

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)

Effective: November 1, 2025

Preferred Drug List (PDL) drug coverage information can be found at nv.primetherapeutics.com

- Nevada Medicaid's PDL only includes select drug classes
- Medications that have Quantity Limits (QLs) in place will be indicated by 'QL' next to the drug name on both **preferred and non-preferred drugs**
 - These QLs can be found at: [Nevada Medicaid Quantity Limits](#)
- PDL Preferred Products do not require Prior Authorization (PA) unless subject to additional clinical criteria (indicated by 'PA' next to drug name)
- Non-Preferred Products require PA for approval
 - All non-preferred products are subject to the "Standard PDL Exception Criteria" noted in Medicaid Service Manual (MSM) Chapter 1200
 - Drugs that require additional clinical criteria (CC), beyond the "Standard PDL Exception Criteria," will be indicated by 'CC' next to the drug name on **non-preferred drugs only**
 - CC is outlined within MSM Chapter 1200, which can be found at: [MSM Chapter 1200 - Prescribed Drugs](#)
- Drugs not on the PDL are subject to Nevada's mandatory generic substitution requirements

PA requests may be submitted by electronic PA (ePA), fax, or phone:

- ePA: [Prime Therapeutics Prior Authorization Forms | CoverMyMeds](#)
- Fax: 844-347-3202
- PA fax forms: nv.primetherapeutics.com
- Phone: 800-695-5526

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Key

cap = capsule

CC = clinical criteria

CD = controlled diffusion

CR = controlled release

CS = care system

DPI = dry powder inhaler

DR = delayed release

ER = extended release

HD = high dose

ICD = international classification of diseases

inj = injection

IR = immediate release

LA = long-acting

LS = liquid suspension

mg = milligram

mL = milliliters

MME = morphine milligram
equivalents

nebs = nebulizer

ODT = oral disintegrating tablet

oint = ointment

OTC = over the counter

PA = prior authorization

pow = powder

QL = quantity limit

SA = sustained action

SL = sublingual

soln = solution

SR = sustained release

supp = suppository

susp = suspension

tab = tablet

XL = extended release

XR = extended release

XT = extended release

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Analgesics

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Miscellaneous Analgesics		
Neuropathic Pain/Fibromyalgia Agents		
duloxetine	Cymbalta	* No PA required if ICD-10: B02 (herpes zoster) ** No PA required if ICD-10: M79.1; M60.0–M60.9, M61.1 (fibromyalgia)
gabapentin	Gralise	
lidocaine 5% patch (generic for Lidoderm) ^{QL PA *}	Horizant	
Lyrica IR	Lyrica CR	MSM 1200 - Appendix A sections: <ul style="list-style-type: none"> • O. Lidoderm 5% Patches® • AA. Savella® (milnacipran) • NNN. Qutenza® (capsaicin) Prior Authorization Form Electronic Prior Authorization (ePA) Quantity Limits
Neurontin	pregabalin IR	
Savella ^{PA **}	pregabalin CR	
	Qutenza ^{QL CC}	
Mixed Acting Opioid Analgesics		
tramadol IR (50 mg)	ConZip	Opioids are subjected to PA based on MME, days' supply, and age limitations.
tramadol/APAP ^{QL}	tramadol IR (25 mg, 75 mg, 100 mg)	
	tramadol ER	MSM 1200 - Appendix A sections: <ul style="list-style-type: none"> • TTT. Codeine and Tramadol for Children • Z. Opioids, Opioid Containing Cough Preparations, Opioids Prescribed to Under Age 18. Prior Authorization Form Electronic Prior Authorization (ePA) Quantity Limits
	tramadol soln	

Analgesics

Opiate Agonists		
Butrans ^{QL}	buprenorphine patch ^{QL}	Opioids are subjected to PA based on MME, days' supply, and age limitations.
fentanyl patch ^{QL PA}	hydrocodone bitartrate ER cap ^{QL}	
morphine sulfate SA tab (all generic ER) ^{QL}	methadone	MSM 1200 - Appendix A sections: <ul style="list-style-type: none"> • Z. Opioids, Opioid Containing Cough Preparations, Opioids Prescribed to Under Age 18 • F. Transdermal Fentanyl • Q. Long-Acting Narcotics Prior Authorization Form Electronic Prior Authorization (ePA)
	Methadose	
	MS Contin ^{QL}	
	oxycodone SR ^{QL}	
	oxymorphone SR ^{QL}	
		Quantity Limits
Opiate Agonists – Abuse Deterrents		
Oxycontin ^{QL}	hydrocodone bitartrate ER tab ^{QL}	Opioids are subjected to PA based on MME, days' supply, and age limitations.
	Hysingla ER ^{QL}	
		MSM 1200 - Appendix A sections: <ul style="list-style-type: none"> • Z. Opioids, Opioid Containing Cough Preparations, Opioids Prescribed to Under Age 18 • Q. Long-Acting Narcotics Prior Authorization Form Electronic Prior Authorization (ePA)
		Quantity Limits

Non-Opioid Analgesics

Journavx tab ^{QL}		Quantity Limits
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) – Oral		
celecoxib cap ^{QL}	Arthrotec	MSM 1200 - Appendix A sections: <ul style="list-style-type: none"> R. Toradol® (ketorolac tromethamine) tablets BBB. Vimovo® (naproxen/esomeprazole magnesium), Duexis® (ibuprofen/famotidine) Prior Authorization Form Electronic Prior Authorization (ePA)
diclofenac sodium DR tab	Cambia powder	
ibuprofen susp	Celebrex ^{QL}	
ibuprofen	diclofenac potassium	
ibuprofen chew tab	diclofenac sodium tab ER	
ibuprofen/APAP ^{QL}	diclofenac w/ misoprostol tab	Quantity Limits
indomethacin IR cap	Duexis tab ^{QL CC}	
ketorolac tab ^{QL PA}	etodolac IR cap	
meloxicam tab	etodolac IR tab	
nabumetone tab	etodolac ER tab	
naproxen tab	ibuprofen w/ famotidine tab ^{QL CC}	
naproxen DR tab	indomethacin ER cap	
piroxicam cap	indomethacin oral susp	
sulindac tab	indomethacin rectal supp	
	ketoprofen cap	
	mefenamic cap	
	meloxicam susp	
	Naprelan CR tab	
	naproxen CR tab	
	naproxen ER tab	

Non-Opioid Analgesics

	naproxen susp ^{QL}	
	oxaprozin tab	
	tolmetin sodium cap	
	tolmetin sodium tab	
	Vimovo tab ^{CC}	
	Zipsor cap	
	Zorvolex cap	

Antihistamines

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
H1 Blockers – Non-Sedating		
cetirizine tab OTC	Allegra OTC	A two-week trial of one preferred drug is required before a non-preferred drug will be authorized.
cetirizine chewable OTC	cetirizine D OTC	
cetirizine soln 1 mg/1 mL	cetirizine cap OTC	Prior Authorization Form
levocetirizine tab	cetirizine soln 5 mg/5 mL OTC	Electronic Prior Authorization (ePA)
levocetirizine soln	Clarinx	Quantity Limits
loratadine D OTC	Clarinx-D	
loratadine tab OTC	Claritin	
loratadine ODT OTC	desloratadine	
loratadine chewable OTC	fexofenadine	
loratadine soln OTC	fexofenadine D OTC	
	Xyzal	

Anti-Infective Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Aminoglycosides		
Inhaled Aminoglycosides		
Bethkis	Tobi Podhaler	Prior Authorization Form
Kitabis Pak	tobramycin 300 mg/4 mL nebulizer	Electronic Prior Authorization (ePA)
tobramycin 300 mg/5 mL nebulizer		
Antivirals		
Alpha Interferons		
Pegasys		Prior Authorization Form
Pegasys convenience pack		Electronic Prior Authorization (ePA)
Peg-Intron		
Peg-Intron Redipen		
Anti-hepatitis Agents – Polymerase Inhibitors/Combination Products		
Mavyret ^{PA}	Epclusa ^{CC}	MSM 1200 - Appendix A section:
sofosbuvir/velpatasvir (generic for Epclusa) ^{PA}	Harvoni ^{QL CC}	<ul style="list-style-type: none"> • HH. Anti-Hepatitis Agents
	ledipasvir/sofosbuvir ^{QL}	Prior Authorization Form
	Sovaldi ^{QL CC}	Electronic Prior Authorization (ePA)
	Viekira Pak ^{QL CC}	Quantity Limits
	Vosevi ^{CC}	
	Zepatier ^{CC}	

Anti-Infective Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Anti-hepatitis Agents – Ribavirin		
ribavirin		Prior Authorization Form
		Electronic Prior Authorization (ePA)
Anti-herpetic Agents		
acyclovir		Prior Authorization Form
famciclovir		Electronic Prior Authorization (ePA)
valacyclovir		
COVID-19		
Paxlovid Therapy Pack ^{QL}		Quantity Limits
Influenza Agents		
amantadine	Rapivab	Prior Authorization Form
oseltamivir cap	Tamiflu	Electronic Prior Authorization (ePA)
oseltamivir susp	Xofluza	
rimantadine		
Relenza		
Cephalosporins		
Second-Generation Cephalosporins		
cefaclor cap	Ceclor	Prior Authorization Form
cefuroxime tab	Ceclor CD	Electronic Prior Authorization (ePA)
cefprozil susp	cefaclor susp	
cefprozil tab	cefaclor ER tab	

