*This PDL applies to drugs billed on the medical benefit and the pharmacy benefit. Generic drugs and interchangeable biologic products are required when available on the market, for both preferred or non-preferred agents, unless a Brand Medical Necessity prior authorization request is approved. Products listed in RED have changed from the previous month's publication. Medications marked with an **asterisk (*)** may be opened and sprinkled into soft food or dissolved in water, as per product labeling. Products marked with a **(+)** indicate that the brand name product is no longer available. Some PDL drugs also have clinical prior authorization requirements. Please see the link below for additional information:*
*https://www.kdhe.ks.gov/206/General-Clinical-Prior-Authorization*
*TO QUICKLY FIND A DRUG, USE THE [CTRL +F] SEARCH OPTION.*

To find all drugs covered, please use the following links: https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=NDC & https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=HCPCS

## INHALATION AGENTS

| Anticholinergics for the Maintenance Treatment of COPD | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Atrovent® HFA (ipratropium bromide) | Lonhala™ Magnair™ (glycopyrrolate) |
| Ipratropium Bromide nebulizer solution | Seebri Neohaler® (glycopyrrolate) |
| Incruse Ellipta® (umeclidinium bromide) | Tudorza PressAir® (aclidinium) |
| Spiriva® Handihaler® (tiotropium) | Yupelri™ (revefenacin) |
| Spiriva® Respimat (tiotropium) | |

| $Beta_2$-Agonists - Long-Acting | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Brovana® (arformoterol) for ages ≥ 65 years old | Arcapta® (indacaterol) |
| Serevent® Diskus® (salmeterol) | Brovana® (arformoterol) |
| | Striverdi® Respimat® (olodaterol) |

| $Beta_2$-Agonists - Short-Acting | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| AccuNeb® (albuterol) | ProAir® Digihaler™(albuterol) |
| ProAir HFA® (albuterol) | ProAir RespiClick® (albuterol) |
| Proventil® HFA (albuterol) | Xopenex® (levalbuterol) Inhalation Solution |
| Proventil® (albuterol) Inhalation Solution | Xopenex HFA® (levalbuterol) |
| Ventolin HFA® (albuterol) | |
| Ventolin® (albuterol) Inhalation Solution | |

| $Beta_2$-Agonists - Long-Acting/Anticholinergics | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Bevespi Aerosphere™ (glycopyrrolate/formoterol) | Duaklir® Pressair® (aclidinium/formoterol) |
| Stiolto® Respimat® (tiotropium/olodaterol) | Anoro Ellipta® (umeclidinium/vilanterol) |

| $Beta_2$-Agonists - Long-Acting/Corticosteroids | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Advair Diskus® (fluticasone/salmeterol) | Airduo® Digihaler® (fluticasone/salmeterol) |
| Advair® HFA (fluticasone/salmeterol) | Airduo® Respiclick® (fluticasone/salmeterol) |
| Breo Ellipta® (fluticasone/vilanterol) | |
| Dulera® (formoterol/mometasone) | |
| Symbicort® (budesonide/formoterol) | |

| COPD Agents – Triple Therapy | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Trelegy (fluticasone/umeclidinium/vilanterol) | Breztri™ (budesonide/glycopyrrolate/formoterol) |

## INHALATION AGENTS (CONTINUED)

| Corticosteroids | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Arnuity Ellipta® (fluticasone)<br>Asmanex® (mometasone)<br>Flovent® Diskus® (fluticasone)<br>Flovent® HFA (fluticasone)<br>Pulmicort Flexhaler™ (budesonide)<br>Pulmicort Respules® (budesonide)<br>QVAR® (beclomethasone)<br>QVAR RediHaler®(beclomethasone) | Aerospan® (flunisolide)<br>Alvesco® (ciclesonide)<br>ArmonAir® Digihaler® (fluticasone)<br>ArmonAir™ RespiClick® (fluticasone)<br>Asmanex® HFA (mometasone) |

| Tobramycin Products | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Generic tobramycin 300 mg/5 mL nebulization solution | Bethkis® (tobramycin)<br>Kitabis pak® (tobramycin nebulizer) BRAND ONLY<br>Tobi® (tobramycin)<br>Tobi® Podhaler™ (tobramycin) |

## INTRANASAL AGENTS

| Antihistamines | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Astelin® (azelastine)+ | Astepro® (azelastine)<br>Patanase® (olopatadine) |

| Corticosteroids | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Flonase® (fluticasone) | Beconase AQ® (beclomethasone)<br>Nasacort AQ®(triamcinolone)<br>Nasarel® (flunisolide) +<br>Nasonex® (mometasone)<br>Omnaris® (ciclesonide)<br>Qnasl® (beclomethasone)<br>Xhance™ (fluticasone)<br>Zetonna® (ciclesonide) |

| OPHTHALMIC AGENTS | |
|---|---|
| **Alpha-Adrenergic Agonists** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Alphagan® P (brimonidine) 0.1%<br>Brimonidine 0.2%<br>Iopidine® (apraclonidine) | Alphagan® P (brimonidine) 0.15% |

| **Antihistamines/Mast Cell Stabilizers** | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Alaway® (ketotifen)<br>Cromolyn® (cromolyn)<br>Optivar® (azelastine)<br>Patanol® (olopatadine)<br>Refresh® (ketotifen)<br>Zaditor® (ketotifen) | Alocril® (nedocromil)<br>Alomide® (lodoxamide)<br>Bepreve® (bepotastine)<br>Elestat® (epinastine)<br>Emadine® (emedastine)<br>Lastacaft® (alcaftadine)<br>Pataday® (olopatadine)<br>Pazeo® (olopatadine)<br>Zerviate™ (cetirizine) |

| **Anti-Infective/Steroid Combinations** | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Blephamide® (sulfacetamide/prednisolone)<br>Maxitrol® (neomycin/polymyxin/dexamethasone)<br>Pred-G® (prednisolone/gentamicin)<br>Pred-G S.O.P.® (prednisolone/gentamicin) | Blephamide S.O.P.® (sulfacetamide/prednisolone)<br>TobraDex® (tobramycin/dexamethasone)<br>TobraDex® ST (tobramycin/dexamethasone)<br>Zylet®(loteprednol/tobramycin) |

| **Beta-Blockers** | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Betagan® (levobunolol)<br>Betimol® (timolol)<br>Betoptic® (betaxolol) +<br>Betoptic®-S (betaxolol)<br>Carteolol<br>OptiPranolol® (metipranolol) +<br>Timoptic® (timolol)<br>Timoptic-XE® (timolol) | Istalol® (timolol)<br>Timoptic® Ocudose® (timolol) |

| **Carbonic Anhydrase Inhibitors** | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Azopt® (brinzolamide) | Trusopt® (dorzolamide) |

