

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

Effective: August 1, 2026

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	LA = long-acting	SA = sustained action
CC = clinical criteria	LS = liquid suspension	SL = sublingual
CD = controlled diffusion	mg = milligram	soln = solution
CR = controlled release	mL = milliliters	SR = sustained release
CS = care system	MME = morphine milligram equivalents	supp = suppository
DPI = dry powder inhaler	nebs = nebulizer	susp = suspension
DR = delayed release	ODT = oral disintegrating tablet	tab = tablet
ER = extended release	oint = ointment	XL = extended release
HD = high dose	OTC = over the counter	XR = extended release
ICD = international classification of diseases	PA = prior authorization	XT = extended release
inj = injection	pow = powder	
IR = immediate release	QL = quantity limit	

Table of Contents

Analgesics	10
Miscellaneous Analgesics	10
<i>Neuropathic Pain/Fibromyalgia Agents</i>	10
<i>Mixed Acting Opioid Analgesics</i>	10
Opiate Agonists	11
Opiate Agonists – Abuse Deterrents	11
Non-Opioid Analgesics	12
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) – Oral	12
Antihistamines	13
H1 Blockers – Non-Sedating	13
Anti-Infective Agents	14
Aminoglycosides	14
<i>Inhaled Aminoglycosides</i>	14
Antivirals	14
Alpha Interferons	14
<i>Anti-hepatitis Agents – Polymerase Inhibitors/Combination Products</i>	14
<i>Anti-hepatitis Agents – Ribavirin</i>	15
<i>Anti-herpetic Agents</i>	15
COVID-19	15
<i>Influenza Agents</i>	15
Cephalosporins	15
<i>Second-Generation Cephalosporins</i>	15
<i>Third-Generation Cephalosporins</i>	16
Macrolides	16
Quinolones	16
<i>Quinolones – Second-Generation</i>	16
<i>Quinolones – Third-Generation</i>	17
Topical Anti-Infectives, Vaginal	17
Autonomic Agents	17
Sympathomimetics	17
<i>Self-Administered Epinephrine</i>	17

Biologic Response Modifiers.....	18
Immunomodulators	18
<i>Immunomodulators: Atopic Dermatitis</i>	18
<i>Targeted Immunomodulator</i>	18
<i>Colony Stimulating Factors</i>	20
<i>Immune Globulins</i>	21
Multiple Sclerosis Agents	22
<i>Injectable</i>	22
<i>Oral</i>	23
<i>Specific Symptomatic Treatment</i>	23
Cardiovascular Agents.....	23
Antihypertensive Agents	23
<i>Angiotensin II Receptor Antagonists</i>	23
<i>Angiotensin-Converting Enzyme Inhibitors (ACE Inhibitors)</i>	24
<i>Beta-Blockers</i>	25
<i>Calcium-Channel Blockers</i>	26
<i>Vasodilators – Inhaled</i>	26
<i>Vasodilators – Oral</i>	27
Antilipemics	28
<i>Bile Acid Sequestrants</i>	28
<i>Cholesterol Absorption Inhibitors</i>	28
<i>Fibric Acid Derivatives</i>	28
<i>HMG-CoA Reductase Inhibitors (Statins)</i>	29
<i>Niacin Agents</i>	29
<i>Omega-3 Fatty Acids</i>	29
<i>PCSK9 Inhibitors</i>	30
Hereditary Angioedema (HAE)	30
<i>Prevention</i>	30
<i>Treatment</i>	30
Miscellaneous Heart Failure Agents	30
Dermatological Agents.....	31
Antipsoriatic Agents	31
Topical Analgesics	32
Topical Anti-infectives	32

Acne Agents: Topical, Benzoyl Peroxide, Antibiotics, and Combination Products.....	32
Impetigo Agents: Topical	33
Topical Antivirals	33
Topical Scabicides	33
Topical Antineoplastics	33
Topical Retinoids.....	33
Topical Steroids	34
Steroids, Topical Low	34
Steroids, Topical Medium	34
Steroids, Topical High	35
Steroids, Topical Very High	36
Duchenne Muscular Dystrophy (DMD).....	36
DMD Corticosteroids	36
Electrolytic and Renal Agents	37
Phosphate Binding Agents	37
Potassium-Removing Agents	37
Gastrointestinal Agents.....	38
Antiemetics	38
Pregnancy-induced Nausea and Vomiting Treatment.....	38
Neurokinin-1 Antagonists	38
Serotonin-receptor Antagonists/Combo.....	38
Antiulcer Agents.....	39
H2 Blockers.....	39
Proton Pump Inhibitors (PPIs)	39
Functional Gastrointestinal Disorder Drugs: Constipation-Related	40
Functional Gastrointestinal Disorder Drugs: Diarrhea-Predominant	40
Gastrointestinal Anti-inflammatory Agents.....	40
Gastrointestinal Enzymes.....	41
Genitourinary Agents	41
Benign Prostatic Hyperplasia (BPH) Agents.....	41
5-Alpha Reductase Inhibitors.....	41
Alpha-Blockers	41
Bladder Antispasmodics.....	42

