Idaho Medicaid Preferred Drug List with Prior Authorization Criteria

PDL Effective July 1, 2026
Highlights indicated change from previous posting.

General Information

- To locate any medication on this list when searching electronically, use the keyboard shortcut CTRL + F to search.
- All authorizations must be prescribed in accordance with FDA approved labeling or listed on a CMS-supported compendium.
- Some preferred agents require an ICD-10 diagnosis code present in the member's Idaho Medicaid records or submitted with the pharmacy claim. This information is found in the Additional Criteria column.
- Prior authorization requests will be evaluated on a case-by-case basis.
- Non-preferred agents may be approved for eligible members who have tried and failed an adequate trial of at least TWO (2) preferred agents (if applicable) or who have a contraindication to starting with a preferred agent unless otherwise noted
- The use of pharmaceutical samples, patient assistance, or self-pay will not be considered when evaluating prior authorization requests.
- For all non-preferred authorizations, there must be documentation of medical necessity beyond convenience for why the member cannot be changed to a preferred agent.
- Non-preferred brand name agents with generic equivalents must meet all the requirements of the brand-generic rule (i.e. failure of two preferred agents, failure of two generics from different manufacturers and submission of a MedWatch Form).
- Age override prior authorizations must be accompanied by medical literature documenting the safety and efficacy in the requested age.
- Agents that are new to the market will be non-preferred until reviewed by the Department of Health and Welfare Pharmacy and Therapeutics committee.
- Emergency Fills: If a prescription requires prior authorization and the member has an immediate need for the prescribed agent, the pharmacy can fill a 72-hour emergency supply. The override codes for billing a 72-hour emergency supply at the pharmacy are:
    - Reason for Service code: TP (Payer/processor questions)
    - Professional Service code: MR (Medication review)
    - Result for Service code: 1F (Filled, with a different quantity)
- For help processing pharmacy claims please see the Idaho Medicaid Pharmacy Claims Submission Manual or call 1-800-922-3987.

AGE – Age Limits
CC – Class/Clinical Criteria
DS – Drug Specific Criteria
NR – New Agent Not Yet Reviewed by P&T Committee
PAD – Reimbursed as a Medical Benefit Only
PC – Criteria for Preferred Agent
QTY – Quantity Limits

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ACNE DRUGS AGE, PC

Preferred Agents	Non-Preferred Agents	Additional Criteria
adapalene 0.1% gel OTC adapalene/benzoyl peroxide (Epiduo) benzoyl peroxide 2.5%, 5%, 10% gel OTC clindamycin/benzoyl peroxide (Duac) clindamycin phosphate gel, lotion and solution erythromycin gel and solution tretinoin cream tretinoin gel (generic for AVITA, RETIN-A)	adapalene/benzoyl peroxide (Epiduo Forte) adapalene 0.1% cream, lotion adapalene 0.3% gel RX, pump benzoyl peroxide lotion OTC clindamycin gel (generic for CLINDAGEL) clindamycin/benzoyl peroxide (Acanya, Benzaclin) clindamycin phosphate swab dapsone gel Differin gel OTC erythromycin-benzoyl peroxide tretinoin gel (generic for ANTRALIN) tretinoin microspheres	■ Link to Univeorsal PA Form ■ Age Limit ❖ Patient age ≤ 29 years ■ Criteria for Preferred Agent ❖ ICD-10 diagnosis of acne or psoriasis in member's record or submitted with pharmacy claim

ALZHEIMER'S DRUGS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Cholinesterase Inhibitors	
donepezil tablets (except 23 mg) donepezil ODT tablets rivastigmine capsules	ADLARITY (donepezil) transdermal donepezil tablets 23 mg galantamine solution, tablets galantamine ER rivastigmine transdermal ZUNVEYL (benzgalantamine)	
	NMDA Receptor Antagonist	
memantine tablets	memantine/donepezil ER capsule memantine ER memantine solution	
	Combination Products	
	NAMZARIC (donepezil/memantine)	■ Individual agents should be used
	Other	
	KISUNLA (donanemab-azbt) PAD LEQEMBI (lecanemab) PAD LEQEMBI IQLIK (lecanemab)	■ PAD Criteria ❖ Formulation that requires administration by a healthcare professional per package insert OR ❖ Not self administered

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ANALGESICS, OPIOID – LONG-ACTING CC

Preferred Agents	Non-Preferred Agents	Additional Criteria
BELBUCA (buprenorphine buccal film) BUTRANS (buprenorphine transdermal) morphine ER tablets tramadol ER (ULTRAM ER)	buprenorphine transdermal hydrocodone ER (HYSINGLA ER) hydrocodone ER (ZOHYDRO ER) hydromorphone ER fentanyl transdermal methadone morphine ER capsules oxycodone ER OXYCONTIN (oxycodone ER) oxymorphone ER tramadol ER (CONZIP, RYZOLT)	■ Link to PA Form for Methadone ■ Link to PA Form for Opioid Analgesics (required for combined opioid therapy > 90 MME/day) ■ Clinical Criteria ❖ Use of a long-acting opioid is reserved for treatment of persistent pain which has not responded adequately to scheduled short acting opioids for ≥ 3 months or pain due to active cancer ❖ Limited to one long-acting agent at a time

ANALGESICS, OPIOID – SHORT-ACTING CC, QTY

Preferred Agents	Non-Preferred Agents CC	Additional Criteria
hydrocodone/acetaminophen (APAP) morphine IR tablets, solution and concentrate solution oxycodone tablets, capsules, solution, concentrate and oral syringe oxycodone/APAP tablets tramadol IR tablets (except 25 mg, 75 mg, 100 mg) tramadol/APAP	benzhydrocodone/APAP butorphanol nasal spray carisoprodol compound w/codeine (carisoprodol/aspirin/codeine) codeine codeine/APAP fentanyl OTFC CC hydrocodone/ APAP solution (Zolvit) hydrocodone/ibuprofen hydromorphone tablets, liquid and suppositories levorphanol meperidine morphine suppositories NALOCET (oxycodone/APAP) oxycodone/APAP solution oxymorphone pentazocine/naloxone PROLATE (oxycodone/APAP) tramadol IR tablets 25 mg, 75 mg, and 100 mg tramadol IR solution	■ Link to PA Form for Opioid Analgesics ■ Quantity Limit ❖ Maximum of 6 tablets/day ❖ ≤ 90 daily combined MME ❖ Initial fill limited to 7 days ❖ Initial fill timeframe resets when 60 days has passed between fills ■ Clinical Criteria ❖ Documentation of an adequate trial and failure of 3 preferred agents ❖ Fentanyl: breakthrough cancer pain

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ANALGESICS, PAIN – OTHER

Preferred Agents	Non-Preferred Agents	Additional Criteria
duloxetine capsules (except 40 mg) gabapentin capsules, tablets lidocaine transdermal 5% Rx pregabalin capsules	DRIZALMA SPRINKLE (duloxetine) duloxetine capsules 40 mg gabapentin solution gabapentin ER GABARON tablet (gabapentin) HORIZANT (gabapentin) JOURNAVX (suzetrigine) pregabalin ER pregabalin solution QUTENZA (capsaicin) PAD SAVELLA (milnacipran) ZTLIDO (lidocaine)	

ANDROGENIC DRUGS

Preferred Agents	Non-Preferred Agents CC	Additional Criteria
testosterone 1.62% gel pump (generic ANDROGEL) testosterone cypionate 200mg/ml	ANDROGEL (testosterone) packet JATENZO (testosterone undecanoate) NATESTO (testosterone) nasal testosterone gel (generic ANDROGEL, FORTESTA, TESTIM, VOGELXO) testosterone gel packet (generic ANDROGEL, VOGELXO) testosterone gel pump (generic VOGELXO) testosterone cypionate 1000mg/10ml testosterone cypionate 2000mg/10ml testosterone enanthate 1000mg/10ml XYOSTED (testosterone enanthate)	■ Link to PA Form for Androgenic Agents ■ Clinical Criteria ❖ Submission of chart notes documenting ▪ Diagnosis of hypogonadism ▪ Low testosterone confirmed by 2 separate morning lab draws

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ANGIOTENSIN MODULATORS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	ACE Inhibitors	
benazepril enalapril solution enalapril tablets lisinopril ramipril	captopril fosinopril moexipril perindopril QBRELIS (lisinopril solution) CC quinapril trandolapril	■ Clinical Criteria ❖ Submission of chart notes documenting ▪ Inability to swallow tablets
	ACE Inhibitor / Diuretic Combinations	
benazepril/hydrochlorothiazide (hctz) enalapril/hctz lisinopril/hctz	captopril/hctz fosinopril/hctz quinapril/hctz	
	Angiotensin Receptor Blockers	
irbesartan losartan olmesartan telmisartan valsartan	ARBLI (losartan) oral suspension candesartan EDARBI (azilsartan) eprosartan valsartan solution	
	Angiotensin Receptor Blocker / Diuretic Combinations	
irbesartan/hctz losartan/hctz olmesartan/hctz telmisartan/hctz valsartan/hctz	candesartan/hctz EDARBYCLOR (azilsartan/chlorthalidone)	
	Angiotensin Modulator / Calcium Chanel Blocker and Beta Blocker Combinations	
benazepril/amlodipine olmesartan/amlodipine valsartan/amlodipine	olmesartan/amlodipine/hctz telmisartan/amlodipine valsartan/amlodipine/hctz	
	Direct Renin Inhibitors	
	aliskiren	
	Direct Renin Inhibitor Combinations	
	TEKTURNA (aliskiren/hctz)	
	Neprilysin Inhibitor Combination	
sacubitril/valsartan	ENTRESTO sprinkle capsules (sacubitril/valsartan)	

ANTI-ALLERGENS, ORAL

Preferred Agents	Non-Preferred Agents	Additional Criteria
	GRASTEK (timothy grass pollen allergen extract) ODACTRA (house dust mite) ORALAIR (grass pollen extract – Cocksfoot, Sweet Vernal Grass, Rye Grass, Meadow Grass, Timothy) RAGWITEK (short ragweed pollen allergen extract)	

