovet® Emollient Foam |
| | Ultravate® Lotion |

TOPICAL PSORIASIS AGENTS

| Preferred | Non-Preferred |
|---|--|
| calcipotriene cream / ointment / solution (generic for Dovonex®) | calcipotriene foam (generic for Sorilux®) |
| | calcipotriene-betamethasone ointment / suspension (generic for Talconex®) |
| | calcitriol ointment (generic for Vectical®) |
| | Enstilar® Foam |
| | Sorilux® Foam |
| | Taclonex® Ointment / Suspension |
| | Vectical® Ointment |
| | Vtama® Cream |
| | Zoryve® 0.3% Cream |
| | Zoryve® 0.3% Foam |

TOPICAL ROSACEA AGENTS

| Preferred | Non-Preferred |
|---|--|
| azelaic acid gel (generic for Finacea®) | brimonidine gel pump (generic for Mirvaso®) |
| metronidazole cream (generic for MetroCream®) | Epsolay® Cream Pump |
| metronidazole topical gel (generic for MetroGel®) | Finacea® Foam |
| metronidazole lotion (generic for MetroLotion®) | ivermectin cream (generic for Soolantra®) |
| | MetroCream® Cream |
| | MetroGel® Gel |
| | metronidazole gel pump (generic for MetroGel®) |
| | Mirvaso® Gel Pump |
| | Rhofade® Cream |
| | Rosadan® Cream / Gel / Kit |
| | Soolantra® Cream |

MISCELLANEOUS

EMERGENCY TREATMENT (OPIOID OVERDOSE)

| Preferred | Non-Preferred |
|--------------------------------|--|
| Narcan® Rx and OTC Nasal Spray | Kloxxado® Nasal Spray |
| naloxone injection | naloxone nasal spray Rx and OTC (generic for Narcan®) |
| | Opvee® Nasal Spray |
| | Rextovy™ Nasal Spray |
| | Zimhi® Injection |
| | Zurnai™ Injection |

EPINEPHRINE (SELF-INJECTED)

| Preferred | Non-Preferred |
|--|--|
| epinephrine injection (authorized generic for Epi-Pen® / Epi-Pen® Jr.) | Auvi-Q® Injection |
| Epi-Pen® Injection | epinephrine injection (non-authorized generic for Epi-Pen® / Epi-Pen® Jr.) |
| Epi-Pen® Jr. Injection | epinephrine injection (generic for Adrenacllick®) |

MEDICATION ASSISTED TREATMENT (MAT)

| | |
|---|--|
| Click below for additional information regarding MAT guidelines: https://southcarolina.fhsc.com/providers/documents.asp | |
|---|--|

| Preferred | Non-Preferred |
|---|---|
| Brixadi® Monthly / Weekly ER Injection | buprenorphine-naloxone SL film (generic for Suboxone®) |
| buprenorphine SL tablet (generic for Subutex®) | Zubsolv® SL Tablet |
| buprenorphine-naloxone SL tablet (generic for Suboxone®) | |
| Sublocade® Injection | |
| Suboxone® SL Film | |
| Vivitrol® Injection | |

TOBACCO CESSATION

| Preferred | Non-Preferred |
|--|----------------------|
| bupropion SR tablet (generic for Zyban®) | |
| Chantix® Tablet / Starting Box / Continuing Month Box | |
| nicotine gum OTC | |
| nicotine lozenge / mini lozenge OTC | |
| nicotine patch OTC | |
| Nicotrol® Rx Inhaler / Rx Nasal Spray | |
| varenicline tablet / starting box / continuing month box (generic for Chantix®) | |

DIABETIC SUPPLIES, BLOOD GLUCOSE TESTING SUPPLIES

Below are the Preferred blood glucose testing supplies for Fee For Service and Managed Care beneficiaries covered under the pharmacy benefit. The products below can all be submitted through the pharmacy point of sale (POS) system with a valid prescription from a participating provider. Blood glucose testing supplies may also be submitted by DME providers through the Durable Medical Equipment benefit. **National Drug Codes (NDCs) for diabetes testing supplies other than those listed below will NOT be covered through a pharmacy POS claim.** Please refer to the member's specific plan documents for instructions.