Hematological Agents	42
Anticoagulants	42
<i>Oral</i>	42
<i>Injectable</i>	43
Erythropoiesis-Stimulating Agents	43
Platelet Inhibitors	43
Hormones and Hormone Modifiers	44
Androgens	44
Antidiabetic Agents	44
<i>Alpha-Glucosidase Inhibitors/Amylin Analogs/Miscellaneous</i>	44
<i>Biguanides</i>	45
<i>Dipeptidyl Peptidase-4 Inhibitors and Combinations with Metformin</i>	45
<i>Incretin Mimetics and Combinations</i>	46
<i>Meglitinides</i>	46
<i>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors and Combinations</i>	46
<i>Sulfonylureas</i>	47
<i>Thiazolidinediones and Combinations</i>	47
Anti-Hypoglycemic Agents	47
Insulins	48
<i>Rapid-Acting Insulins</i>	48
<i>Short-Intermediate Acting Insulins</i>	48
<i>Long-Acting Insulins</i>	49
<i>Pre-Mixed Insulin Combinations</i>	49
Pituitary Hormones	50
<i>Growth Hormone Modifiers</i>	50
Progestins for Cachexia	50
Uterine Disorder Treatment	50
Monoclonal Antibodies for the Treatment of Respiratory Conditions	51
Musculoskeletal Agents	51
Antigout Agents	51
Bone Resorption Inhibitors	52
<i>Bisphosphonates</i>	52
<i>Nasal Calcitonins</i>	52

<i>Prolia and Biosimilars</i>	52
<i>Xgeva and Biosimilars</i>	52
Restless Leg Syndrome Agents	53
Skeletal Muscle Relaxants	53
Neurological Agents	54
Alzheimer's Agents	54
<i>Cholinesterase Inhibitors</i>	54
<i>NMDA Receptor Antagonist</i>	54
Anticonvulsants.....	54
<i>Barbiturates</i>	56
Anticonvulsants	57
<i>Benzodiazepines</i>	57
<i>Hydantoins</i>	57
Anti-Migraine Agents.....	58
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>	58
<i>Serotonin-Receptor Agonists (Tryptans)</i>	58
Antiparkinsonian Agents	59
<i>Dopamine Precursors</i>	59
<i>Miscellaneous</i>	60
<i>Non-Ergot Dopamine Agonists</i>	61
Movement Disorders	61
Ophthalmic Agents	61
Antiglaucoma Agents	61
Ophthalmic Antihistamines.....	62
Ophthalmic Anti-infectives	63
<i>Ophthalmic Macrolides</i>	63
<i>Ophthalmic Quinolones</i>	63
Ophthalmic Anti-infective/Anti-inflammatory Combinations.....	63
Ophthalmic Anti-inflammatory Agents	64
<i>Ophthalmic Corticosteroids</i>	64
<i>Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)</i>	64
Ophthalmic for Dry Eye Disease	65
Otic Agents.....	65

Otic Anti-infectives	65
<i>Otic Quinolones</i>	65
Psychotropic Agents	66
ADHD Agents.....	66
Antidepressants	67
<i>Other</i>	67
<i>Selective Serotonin Reuptake Inhibitors (SSRIs)</i>	68
Antipsychotics	69
<i>Atypical Antipsychotics – Oral/Topical</i>	69
<i>Atypical Antipsychotics – Long Acting Injectable</i>	70
Anxiolytics, Sedatives, and Hypnotics	70
Psychostimulants	71
<i>Narcolepsy Agents</i>	71
Respiratory Agents.....	72
Nasal Antihistamines.....	72
Respiratory Anti-inflammatory Agents	72
<i>Leukotriene Receptor Antagonists</i>	72
Nasal Corticosteroids	72
Phosphodiesterase Type 4 Inhibitors or Combination	73
Long-Acting Maintenance Therapy.....	73
<i>Inhaled Glucocorticoids</i>	73
<i>Glucocorticoids/Long-Acting Beta-2 Adrenergic (LABA) Combination Products</i>	73
<i>Long-Acting Beta Adrenergics (LABAs)</i>	74
<i>Anticholinergics and Combination Products</i>	74
Short-Acting/Rescue Therapy	74
<i>Short-Acting Beta Adrenergics (SABAs)</i>	74
<i>Ipratropium and Combinations</i>	75
Toxicology Agents.....	75
Antidotes.....	75
<i>Opiate Antagonists</i>	75
Substance Abuse Agents	75
Appendix A.....	77
Sickle Cell Disease	77

HIV Prevention	77
Prenatal and Pediatric Vitamins	77

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)
gabapentin	Gralise	** No PA required if ICD-10: M79.1; M60.0–M60.9, M61.1 (fibromyalgia)
lidocaine 5% patch (generic for Lidoderm) ^{QL PA *}	Horizant	
Lyrica IR	Lyrica CR	MSM 1200 - Appendix A sections:
Neurontin	pregabalin IR	O. Lidoderm 5% Patches
Savella ^{PA **}	pregabalin CR	AA. Savella (milnacipran)
	Qutenza ^{QL CC}	NNN. Qutenza (capsaicin)
		Prior Authorization Form
		Electronic Prior Authorization (ePA)
		Quantity Limits
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:
	tramadol soln	- 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

Analgesics

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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: • 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) Quantity Limits
	Methadose	
	MS Contin ^{QL}	
	oxycodone SR ^{QL}	
	oxymorphone SR ^{QL}	
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: • 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

Analgesics

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Non-Opioid Analgesics		
Journavx tab ^{QL}		Quantity Limits
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) – Oral		
celecoxib cap ^{QL}	Arthrotec	MSM 1200 - Appendix A sections: R. Toradol (ketorolac tromethamine) tablets - BBB. Vimovo (naproxen/esomeprazole magnesium), Duexis (ibuprofen/famotidine) Prior Authorization Form Electronic Prior Authorization (ePA)
diclofenac sodium DR/ER tab	Cambia powder	
ibuprofen susp	Celebrex ^{QL}	
ibuprofen	diclofenac potassium	
ibuprofen chew tab	diclofenac w/ misoprostol tab	
ibuprofen/APAP ^{QL}	Duexis tab ^{QL CC}	Quantity Limits
indomethacin IR cap	etodolac IR cap	
ketorolac tab ^{QL PA}	etodolac IR tab	
meloxicam tab	etodolac ER tab	
nabumetone tab	ibuprofen w/ famotidine tab ^{QL CC}	
naproxen tab	indomethacin ER cap	
naproxen DR tab	indomethacin oral susp	
piroxicam cap	indomethacin rectal supp	
sulindac tab	ketoprofen cap	
	mefenamic cap	
	meloxicam susp	
	Naprelan CR tab	
	naproxen CR tab	