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ANTIBIOTICS, GI

Preferred Agents	Non-Preferred Agents	Additional Criteria
metronidazole tablets (except 125 mg) neomycin tinidazole vancomycin capsules	fidaxomicin tablet DIFICID (fidaxomicin) CC LIKMEZ (metronidazole) metronidazole tablets 125 mg metronidazole capsules nitazoxanide tablets REBYOTA ENEMA (fecal microbiota, live jslm) PAD SOLOSEC (secnidazole) vancomycin solution (generic FIRVANQ) VOWST (fecal microbiota spores, live-brpk)	■ Clinical Criteria ❖ ICD-10 diagnosis of enterocolitis due to Clostridium difficile in member's record or submitted with pharmacy claim ❖ Trial and failure of vancomycin

ANTIBIOTICS, INHALED PC

Preferred Agents	Non-Preferred Agents	Additional Criteria
BETHKIS (tobramycin) KITABIS PAK (tobramycin) tobramycin inhaled (generic TOBI)	ARIKAYCE (amikacin) CAYSTON (aztreonam) TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin (BETHKIS) tobramycin pak (KITABIS PAK)	■ Criteria for Preferred Agent ❖ ICD-10 diagnosis of cystic fibrosis in member's record or submitted with pharmacy claim

ANTIBIOTICS, TOPICAL

Preferred Agents	Non-Preferred Agents	Additional Criteria
mupirocin ointment	gentamicin ointment and cream mupirocin cream XEPI CREAM (ozenoxacin)	

ANTIBIOTICS, VAGINAL

Preferred Agents	Non-Preferred Agents	Additional Criteria
CLEOCIN CREAM, OVULES (clindamycin) clindamycin cream metronidazole gel 0.75%	CLINDESSE (clindamycin) NUVESSA (metronidazole) XACIATO (clindamycin)	

ANTICOAGULANTS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Oral	
ELIQUIS (apixaban) ELIQUIS (apixaban) starter pack ELIQUIS (apixaban) suspension warfarin XARELTO (rivaroxaban) tablets (except 2.5 mg) XARELTO (rivaroxaban) Starter Pack	dabigatran ELIQUIS (apixaban) sprinkle PRADAXA (dabigatran) PRADAXA PELLET PACK (dabigatran) rivaroxaban 2.5 mg tablet rivaroxaban suspension SAVAYSA (edoxaban) XARELTO (rivaroxaban) tablets 2.5 mg CC XARELTO (rivaroxaban) suspension	■ Clinical Criteria ❖ Xarelto 2.5mg tablets: submission of chart notes documenting ▪ Use for reduction of risk of major cardiovascular events in chronic coronary artery disease or peripheral artery disease
	Injectable	
enoxaparin syringe enoxaparin vial	fondaparinux FRAGMIN (dalteparin) syringe, vial	

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ANTICONVULSANTS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Barbiturates	
phenobarbital tablets primidone	SEZABY (phenobarbital IV) PAD	
	Benzodiazepines	
clobazam tablets PC clonazepam tablets QTY diazepam device rectal diazepam rectal NAYZILAM (midazolam) nasal spray VALTOCO (diazepam)	clobazam suspension clonazepam ODT diazepam syringe SYMPAZAN (clobazam)	■ Criteria for Preferred Agent ❖ ICD-10 diagnosis of seizure disorder in member's record or submitted with pharmacy claim ■ Quantity Limit ❖ Initial fill limited to 14 days ❖ Initial fill timeframe resets when 60 days has passed between fills
	Hydantoins	
phenytoin capsules, chewable tablets, suspension phenytoin sodium extended (generic PHENYTEK)	DILANTIN 30 mg capsule	
	Succinimides	
ethosuximide capsules, syrup	methsuximide	
	Other	
EPIDIOLEX (cannabidiol) PC	DIACOMIT (stiripentol) FINTEPLA (fenfluramine)	■ Criteria for Preferred Agent ❖ ICD-10 diagnosis of Lennox-Gastaut syndrome, Dravet syndrome, or tuberous sclerosis complex in member's record or submitted with pharmacy claim
	Adjuvants, Epilepsy	

DEPAKOTE (divalproex) sprinkle PC lacosamide tablets, solution levetiracetam ER PC levetiracetam solution, tablets PC oxcarbazepine suspension, tablets topiramate sprinkle, tablets PC zonisamide PC	eslicarbazepine BANZEL (rufinamide) tablets, suspension BRIVIACT (brivaracetam) tablets, solution divalproex sprinkle ELEPSIA XR (levetiracetam) felbamate tablets, suspension FYCOMPA (perampanel) tablets, suspension lamotrigine XR levetiracetam (SPRITAM) (AG) MOTPOLY XR (lacosamide) capsule oxcarbazepine (OXTELLAR XR) perampanel (FYCOMPA) tablet rufinamide suspension, tablets SABRIL (vigabatrin) tablets, powder pack SPRITAM (levetiracetam) suspension tiagabine topiramate 50 mg sprinkle topiramate solution topiramate ER (generic for QUDEXY XR, TROKENDI XR) capsules, sprinkles vigabatrin powder pack, tablets XCOPRI (cenobamate) VIGAFYDE (vigabatrin) solution ZONISADE ZTALMY (ganaxolone)	■ Criteria for Preferred Agent ❖ ICD-10 diagnosis of seizure disorder in member's record or submitted with pharmacy claim ❖ topiramate: ICD-10 diagnosis of seizure disorder or migraine headaches in member's record or submitted with pharmacy claim
	Adjuvants, Pain and Mood Disorders	
Carbamazepine 100 mg chewable tablets carbamazepine IR carbamazepine ER (generic for CARBATROL) divalproex ER divalproex tablets gabapentin capsules, tablets lamotrigine chewable, tablets PC TEGRETOL (carbamazepine) suspension TEGRETOL XR (carbamazepine XR) valproic acid capsules, solution	carbamazepine 200 mg chewable tablet carbamazepine IR suspension carbamazepine XR (generic for TEGRETOL XR) EQUETRO (carbamazepine ER) LAMICTAL ODT (lamotrigine) CC lamotrigine ODT CC	■ Criteria for Preferred Agent ❖ lamotrigine: ICD-10 diagnosis of seizure disorder or bipolar disorder in member's record or submitted with pharmacy claim

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ANTIDEPRESSANTS, OTHER

Preferred Agents	Non-Preferred Agents	Additional Criteria
bupropion IR bupropion SR bupropion XL desvenlafaxine succinate (generic PRISTIQ) duloxetine 20, 30, 60 mg capsules mirtazapine tablets trazodone venlafaxine IR venlafaxine ER capsules vilazodone	AUVELITY (dextromethorphan HBR/bupropion) bupropion XL (generic for FORFIVO XL) desvenlafaxine ER DRIZALMA sprinkles (duloxetine) Duloxetine 40, 80, 90, 120 mg capsules EMSAM (selegiline transdermal) FETZIMA (levomilnacipran) MARPLAN (isocarboxazid) mirtazapine ODT nefazodone phenelzine RALDESY solution SPRAVATO (esketamine) nasal spray PAD tranylcypromine TRINTELLIX (vortioxetine) venlafaxine ER tablets ZURZUVAE (zuranolone)	■ Link to PA Form for esketamine

ANTIDEPRESSANTS, SSRIS

Preferred Agents	Non-Preferred Agents	Additional Criteria
citalopram tablets, solution escitalopram solution, tablets fluoxetine capsules, tablets, solution (except for 90 mg) fluvoxamine IR paroxetine tablets IR sertraline concentrate, tablets	citalopram capsules escitalopram solution fluoxetine 90 mg capsules fluvoxamine ER paroxetine CR paroxetine capsules, suspension IR sertraline capsules	

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ANTIEMETIC/ANTIVERTIGO AGENTS (ORAL/INJECTABLES/TRANSDERMAL)

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Cannabinoids	
	dronabinol capsules	
	$5HT_3$ Receptor Blockers	
ondansetron ODT, tablets 4 mg, 8 mg QTY ondansetron solution	granisetron tablets, vial ondansetron ODT 16 mg ondansetron syringe, vial SANCUSO (granisetron) transdermal SUSTOL SYRINGE (granisetron) PAD	■ Quantity Limit ❖ Maximum of 3 tablets/day up to 540 tablets every 365 days
	NK1 Receptor Antagonist	
aprepitant capsules, pack, vial PAD	AKYNZEO capsules, vial PAD (netapitant/palonosetron) EMEND (aprepitant) powder pack	■ PAD Criteria ❖ Formulation that requires administration by a healthcare professional per package insert OR Not self administered
	Other	
DICLEGIS (doxylamine/pyridoxine) meclizine tablets 25mg metoclopramide tablets prochlorperazine (oral) promethazine (oral, rectal 12.5, 25 mg) scopolamine transdermal (TRANSDERM-SCOP)	BONJESTA (doxylamine/pyridoxine) COMPRO (prochlorperazine) rectal doxylamine/pyridoxine (DICLEGIS) GIMOTI (metoclopramide) NASAL Meclizine tablets 50mg metoclopramide ODT, syringe, vial prochlorperazine (rectal) promethazine 50 mg suppositories TIGAN VIALS (trimethobenzamide) trimethobenzamide (oral) TRANSDERM-SCOP (scopolamine) transdermal	

ANTIFUNGALS, ORAL

Preferred Agents	Non-Preferred Agents	Additional Criteria
clotrimazole troches fluconazole suspension, tablets griseofulvin suspension, tablets, ultramicrosize itraconazole capsules 100 mg nystatin suspension terbinafine	BREXAFEMME (ibrexafungerp) CRESEMBA (isavuconazonium) flucytosine itraconazole solution ketoconazole CC nystatin tablets posaconazole suspension, tablets SPORANOX (itraconazole solution) TOLSURA (itraconazole) VIVJOA (oteseconazole) voriconazole	■ Clinical Criteria ❖ Submission of chart notes documenting ▪ Diagnosis of blastomycosis, coccidioidomycosis, histoplasmosis, chromoblastomycosis, or paracoccidioidomycosis.