| METERS | NATIONAL DRUG CODES COVERED |
|---|-----------------------------|
| Accu-Chek Guide® Meter | 65702-0729-10 |
| Accu-Chek Guide Me® Meter | 65702-0731-10 |
| ReliOn™ TrueMetrix® Air Meter | 56151-1491-02 |
| TrueMetrix® Meter | 56151-1470-02 |
| TrueMetrix® Air Meter | 56151-1490-02 |
| TEST STRIPS | NATIONAL DRUG CODES COVERED |
| Accu-Chek Aviva Plus® 50 count Test Strips | 65702-0407-10 |
| Accu-Chek Aviva Plus® 100 count Test Strips | 65702-0408-10 |
| Accu-Chek Guide® 50 count Test Strips | 65702-0711-10 |
| Accu-Chek Guide® 100 count Test Strips | 65702-0712-10 |
| Accu-Chek Nano Smartview® 50 count Test Strips | 65702-0492-10 |
| Accu-Chek Nano Smartview® 100 count Test Strips | 65702-0493-10 |
| ReliOn™ TrueMetrix® Test Strips | 56151-1461-01 |
| ReliOn™ TrueMetrix® Test Strips | 56151-1461-04 |
| TrueMetrix® Test Strips | 56151-1460-01 |
| TrueMetrix® Test Strips | 56151-1460-04 |
| TrueMetrix® Test Strips | 56151-1460-03 |
| TrueMetrix® Test Strips | 56151-1463-04 |
| LANCETS | NATIONAL DRUG CODES COVERED |
| Accu-Chek Softclix® 100 count Lancets | 50924-0971-10 |
| TRUEplus® Super Thin 28 gauge Lancets | 56151-0142-60 |
| TRUEplus® 33 gauge Lancets | 56151-0147-01 |
| TRUEplus® Ultra Thin 30 gauge Lancets | 56151-0144-01 |

DIABETIC SUPPLIES, CONTINUOUS GLUCOSE MONITORS (CGMs)

Below are the Preferred continuous glucose monitor (CGM) supplies for Fee For Service and Managed Care beneficiaries covered under the pharmacy benefit. The products below can all be submitted through the pharmacy point of sale (POS) system with a valid prescription from a participating provider. Continuous glucose monitor supplies may also be submitted by DME providers through the Durable Medical Equipment benefit. **National Drug Codes (NDCs) other than those listed below are subject to Prior Authorization.** Please refer to the member's specific plan documents for instructions.

| SENSORS, READERS, TRANSMITTERS, RECEIVERS | NATIONAL DRUG CODES COVERED |
|--|-----------------------------|
| Clinical Criteria applies to all products in this class | |
| Dexcom® G7 Receiver | 08627-0078-01 |
| Dexcom® G7 Sensor | 08627-0077-01 |
| Dexcom® G7 15 Day Sensor | 08627-0079-01 |
| Dexcom® G6 Receiver | 08627-0091-11 |
| Dexcom® G6 Transmitter | 08627-0016-01 |
| Dexcom® G6 Sensor | 08627-0053-03 |
| FreeStyle® 14 Day Sensor | 57599-0001-01 |
| FreeStyle® Libre® 2 Reader | 57599-0803-00 |
| FreeStyle® Libre® 2 Sensor | 57599-0800-00 |
| FreeStyle® Libre® 2 Plus Sensor | 57599-0835-00 |
| FreeStyle® Libre® 3 Reader | 57599-0820-00 |
| FreeStyle® Libre® 3 Sensor | 57599-0818-00 |
| FreeStyle® Libre® 3 Plus Sensor | 57599-0844-00 |

WEARABLE PATCH-STYLE INSULIN PUMPS

| COVERED BRANDS | NATIONAL DRUG CODES COVERED |
|--|-----------------------------|
| Clinical Criteria applies to all products in this class | |
| Omnipod® DASH Pods (Gen 4) 5 pack | 08508-2000-05 |
| Omnipod® 5 G6-G7 Intro Kit (Gen 5) | 08508-3000-01 |
| Omnipod® 5 G6-G7 Pods (Gen 5) 5 pack | 08508-3000-21 |
| Omnipod® 5 Libre+ Intro Kit | 08508-3000-88 |
| Omnipod® 5 Libre+ Pods | 08508-3000-42 |