Analgesics

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	naproxen ER tab	
	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	

Antihistamines

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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
		Electronic Prior Authorization (ePA)
Anti-hepatitis Agents – Polymerase Inhibitors/Combination Products		
Mavyret ^{PA}	Epclusa ^{CC}	MSM 1200 - Appendix A section: HH. Anti-Hepatitis Agents
sofosbuvir/velpatasvir (generic for Epclusa) ^{PA}	Harvoni ^{QL CC}	
	ledipasvir/sofosbuvir ^{QL}	Prior Authorization Form
	Sovaldi ^{QL CC}	Electronic Prior Authorization (ePA)
	Viekira Pak ^{QL CC}	Quantity Limits

Anti-Infective Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Vosevi ^{CC}	
	Zepatier ^{CC}	
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		
oseltamivir cap	Rapivab	Prior Authorization Form
oseltamivir susp	Tamiflu	Electronic Prior Authorization (ePA)
rimantadine	Xofluza	
Relenza		
Cephalosporins		
Second-Generation Cephalosporins		
cefaclor cap	Ceclor	Prior Authorization Form
cefuroxime tab	Ceclor CD	Electronic Prior Authorization (ePA)

Anti-Infective Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
cefprozil susp	cefaclor susp	
cefprozil tab	cefaclor ER tab	
	Ceftin	
	Cefzil	
Third-Generation Cephalosporins		
cefdinir cap ^{PA}	cefixime cap ^{CC}	MSM 1200 - Appendix A section: 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:

Anti-Infective Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Cipro susp ^{PA}		• YYY. Antibiotics Prior Authorization Form Electronic Prior Authorization (ePA)
Quinolones – Third-Generation		
levofloxacin ^{PA}	Avelox ^{CC}	MSM 1200 - Appendix A section: • 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	
Nuversa	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: 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: M. Topical Immunomodulators L. Immunomodulator Drugs P. Respirator and Allergy Biologics Prior Authorization Form Electronic Prior Authorization (ePA) Quantity Limits
Dupixent ^{PA}	Opzelura topical ^{CC}	
Ebglyss ^{PA}	Vtama	
Eucrisa topical ^{PA}	Zoryve cream	
Nemluvio ^{PA}		
pimecrolimus topical ^{QL PA}		
tacrolimus topical (generic for Protopic) ^{QL PA}		
Targeted Immunomodulator		
Actemra ^{PA}	adalimumab-aacf ^{CC}	MSM 1200 - Appendix A section: L. Immunomodulator Drugs Prior Authorization Form Electronic Prior Authorization (ePA) Quantity Limits
adalimumab-adaz ^{PA}	adalimumab-aaty ^{CC}	
Avsola ^{PA}	adalimumab-adbm ^{CC}	
Cimzia ^{PA}	adalimumab-fkjp ^{CC}	
Enbrel ^{PA}	adalimumab-ryvk ^{CC}	
Hadlima ^{PA}	Abrilada ^{CC}	
Humira ^{QL PA}	Amjevita ^{CC}	
Inflectra ^{PA}	Arcalyst ^{CC}	
infliximab ^{PA}	Avtozma ^{CC}	
Kineret ^{PA}	Bimzelx ^{CC}	

Biologic Response Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Olumiant ^{QL PA}	Cosentyx ^{CC}	
Orencia ^{QL PA}	Cyltezo ^{CC}	
Otezla IR tab ^{QL PA}	Enspryng ^{CC}	
Renflexis ^{PA}	Entyvio ^{CC}	
Rinvoq ^{QL PA}	Hulio ^{CC}	
Selarsdi ^{PA}	Hyrimoz ^{CC}	
Simponi ^{PA}	Idacio ^{CC}	
Starjemza ^{PA}	Ilaris ^{CC}	
Taltz ^{PA}	Ilumya ^{CC}	
Xeljanz IR ^{QL PA}	Imuldosa ^{CC}	
	Kevzara ^{CC}	
	Omvoh ^{CC}	
	Otezla XR ^{QL CC}	
	Otezla XR initiation pack ^{QL CC}	
	Otufi ^{CC}	
	Pyzchiva ^{CC}	
	Remicade ^{CC}	
	Simlandi ^{CC}	
	Sotyktu ^{CC}	
	Spevigo ^{QL CC}	
	Skyrizi ^{CC}	
	Stelara ^{QL CC}	

Biologic Response Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Steqeyma ^{CC}	
	Tofidence ^{CC}	
	Tremfya ^{CC}	
	Tyenne ^{CC}	
	Uplizna ^{QL CC}	
	ustekinumab ^{QL CC}	
	ustekinumab-aaaz ^{CC}	
	ustekinumab-aekn ^{CC}	
	ustekinumab-ttwe ^{CC}	
	Velsipity ^{CC}	
	Yesintek ^{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: 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}	

Biologic Response Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Neulasta ^{QL CC}	Quantity Limits
	Nivestym syringe ^{QL CC}	
	Nivestym vial ^{QL CC}	
	Releuko syringe ^{QL CC}	
	Releuko vial ^{QL CC}	
	Udenyca ^{CC}	
	Zarxio ^{QL CC}	
	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	