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ANTIFUNGALS, TOPICAL

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Antifungals	
clotrimazole OTC and RX (except RX solution) ketoconazole cream, shampoo 2% miconazole cream, powder nystatin cream, ointment, powder terbinafine OTC tolnaftate OTC cream, powder	ALEVAZOL (clotrimazole) butenafine OTC ciclopirox cream, gel, shampoo, suspension clotrimazole RX solution econazole ERTACZO (sertaconazole) ketoconazole foam luliconazole miconazole solution miconazole nitrate/zinc oxide/petrolatum naftifine oxiconazole OXISTAT (oxiconazole) tolnaftate solution VOTRIZA-AL (clotrimazole) OTC	
	Antifungals – Nail Products	
ciclopirox solution nail lacquer	tavaborole	
	Antifungal/Steroid Combinations	
clotrimazole/betamethasone cream nystatin/triamcinolone cream, ointment	clotrimazole/betamethasone lotion	

ANTIHISTAMINES, MINIMALLY-SEDATING

Preferred Agents	Non-Preferred Agents	Additional Criteria
cetirizine solution AGE, tablets fexofenadine tablets levocetirizine tablets loratadine solution, tablets	cetirizine capsules cetirizine chewable desloratadine desloratadine ODT fexofenadine suspension loratadine capsules loratadine chew tablets levocetirizine solution loratadine ODT	■ Age Limit ❖ Patient age ≤ 12 years

ANTIHYPERTENSIVES, SYMPATHOLYTICS

Preferred Agents	Non-Preferred Agents	Additional Criteria
clonidine IR tablets clonidine ER transdermal guanfacine methyldopa	clonidine ER (generic Nexiclon) 0.17 mg methyldopa/hctz	

ANTIHYPERURICEMICS

Preferred Agents	Non-Preferred Agents	Additional Criteria
allopurinol tablets (except 200 mg) colchicine tablets febuxostat probenecid	allopurinol tablets 200 mg colchicine capsules probenecid/colchicine	

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ANTIMIGRAINE AGENTS, OTHER

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Preventative Treatment	
AJOVY pen and autoinjector (fremanezumab-vfrm) EMGALITY 120 mg/mL (galcanezumab-gnlm) pen, syringe NURTEC ODT (rimegepant) QULIPTA (atogepant)	AIMOVIG (erenumab-aooe) EMGALITY 100 mg/mL (galcanezumab-gnlm) VYEPTI (eptinezumab-jjmr) PAD	
	Acute Treatment	
NURTEC ODT (rimegepant) UBRELVY (uprogepant)	BREKIYA (dihydroergotamine) autoinjector butalbital/APAP/caffeine/ codeine butalbital/aspirin/caffeine/ codeine diclofenac powder pack dihydroergotamine nasal dihydroergotamine injection ELYXYB (celecoxib) ERGOMAR (ergotamine) REYVOW (lasmiditan) ZAVZPRET (zavegepant)	

ANTIMIGRAINE AGENTS, TRIPTANS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Oral	
rizatriptan ODT, tablets sumatriptan	almotriptan eletriptan frovatriptan naratriptan sumatriptan/naproxen CC SYMBRAVO (rizatriptan/meloxicam) tablet zolmitriptan ODT, tablets	■ Clinical Criteria ❖ Individual agents should be used
	Nasal	
sumatriptan	TOSYMRA (sumatriptan) zolmitriptan	
	Injectable	
sumatriptan kit, syringe, vial	ZEMBRACE SYMTOUCH (sumatriptan)	

ANTIPARASITICS, TOPICAL

Preferred Agents	Non-Preferred Agents	Additional Criteria
NATROBA (spinosad) permethrin OTC and Rx piperonyl butoxide/pyrethrins shampoo OTC	CROTAN (crotamiton) EURAX (crotamiton) lotion & cream ivermectin lotion malathion PRURADIK (crotamiton) lotion spinosad	

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ANTIPARKINSON'S DRUGS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Anticholinergics	
benztropine trihexyphenidyl solution, tablets		
	COMT Inhibitors	
entacapone	ONGENTYS (opicapone) tolcapone	
	Dopamine Agonists	
pramipexole IR ropinirole IR	APOKYN (apomorphine subcutaneous) apomorphine subcutaneous bromocriptine NEUPRO transdermal patch (rotigotine) ONAPGO (subcutaneous) pramipexole ER ropinirole ER	
	MAO-B Inhibitors	
selegiline capsules, tablets	rasagiline XADAGO (safinamide)	
	Other Antiparkinson's Drugs	
amantadine capsules, syrup, tablets carbidopa/levodopa IR tablets carbidopa/levodopa ER carbidopa/levodopa/entacapone	carbidopa carbidopa/levodopa ODT CREXONT ER (carbidopa/levodopa ER) DUOPA (carbidopa/levodopa) DHIVY (carbidopa/levodopa) GOCOVRI (amantadine) INBRIJA (levodopa) inhalation NOURIANZ (istradefylline) OSMOLEX ER (amantadine) RYTARY (carbidopa/levodopa ER) VYALEV (foscarbidopa/foslevodopa)	

ANTIPSYCHOTICS, FIRST GENERATION AGE

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Oral/Intranasal	
chlorpromazine fluphenazine tablets haloperidol loxapine perphenazine pimozide thiothixene trifluoperazine	fluphenazine solution molindone perphenazine/amitriptyline thioridazine	■ Link to PA Form for antipsychotics, pediatrics ■ Age Criteria ❖ Patient age ≥ 18 years
	Injectable (Acute Treatment)	
haloperidol lactate	chlorpromazine fluphenazine	
	Injectable (Maintenance Treatment)	
fluphenazine decanoate	haloperidol decanoate	

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ANTIPSYCHOTICS, SECOND GENERATION

AGE

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Oral/Transermal	
aripiprazole tablets clozapine tablets lurasidone olanzapine tablets olanzapine ODT paliperidone ER quetiapine tablets quetiapine ER risperidone ODT, solution, tablets VRAYLAR (cariprazine) ziprasidone capsules	aripiprazole disintegrating tablets aripiprazole solution asenapine CAPLYTA (lumateperone) clozapine ODT FANAPT (iloperidone) LYBALVI (olanzapine/samidorphan) NUPLAZID (pimavanserin) olanzapine/fluoxetine CC OPIPZA film (aripiprazole) REXULTI (brexpiprazole) SECUADO (asenapine) patch VERSACLOZ (clozapine)	■ Link to PA Form for antipsychotics, pediatrics ■ Age Criteria ❖ Patient age ≥ 12 years OR ❖ aripiprazole: ICD-10 diagnosis of autistic disorder or bipolar I disorder in member's record or submitted with pharmacy claim ❖ quetiapine: ICD-10 diagnosis of bipolar I disorder in member's record or submitted with pharmacy claim ❖ risperidone: ICD-10 diagnosis of autistic disorder or bipolar I disorder in member's record or submitted with pharmacy claim ■ Clinical Criteria ❖ Individual agents should be used
	Injectable (Acute Treatment)	
olanzapine ziprasidone	GEODON (ziprasidone)	
	Injectable (Maintenance Treatment) PC	
ABILIFY ASIMTUFII (aripiprazole) ABILIFY MAINTENA (aripiprazole) ARISTADA (aripiprazole) ARISTADA INITIO (aripiprazole) INVEGA HAFYERA (paliperidone) INVEGA SUSTENNA (paliperidone) INVEGA TRINZA (paliperidone) PERSERIS (risperidone) RISPERDAL CONSTA (risperidone)	ERZOFRI (paliperidone) risperidone (generic for Risperdal Consta) RYKINDO (risperidone) UZEDY (risperidone) SQ ZYPREXA RELPREVV (olanzapine) PAD	■ Criteria for Preferred Agent ❖ ICD-10 diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder in member's record or submitted with pharmacy claim ■ PAD Criteria ❖ Formulation that requires administration by a healthcare professional per package insert OR Not self administered
	Other	
	ADASUVE (loxapine) PAD COBENFY (xanomeline/trospium chloride)	

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ANTIVIRALS, ORAL

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Anticovid Drugs	
PAXLOVID (nirmatrelvir/ritonavir)		
	Antiherpetic Drugs	
acyclovir capsules, tablets valacyclovir	acyclovir suspension famciclovir	
	Antiinfluenza Drugs	
oseltamivir capsules, suspension	RELENZA (zanamivir) rimantadine XOFLUZA (baloxavir marboxil)	

ANTIVIRALS, TOPICAL

Preferred Agents	Non-Preferred Agents	Additional Criteria
acyclovir ointment	acyclovir cream DENAVIR (penciclovir) XERESE (acyclovir/hydrocortisone)	

ANXIOLYTICS/BENZODIAZEPINES

Preferred Agents	Non-Preferred Agents	Additional Criteria
buspirone AGE clonazepam tablets QTY diazepam tablets, solution QTY lorazepam tablets QTY	alprazolam alprazolam ER alprazolam intensol, ODT BUCAPSOL chlordiazepoxide clonazepam ODT clorazepate diazepam syringe, vial diazepam intensol lorazepam intensol LOREEV XR (lorazepam) meprobamate oxazepam	■ Link to PA Form for benzodiazepines ■ Age Limit ❖ Patient age ≥ 18 years ■ Quantity Limit ❖ Initial fill limited to 14 days ❖ Initial fill timeframe resets when 60 days has passed between fills

BETA BLOCKERS (ORAL)

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Beta Blockers	
atenolol bisoprolol metoprolol metoprolol XL nadolol nebivolol propranolol propranolol ER (generic for INDERAL LA) sotalol	acebutolol betaxolol HEMANGEOL(propranolol) INDERAL XL (propranolol) INNOPRAN XL (propranolol) KAPSPARGO (metoprolol) LOPRESSOR (metoprolol) pindolol SOTYLIZE solution (sotalol) timolol	
	Beta Blocker/Diuretic Combinations	
atenolol/chlorthalidone bisoprolol/hctz	metoprolol/hctz	
	Beta- and Alpha- Blockers	
carvedilol labetalol	carvedilol ER (COREG CR)	

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BLADDER RELAXANT PREPARATIONS

Preferred Agents	Non-Preferred Agents	Additional Criteria
MYRBETRIQ (mirabegron) oxybutynin ER oxybutynin IR tablets 5 mg oxybutynin IR syrup solifenacin tolterodine tolterodine ER	darifenacin ER fesoterodine ER flavoxate GELNIQUE (oxybutynin) GEMTESA (vibegron) mirabegron ER oxybutynin IR 2.5 mg OXYTROL transdermal (oxybutynin) OXYTROL FOR WOMEN OTC (oxybutynin) trospium trospium ER	

