Office of Pharmacy Services
Medicaid Pharmacy Program
Preferred Drug List

Effective Date: 7/1/2026

Updated: 8/6/2026

Only drugs that are part of the listed therapeutic categories are affected by the Medicaid Preferred Drug List (PDL). Therapeutic categories not listed here are not part of the PDL and will continue to be covered as they always have for Maryland Medicaid participants.

Note: Brand names listed in parentheses are only listed as a reference. For most multi-source products, the generic products are usually preferred and the branded innovator product is non-preferred. If a generic product is non-preferred, the corresponding brand product is also non-preferred except where specifically noted as ***"(generic only)"***. PDL products that are new to market require prior authorization until they are reviewed.

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

ANALGESICS

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Analgesics, Narcotics (Long Acting)	fentanyl patches (All strengths except 37.5mcg, 62.5mcg, 87.5mcg)[cc,ql] morphine sulfate SR (MS Contin)[ql]	*buprenorphine film (Belbuca)[ql]* *buprenorphine patch (Butrans)[ql]* *fentanyl 37.5mcg, 62.5mcg, 87.5mcg patches[cc,ql]* *hydrocodone ER (Hysingla ER, Zohydro ER)[ql]* *hydromorphone ER (Exalgo)[ql]* *methadone (Dolophine)[ql]* *morphine sulfate ER (Avinza)[ql]* *morphine sulfate ER (Kadian)[ql]* *oxycodone ER (Oxycontin)[ql]* *oxymorphone ER (Opana ER)[ql]* *tapentadol ER (Nucynta ER)[ql]* *tramadol ER (Conzip, Ryzolt, Ultram ER)[ql]*
Analgesics, Narcotics (Short Acting)	acetaminophen/codeine (Tylenol w/ codeine)[ql] hydrocodone/acetaminophen tablets (Lorcet, Norco, Vicodin)[ql] hydromorphone tablets (Dilaudid) morphine sulfate tablets, solution, syringe oxycodone capsules, solution, tablets oxycodone/acetaminophen (Percocet)[ql] tramadol 50 mg (Ultram)[ql] tramadol/acetaminophen (Ultracet)[ql]	*butalbital/acetaminophen/codeine/ caffeine[ql]* *butalbital compound w/ codeine[ql]* *butorphanol nasal spray* *carisoprodol/codeine compound* *codeine tablets* *dihydrocodeine/acetaminophen/caffeine* *fentanyl buccal (Actiq, Fentora)[cc,ql]* *hydrocodone/acetaminophen solution (Lortab)[ql]* *hydrocodone/ibuprofen (Vicoprofen)* *hydromorphone solution, suppositories* *levorphanol* *meperidine (Demerol)* *morphine suppositories* *oxycodone concentrated solution* *oxycodone syringe* *oxycodone/acetaminophen (Prolate)[ql]* *oxycodone/acetaminophen solution[ql]* *oxymorphone (Opana)* *pentazocine/naloxone (Talwin NX)* *tapentadol (Nucynta)* *tramadol 25 mg, 75 mg, 100 mg[ql]* *tramadol solution*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

ANALGESICS

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Anti-Migraine Agents, Other *Appears in 2 places within PDL document.	Ajovy **(Step Therapy)**[cc,ql] Emgality 120mg/mL **(Step Therapy)**[cc,ql] Nurtec ODT[cc,ql] Qulipta[cc,ql] Ubrelvy[cc,ql]	*diclofenac potassium powder pack* *dihydroergotamine mesylate (Migranal)* *Aimovig **(Step Therapy)**[cc,ql]* *Brekiya* *Elyxyb* *Emgality 100mg/mL **(Step Therapy)**[cc,ql]* *Ergomar* *Migerot* *Reyvow[cc,ql]* *Vyepti[cc,ql]* *Zavzpret[cc,ql]*
Anti-Migraine Agents, Triptans	naratriptan (Amerge)[ql] rizatriptan, rizatriptan ODT (Maxalt, Maxalt MLT)[ql] sumatriptan nasal, tablets, vial (Imitrex)[ql] zolmitriptan (Zomig)[ql]	*almotriptan (Axert)[ql]* *eletriptan (Relpax)[ql]* *frovatriptan (Frova)[ql]* *sumatriptan kit (Imitrex)[ql]* *sumatriptan/naproxen (Treximet)[ql]* *zolmitriptan nasal (Zomig)[ql]* *zolmitriptan ODT (Zomig ZMT)[ql]* *Symbravo[ql]* *Tosymra* *Zembrace*
Neuropathic Pain and Select Agents	capsaicin OTC duloxetine (Cymbalta)[cc,ql] gabapentin capsules, tablets (Neurontin) lidocaine patch (Lidoderm)[ql] pregabalin capsules[ql]	*duloxetine 40mg (Irenka)[ql]* *gabapentin ER (Gralise)* *gabapentin solution (Neurontin)* *pregabalin XR (Lyrica CR)* *pregabalin solution (Lyrica solution)* *DermacinRx Lidocaine Patch* *Drizalma Sprinkle[cc,ql]* *Gabarone[cc,ql]* *Horizant* *Journavx[cc,ql]* *Lidocan Patch* *Qutenza Kit* *Savella* *Xyliderm* *ZTlido*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

ANALGESICS

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Nonsteroidal Anti-Inflammatories (NSAIDS)	celecoxib (Celebrex) diclofenac sodium diclofenac gel (Voltaren Gel) ibuprofen Rx, OTC (Motrin) indomethacin (Indocin) meloxicam tablets (Mobic) nabumetone (Relafen) naproxen naproxen sodium OTC sulindac (Clinoril)	*diclofenac epolamine patch (Flector)*[cc,ql] *diclofenac potassium capsule and tablet* *diclofenac topical solution (Pennsaid)* *diclofenac/misoprostol (Arthrotec)* *diclofenac SR (Voltaren XL)* *diflunisal (Dolobid)* *etodolac, etodolac XL (Lodine, Lodine XL)* *fenoprofen* *flurbiprofen* *ibuprofen 300 mg*[cc,ql] *ibuprofen chewable tabs OTC* *ibuprofen/famotidine (Duexis)* *indomethacin ER (Indocin SR)* *indomethacin rectal* *ketoprofen, ketoprofen ER (Orudis, Oruvail)* *ketorolac (Toradol)* *meclofenamate (Meclomen)* *mefenamic acid (Ponstel)* *meloxicam capsules (Vivlodex)* *naproxen/esomeprazole (Vimovo)* *naproxen EC* *naproxen sodium RX* *naproxen CR, suspension* *oxaprozin (Daypro)* *piroxicam (Feldene)* *tolmetin sodium* *Coxanto* *Licart Patch*[cc,ql] *Lofena* *Relafen DS* *Vyscoxa*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