Biologic Response Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Hyperhep B S-D	
	Hyperrab	
	Hyqvia	
	Kedrab	
	Octagam	
	Panzyga	
	Varizig	
	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}	Copaxone (40 mg/mL) ^{QL CC}	
Betaseron ^{PA}	glatiramer (20 mg/mL) ^{QL CC}	MSM 1200 - Appendix A section: • CC. Multiple Sclerosis (MS) Agents Prior Authorization Form Electronic Prior Authorization (ePA)
Copaxone (20 mg/mL) ^{QL PA}	Glatopa ^{CC}	
glatiramer (40 mg/mL) ^{QL PA}	Kesimpta ^{CC}	
Tysabri ^{PA}	Lemtrada ^{CC}	
	Ocrevus ^{CC}	
	Ocrevus Zunovo ^{CC}	Quantity Limits
	Plegridy ^{CC}	
	Rebif ^{QL CC}	
	Tyruko ^{CC}	

Biologic Response Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Oral		
teriflunomide (generic for Aubagio) ^{PA}	Aubagio ^{CC}	MSM 1200 - Appendix A section: 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}	
	Zeposia ^{CC}	
Specific Symptomatic Treatment		
dalfampridine ^{QL PA}	Ampyra ^{QL CC}	MSM 1200 - Appendix A section: 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		

Cardiovascular Agents

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

Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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 to 1 year of age for treatment of proliferating infantile hemangioma. Prior Authorization Form Electronic Prior Authorization (ePA)
atenolol	carvedilol ER (generic for Coreg CR)	
atenolol/chlorthalidone	Corgard	
bisoprolol	Inderal LA	
bisoprolol/HCTZ	Inderal XL	
carvedilol IR	Innopran XL	
Hemangeol*	Kapsargo	
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		

Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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	
diltiazem IR	Norvasc	
felodipine ER	Nymalize soln	
nicardipine		
nifedipine ER		
Taztia XT		
verapamil IR		
verapamil ER		
Vasodilators – Inhaled		
Yutrepia ^{PA*}	Tyvaso ^{CC}	* No PA required if ICD-10:
	Tyvaso DPI ^{CC}	

Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
		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) MSM 1200 - Appendix A section: - AAAA. Pulmonary Arterial Hypertension Agents Prior Authorization Form Electronic Prior Authorization (ePA)
Vasodilators – Oral		
bosentan tab ^{PA*}	Adcirca ^{CC}	* No PA required if ICD-10: 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) MSM 1200 - Appendix A section:
Orenitram ER ^{PA*}	Adempas ^{CC}	
sildenafil tab ^{PA*}	Alyq ^{CC}	
sildenafil susp ^{PA*}	ambrisentan ^{CC}	
tadalafil ^{PA*}	bosentan tab for susp ^{CC}	
	Letairis ^{CC}	
	Opsumit ^{CC}	
	Opsynvi ^{CC}	
	Revatio tab ^{CC}	MSM 1200 - Appendix A section:

Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Revatio susp ^{CC}	AAAA. Pulmonary Arterial Hypertension Agents Prior Authorization Form Electronic Prior Authorization (ePA)
	Tadliq susp ^{CC}	
	Tracleer susp ^{CC}	
	Tracleer tab ^{CC}	
	Uptravi ^{CC}	
Antilipemics		
Bile Acid Sequestrants		
cholestyramine	Questran	Prior Authorization Form
colesevelam	Welchol	Electronic Prior Authorization (ePA)
colestipol		
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	

Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	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	
	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		

Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
omega-3-acid	Lovaza	Prior Authorization Form
Vascepa	icosapent	Electronic Prior Authorization (ePA)
PCSK9 Inhibitors		
Praluent ^{QL PA}		MSM 1200 - Appendix A section: EEE. Anti-lipidemic Agents – PCSK9 Inhibitors Prior Authorization Form Electronic Prior Authorization (ePA) Quantity Limits
Repatha ^{QL PA}		
Hereditary Angioedema (HAE)		
Prevention		
Haegarda ^{PA}	Andembry ^{CC}	MSM 1200 - Appendix A section: JJ. Hereditary Angioedema Agents Prior Authorization Form Electronic Prior Authorization (ePA)
Takhzyro syringe ^{PA}	Cinryze ^{CC}	
	Dawnzera ^{CC}	
	Orladeyo ^{CC}	
Treatment		
Berinert ^{PA}	Ekterly ^{CC}	MSM 1200 - Appendix A section: JJ. Hereditary Angioedema Agents Prior Authorization Form Electronic Prior Authorization (ePA)
icatibant ^{PA}	Firazyr ^{CC}	
	Kalbitor ^{CC}	
	Ruconest ^{CC}	
Miscellaneous Heart Failure Agents		
ivabradine ^{QL PA}	Corlanor soln ^{QL CC}	

Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
sacubitril/valsartan ^{QL PA}	Corlanor tab ^{QL CC}	* Requires documentation of a clinical reason why the recipient cannot safely take tablets (e.g., difficulty swallowing)
	Entresto tab ^{QL CC}	
	Entresto sprinkle cap ^{QL CC *}	MSM 1200 - Appendix A sections: • JJJ. Entresto (sacubitril/valsartan) • DDD. Corlanor (ivabradine) Prior Authorization Form Electronic Prior Authorization (ePA)
	Verquvo	
		Quantity Limits

Dermatological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Antipsoriatic Agents		
calcipotriene cream (generic for Dovonex) ^{QL}	calcipotriene/betamethasone oint	Prior Authorization Form Electronic Prior Authorization (ePA)
calcipotriene foam (generic for Sorilux)	calcipotriene/betamethasone susp	
calcipotriene oint	Duobrii lotion	Quantity Limits
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: 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: 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		
Natroba	Crotan	Prior Authorization Form
permethrin	Eurax	Electronic Prior Authorization (ePA)
piperonyl butoxide/pyrethrins	ivermectin ^{QL}	Quantity Limits
spinosad	malathion	
	Ovide	
	Pruradik	
	Sklice	
	Vanallice gel	
Topical Antineoplastics		
Topical Retinoids		
adapalene gel (generic for Differin gel)	adapalene cream	