BONE RESPORTION SUPPRESSION AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Bisphosphonates	
alendronate tablets ibandronate tablets	alendronate solution ATELVIA (risedronate) FOSAMAX Plus D (alendronate/cholecalciferol) risedronate	
	Other Bone Resorption Suppression and Related Drugs	
calcitonin-salmon ENOBY (denosumab-qbde) raloxifene XTRENBO (denosumab-qbde) PAD	BILDYOS (denosumab-nxxp) syringe PAD BILPREVDA (denosumab-nxxp) vial PAD BOMYNTRA (denosumab-bnht) syringe, vial PAD BONSITY (teriparatide) pen CONEXXENCE (denosumab-bnht) syringe PAD EVENITY (romosozumab) PAD FORTEO (teriparatide) JUBBONTI (denosumab-bbdz) syringe PAD OSENVELT (denosumab-bmwo) vial PAD PROLIA (denosumab) PAD STOBOCLO (denosumab-bmwo) syringe PAD teriparatide (FORTEO biosimilar) TYMLOS (abaloparatide) WYOST (denosumab-bbdz) vial PAD XGEVA (denosumab) vial PAD	■ PAD Criteria ❖ Formulation that requires administration by a healthcare professional per package insert OR Not self administered

BOTULINUM TOXINS PAD

Preferred Agents	Non-Preferred Agents	Additional Criteria
BOTOX (onabotulinumtoxinA) – (except for cervical dystonia) DYSPORT (abobotulinumtoxinA)	BOTOX (onabotulinumtoxinA) – (for cervical dystonia) MYOBLOC (rimabotulinumtoxinB) XEOMIN (incobotulinumtoxinA)	

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BPH TREATMENTS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Alpha Blockers	
alfuzosin doxazosin tamsulosin terazosin	CARDURA XL (doxazosin) RAPAFLO (silodosin) silodosin TEZRULY (terazosin) solution	
	5-Alpha-Reductase (5AR) Inhibitors	
dutasteride finasteride 5 mg tablets		
	Combination Agents	
	dutasteride/tamsulosin	

BRONCHODILATORS, BETA AGONIST

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Inhalers, Short-Acting	
albuterol HFA (generic PROAIR) albuterol HFA (generic PROVENTIL) XOPENEX HFA (levalbuterol)	albuterol HFA (generic for VENTOLIN) levalbuterol HFA PROAIR RESPICLICK (albuterol) VENTOLIN HFA (albuterol)	
	Bronchodilators, Beta Agonist Inhalers, Long-Acting	
SEREVENT (salmeterol)	STRIVERDI RESPIMAT (olodaterol)	
	Inhalation Solution	
albuterol	arformoterol formoterol levalbuterol BROVANA (arformoterol)	
	Oral	
	albuterol solution, tablets albuterol ER terbutaline	

CALCIUM CHANNEL BLOCKERS (ORAL)

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Short-Acting	
diltiazem nifedipine verapamil	CARDAMYST (etripamil) nasal spray isradipine nicardipine	
	Long-Acting	
amlodipine diltiazem ER capsules (generic for CARDIZEM CD) nifedipine ER verapamil ER tablets	diltiazem ER tablets (generic for CARDIZEM LA) felodipine ER KATERZIA (amlodipine) levamlodipine solution, tablets nimodipine solution, tablets nisoldipine NORLIQVA (amlodipine) NYMALIZE (nimodipine) SDAMLO (amlodipine) solution verapamil ER PM verapamil ER capsules verapamil SR capsules	

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CEPHALOSPORINS AND RELATED AGENTS (ORAL)

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Beta Lactam/Beta-Lactamase Inhibitor Combinations	
amoxicillin/clavulanate IR tablets amoxicillin/clavulanate suspension (except 125 mg/31.25 mg/5 mL) amoxicillin/clavulanate XR	amoxicillin/clavulanate chew tablets	
	Cephalosporins – First Generation	
cefadroxil capsules cephalexin capsules, suspension	cefadroxil suspension, tablets cephalexin tablets	
	Cephalosporins – Second Generation	
cefprozil suspension, tablets cefuroxime tablets	cefaclor capsules, suspension cefaclor ER	
	Cephalosporins – Third Generation	
cefdinir capsules, suspension cefpodoxime suspension, tablets	cefixime capsules, suspension, tablets	

COLONY STIMULATING FACTORS PAD

Preferred Agents	Non-Preferred Agents	Additional Criteria
FULPHILA (pegfilgrastim-jmdb) GRANIX vial (tbo-filgrastim) NEUPOGEN (filgrastim)	FYLNETRA (pegfilgrastim-PBBK) GRANIX syringe (tbo-filgrastim) LEUKINE (sargramostim) NEULASTA (pegfilgrastim) NIVESTYM (filgrastim–aafi) NYVEPRIA (pegfilgrastim-apgf) RELEUKO (filgrastim-ayow) ROLVEDON (eflapegrastim-xnst) STIMUFEND (pegfilgrastim-fpgk) UDENYCA (pegfilgrastim-cbqv) ZARXIO (filgrastim-sndz) ZIEXTENZO (pegfilgrasti)	■ PAD Criteria ❖ Formulation that requires administration by a healthcare professional per package insert OR Not self administered

COPD AGENTS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Anticholinergics	
ATROVENT HFA (ipratropium) ipratropium nebulizer solution SPIRIVA capsules (tiotropium) SPIRIVA RESPIMAT (tiotropium)	INCRUSE ELLIPTA (umeclidinium) TIOTROPIUM (tiotropium bromide) TUDORZA PRESSAIR (aclidinium) YUPELRI (revefenacin)	
	Anticholinergic-Beta Agonist Combinations	
ANORO ELLIPTA (umeclidinium /vilanterol) albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium) STIOLTO RESPIMAT(tiotropium/olodaterol)	BEVESPI AEROSPHERE (glycopyrrolate/formoterol) DUAKLIR PRESSAIR (aclidinium/formoterol) umeclidinium/vilanterol (AG)	
	PDE-4 Inhibitors	
roflumilast	OHTUVAYRE (ensifentrine) CC	■ Link to PA Form for roflumilast

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CYSTIC FIBROSIS

Preferred Agents	Non-Preferred Agents	Additional Criteria
SYMDEKO (ivacaftor/tezacaftor) PC TRIKAFTA packet, tablets (elexacaftor/tezacaftor and ivacaftor) PC	ALYFTREK (vanzacaftor/tezacaftor/deutivacaftor) BRONCHITOL (mannitol) KALYDECO (ivacaftor) ORKAMBI (lumacaftor/ivacaftor)	■ Criteria for Preferred Agent ❖ Submission of chart notes documenting ▪ Genetic testing identifying at least one of the responsive mutations in the CFTR gene ▪ Baseline measures ❖ Prescribed by or in consultation with a provider who specializes in the treatment of CF

CYTOKINE & CAM ANTAGONISTS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Anti-Tumor Necrosis Factor (TNF) Biologics	
ENBREL (etanercept) ENBREL (etanercept) MINI CARTRIDGE HADLIMA (adalimumab) infliximab PAD	adalimumab biosimilars, all CIMZIA (certolizumab) HUMIRA (adalimumab) infliximab biosimilars, all PAD	■ PAD Criteria ❖ Formulation that requires administration by a healthcare professional per package insert OR Not self administered
	Other Biologic Agents PAD, PC	
ORENCIA (abatacept) pen, syringe PYZCHIVA (ustekinumab-ttwe) STEQEYMA (ustekinumab-stba) TALTZ (ixekizumab)	ACTEMRA (tocilizumab) pen, syringe, vial ARCALYST (rilonacept) BIMZELX (bimekizumab) COSENTYX pen, syringe (secukinumab) ENSPRYNG (satralizumab) ENTYVIO (vedolizumab) pen, syringe, vial ILARIS (canakinumab) ILUMYA (tildrakizumab -asmn) IMULDOSA (ustekinumab) syringe, vial KEVZARA (sarilumab) KINERET (anakinra) OMVOH (mirikizumab) pen, syringe, vial ORENCIA (abatacept) vial SELARSDI (ustekinumab-aekn) syringe, vial SIMPONI (golimumab) SKYRIZI (risankizumab) pen, syringe, vial SOTYKTU (deucravacitinib) SPEVIGO (spesolimab-sbzo) STELARA (ustekinumab) syringe, vial TOFIDENCE (tocilizumab) TREMFYA (guselkumab) pen, syringe, vial TYENNE (tocilizumab) UPLIZNA (inebilizumab-cdon) YESINTEK (ustekinumab-kfce)	■ Criteria for Preferred Agent ❖ Trial and failure of preferred TNF ■ PAD Criteria ❖ Formulation that requires administration by a healthcare professional per package insert OR Not self administered
	Non-Biologic Agents	
OTEZLA (apremilast) XELJANZ (tofacitinib) tablets	CIBINQO (abrocitinib) OLUMIANT (baricitinib) tablets 1 mg, 2 mg RINVOQ ER, solution (upadacitinib) XELJANZ (tofacitinib) solution XELJANZ XR (tofacitinib)	

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EPINEPHRINE, SELF-INJECTED QTY

Preferred Agents	Non-Preferred Agents	Additional Criteria
AUVI-Q (epinephrine) 0.1 mg epinephrine (authorized generic for EPIPEN, EPIPEN JR) EPIPEN (epinephrine) EPIPEN JR (epinephrine)	AUVI-Q (epinephrine) 0.15 mg, 0.3 mg epinephrine (ADRENACLICK) epinephrine (generic for EPIPEN, EPIPEN JR) NEFFY (epinephrine nasal spray)	■ Quantity Limit ❖ 2 pens per 25 days

ERYTHROPOIESIS STIMULATING PROTEINS PAD

Preferred Agents	Non-Preferred Agents	Additional Criteria
ARANESP (darbepoetin) RETACRIT (epoetin alfa-epbx)	EPOGEN (rHuEPO) MIRCERA (methoxy PEG-epoetin beta) PROCRIT (rHuEPO) REBLOZYL (luspatercept) RETACRIT (epoetin alfa-epbx by Vifor) VAFSEO (vadadustat)	■ PAD Criteria ❖ Formulation that requires administration by a healthcare professional per package insert OR Not self administered