ANALGESICS

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Opioid Use Disorder Treatments	buprenorphine (Subutex)[cc,ql] buprenorphine/naloxone tablets (Suboxone)[ql] naloxone injectable (Narcan) naloxone nasal spray (Narcan nasal spray) **(Brand and generic and OTC)** naltrexone (Revia) [cc,ql] Brixadi Weekly[cc,ql] Brixadi Monthly[cc,ql] Opvee Nasal Spray Rextovy Nasal Spray Sublocade[cc,ql] Suboxone film **(Brand only)**[ql] Vivitrol[cc,ql] Zubsolv[ql]	*buprenorphine/naloxone film (Suboxone) **(generic only)***[ql] *lofexidine (Lucemyra)*[cc,ql] *Kloxxado* *Zurnai*
Skeletal Muscle Relaxants	baclofen (Lioresal) chlorzoxazone (Parafon) cyclobenzaprine (Flexeril)[ql] methocarbamol (Robaxin) orphenadrine ER (Norflex) tizanidine tablets (Zanaflex)	*baclofen solution, suspension (Ozobax, Ozobax DS)* *carisoprodol (Soma)* *carisoprodol compound (Soma Compound)* *cyclobenzaprine ER (Amrix)*[ql] *dantrolene (Dantrium)* *metaxalone (Skelaxin)* *orphenadrine/aspirin/caffeine* *tizanidine capsules (Zanaflex)* *Gablofen* *Lyvispah* *Ontralfy* *Tanlor*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

ANTI-INFECTIVES

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Antibiotics, GI	metronidazole tablets (Flagyl) neomycin tinidazole (Tindamax) vancomycin capsules (Vancocin) vancomycin solution (Firvanq)	*fidaxomicin (Dificid)* cc,ql *metronidazole capsules (Flagyl capsules)* *metronidazole 125 mg tablets* *nitazoxanide tablets (Alinia)* *paromomycin* *vancomycin solution 250mg/5ml* *Dificid suspension* cc,ql *Likmez* *Rebyota enema* *Solosec* *Vowst*
Antibiotics, Inhaled	tobramycin inhalation solution (Tobi) cc,ql Bethkis cc,ql **(Brand only)** Tobi Podhaler cc,ql	*tobramycin pak (Kitabis Pak)* cc,ql *tobramycin solution (Bethkis)* cc,ql ***(generic only)*** *Arikayce* cc,ql *Cayston* cc,ql
Antibiotics, Topical	bacitracin OTC bacitracin/polymyxin OTC double antibiotic OTC gentamicin mupirocin ointment (Bactroban Ointment) neomycin/polymyxin/pramoxine OTC triple antibiotic OTC triple antibiotic plus OTC	*mupirocin cream (Bactroban Cream)* *Centany* *Xepi*
Antibiotics, Vaginal	clindamycin (Cleocin) metronidazole vaginal (Metrogel) Cleocin ovules Nuvessa Xaciato	*Clindesse* *Vandazole*
Antifungals, Oral	clotrimazole troches (Mycelex) fluconazole (Diflucan) griseofulvin suspension (GriFulvin V) ketoconazole (Nizoral) nystatin suspension, tablets terbinafine (Lamisil)	*flucytosine (Ancobon)* *griseofulvin tablets (Gris Peg, GriFulvin V)* *itraconazole (Sporanox)* *posaconazole (Noxafil)* *voriconazole (Vfend)* *Brexafemme* *Cresemba* *Noxafil suspension Packet* *Oravig buccal* *Tolsura* *Vivjoa*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

ANTI-INFECTIVES

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Antifungals, Topical	ciclopirox cream, solution clotrimazole cream Rx, OTC clotrimazole/betamethasone cream (Lotrisone) ketoconazole cream, shampoo (Nizoral) miconazole cream OTC nystatin cream, ointment, powder nystatin/triamcinolone (Mycolog) terbinafine cream OTC tolnaftate cream, powder OTC	*ciclopirox gel, kit, shampoo, suspension* *clotrimazole solution OTC, Rx* *clotrimazole/betamethasone lotion (Lotrisone)* *econazole (Spectazole)* *ketoconazole foam (Ketodan)* *miconazole powder, solution, spray OTC* *miconazole nitrate/zinc oxide/petrolatum (Vusion)* *naftifine (Naftin)* *oxiconazole cream (Oxistat)* *salicylic acid 3% ointment* *sulconazole nitrate cream, solution* *tavaborole (Kerydin)* *Ertaczo* *Oxistat lotion* *Tripenicol OTC cream*
Antiparasitics, Topical	permethrin Rx, OTC (Elimite, Acticin) piperonyl/pyrethrins OTC	*ivermectin lotion OTC (Sklice)*[ql] *malathion (Ovide)*[ql] *spinosad (Natroba)*[ql] *Crotan* *Eurax*
Antivirals, Oral	acyclovir (Zovirax) oseltamivir (Tamiflu)[ql] valacyclovir (Valtrex) Paxlovid	*famciclovir (Famvir)* *rimantadine (Flumadine)* *Relenza* *Xofluza*
Antivirals, Topical	acyclovir cream, ointment (Zovirax) docosanol 10% cream (Abreva OTC)	*penciclovir (Denavir)*
Cephalosporins and Related Antibiotics	cefaclor capsules (Ceclor) cefadroxil capsules, suspension (Duricef) cefdinir (Omnicef) cefprozil (Cefzil) cefuroxime tablets (Ceftin) cephalexin capsules, suspension (Keflex)	*cefaclor suspension, ER tablets (Ceclor, Ceclor CD)* *cefadroxil tablets (Duricef)* *cefixime capsules, suspension, tablet (Suprax)* *cefpodoxime (Vantin)* *cephalexin tablets (Keflex)*

ANTI-INFECTIVES

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Fluoroquinolones, Oral	ciprofloxacin tablets (Cipro) levofloxacin tablets (Levaquin)	*ciprofloxacin suspension (Cipro)* *levofloxacin solution (Levaquin)* *moxifloxacin (Avelox)* *ofloxacin (Floxin)* *Baxdela*
Hepatitis B Agents	entecavir (Baraclude) lamivudine HBV tablets	*adefovir dipivoxil (Hepsera)* *Baraclude solution* *Vemlidy*
Hepatitis C Agents	ribavirin (Copegus, Rebetol) sofosbuvir/velpatasvir (Epclusa)cc Mavyretcc Pegasys Vosevicc	*ledipasvir/sofosbuvir (Harvoni)cc* *Harvoni Pellet Packcc* *Sovaldicc* *Sovaldi Pellet Packcc* *Zepatiercc*
Macrolides/Ketolides	azithromycin (Zithromax) clarithromycin tablets (Biaxin) erythromycin base DR capsule erythromycin base tablet erythromycin ethyl succinate oral suspension (EryPed, E.E.S)	*clarithromycin suspension (Biaxin)* *clarithromycin ER (Biaxin XL)* *erythromycin base tablet DR* *erythromycin ethylsuccinate tablet (E.E.S. 400)* *Erythrocin*
Tetracyclines	doxycycline hyclate (Vibramycin) doxycycline monohydrate 50mg, 100mg capsules (Monodox) doxycycline monohydrate tablets minocycline capsules (Minocin) tetracycline (Sumycin)	*demeclocycline (Declomycin)* *doxycycline hyclate DR (Doryx)* *doxycycline monohydrate 40mg, 75mg, 150mg capsules* *doxycycline monohydrate suspension (Vibramycin)* *minocycline tablets* *minocycline ER (Solodyn, Ximino)* *Doryx MPC* *Morgidox Kit* *Nuzyra*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