Dermatological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
tretinoin cream	adapalene/benzoyl peroxide	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).
tretinoin gel (generic for Avita and Retin-A)	Atralin	
	clindamycin/tretinoin	MSM 1200 - Appendix A section: 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 Electronic Prior Authorization (ePA)
hydrocortisone oint (topical)	desonide	
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 Electronic Prior Authorization (ePA)
betamethasone dipropionate oint	betamethasone dipropionate/prop gly lotion	
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	

Duchenne Muscular Dystrophy (DMD)

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
DMD Corticosteroids		
Emflaza tab ^{PA}	deflazacort susp ^{CC}	MSM 1200 - Appendix A section: MMM. Duchenne Muscular Dystrophy (DMD) Agents Prior Authorization Form Electronic Prior Authorization (ePA)
	deflazacort tab ^{CC}	
	Emflaza susp ^{CC}	
	Jaythari susp ^{CC}	
	Jaythari tab ^{CC}	
	Kymbee susp ^{CC}	
	Kymbee tab ^{CC}	

Duchenne Muscular Dystrophy (DMD)

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Pyquvi susp ^{CC}	

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	
	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	doxylamine/pyridoxine (10 mg/10 mg)	Prior Authorization Form
Diclegis		Electronic Prior Authorization (ePA)
Neurokinin-1 Antagonists		
aprepitant cap ^{QL}	Aponvie ^{QL}	PA is required for any prescription exceeding quantity limits. MSM 1200 - Appendix A section: • KKK. Neurokinin-1 Antagonists Prior Authorization Form Electronic Prior Authorization (ePA)
fosaprepitant ^{QL}	aprepitant pack ^{QL}	
	Cinvanti ^{QL}	
	Emend ^{QL}	
	Focinvez ^{QL}	
Serotonin-receptor Antagonists/Combo		
granisetron ^{QL}	Akynzeo	PA is required for any prescription exceeding quantity limits.
ondansetron ODT (4 mg, 8 mg) ^{QL}	ondansetron ODT (16 mg) ^{QL}	
ondansetron soln ^{QL}	Sancuso ^{QL}	MSM 1200 - Appendix A section: • X. Antiemetics Prior Authorization Form Electronic Prior Authorization (ePA)
ondansetron syringe ^{QL}		
ondansetron tab ^{QL}		
ondansetron vial ^{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: 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	

Gastrointestinal Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Functional Gastrointestinal Disorder Drugs: Constipation-Related		
Linzess ^{PA}	Ibsrela ^{CC}	MSM 1200 - Appendix A section: WW. Functional Gastrointestinal Disorder Agents Prior Authorization Form Electronic Prior Authorization (ePA)
lubiprostone (generic for Amitiza) ^{PA}	Motegrity ^{CC}	
	Movantik ^{CC}	
	prucalopride ^{CC}	
	Symproic ^{CC}	
Functional Gastrointestinal Disorder Drugs: Diarrhea-Predominant		
Lotronex ^{QL PA}	alosetron ^{QL CC}	Prior Authorization Form
Viberzi ^{QL PA}		Electronic Prior Authorization (ePA)
Gastrointestinal Anti-inflammatory Agents		
mesalamine (generic for Apriso)	balsalazide	Prior Authorization Form
mesalamine (generic for Lialda)	Canasa supp	Electronic Prior Authorization (ePA)
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 Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Gastrointestinal Enzymes		
Creon	Pertzye	Prior Authorization Form
Pancreaze	Viokace	Electronic Prior Authorization (ePA)
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	

Genitourinary Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Bladder Antispasmodics		
bethanechol	darifenacin ER	Prior Authorization Form Electronic Prior Authorization (ePA)
Detrol	flavoxate	
Detrol LA	Gemtesa	
fesoterodine ER	mirabegron ER tab	
Myrbetriq ER tab	Myrbetriq granules	
oxybutynin syrup	oxybutynin IR tab (2.5 mg)	
oxybutynin IR tab (5 mg)	Oxytrol	
oxybutynin ER tab	Toviaz	
solifenacin	tropium	
tolterodine IR tab	Vesicare	
tolterodine ER cap	Vesicare LS	

Hematological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Anticoagulants		
Oral		
Coumadin	dabigatran cap (generic for Pradaxa cap) ^{QL}	Prior Authorization Form Electronic Prior Authorization (ePA)
Eliquis tab	Eliquis sprinkle cap	
Eliquis dose pack	Eliquis susp	
Jantoven	Pradaxa oral pellets ^{QL}	

Hematological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Pradaxa cap ^{QL}	rivaroxaban tab	Quantity Limits
warfarin	rivaroxaban susp	
Xarelto tab	Savaysa	
Xarelto dose pack	Xarelto susp	
Injectable		
enoxaparin ^{QL}	Arixtra	Prior Authorization Form
fondaparinux	Lovenox ^{QL}	Electronic Prior Authorization (ePA)
Fragmin		Quantity Limits
Erythropoiesis-Stimulating Agents		
Aranesp ^{QL PA}	Epogen ^{QL CC}	MSM 1200 - Appendix A section: • H. Hematopoietic/Hematinic Agents Prior Authorization Form Electronic Prior Authorization (ePA)
Retacrit ^{PA}	Mircera ^{CC}	
	Procrit ^{QL CC}	
	Reblozyl ^{CC}	
	Vafseo ^{QL CC}	
Platelet Inhibitors		
aspirin	anagrelide	MSM 1200 - Appendix A section: • NN. Platelet Inhibitors Prior Authorization Form Electronic Prior Authorization (ePA)
aspirin/dipyridamole	Brilinta ^{QL CC}	
cilostazol	Effient ^{QL CC}	
clopidogrel	Plavix	
dipyridamole		Quantity Limits
prasugrel ^{QL PA}		