FLUOROQUINOLONES, ORAL

Preferred Agents	Non-Preferred Agents	Additional Criteria
ciprofloxacin tablets CIPRO (ciprofloxacin) suspension levofloxacin tablets moxifloxacin	BAXDELA (delafloxacin) ciprofloxacin suspension levofloxacin solution ofloxacin	

GI MOTILITY, CHRONIC

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Constipation Agents	
LINZESS (linaclotide) PC lubiprostone PC	IBSRELA (tenapanor) MOTEGRITY (prucalopride) MOVANTIK (naloxegol) prucalopride SYMPROIC (naldemedine)	■ Criteria for Preferred Agent ❖ LINZESS, lubiprostone 24 mcg: ICD-10 diagnosis of constipation in member's record or submitted with pharmacy claim ❖ lubiprostone 8 mcg: ICD-10 diagnosis of irritable bowel syndrome w/o diarrhea or irritable bowel syndrome with constipation in member's record or submitted with pharmacy claim
	Diarrhea Agents	
	alosetron LOTRONEX (alosetron) VIBERZI (eluxadoline)	

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GLUCAGON AGENTS

Preferred Agents	Non-Preferred Agents	Additional Criteria
BAQSIMI (glucagon) nasal spray glucagon emergency kit (amphastar) injection glucagon emergency kit (mylan) injection	diazoxide suspension glucagon injection glucagon emergency kit GVOKE (glucagon) pen, syringe, vial PROGLYCEM (diazoxide) oral suspension ZEGALOGUE (dasiglucagon) autoinjector, syringe	

GLUCOCORTICOIDS, INHALED

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Glucocorticoids	
ARNUITY ELLIPTA (fluticasone) ASMANEX Twisthaler (mometasone) budesonide respules 0.25, 0.5 mg AGE fluticasone HFA	ALVESCO (ciclesonide) ARMONAIR DIGIHALER (fluticasone) ASMANEX HFA (mometasone) budesonide respules 1 mg fluticasone DISKUS QVAR (beclomethasone) REDIHALER	■ Age Criteria ❖ Patient age ≤ 8 years
	Glucocorticoid/Bronchodilator Combinations	
ADVAIR (fluticasone/salmeterol) BREO ELLIPTA (fluticasone/vilanterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol) TRELEGY ELLIPTA (fluticasone/umeclidinium/vilanterol)	AIRSUPRA HFA (albuterol/budesonide) BREZTRI AEROSPHERE (budesonide/formoterol/glycopyrrolate) budesonide/formoterol fluticasone/salmeterol fluticasone/salmeterol HFA fluticasone/vilanterol	

GROWTH FACTORS

Preferred Agents	Non-Preferred Agents	Additional Criteria
INCRELEX (mecasermin) vial	VOXZOGO (vosoritide) vial	

GROWTH HORMONE CC

Preferred Agents	Non-Preferred Agents	Additional Criteria
GENOTROPIN (somatropin) NORDITROPIN (somatropin)	HUMATROPE (somatropin) NGENLA (somatrogon-ghla) NUTROPIN AQ (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) SKYTROFA (lonapegsomatropin-tcgd) SOGROYA (somapacitan-beco) ZOMACTON (somatropin)	■ Link to PA Form for Growth Hormone

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H. PYLORI TREATMENTS

Preferred Agents	Non-Preferred Agents	Additional Criteria
PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	bismuth subcitrate potassium, metronidazole, tetracycline OMECLAMOX-PAK (omeprazole, amoxicillin, clarithromycin) TALICIA (omeprazole, amoxicillin, rifabutin) VOQUEZNA (vonoprazan) VOQUEZNA DUAL PAK (vonoprazan, amoxicillin) VOQUEZNA TRIPLE PAK (vonoprazan, amoxicillin, clarithromycin)	■ Individual agents should be used in place of combination agents of omeprazole or lansoprazole with amoxicillin and clarithromycin

HEPATITIS C TREATMENTS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Direct-Acting Anti-Viral Agents	
MAVYRET (glecaprevir/pibrentasvir) VOSEVI (sofosbuvir/velpatasvir/voxilaprevir)	HARVONI (ledipasvir/sofosbuvir) pellet pack ledipasvir/sofosbuvir sofosbuvir/velpatasvir SOVALDI (sofosbuvir) SOVALDI (sofosbuvir) pellet pack ZEPATIER (elbasvir/grazoprevir)	■ Link to PA Form for Treatment of Hepatitis C Virus

HEREDITARY ANGIOEDEMA

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Acute Treatment	
icatibant PC KALBITOR (ecallantide) PAD	BERINERT (C1-esterase inhibitor) PAD EKTERLY (sebetralstat) RUCONEST (recombinant C1 esterase) PAD	■ PAD Criteria ❖ Formulation that requires administration by a healthcare professional per package insert OR Not self administered ■ Criteria for Preferred Agent ❖ Submission of chart notes documenting ▪ Diagnosis of HAE ▪ History of HAE attacks ❖ Prescribed by or in consultation with a provider who specializes in the treatment of HAE
	Prophylaxis	
HAEGARDA (C1-esterase inhibitor) PC	ANDEMBRY (garadacimab-gxii) CINRYZE (C1- esterase inhibitor) DAWNZERA (donidalorsen) ORLADEYO (berotralstat) capsules, pellet pack TAKHZYRO (lanadelumab-FLYO)	■ Criteria for Preferred Agent ❖ Submission of chart notes documenting ▪ Diagnosis of HAE ▪ History of HAE attacks ❖ Prescribed by or in consultation with a provider who specializes in the treatment of HAE

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HIV AGENTS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Capsid Inhibitor	
	SUNLENCA (lenacapavir) YEZTUGO (lenacapavir) tablet, vial	
	CCR5 Antagonists	
maraviroc tablets SELZENTRY (maraviroc) solution		
	Combination-Nucleos(t)ide Reverse Transcriptase Inhibitors	
abacavir/lamivudine CIMDUO (lamivudine/tenofovir disoproxil fumarate) DESCOVY (emtricitabine/tenofovir alafenamide) emtricitabine/tenofovir disoproxil fumarate (TRUVADA) lamivudine/zidovudine		
	Combination Products – Multiple Classes	
BIKTARVY (bictegravir/emtricitabine/tenofovir alafenamide) CABENUVA (cabotegravir/rilpivirine) COMPLERA (tenofovir disoproxil fumarate/efavirenz) DELSTRIGO (doravirine/lamivudine/tenofovir disoproxil fumarate) DOVATO (dolutegravir/lamivudine) efavirenz/emtricitabine/tenofovir disoproxil fumarate (ATRIPLA) GENVOYA (elvitegravir /cobicistat/emtricitabine/tenofovir alafenamide) JULUCA (dolutegravir/rilpivirine) ODEFSEY (emtricitabine/rilpivirine/tenofovir alafenamide) STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate) SYMFI (efavirenz/lamivudine/tenofovir disoproxil fumarate) SYMFI LO (efavirenz/lamivudine/tenofovir disoproxil fumarate) SYMTUZA (darunavir/cobicistat/ emtricitabine/tenofovir alafenamide)	efavirenz/lamivudine/tenofovir disoproxil fumarate (SYMFI) efavirenz/lamivudine/tenofovir disoproxil fumarate (SYMFI LO) emtricitabine/rilpivirine/tenofovir disoproxil fumarate TRIUMEQ (dolutegravir/abacavir/lamivudine)	
	Combination Products – Protease Inhibitors or Protease Inhibitors + Pharmacokinetic Enhancer	
EVOTAZ (atazanavir/cobicistat) lopinavir/ritonavir tablets, solution PREZCOBIX (darunavir/cobicistat)		
	Fusion Inhibitor	
FUZEON (enfuvirtide)	RUKOBIA (fostemsavir)	

	Intergrase Strand Transfer Inhibitors (INSTI)	
ISENTRESS (raltegravir) ISENTRESS HD (raltegravir) TIVICAY (dolutegravir)	APRETUDE (cabotegravir) TIVICAY PD (dolutegravir) VOCABRIA (cabotegravir)	
	Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)	
efavirenz INTELENCE (etravirine) nevirapine tablets, extended release PIFELTRO (doravirine)	EDURANT (rilpivirine) tablets, ped tab suspension etravirine nevirapine suspension rilpivirine	
	Nucleos(t)ide Reverse Transcriptase Inhibitors (NRTI)	
abacavir emtricitabine lamivudine tenofovir zidovudine	didanosine stavudine	
	Pharmacokinetic Enhancer	
	TYBOST (cobicistat)	
	Protease Inhibitors	
atazanavir darunavir PREZISTA (darunavir) ritonavir	fosamprenavir VIRACEPT (nelfinavir)	
	Recombinant Monoclonal Antibody	
	TROGARZO (ibalizumab-uiyk) IV PAD	

HYPOGLYCEMICS, ENHANCERS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Dipeptidyl Peptidase-4 (DDP4) Enzyme Inhibitors	
JANUVIA (sitagliptin) TRADJENTA (linagliptin)	alogliptin alogliptin/pioglitazone BRYNOVIN (sitagliptin) solution saxagliptin sitagliptin ZITUVIO (sitagliptin)	
	DDP4/Metformin Combinations	
JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JENTADUETO (linagliptin/metformin)	alogliptin/metformin JENTADUETO XR (linagliptin/metformin) saxagliptin/metformin ER sitagliptin/metformin ZITUVIMET (sitagliptin/metformin) ZITUVIMENT XR (sitagliptin/metformin ER)	
	DDP4/SGLT	
	GLYXAMBI (empagliflozin/linagliptin) QTERN (dapagliflozin/saxagliptin) STEGLUJAN (ertugliflozin/sitagliptin)	
	DDP4/Metformin/SGLT	
	TRIJARDY XR (empagliflozin/linagliptin/metformin)	