BLOOD MODIFIERS

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Antihyperuricemics	allopurinol 100mg and 300mg (Zyloprim) colchicine tablets (Colcrys)[ql] febuxostat (Uloric) probenecid probenecid/colchicine	*allopurinol 200mg* *colchicine capsules (Mitigare)*[ql] *Gloperba* *Krystexxa*
Colony Stimulating Factors	Fylnetra Neupogen	*Fulphila* *Granix syringe and vial* *Leukine* *Neulasta* *Nivestym* *Nyvepria* *Releuko* *Ryzneuta* *Rolvedon* *Stimufend* *Udenyca, Udenyca OnBody*[cc,ql] *Zarxio* *Ziextenzo*
Erythropoiesis Stimulating Proteins	Aranesp Epogen Retacrit	*Mircera* *Procrit* *Reblozyl* *Retacrit Vifor*
Phosphate Binders	calcium acetate (PhosLo) sevelamer carbonate (Renvela) Calphron OTC	*ferric citrate (Auryxia)* *lanthanum carbonate (Fosrenol)* *sevelamer carbonate powder pack (Renvela)* *sevelamer HCl (Renagel)* *Fosrenol powder pack* *Magnebind 400Rx* *Velphoro* *Xphozah*
Sickle Cell Disease	Droxia Siklos[cc]	*glutamine powder pack (Endari)*[cc,ql] *Adakveo*[cc] *Casgevy*[cc] *Lyfgenia*[cc] *Xromi*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

CARDIOVASCULAR

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Angiotensin Modulator Combinations	amlodipine/benazepril (Lotrel) amlodipine/olmesartan (Azor) amlodipine/valsartan (Exforge)	*amlodipine/olmesartan/HCTZ (Tribenzor)* *amlodipine/telmisartan (Twynsta)* *amlodipine/valsartan/HCTZ (Exforge HCT)* *trandolapril/verapamil (Tarka)*
Angiotensin Modulators	benazepril, benazepril/HCTZ (Lotensin, Lotensin HCT) enalapril, enalapril/HCTZ (Vasotec, Vaseretic) irbesartan, irbesartan/HCTZ (Avapro, Avalide) lisinopril, lisinopril/HCTZ (Prinivil, Zestril, Prinzide, Zestoretic) losartan, losartan/HCTZ (Cozaar, Hyzaar) olmesartan, olmesartan/HCTZ (Benicar, Benicar HCT) ramipril (Altace) sacubitril/valsartan (Entresto)ql valsartan, valsartan/HCTZ (Diovan, Diovan HCT)	*aliskiren (Tekturna)* *candesartan, candesartan/HCTZ (Atacand, Atacand HCT)* *captopril,* captopril/HCTZ (Capozide) *enalapril solution (Epaned)* *fosinopril, fosinopril/HCTZ (Monopril, Monopril HCT)* *moexipril (Univasc)* *perindopril (Aceon)* quinapril, quinapril/HCTZ (Accupril, Accuretic) *telmisartan, telmisartan/HCTZ (Micardis,* Micardis HCT) *trandolapril (Mavik)* *valsartan solution* *Arbli suspension* *Edarbi, Edarbyclor* *Entresto Sprinkle*cc,ql *Qbrelis* *Tekturna HCT*
Anticoagulants	dabigatran (Pradaxa)ql enoxaparin (Lovenox)ql warfarin (Coumadin) Eliquis dose pack, sprinkle, suspension, tablets Xarelto Dose Pack Xarelto tablets (except 2.5mg)	*fondaparinux (Arixtra)*ql *rivaroxaban 2.5mg tablets (Xarelto)*cc,ql *rivaroxaban suspension (Xarelto)* *Fragmin*ql *Pradaxa 110 mg*ql *Pradaxa Pellet Pack* *Savaysa*
Antihypertensives, Sympatholytics	clonidine patch (Catapres TTS)ql clonidine tablet (Catapres) guanfacine (Tenex) methyldopa (Aldomet)	*clonidine ER tablets (Nexiclon)* *Javadin solution* *Methyldopate*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

CARDIOVASCULAR

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*	
Beta Blockers	atenolol, atenolol/chlorthalidone (Tenormin, Tenoretic) bisoprolol (Zebeta) bisoprolol/HCTZ (Ziac) carvedilol (Coreg) labetalol (Normodyne, Trandate) metoprolol succinate XL (Toprol XL) metoprolol tartrate (Lopressor) nadolol (Corgard) nebivolol (Bystolic) propranolol (Inderal) propranolol LA (Inderal LA) sotalol, sotalol AF (Betapace, Betapace AF)	*acebutolol (Sectral)* *betaxolol (Kerlone)* *carvedilol ER (Coreg CR)* *metoprolol/HCTZ (Lopressor HCT)* *pindolol (Visken)* *timolol (Blocadren)* *Hemangeol* *Kapspargo* *Lopressor solution* *Sotylize*	
Calcium Channel Blockers	amlodipine (Norvasc) diltiazem (Cardizem) diltiazem ER capsules (Cardizem CD, Tiazac) felodipine ER (Plendil) nifedipine ER (Adalat CC, Procardia XL) verapamil (Calan) verapamil ER tablets (Calan SR)	*diltiazem ER tablets (Cardizem LA)* *isradipine (Dynacirc)* *levamlodipine (Conjupri)* *nicardipine (Cardene)* *nifedipine (Adalat, Procardia)* *nimodipine (Nimotop)* *nisoldipine (Sular)* *verapamil ER capsules (Verelan, PM)* *Cardamyst*[cc,ql] *Katerzia* *Norliqva* *Nymalize, Nymalize syringe* *Sdamlo solution*	*Verelan*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