Hematological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
ticagrelor ^{QL PA}		

Hormones and Hormone Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Androgens		
testosterone gel pump (generic for Androgel) ^{PA}	Natesto ^{CC}	MSM 1200 - Appendix A section: • DD. Hormones and Hormone Modifiers Prior Authorization Form Electronic Prior Authorization (ePA)
testosterone gel packet (generic for Vogelxo) ^{PA}	Testim ^{CC}	
	testosterone gel packet (generic for Androgel) ^{CC}	
	testosterone gel (generic for Vogelxo, Axiron, and Fortesta) ^{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)

Hormones and Hormone Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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*		
Dipeptidyl Peptidase-4 Inhibitors and Combinations with Metformin		
Jentadueto	alogliptin	Trial of only one agent is required before moving to a non-preferred agent.
Jentadueto XR	alogliptin/metformin	
sitagliptin	alogliptin/pioglitazone	Prior Authorization Form
Tradjenta	Brynovin soln	Electronic Prior Authorization (ePA)
Zituvimet	Janumet	
Zituvimet XR	Janumet XR	
	Januvia	
	saxagliptin	
	saxagliptin/metformin ER	
	sitagliptin/metformin (generic for Zituvimet)	
	sitagliptin/metformin ER (generic for Zituvimet XR)	
Zituvio		

Hormones and Hormone Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Incretin Mimetics and Combinations		
Mounjaro ^{QL PA}	exenatide ^{QL CC}	Trial of only one agent is required before moving to a non-preferred agent.
Ozempic inj ^{QL PA}	liraglutide ^{QL CC}	
Ozempic tab ^{QL PA}	Soliqua ^{QL CC}	MSM 1200 - Appendix A section: KK. Incretin Mimetics Prior Authorization Form Electronic Prior Authorization (ePA)
Rybelsus ^{QL PA}	Xultophy ^{QL CC}	
Trulicity ^{QL PA}		
Victoza ^{QL PA}		
		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)
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)	
Jardiance		
Synjardy	dapagliflozin/saxagliptin	
Synjardy XR	Inpefa	
Xigduo XR	Invokamet	
	Invokamet XR	Prior Authorization Form

Hormones and Hormone Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Invokana	Electronic Prior Authorization (ePA)
	Segluromet	
	Steglatro	
	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	Prior Authorization Form
	pioglitazone/metformin	Electronic Prior Authorization (ePA)
	pioglitazone/glimepiride	
Anti-Hypoglycemic Agents		
Baqsimi		Prior Authorization Form
glucagon emergency kit		Electronic Prior Authorization (ePA)

Hormones and Hormone Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Gvoke pen		
Gvoke syringe		
Gvoke vial		
Insulins		
Rapid-Acting Insulins		
Humalog 100 U/mL	Admelog	Trial of only one agent is required before moving to a non-preferred agent. Prior Authorization Form Electronic Prior Authorization (ePA)
insulin lispro (generic for Humalog)	Admelog Solostar	
	Afrezza	
	Apidra	
	Apidra Solostar	
	Fiasp (all products)	
	Humalog 200 U/mL	
	Lyumjev (all products)	
	Novolog	
Short-Intermediate Acting Insulins		
Humulin R U-100		Trial of only one agent is required before moving to a non-preferred agent. Prior Authorization Form Electronic Prior Authorization (ePA)
Humulin R U-500		
Humulin N Kwikpen		
Humulin N vial		
Novolin N		
Novolin R		

Hormones and Hormone Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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 Electronic Prior Authorization (ePA)
insulin lispro protamine/insulin lispro Kwikpen (generic for Humalog 75/25)		
Novolin 70/30		
Novolog 70/30		

Hormones and Hormone Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Pituitary Hormones		
Growth Hormone Modifiers		
Genotropin ^{PA}	Humatrope ^{CC}	MSM 1200 - Appendix A section: 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: PP. Gonadotropin Releasing Hormone Receptor (GnRH) Antagonist and Combinations
Oriahnn ^{PA}		
Orilissa ^{PA}		

Hormones and Hormone Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
		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: 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: 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
	Zyloprim	

Musculoskeletal Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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)
Prolia and Biosimilars		
Enoby ^{PA}	Bildyos ^{CC}	MSM 1200 - Appendix A section:
	Bosaya ^{CC}	• M M M M M. Osteoporosis Agents
	Conexxence ^{CC}	Prior Authorization Form
	Jubbonti ^{CC}	Electronic Prior Authorization (ePA)
	Prolia ^{CC}	
	Stoboclo ^{CC}	
Xgeva and Biosimilars		
Xtrenbo ^{PA}	Aukelso ^{CC}	MSM 1200 - Appendix A section:
	Bilprevda ^{CC}	• M M M M M. Osteoporosis Agents

Musculoskeletal Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Bomyntra ^{CC}	Prior Authorization Form
	Osenvelt ^{CC}	Electronic Prior Authorization (ePA)
	Wyost ^{CC}	
	Xgeva ^{CC}	
Restless Leg Syndrome Agents		
pramipexole IR		Prior Authorization Form
ropinirole IR		Electronic Prior Authorization (ePA)
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)
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 Electronic Prior Authorization (ePA)
donepezil tab	Aricept	
rivastigmine cap	Exelon patch	
rivastigmine patch	galantamine soln	
	galantamine tab	
	galantamine ER	
	Zunveyl	
NMDA Receptor Antagonist		
memantine IR tab	memantine soln	Prior Authorization Form
	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	

Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
divalproex sodium ER	Depakote Sprinkle	MSM 1200 - Appendix A sections: - BBBB. Anticonvulsants N. Psychotropic Medications for Children and Adolescents
Epidiolex ^{PA}	Depakote ER	
Epitol	Diacomit	
ethosuximide	Eprontia	
Felbatol	Equetro	Prior Authorization Form
gabapentin	felbamate	Electronic Prior Authorization (ePA)
lacosamide tab	Fintepla ^{CC}	Quantity Limits
lacosamide soln	Fycompa	
lamotrigine tab	Keppra	
lamotrigine dispersible tab	Keppra XR	
lamotrigine ODT	Keppra soln	
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	

Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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	
	Xcopri	
	Zarontin	
Barbiturates		
Mysoline		Anticonvulsants used for behavioral health indications are subject to PA in recipients under 18 years of age.
phenobarbital		
primidone		
		Trial of only one agent is required before moving to a non-preferred agent.

Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
		MSM 1200 - Appendix A sections: N. Psychotropic Medications for Children and Adolescents Prior Authorization Form Electronic Prior Authorization (ePA)
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.
diazepam (generic for Valium)		MSM 1200 - Appendix A sections: - BBBB. Anticonvulsants N. Psychotropic Medications for Children and Adolescents Prior Authorization Form Electronic Prior Authorization (ePA)
diazepam rectal (generic for Diastat)		
Nayzilam spray ^{PA}		
Tranxene T-Tab		
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		

Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
phenytoin products		Trial of only one agent is required before moving to a non-preferred agent.
		MSM 1200 - Appendix A sections: 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: S. Anti-Migraine Medications Prior Authorization Form Electronic Prior Authorization (ePA) Quantity Limits
Ajovy ^{PA}	Vyepti ^{CC}	
Emgality (120 mg) ^{PA}		
Nurtec ODT ^{QL PA}		
Qulipta ^{QL PA}		
Ubrelvy ^{QL PA}		
Serotonin-Receptor Agonists (Triptans)		
Relpax ^{QL}	almotriptan ^{QL}	PA is required for any prescription exceeding quantity limits.
rizatriptan tab (generic for Maxalt) ^{QL}	Amerge ^{QL}	
rizatriptan ODT (generic for Maxalt MLT) ^{QL}	eletriptan ^{QL}	MSM 1200 - Appendix A section: S. Anti-Migraine Medications Prior Authorization Form
sumatriptan nasal spray ^{QL}	frovatriptan ^{QL}	
sumatriptan tab ^{QL}	Imitrex inj ^{QL}	

Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Imitrex tab ^{QL}	Electronic Prior Authorization (ePA)
	Maxalt ^{QL}	
	Maxalt MLT ^{QL}	Quantity Limits
	naratriptan ^{QL}	
	Reyvow ^{QL}	
	sumatriptan inj ^{QL}	
	sumatriptan/naproxen ^{QL}	
	Symbravo ^{QL}	
	Tosymra ^{QL}	
	Zembrace SymTouch ^{QL}	
	zolmitriptan tab ^{QL}	
	zolmitriptan nasal spray ^{QL}	
	zolmitriptan ODT (generic for Zomig ZMT) ^{QL}	
	Zomig nasal spray ^{QL}	
	Zomig tab ^{QL}	
	Zomig ZMT ^{QL}	
Antiparkinsonian Agents		
Dopamine Precursors		
amantadine	bromocriptine	

Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
carbidopa/levodopa	carbidopa	Trial of only one preferred agent is required before moving to a non-preferred agent.
carbidopa/levodopa ER	carbidopa/levodopa ER (generic for Rytary)	Prior Authorization Form Electronic Prior Authorization (ePA)
carbidopa/levodopa ODT	Crexont	
carbidopa/levodopa/entacapone	Dhivy	
	Duopa	
	Gocovri	
	Inbrija	
	Lodosyn	
	Rytary	
	Stalevo	
	Vyalev	
Miscellaneous		
benztropine	Azilect	
entacapone	Nourianz	
trihexyphenidyl tab	Ongentys	
	rasagiline	
	selegiline cap	
	selegiline tab	
	tolcapone	
	trihexyphenidyl elixir	
	Xadago	

Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Non-Ergot Dopamine Agonists		
pramipexole IR	Apokyn	Prior Authorization Form
ropinirole IR	apomorphine	Electronic Prior Authorization (ePA)
	Neupro	
	Onapgo	
	pramipexole ER	
	ropinirole ER	
Movement Disorders		
Austedo ^{PA}	Xenazine	MSM 1200 - Appendix A section: • 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
Azopt	Betoptic	Electronic Prior Authorization (ePA)
betaxolol	bimatoprost	

Ophthalmic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Betoptic S	brimonidine	
carteolol	brimonidine/timolol	
Combigan	brinzolamide	
dorzolamide	Cosopt	
dorzolamide/timolol	Cosopt PF	
latanoprost	dorzolamide/timolol PF	
levobunolol	Iyuzeh	
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)

Ophthalmic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
ketotifen (generic for Alaway, Zaditor)	Alomide	
Lastacraft	bepotastine	
olopatadine (generic for Pataday)	Elestat	
Zaditor OTC	Optivar	
	Pataday	
	Zerviate	
Ophthalmic Anti-infectives		
Ophthalmic Macrolides		
erythromycin oint	Azasite	Prior Authorization Form
		Electronic Prior Authorization (ePA)
Ophthalmic Quinolones		
Besivance	Ciloxan	Prior Authorization Form
ciprofloxacin	gatifloxacin	Electronic Prior Authorization (ePA)
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
neomycin/polymyxin/dexamethasone susp	Maxitrol	Electronic Prior Authorization (ePA)
Pred-G	neomycin/bacitracin/polymyxin/hydrocortis one oint	