## OPHTHALMIC AGENTS (CONTINUED)

| Corticosteroids - Ophthalmic | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Dexamethasone Sodium Phosphate 0.1% Solution<br>Durezol® (difluprednate) Emulsion<br>FML®Forte (fluorometholone) Suspension<br>FML® Liquifilm (fluorometholone) Suspension<br>FML® (fluorometholone) Ointment<br>FML® (fluorometholone) Suspension<br>Maxidex® (dexamethasone sodium phosphate) Suspension<br>Omnipred® (prednisolone acetate) Suspension<br>Pred Forte® (prednisolone acetate) Suspension<br>Pred Mild® (prednisolone acetate) Suspension<br>Prednisolone Sodium Phosphate 1% Solution | Alrex® (loteprednol etabonate) Suspension<br>Eysuvis™ (loteprednol etabonate) Suspension<br>Flarex® (fluorormetholone) Suspension<br>Inveltys® (loteprednol etabonate) Suspension<br>Lotemax® (loteprednol etabonate) Gel<br>Lotemax® (loteprednol etabonate) Ointment<br>Lotemax® (loteprednol etabonate) Suspension<br>Lotemax® SM (loteprednol etabonate) Gel |

| Glaucoma Combination Products | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Combigan® (brimonidine/timolol)<br>Cosopt® (dorzolamide/timolol) | Cosopt® PF (dorzolamide/timolol PF)<br>Simbrinza™ (brinzolamide/brimonidine) |

| Non-Steroidal Anti-Inflammatory Drugs | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Acular® (ketorolac)<br>Ocufen®(flurbiprofen) +<br>Voltaren® ophthalmic (diclofenac) + | Acular LS® (ketorolac)<br>Acuvail® (ketorolac)<br>Bromday® (bromfenac)<br>BromSite® (bromfenac)<br>Ilevro® (nepafenac)<br>Prolensa® (bromfenac)<br>Nevanac® (nepafenac) |

| Prostaglandin Analogs | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Xalatan ® (latanoprost) | Lumigan® (bimatoprost)<br>Travatan Z® (travoprost)<br>Vyzulta™ (latanoprostene bunod)<br>Xelpros™ (latanoprost)<br>Zioptan® (tafluprost)<br>Zioptan® droperette (tafluprost) |

## OTIC AGENTS

| Anti-Infective/Steroid Combinations | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Cipro® HC (ciprofloxacin/hydrocortisone) suspension<br>Ciprodex® (ciprofloxacin/dexameth) suspension<br>Cortisporin® Otic (neomycin/polymyxin b/hc) solution | Acetasol HC® (acetic acid/hydrocortisone) solution<br>Cortisporin® Otic (neomycin/polymyxin B/hc) suspension<br>Cortisporin® TC (neomycin/col/hc/thon) suspension<br>Otovel® (ciprofloxacin/fluocinolone) solution |

## ORAL/INJECTABLE/TOPICAL AGENTS

| ACE Inhibitors | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Accupril® (quinapril)<br>Altace® (ramipril)*<br>Lotensin® (benazepril)<br>Monopril® (fosinopril) +<br>Prinivil® (lisinopril)<br>Vasotec® (enalapril)<br>Zestril® (lisinopril) | Aceon® (perindopril)<br>Capoten® (captopril) +<br>Epaned® (enalapril) solution<br>Mavik®( trandolapril) +<br>Qbrelis® (lisinopril solution)<br>Univasc® (moexipril) + |

| ACE Inhibitor/Calcium Channel Blocker Combinations | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Lotrel® (benazepril/amlodipine) | Prestalia® (perindopril/amlodipine)<br>Tarka® (trandolapril/verapamil) |

| Acne Agents – Antibiotics- Topical | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Cleocin-T® (clindamycin) gel<br>Cleocin-T® (clindamycin) lotion<br>Cleocin-T® (clindamycin) solution<br>Cleocin-T® (clindamycin) swab<br>Ery® (erythromycin) pads<br>Erygel® (erythromycin) gel<br>Erythromycin solution<br>Klaron® (sulfacetamide) lotion (suspension)<br>Sumadan® Wash (sulfacetamide-sulfur cleanser) | Amzeeq™ (minocycline)<br>Avar® (sulfacetamide-sulfur) pads<br>Avar-E® Emollient (sulfacetamide-sulfur) cream<br>Avar-E Green® (sulfacetamide-sulfur) cream<br>Avar LS® (sulfacetamide-sulfur) pads<br>BP 10-1® (sulfacetamide/sulfur cleanser)<br>Clindacin® ETZ (clindamycin) swab<br>Clindacin-P® (clindamycin) swab<br>Clindacin Pac® (clindamycin) kit<br>Clindagel® (clindamycin) gel<br>Evoclin® (clindamycin phosphate) foam<br>Rosanil® Cleanser (sulfacetamide-sulfur) emulsion<br>SSS 10-5® (sulfacetamide-sulfur) cream<br>Sulfacetamide-Sulfur lotion<br>Sumadan®, Sumadan XLT® (sulfacetamide-sulfur) kit<br>Sumaxin® (sulfacetamide-sulfur) pads<br>Sumaxin® TS (sulfacetamide-sulfur) suspension<br>Sumaxin® Wash (sulfacetamide-sulfur) liquid |

## ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

| Acne Agents – Combination Agents- Topical | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Duac® (benzoyl peroxide-clindamycin) gel<br>Epiduo® (benzoyl peroxide-adapalene) gel | Acanya® (benzoyl peroxide-clindamycin) gel<br>Aktipak® (benzoyl peroxide-erythromycin) gel<br>Benzaclin® (benzoyl peroxide – clindamycin) gel<br>Benzamycin® (benzoyl peroxide-erythromycin) gel<br>Epiduo® Forte (adapalene/benzoyl peroxide)<br>Neuac® (clindamycin/benzoyl peroxide)<br>Onexton® (benzoyl peroxide-clindamycin) gel<br>Veltin® (clindamycin-tretinoin)<br>Ziana® (clindamycin-tretinoin) |

| Acne Agents – Isotretinoin Products | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Amnesteem™ (isotretinoin)<br>Claravis™ (isotretinoin)<br>Myorisan™ (isotretinoin)<br>Zenatane™ (isotretinoin) | Absorica™ (isotretinoin)<br>Absorica™ LD (isotretinoin) |

| Acne Agents - Other - Topical | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Aczone® (dapsone) 5% gel | Aczone® (dapsone) 7.5% gel<br>Azelex® (azelaic acid) cream<br>Winlevi® (Clascoterone) cream |

| Acne Agents – Retinoids- Topical | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Atralin® (tretinoin) gel<br>Avita® (tretinoin) gel<br>Differin® (adapalene) 0.1% and 0.3% gel tube<br>Retin-A® (tretinoin) cream<br>Retin-A® (tretinoin) 0.01% gel<br>Tazorac® (tazarotene) cream<br>Tazorac® (tazarotene) gel | Aklief (trifarotene) cream<br>Altreno™ (tretinoin) lotion<br>Arazlo™ (tazarotene) lotion<br>Avita® (tretinoin) cream<br>Differin® (adapalene) cream<br>Differin® (adapalene) 0.3% gel pump<br>Differin® (adapalene) lotion<br>Differin® (adapalene) 0.1% solution<br>Fabior® (tazarotene) foam<br>Retin-A® Micro (tretinoin) gel |

## ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

| Acne Agents- Tetracyclines - Oral | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Generic Demeclocycline<br>Generic Doxycycline<br>Generic Minocycline<br>Generic Tetracycline | Brand Acticlate® (doxycycline hyclate)<br>Brand Avidoxy® (doxycycline monohydrate)<br>Brand CoreMino™ (minocycline)<br>Brand Doryx® and Doryx® MPC (doxycycline hyclate)<br>Brand Minolira™ (minocycline)<br>Brand Morgidox® (doxycycline hyclate)<br>Brand Seysara™ (sarecycline)<br>Brand Solodyn® (minocycline)<br>Brand Targadox® (doxycycline hyclate)<br>Brand Vibramycin® (doxycycline calc./hyclate/monohydrate)<br>Brand Ximino™ (minocycline) |

| Actinic Keratosis Agents | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Efudex® (fluorouracil) | Carac® (fluorouracil)<br>Picato® (ingenol mebutate)<br>Solaraze 3% (diclofenac sodium) + gel<br>Tolak® (fluorouracil) |

| ADHD – Amphetamine Type | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Adderall® (dextroamphetamine/amphetamine)<br>Adderall XR® (dextroamphetamine/amphetamine ER)*<br>Dexedrine® (dextroamphetamine) tabs<br>Dexedrine® ER (dextroamphetamine ER) caps<br>Dextrostat® (dextroamphetamine) +<br>Vyvanse® (lisdexamfetamine)* | Adzenys XR-ODT™ (amphetamine ER)<br>Desoxyn® (methamphetamine)<br>Dyanavel® XR (amphetamine ER)<br>Evekeo® (amphetamine)<br>Evekeo® ODT<br>Mydayis® (dextroamphetamine/amphetamine)<br>Procentra® (dextroamphetamine)<br>Zenzedi® (dextroamphetamine) BRAND only |

## ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

| ADHD – Methylphenidate Type | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Concerta® (methylphenidate ER)<br>Focalin® (dexmethylphenidate)<br>Focalin® XR (dexmethylphenidate ER)*<br>Metadate CD® (methylphenidate 30/70)* +<br>Metadate® ER (methylphenidate ER)<br>Methylin Solution® (methylphenidate)<br>Quillichew ER™ (methylphenidate ER)<br>Quillivant XR® (methylphenidate ER)<br>Ritalin® (methylphenidate)<br>Ritalin LA® (methylphenidate 50/50)<br>Ritalin SR® (methylphenidate ER) + | Adhansia XR (methylphenidate)*<br>Aptensio XR® (methylphenidate ER)*<br>Azstarys™ (serdexmethylphenidate/dexmethylphenidate)<br>Cotempla XR-ODT™ (methylphenidate)<br>Jornay PM™ (methylphenidate ER)*<br>Methylin (methylphenidate) + Chewable®<br>Relexxii™ (methylphenidate ER) |

| ADHD – Miscellaneous Type | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Catapres (clonidine) tabs<br>Intuniv (guanfacine) tabs<br>Kapvay (clonidine ER) tabs<br>Strattera (atomoxetine) caps<br>Tenex (guanfacine) tabs+ | |

| Adjunct Anti-epileptics | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Keppra® (levetiracetam)<br>Keppra® (levetiracetam) solution<br>Keppra XR® (levetiracetam XR) tabs<br>Lyrica® (pregabalin)<br>Lyrica®Solution (pregabalin)<br>Neurontin® (gabapentin)<br>Neurontin® (gabapentin) solution<br>Zonegran® (zonisamide)<br>Onfi® (clobazam) suspension<br>Onfi® (clobazam)* tabs | Banzel® (rufinamide)<br>Fycompa® (perampanel)<br>Fycompa® (perampanel) suspension<br>Gabitril® (tiagabine)<br>Spritam® (levetiracetam)<br>Sympazan®(clobazam) |

| 5-Alpha Reductase Inhibitors | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Avodart®(dutasteride)<br>Proscar®(finasteride) | |

| ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED) | |
|---|---|
| **Alpha glucosidase Inhibitors** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Precose® (acarbose) | Glyset® (miglitol) |

| **Anaphylaxis Agents** | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Adrenaclick® + (epinephrine) auto injection<br>Epinephrine auto injection<br>Epipen® (epinephrine) auto injection<br>Epipen Jr® (epinephrine) auto injection | Symjepi®(epinephrine) + |

| **Androgenic Agents** | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Androgel® (testosterone)<br>Depo-Testosterone® (testosterone cypionate)<br>Vogelxo® (testosterone) | Androderm® (testosterone)<br>Android® (methyltestosterone)<br>Aveed® (testosterone undecanoate)<br>Axiron® (testosterone)<br>Fortesta® (testosterone)<br>Jatenzo® (testosterone)<br>Methitest® (methyltestosterone)<br>Natesto® (testosterone)<br>Oxandrin® (oxandrolone)<br>Striant® (testosterone)<br>Testim® (testosterone)<br>Testred® (methyltestosterone)<br>Tlando® (testosterone undecanoate)<br>Xyosted™ (testosterone) |

| **Anticoagulants** | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Coumadin® (warfarin)<br>Eliquis® (apixaban)<br>Pradaxa® (dabigatran)<br>Xarelto® (rivaroxaban) | Bevyxxa® (betrixaban)<br>Savaysa® (edoxaban) |

| **Anti-Constipation Agents** | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Amitiza®(lubiprostone)<br>Linzess®(linaclotide)* | Motegrity™ (prucalopride)<br>Trulance®(plecanatide) |

## ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

| Anti-Constipation Agents – Opioid Induced | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Amitiza® (lubiprostone) | Relistor® (methylnaltrexone) (tabs and inj.)<br>Movantik® (naloxegol)<br>Symproic® (naldemedine) |

| Antidepressants – SNRIs | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Cymbalta® (duloxetine)<br>Effexor® (venlafaxine)+<br>Effexor® XR (venlafaxine ER) caps<br>Pristiq® (desvenlafaxine) | Drizalma (duloxetine) Sprinkle*<br>Effexor® XR (venlafaxine ER)+ tabs<br>Fetzima® (levomilnacipran)<br>Khedezla®+ (desvenlafaxine ER)<br>Savella® (milnacipran) |

| Antidepressants – SSRIs | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Celexa® (citalopram) tabs<br>Lexapro® (escitalopram) tabs<br>Luvox® (fluvoxamine) + tabs<br>Paxil® (paroxetine) tabs<br>Prozac® (fluoxetine) caps<br>Prozac® (fluoxetine) + solution<br>Zoloft® (sertraline) tabs | Celexa® (citalopram) + solution<br>Citalopram caps<br>Lexapro® (escitalopram) + solution<br>Luvox CR® (fluvoxamine CR) + caps<br>Paxil ® (paroxetine) solution<br>Paxil CR® (paroxetine CR) tabs<br>Pexeva® (paroxetine) tabs<br>Prozac® (fluoxetine) + tabs<br>Prozac Weekly® (fluoxetine) + caps<br>Sertraline caps<br>Zoloft® (sertraline) solution |

| Antidepressants – Tricyclics | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Anafranil® (clomipramine)<br>Doxepin caps and solution<br>Elavil® (amitriptyline)<br>Norpramin® (desipramine)<br>Pamelor® (nortriptyline) caps<br>Tofranil® (imipramine) | Amoxapine<br>Pamelor® (nortriptyline) + solution<br>Surmontil® (trimipramine)<br>Tofranil-PM® (imipramine) +<br>Vivactil® (protriptyline) + |

## ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

| Anti-Diarrheal Agents | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Lotronex®(alosetron) | Viberzi®(eluxadoline)<br>Xermelo®(telotristat) |

| Anti-emetics Cannabinoid | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Marinol® (dronabinol) | Cesamet® (nabilone)<br>Syndros® (dronabinol) |

| Anti-emetics Serotonin $5HT_3$ Antagonists | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Zofran® (ondansetron)<br>Zofran ODT® (ondansetron) | Anzemet® (dolasetron)<br>Kytril® (granisetron) +<br>Sancuso® (granisetron)<br>Zuplenz® (ondansetron) |

| Antihistamines - Non-Sedating | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Allegra® (fexofenadine)<br>Claritin® (loratadine)<br>Claritin 24-hr Allergy® (loratadine)<br>Claritin Hives Relief® (loratadine)<br>Claritin® (loratadine) syrup<br>Xyzal® (levocetirizine) + tabs<br>Zyrtec® (cetirizine) syrup & regular tabs | Allegra® ODT (fexofenadine)<br>Clarinex® (desloratadine)<br>Claritin RediTabs® (loratadine)<br>Xyzal® (levocetirizine) + solution<br>Zyrtec® (cetirizine) chewable & oral disintegrating tabs<br>**The following drugs are covered for KBH only:**<br>Allegra-D® (fexofenadine/pseudoephedrine)<br>Allegra-D24® (fexofenadine/pseudoephedrine)<br>Clarinex-D 12-hour® (desloratadine/pseudoephedrine)<br>Clarinex-D 24-hour® (desloratadine/pseudoephedrine) |

| Anti-Viral – Herpes | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authoriation Required** |
| altrex® (valacyclovir)<br>Zovirax® (acyclovir) (oral dosage forms only) | Famvir® (famciclovir) +<br>Sitavig® (acyclovir) + |

## ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

| ARBs | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Avalide® (irbesartan/HCTZ)<br>Avapro® (irbesartan)<br>Benicar® (12lmesartan)<br>Benicar HCT® (12lmesartan/HCTZ)<br>Cozaar® (losartan)<br>Diovan® (valsartan)<br>Diovan HCT® (valsartan/HCTZ)<br>Edarbyclor® (azilsartan medoxomil/chlorthalidone)<br>Entresto® (sacubitril/valsartan)<br>Hyzaar® (losartan/HCTZ)<br>Tribenzor® (olmesartan/amlodipine/HCTZ) | Atacand® (candesartan)<br>Atacand HCT® (candesartan/HCTZ)<br>Edarbi® (azilsartan medoxomil) |

| ARB/Calcium Channel Blocker Combinations | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Azor® (amlodipine/olmesartan)<br>Exforge® (amlodipine/valsartan) | Twynsta® (amlodipine/telmisartan) |

| Atopic Dermatitis Agents -Topical | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Eucrisa® (crisaborole)<br>Protopic® (tacrolimus) | Elidel® (pimecrolimus)<br>Opzelura™ (Ruxolitinib) cream |

| Beta-Blockers | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Betapace® (sotalol)<br>Betapace AF® (sotalol AF)<br>Bystolic® (nebivolol)<br>Coreg® (carvedilol)<br>Inderal® (propranolol) +<br>Labetalol® (labetalol)<br>Lopressor® (metoprolol tartrate)<br>Sectral® (acebutolol) +<br>Tenormin® (atenolol)<br>Toprol-XL® (metoprolol succinate)<br>Zebeta® (bisoprolol) +<br>Ziac® (bisoprolol/HCTZ) | Blocadren® (timolol) +<br>Byvalson® (nebivolol/valsartan)<br>Coreg CR® (carvedilol CR)<br>Corgard® (nadolol)<br>Corzide® (nadolol/bendroflumethiazide)<br>Dutoprol® (metoprolol/HCTZ)<br>Inderal® LA (propranolol XL)<br>InnoPran® XL (propranolol XL)<br>Kapspargo™ Sprinkle (metoprolol succinate)*<br>Kerlone® (betaxolol) +<br>Lopressor HCT® (metoprolol/HCTZ)<br>Visken® (pindolol) + |

## ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

| Biguanides | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Glucophage® (metformin)<br>Glucophage® XR (metformin ER) | Fortamet® (metformin ER)<br>Glumetza® (metformin ER)<br>Riomet® (metformin) oral solution<br>Riomet® ER suspension |

| Bile Acid Sequestrants | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Colestid® (colestipol) tabs<br>Prevalite® (cholestyramine light) powder<br>Prevalite® (cholestyramine light) powder packs<br>Welchol® (colesevelam) tabs | Colestid® (colestipol) Granules<br>Questran® (cholestyramine)<br>Questran Light® (cholestyramine light)<br>Welchol® (colesevelam) packs |

| Bisphosphonates | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Fosamax® (alendronate) | Actonel® (risedronate)<br>Atelvia® (risedronate)<br>Binosto® (alendronate)<br>Boniva® (ibandronate)<br>Fosamax® oral solution (alendronate) +<br>Fosamax Plus D® (alendronate/cholecalciferol) |

| Bladder Relaxant Agents | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Detrol® (tolterodine)<br>Detrol® LA (tolterodine ER)<br>Ditropan XL® (oxybutynin ER)<br>Sanctura® (trospium) +<br>Toviaz® (fesoterodine)<br>Vesicare® (solifenacin) | Enablex® (darifenacin ER)<br>Gelnique® Gel (oxybutynin)<br>Myrbetriq®(mirabegron)<br>Oxytrol® Patch (oxybutynin)<br>Sanctura® XR (trospium ER) +<br>Urispas® (flavoxate) + |

## ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

| Bowel Prep Agents | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Gavilyte®-C (polyethylene glycol-electrolyte solution)<br>Gavilyte®-G (polyethylene glycol-electrolyte solution)<br>Gavilyte®-N (polyethylene glycol-electrolyte solution)<br>GoLYTELY® (polyethylene glycol-electrolyte solution)<br>Polyethylene glycol 3350 with electrolytes<br>Trilyte® (polyethylene glycol-electrolyte solution) | Clenpiq™ (sodium picosulfate/magnesium oxide/citric acid)<br>MoviPrep® (polyethylene glycol-electrolyte solution)<br>NuLYTELY® (polyethylene glycol-electrolyte solution)<br>OsmoPrep® (sodium phosphate)<br>Plenvu® (polyethylene glycol-electrolyte solution)<br>Prepopik® (sodium picosulfate/magnesium oxide/citric acid)<br>Suprep® (sodium sulfate/potassium sulfate/magnesium sulfate)<br>Sutab® (Sodium Sulfate/Magnesium Sulfate/Potassium Chloride) |

| Calcium Channel Blockers – Dihydropyridines | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Adalat CC® (nifedipine ER)<br>Norvasc® (amlodipine)<br>Plendil® (felodipine) +<br>Procardia® XL (nifedipine ER) | Adalat® (nifedipine IR) +<br>Cardene® (nicardipine IR) +<br>DynaCirc® (isradipine IR) +<br>Katerzia (amlodipine) suspension<br>Sular® (nisoldipine) |

| Calcium Channel Blockers - Non-Dihydropyridines | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Calan® (verapamil IR)<br>Calan SR® (verapamil SR)<br>Cardizem® (diltiazem IR)*<br>Cardizem® CD (diltiazem)<br>Cartia XT® (diltiazem ER)<br>Dilt-XR® (diltiazem ER)<br>Isoptin® SR (verapamil SR) +<br>Taztia XT ®(diltiazem ER)* | Cardizem® LA (diltiazem)<br>Cardizem® SR (diltiazem)<br>Matzim LA® (diltiazem ER)<br>Tiazac® (diltiazem)<br>Verelan® (verapamil SR)<br>Verelan PM® (verapamil) |

| Colchicine Products – Gout Prophylaxis | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Colcrys™ (colchicine) | Gloperba® (colchicine)<br>Mitigare™ (colchicine) |

| Colony Stimulating Factors- Filgrastim Products | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Granix®<br>Nivestym® | Neupogen®<br>Zarxio® |

## ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

| Colony Stimulating Factors- Pegfilgrastim Products | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Fulphila®<br>Nyvepria™<br>Udenyca®<br>Ziextenzo® | Neulasta®<br>Neulasta® OnPro® |

| Corticosteroids – Oral | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Cortef® (hydrocortisone)<br>Decadron® (dexamethasone)<br>Deltasone® (prednisone)<br>Dexamethasone 0.5 mg/5 mL elixir<br>Dexamethasone 0.5 mg/5 mL solution<br>Medrol®(methylprednisolone)<br>Medrol Dosepak®(methylprednisolone)<br>Orapred®(prednisolone)<br>Pediapred® (prednisolone)<br>Prednisone solution<br>Prednisone syrup | Cortone® (cortisone)+<br>Dexamethasone Intensol® (dexamethasone) concentrate<br>Dexpak DP® (dexamethasone)<br>Millipred™ (prednisolone)<br>Millipred™ DP 12-day (prednisolone)<br>Millipred™ DP (prednisolone)<br>Orapred® ODT™(prednisolone)<br>Prednisone Intensol™ (prednisone concentrate)<br>Rayos® (prednisone DR)<br>TaperDex DP®(dexamethasone)<br>Veripred® 20 (prednisolone) |

| Corticosteroids – Topical – High Potency | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Clobetasol Propionate E® (clobetasol propionate)<br>Clobex® (clobetasol propionate)<br>Cormax Scalp® (clobetasol propionate) +<br>Diprolene® (betamethasone dipropionate augmented)<br>Diprolene AF® (betamethasone dipropionate augmented<br>Temovate® (clobetasol propionate)<br>Ultravate® (halobetasol propionate) Cream & Ointment | ApexiCon E® (diflorasone diacetate)<br>Bryhali™ (halobetasol propionate)<br>Clodan® (clobetasol propionate)<br>Halog® (halcinonide)<br>Impeklo™ (clobetasol propionate) lotion<br>Lidex® (fluocinonide) +<br>Lidex E® (fluocinonide) +<br>Lexette™ (halobetasol Propionate) Foam<br>Olux® (clobetasol propionate)<br>Olux-E® (clobetasol propionate)<br>Psorcon® (diflorasone diacetate)<br>Sernivo® (betamethasone dipropionate)<br>Topicort® (desoximetasone)<br>Ultravate® (halobetasol propionate) Lotion<br>Vanos® (fluocinonide) |

| ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED) | |
|---|---|
| Corticosteroids – Topical –Intermediate Potency | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Cutivate® (fluticasone propionate)<br>DesOwen® (desonide)<br>Elocon® (mometasone furoate)<br>Dermatop® (prednicarbate) +<br>Kenalog® (triamcinolone acetonide)<br>Synalar® (fluocinolone acetonide)<br>Triamcinolone acetonide (all generics of brand products on the PDL) | Beser (Fluticasone Propionate) kit<br>Beser (Fluticasone Propionate) lotion<br>Cloderm® (clocortolone pivalate)<br>Cordran® (flurandrenolide)<br>Dermazone® (triamcinolone acetonide)<br>Locoid® (hydrocortisone butyrate)<br>Locoid Lipocream® (hydrocortisone butyrate)<br>LoKara® (desonide) +<br>Luxiq® (betamethasone valerate)<br>Nolix® (flurandrenolide)<br>Pandel® (hydrocortisone probutate)<br>Trianex® (triamcinolone acetonide)<br>Triderm® (triamcinolone acetonide)<br>Tridesilon® (desonide)<br>Valisone® (betamethasone valerate) +<br>Westcort® (hydrocortisone valerate) + |

| Corticosteroids – Topical –Mild Potency | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Aclovate® (alclometasone diporopionate) +<br>Hydrocortisone base (all generics of brand products on the PDL)<br>Synalar® (fluocinolone acetonide) | Ala-Cort® (hydrocortisone base) BRAND only<br>Capex® (fluocinolone acetonide)<br>Derma-Smoothe/FS Body & Scalp® (fluocinolone acetonide)<br>Desonate® (desonide)<br>Fluocinolone Body & Scalp® (fluocinolone acetonide)<br>Pediaderm HC® (hydrocortisone base) BRAND only<br>Texacort® (hydrocortisone base) BRAND only<br>Verdeso® (desonide) |

| COX-II Inhibitors | |
|---|---|
| **Preferred** | **Non-Preferred** |
| Celebrex® (celecoxib)* | |

| Desmopressin Products | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| DDAVP® (desmopressin) nasal solution<br>DDAVP® (desmopressin) tabs | DDAVP® Rhinal Tube (desmopressin) nasal solution<br>Nocdurna® (desmopressin) sublingual tabs<br>Noctiva™ (desmopressin) nasal emulsion |

| ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED) | |
|---|---|
| **DPP-4 Inhibitors** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Januvia® (sitagliptin)<br>Onglyza® (saxagliptin) | Nesina® (alogliptin)<br>Tradjenta® (linagliptin) |
| **DPP-4 Inhibitor Combination Agents** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Janumet® (sitaliptin/metformin)<br>Janumet® XR (sitagliptin/metformin XR)<br>Kombiglyze® XR (saxagliptin/metformin) | Jentadueto® (linagliptin/metformin)<br>Jentadueto® XR (linagliptin/metformin XR)<br>Kazano® (alogliptin/metformin)<br>Oseni®(alogliptin/pioglitazone) |

| Erythropoiesis-Stimulating Agents | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Epogen® (epoetin alfa)<br>Retacrit™ (epoetin alfa-epbx) | Aranesp® (darbepoetin alfa)<br>Mircera® (methoxy polyethylene glycol-epoetin beta)<br>Procrit® (epoetin alfa) |

| Fibric Acid Derivatives | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Fenofibrate generics<br>Lofibra® (fenofibrate)<br>Lopid® (gemfibrozil)<br>Tricor® (fenofibrate)<br>Triglide® (fenofibrate)<br>Trilipix® (fenofibric acid) | Antara® (fenofibrate)<br>Fenoglide® (fenofibrate)<br>Lipofen® (fenofibrate) |
| **GLP- 1 Receptor Agonists** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Bydureon® (exenatide ER) pens and vials<br>Trulicity® (dulaglutide)<br>Victoza® (liraglutide) | Adlyxin® (lixisenatide)<br>Bydureon® BCise™ (exenatide ER)<br>Byetta® (exenatide)<br>Ozempic® (semaglutide)<br>Rybelsus® (semaglutide) |

| Growth Hormones | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Genotropin® & Genotropin® MiniQuick (somatropin)<br>Norditropin® FlexPro (somatropin) | Humatrope® (somatropin)<br>Nutropin AQ NuSpin® (somatropin)<br>Omnitrope® (somatropin)<br>Saizen®, Saizenprep®, Saizen Click Easy® (somatropin)<br>Skytrofa® (Lonapegsomatropin)<br>Zomacton® (somatropin) |

## ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

| Hepatitis C Agents – Direct Acting | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Generic Sofosbuvir/Velpatasvir tabs<br>Mavyret®(glecaprevir/pibrentasvir) tabs and pellets | Epclusa® (sofosbuvir/velpatasvir) BRAND tabs and pellets<br>Harvoni® (ledipasvir/sofosbuvir)tabs & pellets<br>Sovaldi® (sofosbuvir)/tabs & pellets<br>Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir)<br>Zepatier® (elbasvir/grazoprevir) tabs |

| Hepatitis C Agents - Refractory Treatment | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Mavyret®(glecaprevir/pibrentasvir) | Vosevi®(sofosbuvir/velpatasvir/voxilaprevir) |

| $H_2$ Antagonists | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Pepcid® (famotidine) suspension and tabs<br>Tagamet® (cimetidine)⁺ tabs & solution | Axid® (nizatidine)⁺ tabs & solution<br>Zantac® (ranitidine) all oral dose forms |

| Immunomodulation Agents - Adult Rheumatoid Arthritis | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Avsola™ (infliximab-axxq)<br>Enbrel® (etanercept)<br>Humira® (adalimumab)<br>Xeljanz®, Xeljanz® XR (tofacitinib) | Actemra® (tocilizumab) & Actemra® ACTpen™<br>Cimzia® (certolizumab)<br>Inflectra® (infliximab)<br>Kevzara® (sarilumab)<br>Kineret® (anakinra)<br>Olumiant® (baricitinib)<br>Orencia® (abatacept)<br>Remicade® (infliximab)<br>Renflexis® (infliximab)<br>Rinvoq™ (upadacitinib)<br>Rituxan® (rituximab)<br>Simponi® (golimumab)<br>Simponi Aria® (golimumab)<br>Truxima® (rituximab-abbs) |

| ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED) | |
|---|---|
| **Immunomodulation Agents - Ankylosing Spondylitis** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Avsola™ (infliximab-axxq)<br>Enbrel® (etanercept)<br>Humira® (adalimumab)<br>Taltz® (ixekizumab) | Cimzia® (certolizumab)<br>Cosentyx® (secukinumab)<br>Inflectra® (infliximab)<br>Remicade® (infliximab)<br>Renflexis® (infliximab)<br>Simponi® (golimumab)<br>Simponi Aria® (golimumab) |
| **Immunomodulation Agents - Asthma** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Nucala® (mepolizumab)<br>Xolair® (omalizumab) | Cinqair® (reslizumab)<br>Dupixent® (dupilumab)<br>Fasenra™ (benralizumab) |
| **Immunomodulation Agents - Crohn's Disease** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Avsola™ (infliximab-axxq)<br>Humira® (adalimumab)<br>Entyvio® (vedolizumab) | Cimzia® (certolizumab)<br>Inflectra® (infliximab)<br>Remicade® (infliximab)<br>Renflexis® (infliximab)<br>Stelara® (ustekinumab)<br>Tysabri® (natalizumab) |

| **Immunomodulation Agents - Juvenile Idiopathic Arthritis** | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Enbrel® (etanercept)<br>Humira® (adalimumab)<br>Xeljanz®, Xeljanz® XR (tofacitinib) tabs | Actemra® (tocilizumab)<br>Ilaris® (canakinumab)<br>Orencia® (abatacept)<br>Xeljanz® (tofacitinib) solution |

| **Immunomodulation Agents - Plaque Psoriasis** | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Avsola™ (infliximab-axxq)<br>Enbrel® (etanercept)<br>Humira® (adalimumab)<br>Otezla® (apremilast)<br>Taltz® (ixekizumab) | Cosentyx® (secukinumab)<br>Ilumya® (Tildrakizumab-asmn)<br>Inflectra® (infliximab)<br>Remicade® (infliximab)<br>Renflexis® (infliximab)<br>Siliq® (brodalumab)<br>Skyrizi™ (risankizumab-rzaa)<br>Stelara® (ustekinumab)<br>Tremfya®(Guselkumab) |

## ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

| Immunomodulation Agents - Psoriatic Arthritis | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Avsola™ (infliximab-axxq)<br>Enbrel® (etanercept)<br>Humira® (adalimumab)<br>Otezla® (apremilast)<br>Taltz® (ixekizumab)<br>Xeljanz®, Xeljanz® XR (tofacitinib) tab | Cimzia® (certolizumab)<br>Cosentyx® (secukinumab)<br>Inflectra® (infliximab)<br>Orencia® (abatacept)<br>Remicade® (infliximab)<br>Renflexis® (infliximab)<br>Simponi® (golimumab)<br>Simponi Aria® (golimumab)<br>Stelara® (ustekinumab) |

| Immunomodulation Agents - Ulcerative Colitis | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Avsola™ (infliximab-axxq)<br>Entyvio® (vedolizumab)<br>Humira® (adalimumab)<br>Xeljanz®, Xeljanz® XR (tofacitinib) tabs | Inflectra® (infliximab)<br>Remicade® (infliximab)<br>Renflexis® (infliximab)<br>Simponi® (golimumab)<br>Stelara® (ustekinumab)<br>Zeposia® (Ozanimod) caps |

| Inflammatory Bowel Disease Agents – Oral | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Azulfidine® (sulfasalazine)<br>Azulfadine® EN-tabs (sulfasalazine)<br>Colazal® (balsalazide disodium)<br>Delzicol® (mesalamine DR)*<br>Pentasa® (mesalamine ER) * | Apriso® (mesalamine ER 24hr)<br>Asacol® HD (mesalamine DR)<br>Dipentum® (olsalazine)<br>Entocort® EC (budesonide)<br>Lialda® (mesalamine DR)<br>Ortikos™ (budesonide ER)<br>Uceris® (budesonide) |

| Insulin - Long-Acting | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Levemir® (insulin detemir) FlexPen, FlexTouch, vial<br>Semglee™ (insulin glargine) pen & vial<br>Insulin glargine-yfgn pen & vial | Basaglar® (insulin glargine)<br>Lantus® (insulin glargine) BRAND Only<br>Lantus (insulin glargine) SoloStar® BRAND Only<br>Semglee-yfgn (insulin glargine) pen & vial<br>Toujeo Solostar® (insulin glargine)<br>Tresiba (insulin degludec) Flextouch® & vial |

## ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

| Insulin - Long-Acting/GLP-1 RA | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Soliqua® (insulin glargine/lixisenatide) | Xultophy® (insulin degludec/liraglutide) |

| Insulin- Short Acting and Intermediate Acting | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Admelog® (insulin lispro) Solostar, Vial<br>Humalog® (insulin lispro) cartridges<br>Humulin® (insulin regular) Insulin Products<br>Insulin lispro (Non-branded product) Junior pen<br>Insulin lispro 75-25 Mix (Non-branded product) pen<br>Insulin lispro (Non-branded product) pen<br>Insulin lispro (Non-branded product) vial | Afrezza® (insulin regular inhalation)<br>Apidra® Vial, Solostar®<br>Fiasp® Vial, Flextouch®<br>Humalog® (insulin lispro) Junior Kwikpen BRAND only<br>Humalog® (insulin lispro) 75-25 Mix Pen BRAND only<br>Humalog® Kwikpen (Brand only) pen<br>Humalog® (Brand only) vial<br>Lyumjev™ (insulin lispro)<br>Novolog® Insulin Products<br>Novolin® Insulin Products |

| Leukotriene Modifiers | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Singulair® (montelukast Sodium) tabs | Accolate® (zafirlukast) tabs<br>Singulair® (montelukast Sodium) packs<br>Zyflo® (zileuton) tabs<br>Zyflo CR™ (zileuton) tabs |

| Lice Treatments | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Natroba® (spinosad)<br>Sklice® (ivermectin) | Ovide® (malathion) |

| Meglitinides | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Prandin® (repaglinide) | Starlix® (nateglinide) |

| Methotrexate Products | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Rasuvo® (methotrexate) inj.<br>Methotrexate 2.5 mg tabs | Otrexup® (methotrexate) tabs<br>Reditrex™ (methotrexate) inj.<br>Trexall® (methotrexate) inj.<br>Xatmep® (methotrexate) oral solution |

## ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

| Migraine- Acute Treatment- Non-Triptans | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Reyvow® (lasmiditan)<br>Ubrelvy® (ubrogepant) | Elyxyb™ (celecoxib) oral solution<br>Nurtec™ (rimegepant) ODT |
| **Migraine- Acute Treatment-Triptans** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Amerge® (naratriptan)<br>Imitrex® (sumatriptan) tabs<br>Maxalt® (rizatriptan)<br>Maxalt-MLT® (rizatriptan)<br>Relpax® (eletriptan)<br>Zomig® (zolmitriptan) nasal solution | Alsuma® (sumatriptan) +<br>Axert® (almotriptan)<br>Frova® (frovatriptan)<br>Imitrex® (sumatriptan) cartridges, nasal spray, pens, vials<br>Onzetra Xsail® (sumatriptan)<br>Sumavel DosePro® (sumatriptan)<br>Tosymra (Sumatriptan) nasal spray<br>Zecuity® (sumatriptan) +<br>Zembrace Symtouch® (sumatriptan)<br>Zomig® (zolmitriptan) tabs<br>Zomig-ZMT® (zolmitriptan) |
| **Migraine- Prophylaxis Treatment- Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Aimovig™(erenumab-aooe)<br>Ajovy®(fremanezumab-vfrm) | Emgality®(galcanezumab-gnlm)<br>Vyepti™ (eptinezumab) |

| Muscle Relaxants – Skeletal | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Flexeril® (cyclobenzaprine) +<br>Robaxin® (methocarbamol)<br>Robaxin-750® (methocarbamol) | Amrix® (cyclobenzaprine ER)<br>Fexmid® 7.5mg (cyclobenzaprine)<br>Lorzone® (chlorzoxazone)<br>Metaxall® (metaxalone)<br>Norflex® (orphenadrine) +<br>Norgesic® (orphenadrine/aspirin/caffeine)<br>Norgesic® Forte (orphenadrine/aspirin/caffeine)<br>Parafon Forte DSC® (chlorzoxazone) +<br>Skelaxin® (metaxalone)<br>Soma® (carisoprodol) |
| **Muscle Relaxants – Spasticity** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Lioresal® (baclofen)<br><br>Zanaflex® (tizanidine) tabs | Dantrium® (dantrolene)<br>Fleqsuvy™ (baclofen)<br>Zanaflex® (tizanidine)* caps |

## ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

| Non-Steroidal Anti-Inflammatory Drugs – Topical | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Flector® (diclofenac epolamine) patch<br>Voltaren® (diclofenac) gel | Licart™ (diclofenac epolamine)<br>Pennsaid® (diclofenac)<br>Sprix® (ketorolac tromethamine) nasal spray |

| Non-Steroidal Anti-Inflammatory Drugs – Oral unless noted otherwise | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Advil® (ibuprofen)<br>Aleve® (naproxen)<br>Ansaid® (flurbiprofen) +<br>Cataflam® (diclofenac potassium) +<br>Clinoril® (sulindac) +<br>Indocin® (indomethacin)<br>Mobic® (meloxicam)<br>Motrin® (ibuprofen)<br>Motrin-IB® (ibuprofen)<br>Naprosyn® (naproxen)<br>Naprosyn-EC® (naproxen)<br>Relafen® (nabumetone) +<br>Toradol®(ketorolac) (limited to a 5 day supply) inj.<br>Toradol®(ketorolac) (limited to a 5 day supply) + tabs<br>Voltaren®(diclofenac sodium oral) +<br>Voltaren® XR (diclofenac sodium oral) + | Anaprox® (naproxen)<br>Anaprox DS® (naproxen)<br>Arthrotec® (diclofenac/misoprostol)<br>Cambia® (diclofenac)<br>Daypro® (oxaprozin)<br>Dolobid® (diflunisal) +<br>Feldene® (piroxicam)<br>Indocin® SR (indomethacin)<br>Lodine® (etodolac)<br>Lodine® XL (etodolac) +<br>Lofena™ (diclofenac potassium)<br>Meclomen® (meclofenamate) +<br>Nalfon® (fenoprofen)<br>Naprelan® (naproxen)<br>Naprelan® CR Dosepak (naproxen)<br>Orudis® (ketoprofen) +<br>Orudis® KT (ketoprofen) +<br>Oruvail® (ketoprofen) +<br>Ponstel® (mefenamic acid) +<br>Qmiiz ODT™ (Meloxicam) tabs<br>Tivorbex® (indomethacin)<br>Tolectin 600® (tolmetin) +<br>Tolectin DS® (tolmetin)<br>Vimovo®(naproxen/esomeprazole)<br>Vivlodex® (Meloxicam)<br>Zipsor® (diclofenac)<br>Zorvolex® (diclofenac) |

## ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

| Opioids - Short-Acting | |
|---|---|
| **Preferred** | **Non-Preferred-Prior Authorization Required** |
| Codeine sulfate (all generics) | Abstral® (fentanyl) |
| Dilaudid® (hydromorphone HCl) | Actiq® (fentanyl) |
| Fioricet® with Codeine 50/325/40/30 mg (butalbital/acetaminophen/caffeine/codeine) | Combunox™ (oxycodone/ibuprofen) + |
| Hycet® (hydrocodone bitartrate/acetaminophen) + | Demerol® (meperidine HCl) |
| Levorphanol (all generics) | Fentora® (fentanyl) |
| Lorcet® (hydrocodone bitartrate/acetaminophen) | Fioricet® with Codeine 50/300/40/30 (butalbital/acetaminophen/caffeine/acetaminophen) |
| Lortab® (hydrocodone bitartrate/acetaminophen) | Fiorinal® with Codeine (butalbital/aspirin/caffeine/codeine) |
| Morphine sulfate (all generics) * | Lazanda™ (fentanyl) |
| Norco® (hydrocodone bitartrate/acetaminophen) | Lorcet HD® (hydrocodone bitartrate/acetaminophen) |
| Oxycodone HCl (all generics) * | Lorcet Plus® (hydrocodone bitartrate/acetaminophen) |
| Percocet® (oxycodone HCl/acetaminophen) | Nucynta™ (tapentadol) |
| Percodan® (oxycodone HCl/aspirin) + | Opana® (oxymorphone HCl) |
| Roxicet™ (oxycodone HCl/acetaminophen) + | Oxaydo® (oxycodone HCl) |
| Talwin® NX (pentazocine/naloxone) + | Primlev™ (oxycodone HCl/acetaminophen) |
| Tylenol® No. 2 (codeine phosphate/acetaminophen) | Qdolo™ (tramadol) solution |
| Tylenol® No. 3 (codeine phosphate/acetaminophen) | Roxybond™ (oxycodone) |
| Tylenol® No. 4 (codeine phosphate/acetaminophen) | Subsys® (fentanyl) |
| Ultracet® (tramadol/acetaminophen) | Vicodin HP® (hydrocodone bitartrate/acetaminophen) |
| Ultram® (tramadol) | Xodol® (hydrocodone bitartrate/acetaminophen) |
| Vicodin® (hydrocodone bitartrate/acetaminophen) | |
| Vicodin ES® (hydrocodone bitartrate/acetaminophen) | |