CARDIOVASCULAR

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Lipotropics, Other	cholestyramine colestipol tablet (Colestid) ezetimibe (Zetia) fenofibrate capsule, tablet (Lofibra) fenofibrate nanocrystals (Tricor) gemfibrozil (Lopid) niacin ER (Niaspan) omega-3 ethyl esters (Lovaza) Praluent[cc,ql] Repatha[cc,ql]	*colesevelam (Welchol)* *colestipol granules (Colestid)* *fenofibrate (Antara, Fenoglide, Lipofen, Triglide)* *fenofibric acid (Fibricor, Trilipix)* *icosapent ethyl (Vascepa)* *Evkeeza*[cc] *Juxtapid*[cc] *Leqvio*[cc,ql] *Nexletol*[cc,ql] *Nexlizet*[cc,ql] *Redemplo* *Tryngolza*
Lipotropics, Statins	atorvastatin (Lipitor) ezetimibe/simvastatin (Vytorin) lovastatin (Mevacor) pravastatin (Pravachol) rosuvastatin (Crestor) simvastatin (Zocor)	*amlodipine/atorvastatin (Caduet)* *fluvastatin, fluvastatin ER (Lescol, Lescol XL)* *pitavastatin (Livalo)* *Atorvaliq* *Flolipid* *Zypitamag*
Platelet Aggregation Inhibitors	clopidogrel (Plavix)[ql] dipyridamole (Persantine)[ql] prasugrel (Effient)[ql] ticagrelor (Brilinta)[ql]	*aspirin/dipyridamole (Aggrenox)*[ql]
PAH Agents, Oral and Inhaled	ambrisentan (Letairis) bosentan tablets (Tracleer) sildenafil tablets (Revatio)[cc,ql] tadalafil (Adcirca)[cc,ql]	*bosentan tablet for suspension (Tracleer)* *sildenafil suspension (Revatio)*[cc,ql] *Adempas* *Opsumit*[cc,ql] *Opsynvi*[cc,ql] *Orenitram ER*[cc,ql] *Orenitram Titration kit* *Tadliq suspension* *Tyvaso, Tyvaso DPI*[cc] *Uptravi*[cc,ql] *Yutrepia*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

CENTRAL NERVOUS SYSTEM

THE MENTAL HEALTH FORMULARY CAN BE FOUND AT THE LINK HERE

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Anticonvulsants	carbamazepine chewable, suspension, tablets (Tegretol) carbamazepine ER (Carbatrol) clobazam suspension, tablets (Onfi)[ql] clonazepam (Klonopin) diazepam rectal (Diastat, Diastat Acudial)[ql] divalproex, divalproex ER, divalproex sprinkle (Depakote, Depakote ER, Depakote Sprinkle) lacosamide solution and tablet (Vimpat)[ql] lamotrigine (Lamictal) levetiracetam tablets, solution (Keppra) oxcarbazepine suspension (Trileptal suspension) **(Brand and generic)** oxcarbazepine tablets (Trileptal) phenobarbital phenytoin, phenytoin ER (Dilantin, Dilantin Infatabs, Phenytek) primidone (Mysoline) topiramate (Topamax) topiramate sprinkles (Topamax Sprinkles) valproic acid (Depakene) zonisamide (Zonegran) Nayzilam[ql] Sezaby Valtoco[ql]	*carbamazepine XR (Tegretol XR)* *clonazepam ODT (Klonopin ODT)* *eslicarbazepine (Aptiom)[cc]* *ethosuximide (Zarontin)* *felbamate (Felbatol)* *lamotrigine dose pack* *lamotrigine ODT (Lamictal ODT)* *lamotrigine XR (Lamictal XR)* *levetiracetam ER (Keppra XR)* *methsuximide (Celontin)* *oxcarbazepine ER (Oxtellar XR)* *perampanel (Fycompa)[cc,ql]* *rufinamide suspension, tablets (Banzel)[cc,ql]* *tiagabine (Gabitril)* *topiramate ER (Qudexy XR/Trokendi XR)[cc,ql]* *topiramate solution* *Briviact* *Diacomit capsules, powder pack* *Dilantin 30 mg capsules* *Elepsia XR* *Epidiolex[cc,ql]* *Eprontia solution* *Equetro* *Fintepla[cc,ql]* *Fycompa suspension[cc,ql]* *Lamictal XR dose pack* *Motpoly XR* *Sabril tablets **(Brand only)*** *Spritam* *Subvenite suspension* *Sympazan[cc,ql]* *Vigabatrin powder pack[cc]* *Vigafyde solution[cc]* *Vimpat starter pack* *Xcopri* *Zonisade* *Ztalmy*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Antidepressants, Other	bupropion, bupropion SR, bupropion XL (Wellbutrin, Wellbutrin SR, Wellbutrin XL) desvenlafaxine ER (Pristiq) mirtazapine, mirtazapine ODT (Remeron, Remeron ODT) trazodone (Desyrel) venlafaxine (Effexor) venlafaxine ER capsules (Effexor XR) vilazodone (Viibryd)	*bupropion XL (Forfivo XL)* *desvenlafaxine fumarate ER* *nefazodone (Serzone)* *phenelzine (Nardil)* *tranylcypromine (Parnate)* *venlafaxine besylate ER* *venlafaxine ER tablets* *Auvelity*[cc] *Emsam* *Fetzima, Fetzima Dose Pak* *Marplan* *Raldesy* *Spravato*[cc,ql] *Trintellix* *Zurzuvae*[cc,ql]
Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	citalopram tablets, solution (Celexa)[ql] escitalopram solution and tablets (Lexapro) fluoxetine capsules, solution, tablets (all strengths except 60mg and weekly) (Prozac) fluvoxamine (Luvox) paroxetine (Paxil) sertraline tablets, concentrated solution (Zoloft)	*citalopram capsules* *fluoxetine 60mg* *fluoxetine weekly (Prozac Weekly)* *fluvoxamine ER (Luvox CR)* *paroxetine CR (Paxil CR)* *paroxetine mesylate 7.5mg capsules (Brisdelle)*[cc,ql] *paroxetine suspension (Paxil)* *sertraline capsules*

CENTRAL NERVOUS SYSTEM

THE MENTAL HEALTH FORMULARY CAN BE FOUND AT THE LINK HERE

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Anti-Migraine Agents, Other *Excluded from the Mental Health Formulary.	Ajovy **(Step Therapy)**cc,ql Emgality 120mg/mL **(Step Therapy)**cc,ql Nurtec ODTcc,ql Qulipta cc,ql Ubrelvycc,ql	*diclofenac potassium powder pack* *dihydroergotamine mesylate (Migranal)* *Aimovig **(Step Therapy)**cc,ql* *Brekiya* *Elyxyb* *Emgality 100mg/mL **(Step Therapy)**cc,ql* *Ergomar* *Migerot* *Reyvowcc,ql* *Vyepticc,ql* *Zavzpretcc,ql*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

CENTRAL NERVOUS SYSTEM

THE MENTAL HEALTH FORMULARY CAN BE FOUND AT THE LINK HERE

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Antipsychotics* Antipsychotic Review Programs *All antipsychotic use for ages 17 and under requires prior authorization	**1st Tier** aripiprazole (Abilify)ql aripiprazole ODT(Abilify Discmelt)ql chlorpromazine (Thorazine) clozapine (Clozaril) fluphenazine (Prolixin) fluphenazine decanoate inj (Prolixin Inj.)ql haloperidol (Haldol) haloperidol decanoate inj (Haldol IM)ql haloperidol lactate oral, IM loxapine capsules (Loxitane) lurasidone (Latuda)ql olanzapine IM (Zyprexa IM)ql olanzapine ODT (Zyprexa Zydis)ql olanzapine tablets (Zyprexa)ql paliperidone (Invega)ql perphenazine (Trilafon) pimozide (Orap) quetiapine (Seroquel)ql quetiapine ER (Seroquel XR)ql risperidone, risperidone ODTql thioridazine (Mellaril) thiothixene (Navane) trifluoperazine (Stelazine) ziprasidone (Geodon)ql ziprasidone IM (Geodon IM) Abilify Asimtufiiql Abilify Maintenaql Aristadaql Aristada Initioql Invega Hafyeracc,ql Invega Sustennaql Invega Trinzacc,ql Perserisql Risperdal Constaql **(Brand only)** Uzedyql **2nd Tier** Vraylarcc,ql	*asenapine (Saphris)cc,ql* *clozapine ODT (Fazaclo)cc* *molindonecc* *olanzapine/fluoxetine (Symbyax)cc,ql* *perphenazine/amitriptyline (Triavil)cc* *risperidone intramuscular (Risperdal Consta) **(generic only)**ql* *Adasuvecc* *Caplytacc,ql* *Cobenfycc* *Cobenfy Starter Packcc* *Erzofricc* *Fanaptcc,ql* *Lybalvicc,ql* *Nuplazidcc,ql* *Opipza filmcc,ql* *Rexulticc,ql* *Secuadocc* *Versaclozcc* *Zyprexa Relprevvcc,ql*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