Anti-Infective Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Ceftin	
	Cefzil	
Third-Generation Cephalosporins		
cefdinir cap ^{PA}	cefixime cap ^{CC}	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> • YYY. Antibiotics Prior Authorization Form Electronic Prior Authorization (ePA)
cefdinir susp ^{PA}	cefixime susp ^{CC}	
cefpodoxime susp ^{PA}	Suprax ^{CC}	
cefpodoxime tab ^{PA}		
Macrolides		
azithromycin susp	Dificid	Prior Authorization Form Electronic Prior Authorization (ePA)
azithromycin tab	Zithromax	
clarithromycin susp		
clarithromycin tab		
clarithromycin XL		
erythromycin base		
erythromycin ethylsuccinate		
Erythrocin		
Quinolones		
Quinolones – Second-Generation		
ciprofloxacin tabs ^{PA}	ofloxacin ^{CC}	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> • YYY. Antibiotics
Cipro susp ^{PA}		

Anti-Infective Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
		Prior Authorization Form Electronic Prior Authorization (ePA)
Quinolones – Third-Generation		
levofloxacin ^{PA}	Avelox ^{CC}	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> • YYY. Antibiotics Prior Authorization Form Electronic Prior Authorization (ePA)
moxifloxacin ^{PA}		
Topical Anti-Infectives, Vaginal		
Cleocin cream	clindamycin	Prior Authorization Form Electronic Prior Authorization (ePA)
Cleocin ovule	Clindesse	
metronidazole (generic for Vandazole)	Vandazole	
Nuvessa	Xaciato	

Autonomic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Sympathomimetics		
Self-Administered Epinephrine		
epinephrine auto inj	Auvi-Q ^{CC}	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> • TT. Auvi-Q (epinephrine injection device) Prior Authorization Form Electronic Prior Authorization (ePA)
Epipen	Neffy nasal spray	
Epipen Jr		

Biologic Response Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Immunomodulators		
Immunomodulators: Atopic Dermatitis		
Adbry inj ^{PA}	Cibinqo tab ^{CC}	MSM 1200 - Appendix A sections: <ul style="list-style-type: none"> • M. Topical Immunomodulators • L. Immunomodulator Drugs • P. Respirator and Allergy Biologics Prior Authorization Form Electronic Prior Authorization (ePA) Quantity Limits
Dupixent ^{PA}	Ebglyss	
Eucrisa topical ^{PA}	Nemluvio	
pimecrolimus topical ^{QL PA}	Opzelura topical ^{CC}	
tacrolimus topical (generic for Protopic) ^{QL PA}	Zoryve cream	
Targeted Immunomodulator		
Actemra ^{PA}	adalimumab-aacf ^{CC}	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> • L. Immunomodulator Drugs Prior Authorization Form Electronic Prior Authorization (ePA) Quantity Limits
adalimumab-adbm (all other manufacturers) ^{PA}	adalimumab-aaty ^{CC}	
adalimumab-adaz ^{PA}	adalimumab-adbm (Quallent manufacturer) ^{CC}	
Avsola ^{PA}	adalimumab-fkjp ^{CC}	
Cimzia ^{PA}	adalimumab-ryvk ^{CC}	
Cosentyx ^{PA}	Abrilada ^{CC}	
Enbrel ^{PA}	Amjevita ^{CC}	
Humira ^{QL PA}	Arcalyst ^{CC}	
Inflectra ^{PA}	Bimzelx ^{CC}	
infliximab ^{PA}	Cyltezo ^{CC}	
Kevzara ^{PA}	Enspryng ^{CC}	
Kineret ^{PA}	Entyvio ^{CC}	

Biologic Response Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Olumiant ^{QL PA}	Hadlima ^{CC}	
Orencia ^{QL PA}	Hulio ^{CC}	
Otezla ^{QL PA}	Hyrimoz ^{CC}	
Pyzchiva ^{PA}	Idacio ^{CC}	
Renflexis ^{PA}	Ilaris ^{CC}	
Rinvoq ^{QL PA}	Ilumya ^{CC}	
Simponi ^{PA}	Omvoh ^{CC}	
Xeljanz IR ^{QL PA}	Otulfi ^{CC}	
Yesintek ^{PA}	Remicade ^{CC}	
	Selarsdi ^{CC}	
	Siliq ^{CC}	
	Simlandi ^{CC}	
	Sotyktu ^{CC}	
	Spevigo ^{QL CC}	
	Skyrizi ^{CC}	
	Stelara ^{QL CC}	
	Steqeyma ^{CC}	
	Taltz ^{CC}	
	Tofidence ^{CC}	
	Tremfya ^{CC}	
	Tyenne ^{CC}	
	Uplizna ^{QL CC}	

Biologic Response Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	ustekinumab ^{QL CC}	
	ustekinumab-aekn ^{CC}	
	ustekinumab-ttwe ^{CC}	
	Velsipity ^{CC}	
	Yuflyma ^{CC}	
	Yusimry ^{CC}	
	Xeljanz ER ^{QL CC}	
	Zeposia ^{CC}	
	Zymfentra ^{CC}	
Colony Stimulating Factors		
Neupogen syringe ^{QL PA}	Granix syringe ^{QL CC}	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> SS. Colony Stimulating Factors (POS Claims Only) Prior Authorization Form Electronic Prior Authorization (ePA)
Neupogen vial ^{QL PA}	Granix vial ^{QL CC}	
Nyvepria ^{PA}	Fulphila ^{CC}	
	Leukine ^{CC}	Quantity Limits
	Neulasta ^{QL CC}	
	Nivestym syringe ^{CC}	
	Nivestym vial ^{CC}	
	Releuko syringe ^{CC}	
	Releuko vial ^{CC}	
	Udenyca ^{CC}	
	Zarxio ^{QL CC}	

Biologic Response Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Ziextenzo ^{CC}	
Immune Globulins		
Gamunex-C	Asceniv	Prior Authorization Form
Gammagard Liquid	Bivigam	Electronic Prior Authorization (ePA)
Hizentra	Cutaquig	
Privigen	Cuvitru	
	Cytogam	
	Flebogamma	
	Gamastan	
	Gamastan S-D	
	Gammagard S-D	
	Gammaked	
	Gammaplex	
	Hepagam B	
	Hyperhep B S-D	
	Hyperrab	
	Hyqvia	
	Kedrab	
	Octagam	
	Panzyga	
	Varizig	

Biologic Response Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Xembify	
Multiple Sclerosis Agents		
Injectable		
Avonex ^{PA}	Briumvi ^{CC}	Trial of only one agent is required before moving to a non-preferred agent.
Avonex Admin Pack ^{PA}	Extavia ^{CC}	
Betaseron ^{PA}	glatiramer ^{QL CC}	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> CC. Multiple Sclerosis (MS) Agents Prior Authorization Form Electronic Prior Authorization (ePA)
Copaxone ^{QL PA}	Glatopa ^{CC}	
Tysabri ^{PA}	Kesimpta ^{CC}	
	Lemtrada ^{CC}	
	Ocrevus ^{CC}	
	Plegridy ^{CC}	Quantity Limits
	Rebif ^{QL CC}	
Oral		
teriflunomide (generic for Aubagio) ^{PA}	Aubagio ^{CC}	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> CC. Multiple Sclerosis (MS) Agents Prior Authorization Form Electronic Prior Authorization (ePA)
dimethyl fumarate (generic for Tecfidera) ^{PA}	Bafiertam ^{CC}	
fingolimod (generic for Gilenya) ^{PA}	Gilenya ^{CC}	
	Mavenclad ^{CC}	
	Mayzent ^{CC}	
	Ponvory ^{CC}	
	Tecfidera ^{CC}	
	Vumerity ^{CC}	

Biologic Response Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Zeposia ^{CC}	
Specific Symptomatic Treatment		
dalfampridine ^{QL PA}	Ampyra ^{QL CC}	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> • CC. Multiple Sclerosis (MS) Agents Prior Authorization Form Electronic Prior Authorization (ePA) Quantity Limits

Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Antihypertensive Agents		
Angiotensin II Receptor Antagonists		
losartan	Atacand	Prior Authorization Form Electronic Prior Authorization (ePA)
losartan/HCTZ	Avapro	
olmesartan	Benicar	
olmesartan/HCTZ	candesartan	
valsartan	Cozaar	
valsartan/HCTZ	Diovan	
	Diovan/HCTZ	
	Edarbi	
	Edarbyclor	

Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	eprosartan	
	Hyzaar	
	irbesartan	
	Micardis	
	telmisartan	
Angiotensin-Converting Enzyme Inhibitors (ACE Inhibitors)		
benazepril	Accuretic	* PA not required if age 10 and younger; if recipient is over 10 years of age, approval requires clinical reason solid dosage form cannot be used (e.g., difficulty swallowing) Prior Authorization Form Electronic Prior Authorization (ePA)
benazepril/HCTZ	Epaned soln	
captopril	fosinopril	
captopril/HCTZ	Mavik	
enalapril tab	moexipril	
enalapril/HCTZ	perindopril	
enalapril soln ^{PA*}	Qbrelis soln	
lisinopril	quinapril	
lisinopril/HCTZ	Quinaretic	
ramipril	trandolapril	
Beta-Blockers		
acebutolol	betaxolol	* Prior Auth Required: Hemangeol (propranolol) 4.28 mg/mL (21.4 mg/5 mL) solution: only approvable for children 5 weeks
atenolol	carvedilol ER (generic for Coreg CR)	
atenolol/chlorthalidone	Corgard	
bisoprolol	Inderal LA	

Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
bisoprolol/HCTZ	Inderal XL	to 1 year of age for treatment of proliferating infantile hemangioma. Prior Authorization Form Electronic Prior Authorization (ePA)
carvedilol IR	Innopran XL	
Hemangeol*	Kaspargo	
labetalol	metoprolol/HCTZ	
metoprolol tartrate	pindolol	
metoprolol succinate	propranolol/HCTZ	
nadolol (generic for Corgard)	Sotylize	
nebivolol (generic for Bystolic)	timolol	
propranolol		
propranolol ER		
propranolol soln		
sotalol		
sotalol AF		
Calcium-Channel Blockers		
amlodipine	amlodipine/valsartan/HCT	Prior Authorization Form
amlodipine/benazepril	Exforge	Electronic Prior Authorization (ePA)
amlodipine/olmesartan	Exforge/HCT	
amlodipine/valsartan	isradipine	
Cartia XT	Katerzia	
Diltia XT	Lotrel	
diltiazem ER	nisoldipine ER	

Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
diltiazem IR	Norvasc	
felodipine ER	Nymalize soln	
nicardipine		
nifedipine ER		
Taztia XT		
verapamil IR		
verapamil ER		
Vasodilators – Inhaled		
Ventavis ^{PA} *	Tyvaso DPI ^{CC}	<p>* No PA required if ICD-10:</p> <ul style="list-style-type: none"> • 127.20 (Pulmonary Hypertension, Unspecified) • 127.21 (Secondary PAH) • 127.22 (Pulmonary Hypertension Due to Left Heart Disease) • 127.23 (Pulmonary Hypertension Due to Lung Diseases and Hypoxia) • 127.9 (Pulmonary Heart Disease, Unspecified) <p>MSM 1200 - Appendix A section:</p> <ul style="list-style-type: none"> • AAAA. Pulmonary Arterial Hypertension Agents <p>Prior Authorization Form</p> <p>Electronic Prior Authorization (ePA)</p>
Tyvaso ^{PA} *		
Vasodilators – Oral		

Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Orenitram ER ^{PA *}	Adcirca ^{CC}	<p>* No PA required if ICD-10:</p> <ul style="list-style-type: none"> 127.20 (Pulmonary Hypertension, Unspecified) 127.21 (Secondary PAH) 127.22 (Pulmonary Hypertension Due to Left Heart Disease) 127.23 (Pulmonary Hypertension Due to Lung Diseases and Hypoxia) 127.9 (Pulmonary Heart Disease, Unspecified) <p>MSM 1200 - Appendix A section:</p> <ul style="list-style-type: none"> AAAA. Pulmonary Arterial Hypertension Agents <p>Prior Authorization Form</p> <p>Electronic Prior Authorization (ePA)</p>
sildenafil tab ^{PA *}	Adempas ^{CC}	
sildenafil susp ^{PA *}	Alyq ^{CC}	
tadalafil ^{PA *}	ambrisentan ^{CC}	
Tracleer tab ^{PA *}	bosentan ^{CC}	
	Letairis ^{CC}	
	Liqrev susp ^{CC}	
	Opsumit ^{CC}	
	Opsynvi ^{CC}	
	Revatio tab ^{CC}	
	Revatio susp ^{CC}	
	Tadliq susp ^{CC}	
	Tracleer susp ^{CC}	
	Tracleer tab ^{CC}	
	Upravi ^{CC}	
Antilipemics		
Bile Acid Sequestrants		
cholestyramine	Questran	Prior Authorization Form
colesevelam	Welchol	Electronic Prior Authorization (ePA)
colestipol		

Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Cholesterol Absorption Inhibitors		
ezetimibe	Zetia	Prior Authorization Form
		Electronic Prior Authorization (ePA)
Fibric Acid Derivatives		
fenofibrate (generic for Antara, Lofibra & Tricor)	Antara	Prior Authorization Form
fenofibric acid (generic for Trilipix)	fenofibrate (generic for Fenoglide and Lipofen)	Electronic Prior Authorization (ePA)
gemfibrozil	fenofibric acid (generic for Fibracor)	
Lipofen	Fenoglide	
	Fibracor	
	Tricor	
	Triglide	
	Trilipix	
HMG-CoA Reductase Inhibitors (Statins)		
atorvastatin	Altoprev	Prior Authorization Form
ezetimibe/simvastatin	amlodipine/atorvastatin	Electronic Prior Authorization (ePA)
lovastatin	Caduet	Quantity Limits
pravastatin	Crestor ^{QL}	
rosuvastatin ^{QL}	Ezallor	
simvastatin	fluvastatin IR	
	fluvastatin XL	
	Lescol	

Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Lescol XL	
	Lipitor	
	Livalo	
	Pravachol	
	Zocor	
	Zypitamag	
	Vytorin	
Niacin Agents		
Niacin ER (all generics)	Niacor	Prior Authorization Form
Niaspan		Electronic Prior Authorization (ePA)
Omega-3 Fatty Acids		
omega-3-acid	Lovaza	Prior Authorization Form
Vascepa	icosapent	Electronic Prior Authorization (ePA)
PCSK9 Inhibitors		
Praluent ^{QL PA}		MSM 1200 - Appendix A section: <ul style="list-style-type: none"> • EEE. Anti-lipidemic Agents – PCSK9 Inhibitors Prior Authorization Form Electronic Prior Authorization (ePA)
Repatha ^{QL PA}		
Miscellaneous Heart Failure Agents		
Entresto tab ^{QL PA}	Corlanor soln ^{QL CC}	

Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
ivabradine ^{QL PA}	Corlanor tab ^{QL CC}	* Requires documentation of a clinical reason why the recipient cannot safely take tablets (e.g., difficulty swallowing) MSM 1200 - Appendix A sections: <ul style="list-style-type: none"> • JJJ. Entresto (sacubitril/valsartan) • DDD. Corlanor (ivabradine) Prior Authorization Form Electronic Prior Authorization (ePA) Quantity Limits
	Entresto sprinkle cap ^{QL CC *}	
	Verquvo	

Dermatological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Antipsoriatic Agents		
calcipotriene cream (generic for Dovonex)	calcipotriene/betamethasone oint	Prior Authorization Form Electronic Prior Authorization (ePA)
calcipotriene foam (generic for Sorilux)	calcipotriene/betamethasone susp	
calcipotriene oint	Duobrii lotion	
calcipotriene soln	Enstilar	
Dovonex cream	Sorilux foam	
Taclonex susp	Taclonex oint	
	Vtama	
	Zoryve	

Dermatological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Topical Analgesics		
capsaicin ^{QL}	diclofenac solution	* No PA required if ICD-10 – B02 (herpes zoster)
diclofenac gel (1%, 3%)	Emla	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> O. Lidoderm 5% Patches Prior Authorization Form Electronic Prior Authorization (ePA)
Flector	LenzaPro ^{QL}	
lidocaine ^{QL}	Licart	
lidocaine HC	Pennsaid	
lidocaine viscous	ZTLido ^{QL}	
lidocaine/prilocaine		Quantity Limits
lidocaine 5% patch (generic for Lidoderm) ^{QL PA*}		
Topical Anti-infectives		
Acne Agents: Topical, Benzoyl Peroxide, Antibiotics, and Combination Products		
benzoyl peroxide (2.5%, 5%, 10%)	Aczone gel	Diagnosis of moderate to severe acne (Grade III or higher) is required for recipients 21 years of age or older (all agents in this class).
clindamycin	benzoyl per aerosol	
clindamycin/benzoyl peroxide gel (generic for Duac)	clindamycin aerosol	
erythromycin/benzoyl peroxide sodium	clindamycin/benzoyl peroxide gel (all other formulations)	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> VV. Medications for the Treatment of Acne Prior Authorization Form Electronic Prior Authorization (ePA)
	dapsone gel	
	erythromycin	
	sodium sulfacetamide/sulfur	
	sulfacetamide	