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HYPOGLYCEMICS, INCRETIN MIMETICS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Glucagon-like Peptide-1 (GLP-1) Receptor Agonists PC	
OZEMPIC pen (semaglutide) TRULICITY (dulaglutide) VICTOZA (liraglutide)	BYDUREON BCISE (exenatide) BYETTA (exenatide) exenatide pen liraglutide MOUNJARO (tirzepatide) OZEMPIC tablet (semaglutide)	■ Criteria for Preferred Agent ❖ ICD-10 diagnosis of type 2 diabetes mellitus in member's record or submitted with pharmacy claim
	GLP-1 Insulin Combinations	
	SOLIQUA (Insulin glargine/lixisenatide) XULTOPHY (Insulin degludec/liraglutide)	

HYPOGLYCEMICS, METFORMINS

Preferred Agents	Non-Preferred Agents	Additional Criteria
Metformin IR tablets (except 625 and 750 mg) metformin ER (GLUCOPHAGE XR)	glipizide-metformin glyburide-metformin metformin ER (FORTAMET) metformin IR tablets 625 mg, 750 mg metformin oral solution	

HYPOGLYCEMICS, SGLT2

Preferred Agents	Non-Preferred Agents	Additional Criteria
FARXIGA (dapagliflozin) JARDIANCE (empagliflozin) SYNJARDY (empagliflozin/metformin) XIGDUO XR (dapagliflozin/metformin XR)	dapagliflozin dapagliflozin/metformin XR INPEFA (sotagliflozin) INVOKANA (canagliflozin) INVOKAMET (canagliflozin/metformin) INVOKAMET XR (canagliflozin/metformin SEGLUROMET (ertugliflozin/metformin) STEGLATRO (ertugliflozin) SYNJARDY XR (empagliflozin/metformin)	

HYPOGLYCEMICS, TZDS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Thiazolidinediones	
pioglitazone		
	Thiazolidinedione Combinations	
	pioglitazone/glimepiride pioglitazone/metformin	■ Individual agents should be used

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IMMUNE GLOBULINS CC, PAD

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Primary Immunodeficiency Products	
GAMMAGARD LIQUID injection solution GAMMAGARD S/D powder for intravenous solution GAMMAPLEX intravenous solution GAMUNEX-C injection solution HIZENTRA subcutaneous solution (syringe) HYQVIA subcutaneous solution OCTAGAM intravenous solution PRIVIGEN intravenous solution	ALYGLO intravenous solution ASCENIV intravenous solution BIVIGAM intravenous solution CUTAQUIG subcutaneous solution CUVITRU subcutaneous solution FLEBOGAMMA DIF IV solution GAMMAKED injection solution GAMASTAN intramuscular PANZYGA intravenous solution XEMBIFY subcutaneous solution YIMMUGO intravenous solution	■ Link to Immune Globulin PA Form ■ Clinical Criteria ❖ Submission of evidence-based documentation to support usage for which there are no therapeutic alternatives ■ PAD Criteria ❖ Formulation that requires administration by a healthcare professional per package insert OR Not self administered

IMMUNOMODULATORS FOR ATOPIC DERMATITIS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Injectable	
ADBRY (tralokinumab-ldrm) PC DUPIXENT (dupilumab) pen, syringe PC EBGLYSS (lebrikizumab-lbkz) pen, syringe PC	NEMLUVIO (nemolizumab) NR	■ Criteria for Preferred Agent ❖ Dupixent: ICD-10 diagnosis of atopic dermatitis or prurigo in member's record or submitted with pharmacy claim ❖ Adbry, Ebglyss: ICD-10 diagnosis of atopic dermatitis in member's record or submitted with pharmacy claim
	Topical	
EUCRISA (crisaborole) pimecrolimus	ANZUPGO (delgocitinib) OPZELURA (ruxolitinib) tacrolimus ZORYVE (roflumilast) cream, foam CC	■ Clinical Criteria ❖ Adequate trial and failure of at least ONE preferred generic agent

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IMMUNOMODULATORS, ASTHMA PAD, PC

Preferred Agents	Non-Preferred Agents	Additional Criteria
DUPIXENT (dupilumab) FASENRA (benralizumab) XOLAIR (omalizumab)	CINQAIR (reslizumab) NUCALA (mepolizumab) vial, auto-injector, syringe TEZSPIRE (tezepelumab-ekko) pen TEZSPIRE (tezepelumab-ekko) syringe	■ PAD Criteria ❖ Formulation that requires administration by a healthcare professional per package insert OR Not self administered ■ Criteria for Preferred Agent ❖ Dupixent, Fasenra: submission of chart notes documenting ▪ Diagnosis of uncontrolled moderate to severe eosinophilic phenotype or oral glucocorticoid dependent asthma ▪ Prescribed by or in consultation with an allergist, immunologist, or pulmonologist ▪ Will be used in combination with maximum tolerated maintenance therapy ❖ Xolair: submission of chart notes documenting ▪ Diagnosis of uncontrolled moderate to severe allergic asthma ▪ Positive skin test or in vitro reactivity to perennial aeroallergen in last 12 months ▪ Baseline serum total IgE level ≥ 30 IU/mL and ≤ to 1300 IU/mL ▪ Prescribed by or in consultation with an allergist, immunologist, or pulmonologist ▪ Will be used in combination with maximum tolerated maintenance therapy

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IMMUNOSUPPRESSIVES, ORAL

Preferred Agents	Non-Preferred Agents	Additional Criteria
azathioprine	ASTAGRAF (tacrolimus XL)	
cyclosporine modified capsules	CELLCEPT (mycophenolate mofetil)	
everolimus tablets	cyclosporine capsules	
mycophenolate mofetil capsules, tablets	cyclosporine modified solution	
mycophenolic acid	ENVARSUS XR (tacrolimus)	
sirolimus solution, tablets	mycophenolate mofetil suspension	
tacrolimus	MYHIBBIN suspension (mycophenolate mofetil)	
	PROGRAF granules (tacrolimus)	
	REZUROCK (belumosudil)	
	TAVNEOS (avacopan)	

INTRANASAL RHINITIS AGENTS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Anticholinergics	
ipratropium		
	Antihistamines	
azelastine (generic for ASTELIN, ASTEPRO)	olopatadine	
	Corticosteroids	
fluticasone Rx	budesonide nasal OTC	
	flunisolide	
	fluticasone OTC	
	mometasone OTC	
	mometasone Rx	
	NASONEX OTC (mometasone fumarate)	
	OMNARIS (ciclesonide)	
	QNASL (beclomethasone)	
	SINUVA sinus implant (mometasone furoate) PAD	
	triamcinolone nasal OTC	
	XHANCE (fluticasone)	
	ZETONNA (ciclesonide)	
	Antihistamine / Corticosteroid Combinations	
	azelastine/fluticasone	
	RYALTRIS (olopatadine/mometasone) nasal	

LEUKOTRIENE MODIFIERS

Preferred Agents	Non-Preferred Agents	Additional Criteria
montelukast chewable tablets, tablets	montelukast granules	
	zafirlukast	
	zileuton ER	
	ZYFLO (zileuton)	

LIPOTROPICS, OTHER (NON-STATINS)

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors	
	NEXLETOL (bempedoic acid) NEXLIZET (bempedoic acid/ezetimibe)	
	APOC-III Antisense Oligonucleotide (ASO)	
	REDEMPLO (plozasiran) syringe TRYNGOLZA (olezarsen)	
	Apolipoprotein B Synthesis Inhibitors	
	JUXTAPID (lomitapide mesylate)	
	Bile Acid Sequestrants	
cholestyramine colestipol granules, tablets	colesevelam WELCHOL (colesevelam)	
	Fibric Acid Derivatives	
fenofibrate (generic ANTARA, LOFIBRA, TRICOR) fenofibric acid (generic TRILIPIX) gemfibrozil 600 mg	fenofibrate (generic LIPOFEN) fenofibric acid (generic FIBRICOR)	
	Niacin	
	niacin niacin ER	
	Omega-3 Fatty Acids	
omega-3 acid ethyl esters (generic for LOVAZA)	icosapent ethyl	
	Cholesterol Absorption Inhibitors	
ezetimibe		
	PCSK9 Inhibitors	
PRALUENT (alirocumab) REPATHA sureclick, syringe (evolocumab)[PC]	LEQVIO (inclisiran) [PAD] REPATHA pushtronex (evolocumab)	■ Link to PCSK9 Inhibitors Form ■ Criteria for Preferred Agent ❖ Submission of chart notes documenting ▪ Diagnosis of HeFH, HoFH, or ASCVD ▪ Failure to reach 50% reduction from baseline or goal LDL-C (≤ 70 mg/dl in ASCVD or ≤ 100 mg/dl in HeFH or HoFH) with maximally tolerated dose of a high intensity statin in combination with ezetimibe for at least 12 weeks ❖ Prescribed in combination with other lipid lowering agents ❖ Prescribed by or in consultation with a cardiologist, lipidologist or endocrinologist

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LIPOTROPICS, STATINS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Statins	
atorvastatin lovastatin pravastatin rosuvastatin simvastatin (except 80 mg tablets)	ALTOPREV (lovastatin) ATORVALIQ (atorvastatin) EZALLOR SPRINKLE (rosuvastatin) fluvastatin fluvastatin ER pitavastatin simvastatin 80 mg tablets ZYPITAMAG (pitavastatin)	
	Statin Combinations	
	atorvastatin/amlodipine CADUET (atorvastatin/amlodipine) simvastatin/ezetimibe (VYTORIN) VYTORIN (simvastatin/ezetimibe)	■ Individual agents should be used

MACROLIDES (ORAL)

Preferred Agents	Non-Preferred Agents	Additional Criteria
azithromycin clarithromycin IR tablets erythromycin ethylsuccinate 200 mg suspension	clarithromycin ER clarithromycin suspension E.E.S. 400 mg tablets (erythromycin ethylsuccinate) ERYPED suspension (erythromycin ethylsuccinate) ERY-TAB (erythromycin) erythromycin base capsules, tablets erythromycin ethylsuccinate 400 mg suspension	

MOVEMENT DISORDERS [cc]