CENTRAL NERVOUS SYSTEM

THE MENTAL HEALTH FORMULARY CAN BE FOUND AT THE LINK HERE

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Sedative Hypnotics	eszopiclone (Lunesta)(**Step Therapy**) cc,ql ramelteon (Rozerem)ql temazepam 15mg, 30mg (Restoril)ql triazolam (Halcion)ql zaleplon (Sonata)ql zolpidem tablet (Ambien)ql zolpidem ER (Ambien CR)	*doxepin (Silenor)* *estazolam (ProSom)ql* *flurazepamql* *quazepam (Doral)ql* *tasimelteon (Hetlioz)cc,ql* *temazepam 7.5mg, 22.5mgql* *zolpidem capsulesql* *zolpidem SL (Intermezzo)ql* *Belsomracc,ql* *Dayvigocc,ql* *Edluarql* *Hetlioz LQcc* *Igalmi* *Quviviqcc,ql*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

CENTRAL NERVOUS SYSTEM

THE MENTAL HEALTH FORMULARY CAN BE FOUND AT THE LINK HERE

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Stimulants and Related Agents	**1st Tier** amphetamine salt combo (Adderall) amphetamine salt combo ER (Adderall XR) **(Brand and generic)** atomoxetine (Strattera)[cc] clonidine ER tablets (Kapvay)[cc,ql] dexmethylphenidate tablets (Focalin) dexmethylphenidate XR (Focalin XR) **(Brand and generic)** dextroamphetamine capsules (Dexedrine ER) dextroamphetamine tablets guanfacine ER (Intuniv)[cc,ql] lisdexamfetamine chewable tablets (Vyvanse)[cc] methylphenidate CD capsules (Metadate CD) methylphenidate ER tablets (Concerta) **(Brand and generic)** methylphenidate ER tablets (Ritalin SR, Metadate ER) methylphenidate LA capsules (Ritalin LA) methylphenidate patch TD24 (Daytrana) methylphenidate oral solution (Methylin) methylphenidate tablets (Ritalin) modafinil (Provigil)[cc,ql] Qelbree[cc,ql] Quillivant XR Vyvanse capsules **(Brand only)**	*amphetamine salt comb ER (Mydayis)* *amphetamine sulfate (Evekeo)* *armodafinil (Nuvigil)[cc,ql]* *dextroamphetamine solution (Procentra)* *lisdexamfetamine capsules **(generic only)*** *methamphetamine (Desoxyn)* *methylphenidate chewable (Methylin chewable)* *methylphenidate CR tablets (Relexxii)* *methylphenidate ER capsules (Aptensio XR)* *Adzenys XR ODT[cc]* *Azstarys* *Cotempla XR ODT* *Dexedrine Spansule* *Dyanavel XR suspension, tablet* *Evekeo ODT* *Jornay PM* *Onyda XR suspension[cc]* *Quillichew ER* *Sunosi[cc,ql]* *Wakix[cc,ql]* *Xelstrym* *Zenzedi*

ENDOCRINE

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Androgenic Agents	testosterone gel packet (Vogelxo) testosterone gel pump (Androgel)	*testosterone gel packet (Androgel)* *testosterone gel (Vogelxo)* *testosterone gel pump (Axiron, Fortesta, Vogelxo)* *Natesto* *Testim*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

ENDOCRINE

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Bone Resorption Suppression and Related Agents	alendronate tablets (Fosamax)[ql] calcitonin salmon nasal (Miacalcin)[ql] ibandronate (Boniva)[ql] raloxifene (Evista)[ql] risedronate (Actonel)[ql] Enoby[cc,ql]	*alendronate solution (Fosamax Solution)[ql]* *risedronate DR (Atelvia)[ql]* *teriparatide(Forteo)[cc,ql]* *Bildyos[cc,ql]* *Binosto* *Conexxence[cc,ql]* *Evenity[cc,ql]* *Fosamax Plus D[ql]* *Jubbonti[cc,ql]* *Prolia[cc,ql]* *Stoboclo[cc,ql]* *Teriparatide[cc,ql]* *Tymlos[cc,ql]*
Growth Hormone	Genotropin[cc] Norditropin[cc]	*Humatrope[cc]* *Ngenla[cc]* *Nutropin AQ[cc]* *Omnitrope[cc]* *Serostim[cc]* *Skytrofa[cc]* *Sogroya[cc]* *Zomacton[cc]*
Hypoglycemics, Incretin Mimetics and Enhancers	liraglutide (Victoza)[ql] saxagliptin (Onglyza) Glyxambi[cc,ql] Janumet, Janumet XR Januvia Jentadueto Mounjaro Ozempic Tradjenta Trulicity	*alogliptin (Nesina)* *alogliptin/metformin (Kazano)* *alogliptin/pioglitazone (Oseni)* *exenatide (Byetta)* *saxagliptin/metformin ER (Kombiglyze XR)* *sitagliptin (Zituvio)* *sitagliptin/metformin (Zituvimet)* *sitagliptin/metformin ER (Zituvimet XR)* *Brynovin* *Jentadueto XR* *Qtern[cc,ql]* *Rybelsus* *Soliqua* *Steglujan[cc,ql]* *Symlin* *Trijardy XR[cc,ql]* *Xultophy*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Hypoglycemics, Insulins	insulin lispro pen, vial (Humalog pen, vial) insulin lispro Junior Kwikpen (Humalog Junior Kwikpen) insulin lispro mix 75/25 pen (Humalog Mix 75/25 pen) Humalog cartridge Humalog Mix 50/50 pen, vial Humalog Mix 75/25 vial Humulin vial Humulin 70/30 pen, vial Humulin R U-500 pen Lantus Solostar Lantus Vial	*insulin degludec (Tresiba)* *insulin glargine pen & max pen (Toujeo, Toujeo Max)* *insulin glargine-YFGN (Semglee-YFGN)* *Admelog* *Afrezza* *Apidra* *Basaglar, Basaglar Tempo* *Fiasp, Fiasp pumpcart* *Humalog 200 unit/mL pen* *Humalog Tempo* *Humulin pen* *Kirsty pen, vial* *Levemir* *Lyumjev, Lyumjev Tempo* *Merilog Solostar, vial* *Myxredlin* *Novolog* *Novolog 70/30* *Novolin pen, vial* *Novolin 70/30* *Rezvoglar Kwikpen*
Hypoglycemics, Meglitinides	nateglinide (Starlix) repaglinide (Prandin)	
Hypoglycemics, Metformins	glipizide/metformin (Metaglip) glyburide/metformin (Glucovance) metformin (Glucophage) metformin ER (Glucophage XR)	*metformin 625 mg and 750 mg* *metformin ER (Fortamet)*[cc,ql] *metformin ER (Glumetza)*[cc,ql] *metformin solution (Riomet)*
Hypoglycemics, SGLT2 Inhibitors	Dapagliflozin (Farxiga)[cc,ql] Jardiance[cc,ql] Synjardy **(Step Therapy)**[cc,ql] Synjardy XR **(Step Therapy)**[cc,ql]	*dapagliflozin/metformin (Xigduo XR)* ***(Step Therapy)***[cc,ql] *Inpefa*[cc,ql] *Invokana*[cc,ql] *Invokamet* ***(Step Therapy)***[cc,ql] *Invokamet XR* ***(Step Therapy)***[cc,ql] *Segluromet* ***(Step Therapy)***[cc,ql] *Steglatro* ***(Step Therapy)***[cc,ql]