Dermatological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Winlevi	
Impetigo Agents: Topical		
mupirocin oint	Altabax	Prior Authorization Form
	Centany	Electronic Prior Authorization (ePA)
	mupirocin cream	
Topical Antivirals		
acyclovir oint (generic for Zovirax oint)	acyclovir cream	Prior Authorization Form
Denavir	penciclovir (generic for Denavir)	Electronic Prior Authorization (ePA)
docosanol OTC (generic for Abreva)		
Topical Scabicides		
lindane	Eurax	Prior Authorization Form
Natroba	ivermectin ^{QL}	Electronic Prior Authorization (ePA)
Nix	malathion	Quantity Limits
permethrin	Ovide	
Rid	Sklice	
Ulesfia	spinosad	
	Vanallice gel	
Topical Antineoplastics		
Topical Retinoids		
adapalene gel (generic for Differin gel)	adapalene cream	
tretinoin cream	adapalene/benzoyl peroxide	

Dermatological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
tretinoin gel (generic for Avita and Retin-A)	Atralin	Diagnosis of moderate to severe acne (Grade III or higher) is required for recipients 21 years of age or older (all agents in this class).
	clindamycin/tretinoin	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> VV. Medications for the Treatment of Acne Prior Authorization Form Electronic Prior Authorization (ePA)
	tazarotene	
	tretinoin gel (generic for Atralin)	
	tretinoin microspheres gel	
	Twynéo	
	Veltin	
Topical Steroids		
Steroids, Topical Low		
hydrocortisone cream (topical and rectal)	aclometasone dipropionate	Prior Authorization Form
hydrocortisone oint (topical)	desonide	Electronic Prior Authorization (ePA)
hydrocortisone acetate cream	hydrocortisone gel	
hydrocortisone acetate oint	hydrocortisone lotion	
hydrocortisone-aloe cream	fluocinolone oil	
Steroids, Topical Medium		
fluocinolone acetonide soln	betamethasone valerate foam	Prior Authorization Form
fluticasone propionate cream	fluocinolone acetonide cream	Electronic Prior Authorization (ePA)
fluticasone propionate oint	fluocinolone acetonide oint	
hydrocortisone valerate cream	fluticasone propionate lotion	
mometasone furoate cream	flurandrenolide	

Dermatological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
mometasone furoate oint	hydrocortisone butyrate cream	
mometasone furoate soln	hydrocortisone butyrate oint	
Oralene	hydrocortisone butyrate soln	
triamcinolone paste	hydrocortisone butyrate lipid/lipocream	
	hydrocortisone valerate oint	
	prednicarbate	
Steroids, Topical High		
betamethasone dipropionate cream	betamethasone dipropionate gel	Prior Authorization Form
betamethasone dipropionate oint	betamethasone dipropionate/prop gly lotion	Electronic Prior Authorization (ePA)
betamethasone dipropionate lotion	betamethasone dipropionate/prop gly oint	
betamethasone dipropionate/prop gly cream	betamethasone valerate cream	
triamcinolone acetonide cream	betamethasone valerate lotion	
triamcinolone acetonide lotion	betamethasone valerate oint	
triamcinolone acetonide oint	desoximetasone	
fluocinonide cream	diflorasone diacetate	
fluocinonide oint	fluocinonide emollient	
fluocinonide soln	fluocinonide gel	
	halcinonide	
	Halog	
	Topicort	
	Vanos	

Dermatological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Steroids, Topical Very High		
clobetasol propionate cream (0.05%)	Bryhali	Prior Authorization Form
clobetasol propionate gel	clobetasol emollient	Electronic Prior Authorization (ePA)
clobetasol propionate oint	clobetasol lotion	
clobetasol propionate soln	clobetasol shampoo	
halobetasol propionate cream	clobetasol propionate foam	
halobetasol propionate oint	clobetasol propionate spray	
	Clobex shampoo	
	halobetasol propionate foam	

Electrolytic and Renal Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Phosphate Binding Agents		
calcium acetate cap	Auryxia	Prior Authorization Form
calcium acetate tab	Fosrenol	Electronic Prior Authorization (ePA)
Phoslyra	lanthanum carbonate	
sevelamer carbonate tab	PhosLo gel cap	
sevelamer carbonate powder pack	Renvela tab	
	Renvela powder pack	
	sevelamer HCl	
	Velphoro	

Electrolytic and Renal Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Xphozah	
Potassium-Removing Agents		
Lokelma	Veltassa	Prior Authorization Form
sodium polystyrene sulfonate		Electronic Prior Authorization (ePA)
SPS		

Gastrointestinal Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Antiemetics		
Pregnancy-induced Nausea and Vomiting Treatment		
Bonjesta	Diclegis	Prior Authorization Form
doxylamine /pyridoxine OTC (25 mg/10 mg)	doxylamine/pyridoxine (10 mg/10 mg)	Electronic Prior Authorization (ePA)
Serotonin-receptor Antagonists/Combo		
granisetron ^{QL}	Akynzeo	PA is required for any prescription exceeding quantity limits.
ondansetron ^{QL}	Anzemet ^{QL}	
	Barhemsys	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> • X. Antiemetics Prior Authorization Form Electronic Prior Authorization (ePA)
	Sancuso ^{QL}	
	Zofran ^{QL}	
	Zuplenz ^{QL}	
		Quantity Limits

Gastrointestinal Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Antiulcer Agents		
H2 Blockers		
famotidine susp		* PA not required for < 12 years of age
famotidine tab		
ranitidine syrup ^{PA*}		
ranitidine tab		
Proton Pump Inhibitors (PPIs)		
omeprazole	Aciphex	PA required for all agents in this class if request exceeds once daily dosing.
pantoprazole tab	Dexilant	
Protonix susp	dexlansoprazole	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> Proton Pump Inhibitors (PPIs) Prior Authorization Form Electronic Prior Authorization (ePA)
	esomeprazole	
	lansoprazole	
	Nexium cap	
	Nexium powder for susp	
	pantoprazole susp	
	Prevacid	
	Prilosec	
	Protonix tab	
	rabeprazole sodium	
Functional Gastrointestinal Disorder Drugs: Constipation-Related		
Linzess ^{PA}	Amitiza ^{CC}	MSM 1200 - Appendix A section:

Gastrointestinal Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
lubiprostone (generic for Amitiza) ^{PA}	lbsrela ^{CC}	<ul style="list-style-type: none"> • WW. Functional Gastrointestinal Disorder Agents Prior Authorization Form Electronic Prior Authorization (ePA)
Movantik ^{PA}	Motegrity ^{CC}	
	prucalopride ^{CC}	
	Symproic ^{CC}	
Functional Gastrointestinal Disorder Drugs: Diarrhea-Predominant		
Lotronex ^{QL PA}	alosetron ^{QL CC}	Prior Authorization Form Electronic Prior Authorization (ePA)
Viberzi ^{QL PA}		
Gastrointestinal Anti-inflammatory Agents		
mesalamine (generic for Apriso)	balsalazide	Prior Authorization Form Electronic Prior Authorization (ePA)
mesalamine (generic for Lialda)	Canasa supp	
mesalamine supp (generic for Canasa)	Lialda	
sulfasalazine DR	mesalamine (generic for Asacol HD)	
sulfasalazine IR	mesalamine (generic for Delzicol)	
	mesalamine (generic for Pentasa)	
	mesalamine enema susp	
	mesalamine supp	
	Pentasa	
Gastrointestinal Enzymes		
Creon	Pertzye	Prior Authorization Form Electronic Prior Authorization (ePA)
Pancreaze	Viokace	
Zenpep		

Genitourinary Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Benign Prostatic Hyperplasia (BPH) Agents		
5-Alpha Reductase Inhibitors		
dutasteride	Avodart	Prior Authorization Form
finasteride	dutasteride/tamsulosin	Electronic Prior Authorization (ePA)
	Jalyn	
	Proscar	
Alpha-Blockers		
alfuzosin	Cardura	Prior Authorization Form
doxazosin	Flomax	Electronic Prior Authorization (ePA)
tamsulosin	Minipress	
terazosin	prazosin	
	Rapaflo	
	silodosin	
	Uroxatral	
Bladder Antispasmodics		
bethanechol	darifenacin ER	Prior Authorization Form
Detrol	flavoxate	Electronic Prior Authorization (ePA)
Detrol LA	Gemtesa	
fesoterodine ER	mirabegron ER tab	
Myrbetriq ER tab	Myrbetriq granules	
oxybutynin syrup	oxybutynin IR tab (2.5 mg)	

Genitourinary Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
oxybutynin IR tab (5 mg)	Oxytrol	
oxybutynin ER tab	Toviaz	
solifenacin	trospium	
tolterodine IR tab	Vesicare	
tolterodine ER cap	Vesicare LS	

Hematological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Anticoagulants		
Oral		
Coumadin	Savaysa ^{CC}	* No PA required if approved diagnosis code transmitted on claim.
Eliquis ^{PA*}	dabigatran cap (generic for Pradaxa cap) ^{QL CC}	
Jantoven	Pradaxa oral pellets ^{QL CC}	** Approval only in individuals unable to have oral tablets appropriately administered.
Pradaxa cap ^{QL PA*}		MSM 1200 - Appendix A section: <ul style="list-style-type: none"> • FF. Thrombin Inhibitors Prior Authorization Form Electronic Prior Authorization (ePA)
warfarin		
Xarelto tab ^{PA*}		
Xarelto susp ^{PA**}		
Injectable		
enoxaparin ^{QL}	Arixtra	Prior Authorization Form