Preferred Agents	Non-Preferred Agents	Additional Criteria
AUSTEDO (deutetrabenazine) AUSTEDO XR (deutetrabenazine) INGREZZA (valbenazine) Initiation Packet, sprinkles, tablets tetrabenazine		■ Link to Movement Disorders PA Form ■ Clinical Criteria ❖ Huntington's chorea ▪ Submission of chart notes documenting • genetic testing confirming diagnosis • Unified Huntington's Disease Rating Scale (or equivalent test) ▪ Prescribed by or in consultation with a neurologist ❖ tardive dyskinesia ▪ Submission of chart notes documenting • Diagnosis of tardive dyskinesia • Suspected agents • Prior steps taken • AIMS (or equivalent test) ▪ Prescribed by or in consultation with a neurologist or psychiatrist

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MULTIPLE SCLEROSIS DRUGS CC

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Injectable Disease Modifying Therapies	
AVONEX (interferon beta-1a) COPAXONE 20 mg syringe (glatiramer) KESIMPTA (ofatumumab)	BETASERON (interferon beta-1b) BRIUMVI (ublituximab-xiiy) PAD COPAXONE 40 mg syringe (glatiramer) glatiramer 20 mg, 40 mg syringe LEMTRADA (alemtuzamab) IV PAD OCREVUS (ocrelizumab) PAD OCREVUS ZUNOVO vial (ocrelizumab) PAD PLEGRIDY (peginterferon beta-1 a) IM, SQ REBIF (interferon beta-1a) REBIF REBIDOSE (interferon beta-1a) TYRUKO (natalizumab-sztn) PAD TYSABRI (natalizumab) PAD	■ Clinical Criteria ❖ ICD-10 diagnosis of multiple sclerosis in member's record or submitted with pharmacy claim
	Oral Disease Modifying Therapies	
dimethyl fumarate DR fingolimod teriflunomide	BAFIERTAM (monomethyl fumarate) DR cladribine tablet dimethyl fumarate DR starter pack MAVENCLAD (cladribine) MAYZENT (siponimod) PONVORY (ponesimod) TASCENSO ODT (fingolimod) VUMERITY (diroximel fumarate) ZEPOSIA (ozanimod hydrochloride)	■ Clinical Criteria ❖ ICD-10 diagnosis of multiple sclerosis in member's record or submitted with pharmacy claim
	Other	
dalfampridine ER PC		■ Link to PA form for dalfampridine ■ Criteria for Preferred Agent ❖ Submission of chart notes documenting ▪ Diagnosis of MS ▪ Patient is ambulatory ▪ Creatinine clearance ≥ 50 ml/min ▪ No history of seizure disorder ▪ Baseline timed 25-foot walk test between 8 and 45 seconds ▪ EDSS score ❖ Prescribed by or in consultation with a neurologist or provider who specializes in the treatment of MS

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NSAIDS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Nonselective	
diclofenac potassium IR capsules diclofenac potassium IR tablets 50 mg diclofenac sodium DR tablets ibuprofen Rx AGE indomethacin IR capsules indomethacin rectal nabumetone naproxen Rx sulindac	diclofenac sodium ER tablets diclofenac potassium IR tablets 25 mg diflunisal DOLOBID (diflunisal) etodolac IR etodolac SR fenoprofen flurbiprofen ibuprofen 300 mg tablet indomethacin ER indomethacin suspension ketoprofen ER ketoprofen IR ketorolac tablets CC, QTY meclofenamate mefenamic acid naproxen CR naproxen EC naproxen sodium naproxen suspension oxaprozin piroxicam RELAFEN DS (nabumetone) tolmetin	■ Age Criteria ❖ Patient age ≤ 12 years for suspension ■ Clinical Criteria ❖ Initial therapy of IM or IV dose ■ Quantity limits ❖ Maximum of 40mg/day for up to 5 days every 60 days
	NSAID/GI Protectant Combinations	
	diclofenac/misoprostol ibuprofen/famotidine naproxen/esomeprazole	■ Individual agents should be used
	COX-II Selective	
celecoxib meloxicam tablets	meloxicam capsules	
	NSAIDS, Topical	
diclofenac sodium gel 1%	diclofenac 1.3% patch diclofenac sodium pump 2% diclofenac solution 1.5%	

OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS

Preferred Agents	Non-Preferred Agents	Additional Criteria
neomycin/polymyxin/dexamethasone sulfacetamide/prednisolone TOBRADEX (tobramycin/dexamethasone) ointment tobramycin/dexamethasone suspension	neomycin/bacitracin/polymyxin/ hydrocortisone neomycin/polymyxin/ hydrocortisone TOBRADEX ST (tobramycin/dexamethasone) ZYLET (loteprednol/tobramycin)	

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OPHTHALMIC ANTIBIOTICS

Preferred Agents	Non-Preferred Agents	Additional Criteria
bacitracin/polymyxin B	AZASITE (azithromycin)	
CILOXAN (ciprofloxacin) ointment	bacitracin	
ciprofloxacin drops	BESIVANCE (besifloxacin)	
erythromycin	gatifloxacin	
gentamicin	levofloxacin	
moxifloxacin (VIGAMOX)	moxifloxacin (MOXEZA)	
ofloxacin	NATACYN (natamycin)	
polymyxin/trimethoprim	neomycin/bacitracin/polymyxin	
tobramycin solution	neomycin/polymyxin/gramicidin	
	sulfacetamide ointment	
	sulfacetamide solution	
	TOBREX (tobramycin) ointment	

OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS

Preferred Agents	Non-Preferred Agents	Additional Criteria
cromolyn	ALOCRIL (nedocromil)	
olopatadine 0.1% OTC	ALOMIDE (lodoxamide)	
olopatadine 0.2% OTC	ALREX (loteprednol)	
	azelastine	
	BEPREVE (bepotastine)	
	bepotastine	
	epinastine	
	loteprednol	
	olopatadine 0.1% Rx	
	olopatadine 0.2% Rx	
	ZERVIATE (cetirizine)	

OPHTHALMIC ANTI-INFLAMMATORIES

Preferred Agents	Non-Preferred Agents	Additional Criteria
dexamethasone 0.1% solution	ACUVAIL (ketorolac 0.45%)	
diclofenac	bromfenac 0.09%	
diflurprednate	BROMSITE (bromfenac 0.075%)	
fluorometholone	FML FORTE (fluorometholone)	
flurbiprofen	ILEVRO (nepafenac 0.3%)	
ketorolac 0.5%	INVELTYS (loteprednol)	
ketorolac LS 0.4%	LOTEMAX (loteprednol) gel, ointment	
LOTEMAX (loteprednol) drops	LOTEMAX SM (loteprednol) gel	
prednisolone acetate 1% suspension	MAXIDEX (dexamethasone) 0.% suspension	
	NEVANAC (nepafenac 0.1%)	
	PRED MILD (prednisolone acetate)	
	prednisolone sodium phosphate	
	PROLENSA (bromfenac 0.07%)	

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OPHTHALMICS FOR DRY EYE

Preferred Agents	Non-Preferred Agents	Additional Criteria
RESTASIS (cyclosporine) single-dose vials XIIDRA (lifitegrast)	CEQUA (cyclosporine) cyclosporine (generic for RESTASIS) EYSUVIS (loteprednol) MIEBO (perfluorohexyloctane) RESTASIS (cyclosporine) multidose TRYPTYR (acoltremon) TYRVAYA SPRAY (varenicline) VERKAZIA (cyclosporine) VEVYE (cyclosporine)	

OTIC ANTIBIOTICS

Preferred Agents	Non-Preferred Agents	Additional Criteria
CIPRO HC (ciprofloxacin/hydrocortisone) ciprofloxacin/dexamethasone CORTISPORIN – TC (colistin/hydrocortisone/neomycin/thonzonium) neomycin/polymyxin/hydrocortisone ofloxacin	ciprofloxacin ciprofloxacin/fluocinolone	

PANCREATIC ENZYMES

Preferred Agents	Non-Preferred Agents	Additional Criteria
CREON ZENPEP	PERTZYE VIOKACE	

PHOSPHATE BINDERS

Preferred Agents	Non-Preferred Agents	Additional Criteria
calcium acetate capsules (generic for PhosLo) sevelamer carbonate tablet	AURYXIA (ferric citrate) calcium acetate tablets ferric citrate FOSRENOL (lanthanum) lanthanum MAGNEBIND Rx (calcium carbonate/magnesium carbonate) sevelamer carbonate powder pack sevelamer HCL VELPHORO (sucroferric oxyhydroxide) XPHOZAH (tenapanor)	

PITUITARY SUPPRESSIVE AGENTS, LHRH[PAD]

Preferred Agents	Non-Preferred Agents	Additional Criteria
FENSOLVI (leuprolide acetate) 6-MONTH injection	LUPRON DEPOT (leuprolide acetate for depot suspension) 1 MONTH KIT, PEDIATRIC 1 MONTH KIT injection	

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PLATELET AGGREGATION INHIBITORS

Preferred Agents	Non-Preferred Agents	Additional Criteria
clopidogrel prasugrel ticagrelor	aspirin/dipyridamole BRILINTA (ticagrelor) dipyridamole ZONTIVITY (vorapaxar)	

PROTON PUMP INHIBITORS (ORAL)

Preferred Agents	Non-Preferred Agents	Additional Criteria
esomeprazole capsules lansoprazole capsules Rx omeprazole Rx pantoprazole tablets PROTONIX (pantoprazole) suspension	dexlansoprazole capsules esomeprazole magnesium OTC esomeprazole suspension KONVOMEP (omeprazole/sodium bicarbonate) lansoprazole capsules OTC lansoprazole solutab NEXIUM suspension (esomeprazole) AGE omeprazole OTC omeprazole magnesium OTC omeprazole/sodium bicarbonate pantoprazole suspension PREVACID SOLUTAB (lansoprazole) PRILOSEC suspension (omeprazole) rabeprazole	■ Age Criteria ❖ Patient age ≤ 12 years