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

ENDOCRINE

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Hypoglycemics, TZDs	pioglitazone (Actos) pioglitazone/metformin (ActoPlusMet)	*pioglitazone/glimepiride (Duetact)*

GASTROINTESTINAL

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Antiemetic/Antivertigo Agents	dimenhydrinate OTC meclizine Rx, OTC (Bonine, Antivert) metoclopramide solution, tablets, vial (Reglan) ondansetron ODT (4mg, 8mg only), solution, tablets, vial (Zofran)[ql] prochlorperazine tablets (Compazine) promethazine injectable, solution, tablets (Phenergan) promethazine suppositories (except 50mg) scopolamine patches (TransDerm Scop)	*aprepitant capsules, tripack (Emend)[ql]* *dimenhydrinate Rx* *doxylamine/pyridoxine (Diclegis)[cc,ql]* *dronabinol (Marinol)[cc,ql]* *fosaprepitant dimeglumine IV (Emend)* *granisetron (Kytril)[ql]* *metoclopramide Syringe* *ondansetron ODT 16mg* *ondansetron syringe (Zofran)* *palonosetron (Aloxi)* *phosphoric acid/dextrose/fructose solution* *prochlorperazine injectable, suppositories (Compro)* *promethazine 50mg suppositories* *trimethobenzamide (Tigan)* *Akynzeo capsules, IV[cc]* *Aponvie Vial* *Barhemsys Vial* *Bonjesta* *Cinvanti* *Emend powder packets[ql]* *Focinvez Vial* *Gimoti* *Sancuso[ql]* *Sustol*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

GASTROINTESTINAL

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Bile Salts	ursodiol capsules (Actigall) ursodiol tablets (URSO, URSO Forte)	*Bylvay Capsule, Pellet*[cc] *Chenodal* *Cholbam* *Ctexli* *Iqirvo* *Livdelzi* *Livmarli solution, tablet* *Ocaliva* *Reltone*
GI Motility, Chronic	lubiprostone (Amitiza)[cc,ql] prucalopride (Motegrity)[cc,ql] Linzess[cc,ql] Movantik[cc,ql]	*alosetron (Lotronex)* *Ibsrela* *Symproic*[cc,ql] *Viberzi*[cc,ql]
Pancreatic Enzymes	Creon[ql] Zenpep[ql]	*Pertzye*[ql] *Viokace*[ql]
Proton Pump Inhibitors	esomeprazole packet for suspension (Nexium) lansoprazole capsules (Prevacid) lansoprazole ODT (Prevacid Solutab) omeprazole capsules (Prilosec) pantoprazole suspension, tablets (Protonix)	*dexlansoprazole (Dexilant)* *esomeprazole magnesium (Nexium)* *esomeprazole OTC* *lansoprazole OTC* *omeprazole OTC* *omeprazole/sodium bicarb (Zegerid)* *rabeprazole (Aciphex)* *Konvomep* *Prilosec suspension*
Ulcerative Colitis Agents	balsalazide (Colazal) mesalamine DR (Lialda) mesalamine ER (Pentasa) **(Brand and generic)** mesalamine rectal (Canasa) sulfasalazine, sulfasalazine DR (Azulfidine, Azulfidine DR)	*budesonide ER (Uceris)* *budesonide rectal foam (Uceris rectal)* *mesalamine DR (Delzicol)* *mesalamine ER (Apriso)* *mesalamine HD (Asacol HD)* *mesalamine kit* *mesalamine rectal (Rowasa, Sfrowasa)* *Dipentum*
Urea Cycle Disorders	carglumic acid sodium phenylbutyrate powder and tablet[cc] Pheburane	*Olpruva*[cc,ql] *Ravicti*[cc,ql]

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

Drug Class	Preferred	Non-Preferred / Requires Prior Authorization
Cytokine and CAM Antagonists	adalimumab-ADAZ (Hyrimoz) adalimumab-ADBM (Cyltezo) infliximab (Remicade)[cc] Enbrel Hadlima Humira Otezla **(Step Therapy)**[cc,ql] Selarsdi **(Brand only)**[cc] Starjemza[cc] Steqeyma[cc] Tyenne syringe	*adalimumab-AACF (Idacio)* *adalimumab-AATY (Yuflyma)* *adalimumab-ADBM* *adalimumab-FKJP (Hulio)* *adalimumab-RYVK (Simlandi)* *ustekinumab (Stelara)[cc]* *ustekinumab-AEKN (Selarsdi)[cc]* ***(generic only)*** *ustekinkumb-TTWE (Pyzchiva)[cc]* *Abrilada* *Actemra[cc]* *Amjevita* *Arcalyst[cc]* *Avsola[cc]* *Bimzelx[cc,ql]* *Cibinqo[cc,ql]* *Cimzia[cc]* *Cosentyx[cc]* *Enspryng[cc]* *Entyvio[cc]* *Ilaris[cc,ql]* *Ilumya[cc]* *Imuldosa* *Inflectra[cc]* *Kevzara[cc,ql]* *Kineret[cc,ql]* *Leqselvi* *Litfulo* *Olumiant[cc,ql]* *Omvoh[cc]* *Orencia[cc,ql]* *Otezla XR[cc,ql]* *Otezla XR initiation pack[cc]* *Otulfi[cc]* *Renflexis[cc]* *Rinvoq ER, Rinvoq LQ[cc]* *Simlandi kit 80mg/0.8mL* *Simponi, Simponi Aria[cc]* *Skyrizi, Skyrizi On-body[cc]* *Sotyktu[cc,ql]* *Spevigo[cc]* *Taltz[cc,ql]*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