Hematological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
fondaparinux	Lovenox ^{QL}	Electronic Prior Authorization (ePA)
Fragmin		Quantity Limits
Erythropoiesis-Stimulating Agents		
Aranesp ^{QL PA}	Epogen ^{QL CC}	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> H. Hematopoietic/Hematinic Agents Prior Authorization Form Electronic Prior Authorization (ePA)
Retacrit ^{PA}	Mircera ^{CC}	
	Procrit ^{QL CC}	
	Reblozyl	
	Vafseo ^{QL CC}	Quantity Limits
Platelet Inhibitors		
aspirin	anagrelide	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> NN. Platelet Inhibitors Prior Authorization Form Electronic Prior Authorization (ePA)
aspirin/dipyridamole	Effient ^{QL CC}	
Brilinta ^{QL PA}	Plavix	
cilostazol	ticagrelor ^{QL CC}	
clopidogrel	Yosprala	
dipyridamole	Zontivity	
prasugrel ^{QL PA}		

Hormones and Hormone Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Androgens		
Androderm ^{PA}	AndroGel gel packet ^{CC}	MSM 1200 - Appendix A section:

Hormones and Hormone Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
AndroGel gel pump ^{PA}	Fortesta ^{CC}	<ul style="list-style-type: none"> DD. Hormones and Hormone Modifiers Prior Authorization Form Electronic Prior Authorization (ePA)
testosterone gel pump (generic for AndroGel) ^{PA}	Natesto ^{CC}	
	Testim ^{CC}	
	testosterone gel packet ^{CC}	
	testosterone solution ^{CC}	
	Vogelxo ^{CC}	
Antidiabetic Agents		
Alpha-Glucosidase Inhibitors/Amylin Analogs/Miscellaneous		
acarbose	Cycloset	* No PA required if diagnosis of Type 1 or Type 2 diabetes transmitted on claim.
Glyset	Precose	
Symlin ^{PA*}		Trial of only one agent is required before moving to a non-preferred agent. Prior Authorization Form Electronic Prior Authorization (ePA)
Biguanides		
metformin (generic for Glucophage)	Glumetza	Trial of only one agent is required before moving to a non-preferred agent
metformin ER (generic for Glucophage XR)	metformin ER (generic for Fortamet)	
metformin ER (generic for Glumetza)	metformin tab (625 mg)	* Approval only in individuals unable to have oral tablets appropriately administered. Prior Authorization Form Electronic Prior Authorization (ePA)
metformin soln (generic for Riomet)*		
Riomet ER susp*		

Hormones and Hormone Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Dipeptidyl Peptidase-4 Inhibitors and Combinations with Metformin		
Janumet	alogliptin	Trial of only one agent is required before moving to a non-preferred agent.
Janumet XR	alogliptin/metformin	
Januvia	alogliptin/pioglitazone	Prior Authorization Form
Jentadueto	saxagliptin	Electronic Prior Authorization (ePA)
Jentadueto XR	saxagliptin/metformin ER	
Tradjenta		
Incretin Mimetics and Combinations		
Byetta ^{QL PA}	Bydureon BCise ^{QL CC}	Trial of only one agent is required before moving to a non-preferred agent.
Ozempic ^{QL PA}	exenatide ^{QL CC}	
Rybelsus ^{QL PA}	liraglutide ^{QL CC}	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> • KK. Incretin Mimetics
Trulicity ^{QL PA}	Mounjaro ^{QL CC}	
Victoza ^{QL PA}	Soliqua ^{QL CC}	
	Xultophy ^{QL CC}	Electronic Prior Authorization (ePA)
		Quantity Limits
Meglitinides		
repaglinide	nateglinide	Trial of only one agent is required before moving to a non-preferred agent.
		Prior Authorization Form
		Electronic Prior Authorization (ePA)

Hormones and Hormone Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors and Combinations		
Farxiga	dapagliflozin (generic for Farxiga)	For antidiabetic indication, trial of only one agent is required before moving to a non-preferred agent.
Glyxambi	dapagliflozin/metformin ER (generic for Xigduo XR)	
Invokamet	Inpefa	
Invokana	Invokamet XR	Prior Authorization Form
Jardiance	Qtern	Electronic Prior Authorization (ePA)
Synjardy	Segluromet	
Synjardy XR	Steglatro	
Xigduo XR	Steglujan	
	Trijardy XR	
Sulfonylureas		
glimepiride (1 mg, 2 mg, and 4 mg) (generic for Amaryl)	glimepiride (3 mg) (generic for Amaryl)	Trial of only one agent is required before moving to a non-preferred agent.
	Glucotrol XL	
glipizide (generic for Glucotrol)	glyburide/metformin (generic for Glucovance)	Prior Authorization Form
glipizide ER (generic for Glucotrol XL)	glipizide/metformin (generic for Metaglip)	Electronic Prior Authorization (ePA)
glyburide (generic for DiaBeta, Micronase)		
glyburide micronized (generic for Glynase)		
Thiazolidinediones and Combinations		
pioglitazone	Actos	Trial of only one agent is required before moving to a non-preferred agent.
	Actoplus Met	
		Duetact

Hormones and Hormone Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	pioglitazone/metformin	Electronic Prior Authorization (ePA)
	pioglitazone/glimepiride	
Anti-Hypoglycemic Agents		
Baqsimi	glucagon emergency kit	Prior Authorization Form
GlucaGen HypoKit	Gvoke syringe	Electronic Prior Authorization (ePA)
Gvoke pen		
Zegalogue		
Insulins		
Rapid-Acting Insulins		
insulin aspart (generic for Novolog)	Admelog	Trial of only one agent is required before moving to a non-preferred agent.
insulin lispro (generic for Humalog)	Admelog Solostar	
Novolog	Afrezza	Prior Authorization Form
	Apidra	Electronic Prior Authorization (ePA)
	Apidra Solostar	
	Fiasp (all products)	
	Humalog (all products/strengths)	
	Lyumjev (all products)	
Short-Intermediate Acting Insulins		
Humulin R U-100		Trial of only one agent is required before moving to a non-preferred agent.
Humulin R U-500		
Humulin N Kwikpen		Prior Authorization Form

Hormones and Hormone Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Humulin N vial		Electronic Prior Authorization (ePA)
Novolin N		
Novolin R		
Long-Acting Insulins		
Lantus	Basaglar KwikPen	Trial of only one agent is required before moving to a non-preferred agent. Prior Authorization Form Electronic Prior Authorization (ePA)
Lantus SoloStar	Basaglar Tempo Pen	
Toujeo Max SoloStar	insulin degludec (generic for Tresiba/Tresiba FlexTouch)	
Toujeo SoloStar		
Tresiba	insulin glargine (generic for Toujeo/Toujeo Max)	
Tresiba FlexTouch	insulin glargine-YFGN	
	Rezvoglar	
	Semglee	
Pre-Mixed Insulin Combinations		
Humulin 70/30	Humalog 75/25 Kwikpen	Trial of only one agent is required before moving to a non-preferred agent.
Humalog 75/25 vial		
Humalog 50/50		Prior Authorization Form
insulin aspart/insulin aspart protamine (generic for Novolog 70/30)		Electronic Prior Authorization (ePA)
insulin lispro protamine/insulin lispro Kwikpen (generic for Humalog 75/25)		
Novolin 70/30		

Hormones and Hormone Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Novolog 70/30		
Pituitary Hormones		
Growth Hormone Modifiers		
Genotropin ^{PA}	Humatrope ^{CC}	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> • D. Growth Hormones Prior Authorization Form Electronic Prior Authorization (ePA)
Norditropin ^{PA}	Ngenla ^{CC}	
Nutropin AQ ^{PA}	Nutropin ^{CC}	
	Omnitrope ^{CC}	
	Saizen ^{CC}	
	Serostim ^{CC}	
	Sogroya ^{CC}	
	Skytrofa ^{CC}	
	Somavert ^{CC}	
	Tev-Tropin ^{CC}	
	Zomacton ^{CC}	
	Zorbtive ^{CC}	
Progestins for Cachexia		
megestrol acetate susp (generic for Megace)	Megace ES	Prior Authorization Form Electronic Prior Authorization (ePA)
Uterine Disorder Treatment		
Myfembree ^{PA}		MSM 1200 - Appendix A section:
Oriahnn ^{PA}		

Hormones and Hormone Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Orilissa ^{PA}		<ul style="list-style-type: none"> PP. Gonadotropin Releasing Hormone Receptor (GnRH) Antagonist and Combinations Prior Authorization Form Electronic Prior Authorization (ePA)