| Opioids - Long-Acting | |
|---|---|
| **Preferred** | **Non-Preferred-Prior Authorization Required** |
| Embeda® (morphine/naltrexone)* | Arymo™ ER (morphine sulfate ER) |
| Hysingla® ER (hydrocodone ER) | Avinza® (morphine sulfate ER) + |
| MS Contin® (morphine sulfate ER) | Belbuca® (buprenorphine) |
| OxyContin® (oxycodone SR) | Butrans® (buprenorphine) |
| Ultram® ER (tramadol ER) + | ConZip® (tramadol) |
| | Duragesic® (fentanyl) |
| | Exalgo® (hydromorphone HCl ER) |
| | Kadian® (morphine sulfate ER) |
| | MorphaBond ER® (morphine sulfate ER) |
| | Nucynta® ER (tapentadol) |
| | Opana® ER (oxymorphone) |
| | Ryzolt® (tramadol ER) + |
| | Xtampza® ER (oxycodone ER) |
| | Zohydro® ER (hydrocodone ER) |

| ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED) | |
|---|---|
| **Pancreatic Enzyme Replacements** | |
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Creon® (pancrelipase)*<br>Pancreaze® (pancrelipase)*<br>Zenpep® (pancrelipase)* | Pertzye ® (pancrelipase)<br>Viokace® (pancrelipase) |

| PCSK-9 Inhibitors | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Praluent® (alirocumab)<br>Repatha® (evolocumab) | |

| Phosphate Binder Agents | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Auryxia® (ferric citrate)<br>Eliphos® (calcium acetate) +<br>Phoslo® (calcium acetate) +<br>Renvela® (sevelamer carbonate) tabs | Fosrenol® (lanthanum carbonate)<br>Phoslyra® (calcium acetate oral solution)<br>Renagel® (sevelamer HCl) tabs<br>Renvela® (sevelamer carbonate) powder packs<br>Velphoro® (sucroferric oxyhydroxide) |

| Platelet Aggregation Inhibitors - Secondary Cardiac Prevention | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Brilinta® (ticagrelor)*<br>Effient® (prasugrel)*<br>Plavix® (clopidogrel) | Zontivity® (vorapaxar) |

| Platelet Aggregation Inhibitors – Stroke | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Plavix® (clopidogrel) | Aggrenox® (aspirin-dipyridamole ER) |

| Proton Pump Inhibitors | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Prilosec® (omeprazole)*<br>Protonix® (pantoprazole)<br>Generic Esomeprazole Magnesium* DR caps<br>Generic Esomeprazole Strontium* DR caps<br>Generic Lansoprazole* DR caps | AcipHex® (rabeprazole)<br>AcipHex® (rabeprazole) Sprinkles™<br>Dexilant® (dexlansoprazole)*<br>Dexilant® SoluTab (dexlansoprazole)<br>Nexium® (esomeprazole)<br>Nexium ® (esomeprazole) suspension<br>Prevacid® (lansoprazole)<br>Prevacid (lansoprazole) SoluTab®<br>Prilosec® (omeprazole) packs<br>Protonix® (pantoprazole) packs<br>Zegerid® (omeprazole/sodium bicarbonate) caps & packs |

## ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

| Pulmonary Arterial Hypertension Agents | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Adcirca® (tadalafil)<br>Adempas® (riociguat)<br>Letairis® (ambrisentan)<br>Orenitram® (treprostinil)<br>Revatio® (sildenafil)<br>Tracleer® (bosentan) | Opsumit® (macitentan)<br>Remodulin® (treprostinil)<br>Tyvaso®, Tyvaso® Refill, Tyvaso® Starter (treprostinil)<br>Uptravi® (selexipag) tabs, IV<br>Ventavis® (iloprost) |

| Rosacea Agents - Topical | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Metrocream® (metronidazole)<br>Metrogel® (metronidazole) | Azelex® (azelaic acid)<br>Finacea® (azelaic acid)<br>MetroLotion® (metronidazole)<br>Mirvaso® (brimonidine)<br>Noritate® (metronidazole)<br>Rhofade® (oxymetazoline)<br>Rosadan® (metronidazole)<br>Soolantra® (ivermectin)<br>Zilxi™ (minocycline) |

| SGLT2 (sodium-glucose co-transporter 2) Inhibitors | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Farxiga® (dapagliflozin)<br>Invokana® (canagliflozin)<br>Jardiance® (empagliflozin) | Steglatro™ (ertugliflozin) |

| SGLT2 Inhibitors/Biguanide Combination Agents | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Invokamet® (canagliflozin/metformin)<br>Invokamet® XR (canagliflozin/metformin ER)<br>Synjardy® (empagliflozin/metformin)<br>Synjardy® XR (empagliflozin/metformin ER)<br>Xigduo XR® (dapagliflozin/metformin ER) | Segluromet™ (ertugliflozin/metformin) |

| SGLT2 Inhibitor/DPP-4 Inhibitor Combination Agents | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Glyxambi® (empagliflozin/linagliptin)<br>Qtern® (dapagliflozin/saxagliptin) | Steglujan™ (ertugliflozin/sitagliptin) |

## ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

| SGLT2 Inhibitor/DPP-4 Inhibitor/Biguanide Agents | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Trijardy® XR (empagliflozin/linagliptin/metformin) | |

| Sleep Agents - Non-Scheduled | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Rozerem® (ramelteon) | Hetlioz® (tasimelteon)<br>Silenor® (doxepin) |

| Sleep Agents – Scheduled - Non-Benzodiazepine | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Ambien® (zolpidem)<br>Generics Zolpidem<br>Lunesta® (eszopiclone)<br>Sonata® (zaleplon) | Ambien® CR (zolpidem CR)<br>Belsomra® (suvorexant)<br>Dayvigo™ (lemborexant)<br>Edluar® (zolpidem)<br>Intermezzo® (zolpidem)<br>Zolpimist® (zolpidem) |

| Statins | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Crestor® (rosuvastatin)<br>Lipitor® (atorvastatin)<br>Mevacor® (lovastatin) +<br>Pravachol® (pravastatin)<br>Zocor® (simvastatin) | Altoprev® (lovastatin)<br>Lescol® (fluvastatin) +<br>Lescol® XL (fluvastatin)<br>Livalo® (pitavastatin)<br>Zypitamag™ (pitavastatin) |
| **Statin Combination** | |
| **Preferred** | **Non-Preferred** |
| Caduet® (amlodipine/atorvastatin)<br>Vytorin® (ezetimibe/simvastatin) | |

| Sulfonylureas – 2nd Generation | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Amaryl® (glimepiride)<br>DiaBeta® (glyburide) +<br>Glucotrol® (glipizide)<br>Glucotrol XL® (glipizide XL)<br>Glucovance® (glyburide/metformin)<br>Glynase (micronized glyburide) PresTab®<br>Micronase® (glyburide) + | Metaglip® (glipizide/metformin) + |

## ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

| Thiazolidinediones | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Actos® (pioglitazone)<br>ACTOplus Met® (pioglitazone/metformin) | ACTOplus Met® XR (pioglitazone/metformin)+<br>Avandia® (rosiglitazone)<br>Duetact® (pioglitazone/glimepiride) |

| Thrombopoietin Receptor Agonists | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Nplate® (romiplostim)<br>Promacta® (eltrombopag)<br>Promacta®(eltrombopag) powder packs | |

| Xanthine Oxidase Inhibitors | |
|---|---|
| **Preferred** | **Non-Preferred, Prior Authorization Required** |
| Zyloprim® (allopurinol) | Uloric® (febuxostat) |