IMMUNOLOGICS

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Cytokine and CAM Antagonists		*Tofidence*[cc] *Tremfya*[cc] *Tyenne autoinjector and vial* *Uplizna*[cc] *Velsipity*[cc] *Xeljanz (tablet, solution)*[cc,ql] *Xeljanz XR*[cc,ql] *Yesintek*[cc] *Yusimry* *Zymfentra*[cc,ql]
Immunosuppressives, Oral	azathioprine cyclosporine modified capsules, solution (Neoral) mycophenolic acid (Myfortic) mycophenolate mofetil capsules, suspension, tablets (Cellcept) sirolimus (Rapamune) tacrolimus (Prograf)	*cyclosporine capsules (Sandimmune)* *cyclosporine modified softgel (Gengraf)* *everolimus (Zortress)* *Astagraf XL* *Envarsus XR* *Myhibbin suspension* *Prograf Granules Pack* *Rezurock*[cc,ql] *Tavneos*

NEUROLOGICS

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Alzheimer's Agents	donepezil, donepezil ODT (all strengths except 23mg) (Aricept, Aricept ODT) memantine tablets (Namenda) rivastigmine capsules, patches (Exelon)[ql]	*donepezil 23mg (Aricept)* *galantamine, galantamine ER (Razadyne, Razadyne ER)* *memantine dose pack* *memantine solution* *memantine ER (Namenda XR)* *memantine/donepezil ER (Namzaric)* *Adlarity* *Aduhelm*[cc] *Kisunla* *Leqembi*[cc,ql] *Namzaric dose pack* *Zunveyl tablet DR*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

NEUROLOGICS

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Antiparkinson's Agents	amantadine (Symmetrel) benztropine (Cogentin) carbidopa/levodopa IR (Sinemet) carbidopa/levodopa ER (Sinemet CR) carbidopa/levodopa/entacapone (Stalevo) entacapone (Comtan) pramipexole (Mirapex) ropinirole (Requip) selegiline (Eldepryl) trihexyphenidyl (Artane)	*apomorphine (Apokyn)* *bromocriptine (Parlodel)* *carbidopa (Lodosyn)* *carbidopa/levodopa ODT (Parcopa)* *pramipexole ER (Mirapex ER)* *rasagiline (Azilect)* *ropinirole ER (Requip XL)* *tolcapone (Tasmar)* *Crexont* *Dhivy* *Duopa*[cc,ql] *Gocovri* *Inbrija* *Neupro* *Nourianz* *Onapgo* *Ongentys* *Osmolex ER* *Rytary* *Vyalev* *Xadago*
Multiple Sclerosis Agents	dalfampridine ER (Ampyra)[cc,ql] dimethyl fumarate DR (Tecfidera)[ql] fingolimod (Gilenya)[cc,ql] glatiramer acetate 20mg/ml, 40mg/ml Avonex Betaseron kit	*cladribine (Mavenclad)*[cc,ql] *teriflunomide (Aubagio)*[cc,ql] *Bafiertam*[cc,ql] *Briumvi*[cc] *Kesimpta*[cc] *Lemtrada*[cc,ql] *Mayzent*[cc] *Ocrevus*[cc,ql] *Ocrevus Zunovo*[cc,ql] *Plegridy, Plegridy IM*[cc,ql] *Ponvory starter pack, tablet*[cc,ql] *Rebif* *Tascenso ODT* *Tysabri*[cc,ql] *Vumerity*[cc,ql] *Zeposia*[cc,ql]

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

OPHTHALMICS

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Ophthalmics, Allergic Conjunctivitis	azelastine (Optivar) cromolyn (Crolom) ketotifen OTC (Zaditor OTC) loteprednol etabonate (Alrex) olopatadine RX (Pataday) olopatadine (Patanol)	*bepotastine (Bepreve)* *epinastine (Elestat)* *Alocril* *Alomide* *Zerviate*
Ophthalmics, Antibiotics	bacitracin/polymyxin B ointment ciprofloxacin solution (Ciloxan) erythromycin gentamicin (Garamycin) moxifloxacin (Vigamox) neomycin/bacitracin/polymyxin ointment ofloxacin (Ocuflox) polymyxin/trimethoprim (Polytrim) sulfacetamide solution (Bleph-10) tobramycin (Tobrex Drops) Tobrex ointment	*bacitracin* *gatifloxacin (Zymaxid)* *moxifloxacin (Moxeza)* *neomycin/polymyxin/gramicidin (Neosporin)* *sulfacetamide ointment* *AzaSite* *Besivance* *Ciloxan ointment* *Natacyn*
Ophthalmics, Antibiotic/Steroid Combinations	neomycin/polymyxin/dexamethasone (Maxitrol) sulfacetamide/prednisolone tobramycin/dexamethasone drops (Tobradex) Tobradex ointment	*neomycin/bacitracin/polymyxin/ hydrocortisone* *neomycin/polymyxin/hydrocortisone* *Tobradex ST* *Zylet*

OPHTHALMICS

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Ophthalmics, Glaucoma Agents	brimonidine 0.2% brimonidine 0.15% (Alphagan P) brimonidine/timolol (Combigan) carteolol (Ocupress) dorzolamide (Trusopt) dorzolamide/timolol (Cosopt) latanoprost (Xalatan) levobunolol (Betagan) pilocarpine (Pilocar) timolol (Timoptic, Timoptic XE) travoprost (Travatan Z) Rhopressa Rocklatan	*apraclonidine (Iopidine)* *betaxolol* *bimatoprost 0.03% (Lumigan)* *brimonidine 0.1% (Alphagan P)* *brinzolamide (Azopt)* *dorzolamide/timolol PF* *tafluprost (Zioptan)* *timolol (Betimol, Istalol)* *timolol (Timoptic Ocudose)* *Betoptic S* *Durysta Implant* *Iyuzeh* *Lumigan 0.01%* *Simbrinza* *Vuity* *Vyzulta* *Xelpros*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

OPHTHALMICS

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Ophthalmics, Anti-Inflammatories	diclofenac (Voltaren) difluprednate (Durezol) fluorometholone (FML) ketorolac (Acular) prednisolone acetate (Pred Forte) Nevanac Pred Mild	*bromfenac (Xibrom)* *dexamethasone (Decadron)* *flurbiprofen (Ocufen)* *ketorolac LS (Acular LS)* *loteprednol (Lotemax drops, Lotemax gel)* *prednisolone sodium* *Acuvail* *Bromsite* *Dextenza* *Dexycu* *Flarex* *FML Forte* *FML SOP* *Ilevro* *Iluvien* *Inveltys* *Lotemax ointment* *Maxidex* *Ozurdex* *Prolensa* *Retisert* *Triesence* *Xipere* *Yutiq*
Ophthalmics, Dry Eye Agents	cyclosporine (Restasis single-use) Eysuvis Xiidra	*Cequa* *Miebo* *Restasis multidose* *Tryptyr* *Tyrvaya Spray* *Verkazia* *Vevye*