PULMONARY ARTERIAL HYPERTENSION AGENTS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Endothelin Receptor Antagonists	
ambrisentan PC bosentan tablets, suspension PC	OPSUMIT (macitentan) OPSYNVI (macitentan/tadalafil) tablets TRACLEER (bosentan) suspension	■ Link to PA Form for Pulmonary Arterial Hypertension Agents ■ Criteria for Preferred Agent ❖ Submission of chart notes documenting ▪ Diagnosis of PAH ▪ WHO Functional Class II-III symptoms ❖ Prescribed by or in consultation with a cardiologist or pulmonologist
	Prostacyclin Receptor Agonist	
	UPTRAVI (selexipag)	
	Prostanoids	
	ORENITRAM ER (treprostinil) ORENITRAM TITRATION KIT (treprostinil) TYVASO (treprostinil) TYVASO DPI (treprostinil) VENTAVIS (iloprost) YUTREPIA (treprostinil) inhalation powder	
	PDE-5 Inhibitors	
sildenafil suspension, tablets PC tadalafil PC	LIQREV (sildenafil)	■ Criteria for Preferred Agent ❖ ICD-10 diagnosis of pulmonary artery hypertension in member's record or submitted with pharmacy claim
	Soluble Guanylate Cyclase Stimulators	
	ADEMPAS (riociguat)	

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SEDATIVE HYPNOTICS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Benzodiazepines QTY	
	estazolam flurazepam quazepam temazepam triazolam	■ Quantity Limit ❖ Initial fill limited to 14 days ❖ Initial fill timeframe resets when 60 days has passed between fills
	Others QTY	
doxepin 10 mg eszopiclone ramelteon zolpidem IR	BELSOMRA (suvorexant) DAYVIGO (lemborexant) doxepin 3mg, 6 mg tablets EDLUAR (zolpidem) HETLIOZ (tasimelteon) HETLIOZ LQ (tasimelteon) IGALMI (dexmedetomidine) PAD QUVIVIQ (daridorexant) tasimelteon zaleplon zolpidem capsules zolpidem ER zolpidem SL	■ Link to PA Form for Hetlioz ■ PAD Criteria ❖ Formulation that requires administration by a healthcare professional per package insert OR Not self administered ■ Quantity Limit ❖ Combined 30 day supply ❖ Initial fills must be limited until stabilization

SKELETAL MUSCLE RELAXANTS

Preferred Agents	Non-Preferred Agents	Additional Criteria
baclofen 5 mg, 10 mg tablets cyclobenzaprine IR 5, 10 mg tablets methocarbamol tizanidine tablets	baclofen ER 15 mg tablets baclofen suspension carisoprodol DS chlorzoxazone cyclobenzaprine ER cyclobenzaprine IR 7.5 mg tablets dantrolene LORZONE (chlorzoxazone) LYVISPAH (baclofen) Metaxalone NORGESIC (orphenadrine/aspirin/caffeine) NORGESIC FORTE (orphenadrine/aspirin/caffeine) ONTRALFY (tizanidine) solution orphenadrine OZOBAX (baclofen) solution OZOBAX DS (baclofen) solution TANLOR (methocarbamol) tablets tizanidine capsules	■ Drug Specific Criteria ❖ Patient age 16 – 65 years ❖ No concomitant opioid or benzodiazepine use ■ Quantity Limits ❖ Maximum of 1,050 mg/day for up to 21 days every 6 months ❖ Maximum of 42 days in 365-day period ❖ Chronic use taper must be completed within 21 days

SPINAL MUSCULAR ATROPHY CC

Preferred Agents	Non-Preferred Agents	Additional Criteria
	EVRYSDI (risdiplam) SPINRAZA (nusinersen sodium) PAD ZOLGENSMA (onasemnogene abeparvovec-xioi) PAD	■ Clinical Criteria ❖ Submission of chart notes documenting ▪ Genetic testing confirming diagnosis and presence of ≤ 3 copies of the SMN2 gene ▪ CHOP-INTEND score, HINE Section 2 motor milestone score, or equivalent test ▪ Anti-AAV9 antibody titers ≤ 1:50 and baseline liver function test, platelet counts, and troponin-I ▪ Patient does not have advanced SMA ❖ Prescribed by or in consultation with a provider who specializes in the treatment of SMA

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STIMULANTS AND RELATED DRUGS [CC]

Preferred Agents	Non-Preferred Agents	Additional Criteria
amphetamine salt combination ER amphetamine salt combination IR CONCERTA (methylphenidate ER) dexmethylphenidate ER dexmethylphenidate IR lisdexamfetamine chewable tablets methylphenidate CD methylphenidate ER (generic for CONCERTA) methylphenidate ER (generic for METADATE) methylphenidate ER (generic Ritalin LA) methylphenidate IR tablets methylphenidate solution VYVANSE (lisdexamfetamine)	ADZENYS XR ODT (amphetamine) amphetamine salt combination ER (generic for MYDAYIS) APTENSIO XR (methylphenidate) AZSTARYS (serdexmethylphenidate/dexmethylphenidate) COTEMPLA XR-ODT (methylphenidate) dextroamphetamine IR, ER dextroamphetamine solution DYANAVEL XR (amphetamine) EVEKEO (amphetamine) EVEKEO ODT (amphetamine) lisdexamfetamine capsules JORNAY PM (methylphenidate) methylphenidate chewable tablets methylphenidate (APTENSIO XR) methylphenidate patch TD24 (transdermal) PROCENTRA (dextroamphetamine sulfate) QUILLICHEW ER (methylphenidate) QUILLIVANT XR (methylphenidate) solution XELSTRYM (dextroamphetamine) transdermal ZENZEDI (dextroamphetamine)	■ Clinical Criteria ❖ ICD-10 diagnosis of ADHD in member's record or submitted with pharmacy claim ■ Criteria for Non-Preferred Agent ❖ Adequate trial and failure of preferred amphetamine agent AND preferred methylphenidate agent
	Non-Stimulants	
atomoxetine clonidine ER 0.1 mg clonidine IR guanfacine ER guanfacine IR QELBREE (viloxazine)	ONYDA XR (clonidine ER)	
	Narcolepsy-Specific Agents	
modafinil [PC]	armodafinil SUNOSI (solriamfetol) WAKIX (pitolisant) XYREM (sodium oxybate) XYWAV (calcium, magnesium, potassium, sodium oxybate)	■ Link to PA Form for Oxybate Salts ■ Criteria for Preferred Agent ❖ ICD-10 diagnosis of narcolepsy, obstructive sleep apnea, or shift work sleep disorder in member's record or submitted with pharmacy claim

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SUBSTANCE USE DISORDER TREATMENT

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Alcohol Treatment	
naltrexone oral PC VIVITROL (naltrexone) injection PC		■ Criteria for Preferred Agent ❖ ICD-10 diagnosis of alcohol dependence in member's record or submitted with pharmacy claim ❖ No concomitant opioid analgesics or buprenorphine/naloxone use
	Opiate Use Disorder Treatments	
BRIXADI (buprenorphine) monthly BRIXADI (buprenorphine) weekly buprenorphine SL tablets buprenorphine/naloxone SL tablets SUBLOCADE (buprenorphine) injection SUBOXONE film (buprenorphine/naloxone) VIVITROL (naltrexone) injection PC	buprenorphine/naloxone SL film lofexidine tablets LUCEMYRA (lofexidine) ZUBSOLV (buprenorphine/naloxone tablets) CC	■ Link to PA Form for Opioid Use Disorder Treatment ■ Criteria for Preferred Agent ❖ ICD-10 diagnosis of opioid use disorder in member's record or submitted with pharmacy claim ❖ No concomitant opioid analgesics or buprenorphine/naloxone use ■ Clinical Criteria ❖ Failure of two different manufacturers of a preferred generic, failure of Suboxone film, and submission of MedWatch Form
	Opioid Reversal Agents	
Naloxone syringe, vial NARCAN (naloxone) nasal spray	KLOXXADO (naloxone) nasal spray naloxone nasal spray OPVEE (nalmefene) nasal spray REXTOVY (naloxone) nasal spray ZIMHI (naloxone) injection ZURNAI (nalmefene) injection	

TETRACYCLINES AGE

Preferred Agents	Non-Preferred Agents	Additional Criteria
doxycycline hyclate IR 20mg, 50mg, 100 mg doxycycline monohydrate capsules 50mg, 100 mg doxycycline monohydrate tablets minocycline capsules, tablets tetracycline capsules	demeclocycline DORYX (doxycycline hyclate) doxycycline hyclate DR doxycycline hyclate IR 75mg, 150mg doxycycline monohydrate capsules 40 mg, 75 mg, 150 mg doxycycline monohydrate suspension minocycline ER NUZYRA (omadacycline) tablets, vial PAD ORACEA (doxycycline) SEYSARA (sarecycline) tetracycline tablets XIMINO (minocycline)	■ Age Criteria ❖ Patient age ≥ 9 years ■ PAD Criteria ❖ Formulation that requires administration by a healthcare professional per package insert OR ❖ Not self administered

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TOBACCO CESSATION

Preferred Agents	Non-Preferred Agents	Additional Criteria
bupropion SR 150 MG nicotine gum OTC buccal (nicotine polacrilex) nicotine lozenge OTC buccal (nicotine polacrilex) nicotine patch OTC (nicotine) varenicline	NICOTROL inhalation (nicotine) NICOTROL NS nasal (nicotine)	

ULCERATIVE COLITIS DRUGS

Preferred Agents	Non-Preferred Agents	Additional Criteria
	Oral	
mesalamine (LIALDA) sulfasalazine DR sulfasalazine IR	balsalazide budesonide budesonide DR DIPENTUM (olsalazine) mesalamine (ASACOL HD, DELZICOL) mesalamine ER (APRISO) PENTASA (mesalamine)	
	Rectal	
mesalamine suppositories	mesalamine enema sfROWASAS	

VASODILATORS, CORONARY

Preferred Agents	Non-Preferred Agents	Additional Criteria
isosorbide mononitrate tablets isosorbide mononitrate SR tablets NITRO-DUR 0.3 mg and 0.8 mg nitroglycerin ER oral capsules nitroglycerin sublingual nitroglycerin transdermal patch	BIDIL (isosorbide dinitrate/hydralazine) isosorbide dinitrate tablets isosorbide dinitrate/hydralazine tablets nitroglycerin translingual spray NITRO-BID (nitroglycerin) transdermal ointment NITROLINGUAL spray (nitroglycerin lingual spray) VERQUVO (vericiguat)	■ Individual agents should be used