Monoclonal Antibodies for the Treatment of Respiratory Conditions

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Dupixent ^{PA}	Cinqair ^{CC}	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> P. Respirator and Allergy Biologics Prior Authorization Form Electronic Prior Authorization (ePA) Quantity Limits
Fasenra ^{PA}	Tezspire ^{CC}	
Nucala ^{PA}	Xolair vial ^{QL CC}	
Xolair syringe ^{QL PA}		

Musculoskeletal Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Antigout Agents		
allopurinol (100 mg, 300 mg)	allopurinol (200 mg)	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> EE. Colchicine (Colcrys) Prior Authorization Form Electronic Prior Authorization (ePA) Quantity Limits
colchicine tab (generic for Colcrys) ^{QL PA}	colchicine cap ^{QL CC}	
febuxostat	Colcrys ^{QL CC}	
probenecid	Mitigare ^{QL CC}	
probenecid/colchicine	Uloric	Quantity Limits

Musculoskeletal Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Zyloprim	
Bone Resorption Inhibitors		
Bisphosphonates		
alendronate tab	Actonel	Prior Authorization Form
ibandronate tab	alendronate soln	Electronic Prior Authorization (ePA)
risedronate (generic for Actonel)	Atelvia	
	Binosto	
	Fosamax Plus D	
	risedronate (generic for Atelvia)	
Nasal Calcitonins		
calcitonin-salmon nasal spray	Miacalcin	Prior Authorization Form
		Electronic Prior Authorization (ePA)
Restless Leg Syndrome Agents		
pramipexole IR		Prior Authorization Form
ropinirole IR		Electronic Prior Authorization (ePA)
ropinirole ER		
Skeletal Muscle Relaxants		
baclofen	carisoprodol tab (250 mg)	Prior Authorization Form
carisoprodol tab (350 mg)	chlorzoxazone tab (250 mg, 375 mg, 750 mg)	Electronic Prior Authorization (ePA)

Musculoskeletal Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
chlorzoxazone tab (500 mg)		
cyclobenzaprine IR		
cyclobenzaprine ER		
dantrolene		
methocarbamol		
orphenadrine		
tizanidine		

Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Alzheimer's Agents		
Cholinesterase Inhibitors		
donepezil ODT	Adlarity patch	Prior Authorization Form
donepezil tab	Aricept	Electronic Prior Authorization (ePA)
rivastigmine cap	Exelon patch	
rivastigmine patch	galantamine soln	
	galantamine tab	
	galantamine ER	
	Zunveyl	
NMDA Receptor Antagonist		
memantine IR tab	memantine soln	Prior Authorization Form

Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	memantine ER (generic for Namenda XR)	Electronic Prior Authorization (ePA)
	Namenda	
	Namenda XR	
	Namzaric	
Anticonvulsants		
carbamazepine	Aptiom	Anticonvulsants used for behavioral health indications are subject to PA in recipients under 18 years of age
carbamazepine ER cap (generic for Carbatrol)	Banzel	
carbamazepine ER tab (generic for Tegretol XR)	Briviact	
Celontin	Carbatrol	Trial of only one agent is required before moving to a non-preferred agent.
divalproex sodium	Depakote	
divalproex sodium ER	Depakote Sprinkle	MSM 1200 - Appendix A sections:
Epidiolex ^{PA}	Depakote ER	<ul style="list-style-type: none"> • BBBB. Anticonvulsants • N. Psychotropic Medications for Children and Adolescents
Epitol	Diacomit	Prior Authorization Form
ethosuximide	Eprontia	
Felbatol	Equetro	Electronic Prior Authorization (ePA)
gabapentin	felbamate	Quantity Limits
lacosamide tab	Fintepla ^{CC}	
lacosamide soln	Fycompa	
lamotrigine tab	Keppra	
lamotrigine dispersible tab	Keppra XR	
lamotrigine ODT	Keppra soln	

Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
lamotrigine dose pack	Lamictal dose pack	
lamotrigine ODT dose pack	Lamictal ODT dose pack	
lamotrigine ER	Lamictal tab	
levetiracetam	Lamictal dispersible tab	
levetiracetam ER	Lamictal ODT	
levetiracetam soln	Lamictal XR	
Lyrica	Lamictal XR dose pack	
Neurontin	methsuximide	
oxcarbazepine	Oxtellar XR	
perampanel	Sabril	
topiramate IR	Spritam	
topiramate sprinkle (15 mg, 25 mg)	Tegretol	
valproic acid	Tegretol XR	
valproic acid soln	tiagabine	
zonisamide	Topamax	
Ztalmy ^{QL PA}	topiramate ER	
	topiramate sprinkle (50 mg)	
	Trileptal	
	Trokendi XR	
	vigabatrin	
	Vimpat tab	
	Vimpat soln	

Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Xcopri	
	Zarontin	
Barbiturates		
Mysoline		Anticonvulsants used for behavioral health indications are subject to PA in recipients under 18 years of age. Trial of only one agent is required before moving to a non-preferred agent. MSM 1200 - Appendix A sections: <ul style="list-style-type: none"> N. Psychotropic Medications for Children and Adolescents Prior Authorization Form Electronic Prior Authorization (ePA)
phenobarbital		
primidone		
Anticonvulsants		
Benzodiazepines		
clobazam	Klonopin	Anticonvulsants used for behavioral health indications are subject to PA in recipients under 18 years of age.
clonazepam	Onfi	
clorazepate	Sympazan	
Diastat		Trial of only one agent is required before moving to a non-preferred agent. MSM 1200 - Appendix A sections: <ul style="list-style-type: none"> BBBB. Anticonvulsants
diazepam (generic for Valium)		
diazepam rectal (generic for Diastat)		
Nayzilam spray ^{PA}		

Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Tranxene T-Tab		<ul style="list-style-type: none"> N. Psychotropic Medications for Children and Adolescents Prior Authorization Form Electronic Prior Authorization (ePA)
Valium		
Valtoco spray ^{PA}		
Hydantoins		
Cerebyx	Phenytek	Anticonvulsants used for behavioral health indications are subject to PA in recipients under 18 years of age
Dilantin		
fosphenytoin		Trial of only one agent is required before moving to a non-preferred agent.
phenytoin products		
		MSM 1200 - Appendix A sections: <ul style="list-style-type: none"> N. Psychotropic Medications for Children and Adolescents Prior Authorization Form Electronic Prior Authorization (ePA)
Anti-Migraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
Aimovig ^{PA}	Emgality (100 mg) ^{CC}	MSM 1200 - Appendix A sections: <ul style="list-style-type: none"> S. Anti-Migraine Medications Prior Authorization Form Electronic Prior Authorization (ePA)
Ajovy ^{PA}	Vyepti ^{CC}	
Emgality (120 mg) ^{PA}		
Nurtec ODT ^{QL PA}		

Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria	
Qulipta ^{QL PA}		Quantity Limits	
Ubrelvy ^{QL PA}			
Serotonin-Receptor Agonists (Triptans)			
Frova ^{QL}	almotriptan ^{QL}	PA is required for any prescription exceeding quantity limits.	
Relpax ^{QL}	Amerge ^{QL}		
rizatriptan tab (generic for Maxalt) ^{QL}	eletriptan ^{QL}	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> • S. Anti-Migraine Medications Prior Authorization Form Electronic Prior Authorization (ePA)	
rizatriptan ODT (generic for Maxalt MLT) ^{QL}	frovatriptan ^{QL}		
sumatriptan nasal spray ^{QL}	Imitrex inj ^{QL}		
sumatriptan tab ^{QL}	Imitrex tab ^{QL}		
	Maxalt ^{QL}		
	Maxalt MLT ^{QL}		Quantity Limits
	naratriptan ^{QL}		
	Onzetra		
	Reyvow		
	sumatriptan inj ^{QL}		
	sumatriptan/naproxen ^{QL}		
	Tosymra		
	Treximet		
	Zembrace SymTouch ^{QL}		
	zolmitriptan tab ^{QL}		
	zolmitriptan nasal spray ^{QL}		

Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	zolmitriptan ODT (generic for Zomig ZMT) QL	
	Zomig nasal spray ^{QL}	
	Zomig tab ^{QL}	
	Zomig ZMT ^{QL}	
Antiparkinsonian Agents		
Dopamine Precursors		
carbidopa/levodopa	Duopa	Trial of only one preferred agent is required before moving to a non-preferred agent.
carbidopa/levodopa ER	Inbrija	
carbidopa/levodopa ODT	Lodosyn	Prior Authorization Form
carbidopa/levodopa/entacapone	Rytary	Electronic Prior Authorization (ePA)
	Stalevo	
Non-Ergot Dopamine Agonists		
pramipexole IR	Apokyn	Prior Authorization Form
ropinirole IR	Azilect	Electronic Prior Authorization (ePA)
ropinirole ER	Mirapex	
	Mirapex ER	
	Neupro	
	pramipexole ER	
	Requip	
	Requip XL	
	rasagiline	

Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Movement Disorders		
Austedo ^{PA}	Xenazine	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> • OOO. Movement Disorder Agents Prior Authorization Form Electronic Prior Authorization (ePA)
Austedo XR ^{PA}		
Austedo XR titration pack ^{PA}		
Ingrezza cap ^{PA}		
Ingrezza sprinkle cap ^{PA}		
tetrabenazine		

Ophthalmic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Antiglaucoma Agents		
Alphagan P	Betagan	Prior Authorization Form Electronic Prior Authorization (ePA)
Azopt	Betoptic	
betaxolol	bimatoprost	
Betoptic S	brimonidine	
carteolol	brimonidine/timolol	
Combigan	brinzolamide	
dorzolamide	Cosopt	
dorzolamide/timolol	Cosopt PF	
latanoprost	dorzolamide/timolol PF	
levobunolol	lyuzeh	

Ophthalmic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Lumigan	Ocupress	
Rhopressa	Phospholine Iodide	
Rocklatan	tafluprost (generic for Zioptan)	
Simbrinza	Timoptic	
timolol drops (generic for Timoptic)	Timoptic-XE	
timolol gel soln (generic for Timoptic-XE)	travoprost	
Travatan Z	Trusopt	
	Vyzulta	
	Xalatan	
	Xelpros	
	Zioptan	
Ophthalmic Antihistamines		
azelastine	Alaway OTC	Prior Authorization Form
Bepreve	Alocril	Electronic Prior Authorization (ePA)
ketotifen (generic for Alaway, Zaditor)	Alomide	
Lastacaft	bepotastine	
olopatadine (generic for Pataday)	Elestat	
Zaditor OTC	Optivar	
	Pataday	
	Zerviate	

Ophthalmic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Ophthalmic Anti-infectives		
Ophthalmic Macrolides		
erythromycin oint	Azasite	Prior Authorization Form Electronic Prior Authorization (ePA)
Ophthalmic Quinolones		
Besivance	Ciloxan	Prior Authorization Form Electronic Prior Authorization (ePA)
ciprofloxacin	gatifloxacin	
moxifloxacin (generic for Vigamox)	moxifloxacin (generic for Moxeza)	
ofloxacin	Ocuflox	
Zymaxid	Vigamox	
Ophthalmic Anti-infective/Anti-inflammatory Combinations		
neomycin/polymyxin/dexamethasone oint	Blephamide	Prior Authorization Form Electronic Prior Authorization (ePA)
neomycin/polymyxin/dexamethasone susp	Maxitrol	
Pred-G	neomycin/bacitracin/polymyxin/hydrocortisone oint	
sulfacetamide/prednisolone soln	neomycin/polymyxin/hydrocortisone susp	
TobraDex	TobraDex ST	
tobramycin/dexamethasone susp (generic for TobraDex)	Zylet	

Ophthalmic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Ophthalmic Anti-inflammatory Agents		
Ophthalmic Corticosteroids		
Alrex	dexamethasone	Prior Authorization Form
difluprednate (generic for Durezol)	Durezol	Electronic Prior Authorization (ePA)
Flarex	fluorometholone	
FML	Inveltys	
FML Forte	Lotemax	
Maxidex	loteprednol	
Pred Forte	Pred Mild	
prednisolone		
Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)		
diclofenac soln	Acular	Prior Authorization Form
flurbiprofen soln	Acular LS	Electronic Prior Authorization (ePA)
Ilevro	Acuvail	
ketorolac soln	bromfenac	
Nevanac	Prolensa	
Ophthalmic for Dry Eye Disease		
artificial tears	Cequa	Prior Authorization Form
Restasis	Eysuvis	Electronic Prior Authorization (ePA)
Xiidra	Restasis Multidose	
	Tyrvaya	

Otic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Otic Anti-infectives		
Otic Quinolones		
Ciprodex	Cetralax	Prior Authorization Form
ciprofloxacin/dexamethasone (generic for Ciprodex)	ciprofloxacin soln (0.2%)	Electronic Prior Authorization (ePA)
Cipro HC	Otiprio	
ofloxacin	Otovel	

Psychotropic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
ADHD Agents		
Adderall XR ^{QL PA}	Adderall ^{CC}	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> C. Agents Used for the Treatment of Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD) Prior Authorization Form Electronic Prior Authorization (ePA)
amphetamine salts combo IR (generic for Adderall) ^{PA}	Adhansia XR ^{CC}	
	Adzenys XR ODT ^{CC}	
amphetamine salt combo ER (generic for Adderall XR) ^{QL PA}	amphetamine ER ODT (generic for Adzenys XR ODT) ^{CC}	
	Aptensio XR ^{QL CC}	
atomoxetine ^{QL PA}	Azstarys ^{CC}	
clonidine ER ^{QL PA}	Cotempla XR-ODT ^{CC}	
Concerta ^{QL PA}	Desoxyn ^{CC}	Quantity Limits
Daytrana ^{QL PA}	Dexedrine ^{QL CC}	

Psychotropic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
dexamethylphenidate ^{PA}	dextroamphetamine soln (generic for ProCentra) ^{CC}	
dexamethylphenidate ER ^{QL PA}	Dyanavel XR ^{QL CC}	
dextroamphetamine (generic for Dexedrine, Dextrostat) ^{PA}	Evekeo ^{CC}	
	Evekeo ODT ^{CC}	
dextroamphetamine SR (generic for Dexedrine Spansule) ^{QL PA}	Focalin ^{CC}	
	Focalin XR ^{QL CC}	
guanfacine ER ^{QL PA}	Intuniv ^{QL CC}	
Jornay PM ^{PA}	lisdexamfetamine (generic for Vyvanse) ^{QL CC}	
Metadate CD ^{QL PA}	Metadate ER ^{QL CC}	
Methylin soln ^{PA}	methamphetamine ^{CC}	
methylphenidate (generic for Ritalin, Methylin) ^{QL PA}	methylphenidate chew ^{QL CC}	
methylphenidate CD (generic for Metadate CD) ^{QL PA}	methylphenidate ER (generic for Relexxii) ^{QL CC}	
methylphenidate ER (generic for Concerta, Aptensio XR) ^{QL PA}	methylphenidate patch (generic for Daytrana) ^{QL CC}	
	Mydayis ^{CC}	
methylphenidate LA (generic for Ritalin LA) ^{QL PA}	ProCentra ^{CC}	
methylphenidate solution ^{QL PA}	QuilliChew ER ^{QL CC}	
Qelbree ^{QL PA}	Quillivant XR ^{QL CC}	
Ritalin LA ^{QL PA}	Relexxii ^{QL CC}	
Vyvanse ^{QL PA}	Ritalin ^{QL CC}	
	Strattera ^{QL CC}	

Psychotropic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Xelstrym ^{CC}	
	Zenzedi ^{CC}	
Antidepressants		
Other		
bupropion IR	Aplenzin	PA required for members under 18 years of age (all agents in this class).
bupropion SR	Auvelity	
bupropion XL	bupropion XL (generic for Forfivo XL)	MSM 1200 - Appendix A sections: <ul style="list-style-type: none"> • QQ. Spravato™ (esketamine) • N. Psychotropic Medications for Children and Adolescents Prior Authorization Form Electronic Prior Authorization (ePA)
desvenlafaxine succinate ER (generic for Pristiq)	Cymbalta	
duloxetine	desvenlafaxine ER	
mirtazapine	Effexor XR	
mirtazapine ODT	Fetzima	
Spravato ^{PA}	Forfivo XL	
trazodone	Pristiq	
venlafaxine	Trintellix	
venlafaxine hydrochloride ER	Viibryd	
vilazodone	venlafaxine besylate ER	
Zurzuva	Wellbutrin SR	Quantity Limits
	Wellbutrin XL	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
citalopram	Celexa	PA required for members under 18 years of age (all agents in this class).
escitalopram	fluvoxamine	

Psychotropic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
fluoxetine	Lexapro	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> N. Psychotropic Medications for Children and Adolescents Prior Authorization Form Electronic Prior Authorization (ePA)
paroxetine IR	Luvox	
Pexeva	paroxetine ER	
sertraline	Paxil	
	Prozac	
	Zoloft	
Antipsychotics		
Atypical Antipsychotics – Oral/Topical		
aripiprazole	Abilify	PA required for members under 18 years of age (all agents in this class).
asenapine	Abilify MyCite	
clozapine	Caplyta	* No PA required in adults if Parkinson’s related psychosis ICD code on claim
clozapine ODT	Clozaril	
Cobenfy	Fanapt	Trial of only one agent is required before moving to a non-preferred agent.
lurasidone (generic for Latuda)	Geodon	
Nuplazid ^{PA} *	Invega	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> N. Psychotropic Medications for Children and Adolescents Prior Authorization Form Electronic Prior Authorization (ePA)
olanzapine	Latuda	
olanzapine ODT	Lybalvi	
paliperidone ER (generic for Invega)	Risperdal	
quetiapine IR	Risperdal M-Tab	
quetiapine ER	Saphris	
Rexulti	Secuado	