OTIC

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Otic Antibiotics	ciprofloxacin/dexamethasone (Ciprodex) neomycin/polymyxin/HC (Cortisporin) ofloxacin (Floxin otic)	*ciprofloxacin* *ciprofloxacin/fluocinolone* *Cipro HC* *Cortisporin TC*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

RESPIRATORY

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Antihistamines, Minimally Sedating	cetirizine, cetirizine D tablets, solution, Rx, OTC (Zyrtec, Zyrtec D) desloratadine (Clarinex) fexofenadine tablets, OTC (Allegra OTC) levocetirizine tablets Rx, OTC (Xyzal) loratadine, loratadine D, loratadine ODT; Rx, OTC (Claritin, Claritin D)	*cetirizine capsules, chewable, 5mg/5mL solution OTC* *desloratadine ODT (Clarinex ODT)* *fexofenadine D OTC (Allegra D)* *fexofenadine suspension OTC (Allegra suspension)* *levocetirizine solution (Xyzal solution)* *loratadine chewable OTC* *Clarinex D*
Bronchodilators, Beta Agonists	albuterol HFA (Proair HFA, Proventil HFA, Ventolin HFA)[ql] albuterol neb 0.083%, 5mg/ml albuterol neb 0.63mg/3ml, 1.25mg/3ml (AccuNeb) albuterol syrup (Proventil, Ventolin) Serevent	*albuterol tablets* *albuterol ER (Vospire ER)* *arformoterol (Brovana)* *formoterol (Perforomist)* *levalbuterol neb (Xopenex)* *levalbuterol HFA (Xopenex HFA)[ql]* *terbutaline (Brethine)* *ProAir Digihaler* *ProAir Respiclick[ql]* *Striverdi Respimat*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
COPD Agents	ipratropium neb (Atrovent) ipratropium/albuterol neb (DuoNeb) roflumilast (Daliresp) Anoro Ellipta **(Brand only)** Atrovent HFA Combivent Respimat[ql] Spiriva Handihaler **(Brand only)** Spiriva Respimat Stiolto Respimat	*tiotropium (Spiriva Handihaler)* ***(generic only)*** *umeclidinium/vilanterol (Anoro Ellipta)* ***(generic only)*** *Bevespi Aerosphere* *Duaklir Pressair* *Incruse Ellipta* *Ohtuvayre* *Tudorza Pressair* *Yupelri*
Glucocorticoids, Inhaled	budesonide inhalation suspension (Pulmicort Respules) fluticasone proprionate (Flovent HFA) fluticasone/salmeterol HFA (Advair HFA) Arnuity Ellipta Asmanex Twisthaler and HFA Dulera QVAR Redihaler Symbicort **(Brand only)**	*budesonide/formoterol (Symbicort)* ***(generic only)*** *fluticasone diskus (Flovent Diskus)* *fluticasone/salmeterol (Advair Diskus)* *fluticasone/salmeterol (AirDuo RespiClick)* *fluticasone/vilanterol (Breo Ellipta)* *AirDuo Digihaler* *AirSupra HFA* *Alvesco* *ArmonAir Digihaler* *Breztri Aerosphere* *Pulmicort Flexhaler*[ql] *Trelegy Ellipta*

RESPIRATORY

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Intranasal Rhinitis Agents	azelastine nasal (Astelin) fluticasone nasal (Flonase) ipratropium (Atrovent Nasal)	*azelastine nasal (Astepro)* *azelastine/fluticasone nasal (Dymista)* *budesonide nasal (Rhinocort Allergy OTC)* *flunisolide (Nasarel, Nasalide)* *mometasone nasal (Nasonex)* *olopatadine (Patanase)* *triamcinolone OTC (Nasacort OTC)* *Omnaris* *Ryaltris* *Qnasl* *Xhance* *Zetonna*
Leukotriene Modifiers	montelukast (Singulair) zafirlukast (Accolate)	*zileuton ER* *Zyflo*
Epinephrine, Self-Injected	epinephrine 0.15mg (EpiPen Jr.)[ql] epinephrine 0.3mg (EpiPen)[ql]	*epinephrine 0.15mg (Adrenaclick)*[ql] *epinephrine 0.3mg (Adrenaclick)*[ql] *Auvi-Q*[ql] *Neffy Spray*[ql]

TOPICAL DERMATOLOGICS

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
Acne Agents, Topical	adapalene gel (Differin) adapalene/benzoyl peroxide (Epiduo) benzoyl peroxide OTC (except foaming cloths) clindamycin gel, lotion, solution, swabs (excludes generic Clindagel) clindamycin/benzoyl peroxide (Benzaclin, Duac) erythromycin gel and solution erythromycin/benzoyl peroxide (Benzamycin) tretinoin (Avita, Retin-A)cc	*adapalene cream, gel pump (Differin)* *adapalene/benzoyl peroxide (Epiduo Forte)* *benzoyl peroxide foaming cloths Rx* *bp-10-1* *clindamycin (Clindagel)* *clindamycin foam* *clindamycin/benzoyl peroxide pump (Acanya)* *clindamycin/tretinoin (Ziana)* *dapsone (Aczone)* *erythromycin pledgets* *sulfacetamide* *sulfacetamide/sulfur* *sulfacetamide/sulfur/urea* *tazarotene cream, gel, foam (Tazorac, Fabior)cc* *tretinoin microspheres gel pump 0.04%, 0.08%, 0.1% (Retin-A Micro)cc* *Aklief* *Avar* *Clindacin* *Differin lotion* *Sumaxin CP Kit* *Twyneocc* *Winlevi*
Immunomodulators, Atopic Dermatitis	pimecrolimus (Elidel) tacrolimus (Protopic) Eucrisa	*Adbrycc,ql* *Anzupgo* *Dupixentcc* *Ebglysscc* *Nemluviocc* *Opzelura cc,ql* *Vtama* *Zoryve Creamcc,ql* *Zoryve Foamcc,ql*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.

UROLOGIC

Drug Class	Preferred	*Non-Preferred / Requires Prior Authorization*
BPH Treatments	alfuzosin (Uroxatral) doxazosin (Cardura) dutasteride (Avodart) finasteride (Proscar) tamsulosin (Flomax) terazosin (Hytrin)	*dutasteride/tamsulosin (Jalyn)* *silodosin (Rapaflo)* *Cardura XL* *Tezruly*
Bladder Relaxant Preparations	fesoterodine ER (Toviaz) mirabegron (Myrbetriq)[cc,ql] oxybutynin syrup, 5mg tablet (Ditropan) oxybutynin ER (Ditropan XL) solifenacin (Vesicare)	*darifenacin ER (Enablex)* *flavoxate* *oxybutynin 2.5mg* *tolterodine, tolterodine ER (Detrol, Detrol LA)* *trospium, trospium ER (Sanctura, Sanctura XR)* *Gemtesa* *Myrbetriq Granules*[cc,ql] *Oxytrol* *Vesicare LS*

cc-Clinical criteria can be found at the link here and prior authorization forms can be found at the link here
hc- High cost form can be found at the link here
ql- Quantity limits can be found at the link here
All lowercase letters = generic product.
Leading capital letter = brand name product.