Psychotropic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
risperidone	Seroquel	
risperidone ODT	Seroquel XR	
Vraylar	Zyprexa	
ziprasidone	Zyprexa Zydis	
Atypical Antipsychotics – Long Acting Injectable		
Abilify Asimtufii (aripiprazole) ^{PA}	Rykindo (risperidone) ^{CC}	PA required for members under 18 years of age (all agents in this class).
Abilify Maintena (aripiprazole) ^{PA}		
Aristada (aripiprazole lauroxil) ^{PA}		Treatment-naïve patients must demonstrate tolerability per FDA-label prior to initiating the long-acting injectable.
Aristada Initio (aripiprazole lauroxil) ^{PA}		
Invega Hafyera (paliperidone palmitate) ^{PA}		
Invega Sustenna (paliperidone palmitate) ^{PA}		
Invega Trinza (paliperidone palmitate) ^{PA}		
Perseris (risperidone) ^{PA}		
Risperdal Consta (risperidone) ^{PA}		
Uzedy (risperidone) ^{PA}		
Zyprexa Relprevv (olanzapine pamoate) ^{PA}	<p>MSM 1200 - Appendix A sections:</p> <ul style="list-style-type: none"> • FFF. Long-Acting Injectable (LAI) Antipsychotics • N. Psychotropic Medications for Children and Adolescents <p>Prior Authorization Form</p> <p>Electronic Prior Authorization (ePA)</p>	
Anxiolytics, Sedatives, and Hypnotics		
estazolam ^{QL PA *}	Ambien ^{QL CC}	<p>* No PA required in adults if approved diagnosis code transmitted on claim.</p> <p>* PA required for members under 18 years of age (all agents in this class)</p>
eszopiclone ^{QL PA *}	Ambien CR ^{QL CC}	
ramelteon ^{QL PA *}	Belsomra ^{QL CC}	
temazepam (7.5 mg, 15 mg, 30 mg) ^{QL PA *}	Doral ^{QL CC}	

Psychotropic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria	
triazolam ^{QL PA *}	Edluar ^{QL CC}	MSM 1200 - Appendix A sections: <ul style="list-style-type: none"> V. Anti-Insomnia Agents (Sedative Hypnotics) III. Hetlioz (tasimelteon) N. Psychotropic Medications for Children and Adolescents Prior Authorization Form Electronic Prior Authorization (ePA)	
zaleplon ^{QL PA *}	flurazepam ^{QL CC}		
zolpidem CR ^{QL PA *}	Hetlioz ^{QL CC}		
zolpidem IR ^{QL PA *}	Hetlioz LQ ^{CC}		
	Lunesta ^{QL CC}		
	Rozerem ^{QL CC}		
	Silenor ^{QL CC}		Quantity Limits
	tasimelteon ^{QL CC}		
	temazepam (22.5 mg) ^{QL CC}		
	zolpidem cap ^{QL CC}		
	zolpidem SL ^{QL CC}		
Psychostimulants			
Narcolepsy Agents			
armodafinil ^{QL PA *}	modafinil ^{QL CC}	* No PA required for ICD-10 code G47.4	
Provigil ^{QL PA *}	Nuvigil ^{QL CC}	MSM 1200 - Appendix A section: <ul style="list-style-type: none"> AAA. Narcolepsy Agents Prior Authorization Form Electronic Prior Authorization (ePA)	
Wakix ^{PA}	sodium oxybate solution ^{QL CC}		
	Sunosi ^{CC}		
	Xyrem ^{QL CC}	Quantity Limits	
	Xywav ^{CC}		

Respiratory Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Nasal Antihistamines		
azelastine	Patanase	Prior Authorization Form
Dymista		Electronic Prior Authorization (ePA)
olopatadine		
Respiratory Anti-inflammatory Agents		
Leukotriene Receptor Antagonists		
montelukast	Accolate	Prior Authorization Form
zafirlukast	Singulair	Electronic Prior Authorization (ePA)
	zileuton ER	
	Zyflo	
Nasal Corticosteroids		
fluticasone (generic for Flonase)	Beconase AQ	Prior Authorization Form
triamcinolone acetonide ^{QL}	Flonase	Electronic Prior Authorization (ePA)
	flunisolide	Quantity Limits
	Nasonex	
	Omnaris	
	Qnasl	
	Xhance	
	Zetonna	
Phosphodiesterase Type 4 Inhibitors or Combination		
roflumilast ^{QL PA}	Daliresp ^{QL CC}	MSM 1200 - Appendix A section:

Respiratory Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Ohtuvayre ^{QL CC}	<ul style="list-style-type: none"> II. Daliresp (roflumilast) and Ohtuvayre™ (ensifentrine) Prior Authorization Form Electronic Prior Authorization (ePA) Quantity Limits
Long-Acting Maintenance Therapy		
Inhaled Glucocorticoids		
Arnuity Ellipta	Alvesco	Prior Authorization Form Electronic Prior Authorization (ePA)
budesonide nebs (generic for Pulmicort)	ArmonAir Digihaler	
fluticasone propionate HFA (generic for Flovent HFA) ^{QL}	Asmanex HFA	Quantity Limits
	QVAR RediHaler	
fluticasone propionate Diskus (generic for Flovent Diskus) ^{QL}		
Flovent Diskus ^{QL}		
Flovent HFA ^{QL}		
Pulmicort Flexhaler		
Glucocorticoids/Long-Acting Beta-2 Adrenergic (LABA) Combination Products		
Advair Diskus	AirDuo Digihaler	Prior Authorization Form Electronic Prior Authorization (ePA)
Advair HFA	AirDuo RespiClick	
Breo Ellipta	budesonide/formoterol (generic for Symbicort)	
Dulera	fluticasone propionate/salmeterol pow (generic for AirDuo, Advair Diskus)	
Symbicort		

Respiratory Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	vilanterol/fluticasone (generic for Breo Ellipta) Wixela Inhub	
Long-Acting Beta Adrenergics (LABAs)		
Serevent Diskus ^{QL}	Brovana	Prior Authorization Form
Striverdi Respimat	Perforomist	Electronic Prior Authorization (ePA)
		Quantity Limits
Anticholinergics and Combination Products		
Anoro Ellipta	Bevespi Aerosphere	Prior Authorization Form
Incruse Ellipta	Breztri Aerosphere	Electronic Prior Authorization (ePA)
Spiriva	Duaklir Pressair	
Spiriva Respimat	Lonhala Magnair	
Stiolto Respimat	Trelegy Ellipta	
Tudorza Pressair	Yupelri	
Short-Acting/Rescue Therapy		
Short-Acting Beta Adrenergics (SABAs)		
albuterol sulfate (generic for Proventil, Ventolin) ^{QL*}	Airsupra HFA ^{QL}	*PA is required for any prescription exceeding quantity limits.
albuterol soln (generic for AccuNeb) ^{QL*}	albuterol HFA (generic for ProAir HFA, Proventil HFA, Ventolin HFA) ^{QL*}	MSM 1200 – Appendix A section: • U. Short-Acting Bronchodilators Prior Authorization Form Electronic Prior Authorization (ePA)
levalbuterol ^{QL PA}		
Levalbuterol HFA ^{QL PA}	levalbuterol concentrated soln ^{QL CC}	
Proventil HFA ^{QL*}	ProAir Digihaler ^{QL*}	
Ventolin HFA ^{QL*}	ProAir RespiClick ^{QL*}	

Respiratory Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Xopenex HFA ^{QL CC}	Quantity Limits
Ipratropium and Combinations		
Atrovent HFA		Prior Authorization Form
Combivent Respimat		Electronic Prior Authorization (ePA)
ipratropium nebs		Quantity Limits
ipratropium/albuterol nebs ^{QL}		

Toxicology Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Antidotes		
Opiate Antagonists		
Kloxxado	Zimhi	Prior Authorization Form
naloxone		Electronic Prior Authorization (ePA)
Narcan		
Substance Abuse Agents		
Brixadi	buprenorphine/naloxone film ^{QL*}	* PA required for doses over 24 mg
buprenorphine SL tab ^{QL*}	Lucemyra ^{CC}	MSM 1200 – Appendix A section: • BB. Substance Abuse Agents Prior Authorization Form Electronic Prior Authorization (ePA)
buprenorphine/naloxone SL tab ^{QL*}	Zubsolv ^{QL*}	
naltrexone tab		
Sublocade		
Suboxone ^{QL*}		

Vivitrol ^{PA}		
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Appendix A

Sickle Cell Disease

Pursuant to NRS 422.4025, drugs essential for treating sickle cell disease and its variants are covered and preferred without PDL restrictions, including but not limited to the following:

Droxia

Siklos

Endari

HIV Prevention

Pursuant to NRS 422.4025, prescription drugs to prevent the acquisition of human immunodeficiency virus (HIV) are covered and preferred without PDL restrictions, including but not limited to the following:

emtricitabine 200 mg/tenofovir 300 mg (generic for Truvada)^{QL}

[Quantity Limits](#)

Descovy^{QL}

Prenatal and Pediatric Vitamins Preferred Product List

All eligible Prenatal and Pediatric Vitamin products will be covered at Preferred status.