Ophthalmic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
sulfacetamide/prednisolone soln	neomycin/polymyxin/hydrocortisone susp	
TobraDex	TobraDex ST	
tobramycin/dexamethasone susp (generic for TobraDex)	Zylet	
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 Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Ophthalmic for Dry Eye Disease		
artificial tears	Cequa	Prior Authorization Form Electronic Prior Authorization (ePA)
Eysuvis ^{QL}	cyclosporine	
Restasis	Miebo	
Xiidra	Restasis Multidose	
	Tryptyr	
	Tyrvaya	
	Vevye	

Otic Agents

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

Psychotropic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
ADHD Agents		
amphetamine salts combo IR (generic for Adderall) PA	Adderall ^{CC}	MSM 1200 - Appendix A section: C. Agents Used for the Treatment of Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD) Prior Authorization Form Electronic Prior Authorization (ePA)
amphetamine salt combo ER (generic for Adderall XR) ^{QL PA}	Adderall XR ^{QL CC}	
	Adzenys XR ODT ^{CC}	
atomoxetine ^{QL PA}	amphetamine ER ODT (generic for Adzenys XR ODT) ^{CC}	
clonidine ER ^{QL PA}		
Concerta ^{QL PA}	Aptensio XR ^{QL CC}	
dexmethylphenidate ^{PA}	Azstarys ^{CC}	Quantity Limits
dexmethylphenidate ER ^{QL PA}	Cotempla XR-ODT ^{CC}	
dextroamphetamine (generic for Dexedrine, Dextrostat) ^{PA}	Dexedrine ^{QL CC}	
dextroamphetamine SR (generic for Dexedrine Spansule) ^{QL PA}	dextroamphetamine soln (generic for ProCentra) ^{CC}	
guanfacine ER ^{QL PA}	Dyanavel XR ^{QL CC}	
Jornay PM ^{PA}	Evekeo ^{CC}	
lisdexamfetamine cap (generic for Vyvanse) ^{QL PA}	Focalin ^{CC}	
lisdexamfetamine chew tab (generic for Vyvanse) ^{QL PA}	Focalin XR ^{QL CC}	
	Intuniv ^{QL CC}	
Metadate CD ^{QL PA}	Metadate ER ^{QL CC}	
methylphenidate (generic for Ritalin, Methylin) ^{QL PA}	Methylin soln ^{CC}	
methylphenidate CD (generic for Metadate CD) ^{QL PA}	methamphetamine ^{CC}	

Psychotropic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
methylphenidate ER (generic for Concerta,) ^{QL PA}	methylphenidate chew ^{QL CC}	
methylphenidate LA (generic for Ritalin LA) ^{QL PA}	methylphenidate ER (generic for Relexxii, Aptensio XR) ^{QL CC}	
methylphenidate solution ^{QL PA}		
Qelbree ^{QL PA}	methylphenidate patch (generic for Daytrana) ^{QL CC}	
Vyvanse cap ^{QL PA}		
	Mydayis ^{CC}	
	Onyda XR susp ^{QL CC}	
	ProCentra ^{CC}	
	QuilliChew ER ^{QL CC}	
	Quillivant XR ^{QL CC}	
	Relexxii ^{QL CC}	
	Ritalin ^{QL CC}	
	Xelstrym ^{CC}	
	Vyvanse chew tab ^{QL CC}	
	Zenzedi ^{CC}	
Antidepressants		
Other		
bupropion IR	Auvelity	PA required for members under 18 years of age (all agents in this class).
bupropion SR	bupropion XL (generic for Forfivo XL)	
bupropion XL	Cymbalta	MSM 1200 - Appendix A sections: • QQ. Spravato™ (esketamine)
desvenlafaxine succinate ER (generic for Pristiq)	desvenlafaxine ER	

Psychotropic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
duloxetine	Effexor XR	N. Psychotropic Medications for Children and Adolescents Prior Authorization Form Electronic Prior Authorization (ePA)
mirtazapine	Exxua ER tab	
mirtazapine ODT	Exxua ER titration pack	
Spravato ^{PA}	Fetzima	
trazodone	Forfivo XL	
venlafaxine	Pristiq	
venlafaxine hydrochloride ER	Raldesy soln	
vilazodone	Trintellix	
Zurzuvae	Viibryd	
	venlafaxine besylate ER	
	Wellbutrin SR	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
citalopram	Celexa	PA required for members under 18 years of age (all agents in this class).
escitalopram	fluvoxamine	
fluoxetine	Lexapro	MSM 1200 - Appendix A section: N. Psychotropic Medications for Children and Adolescents Prior Authorization Form Electronic Prior Authorization (ePA)
paroxetine IR	Luvox	
Pexeva	paroxetine ER	
sertraline	Paxil	
	Prozac	
	Zoloft	

Psychotropic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Antipsychotics		
Atypical Antipsychotics – Oral/Topical		
aripiprazole	Abilify	PA required for members under 18 years of age (all agents in this class).
aripiprazole ODT	Abilify MyCite	
asenapine	Caplyta	
clozapine	Clozaril	* No PA required in adults if Parkinson's related psychosis ICD code on claim
clozapine ODT	Fanapt	
Cobenfy	Geodon	Trial of only one agent is required before moving to a non-preferred agent.
lurasidone	Invega	
Nuplazid ^{PA} *	Latuda	MSM 1200 - Appendix A section: N. Psychotropic Medications for Children and Adolescents Prior Authorization Form Electronic Prior Authorization (ePA)
olanzapine	Lybalvi	
olanzapine ODT	olanzapine/fluoxetine	
paliperidone ER	Opipza	
quetiapine IR	Risperdal	
quetiapine ER	Risperdal M-Tab	
Rexulti	Saphris	
risperidone	Secuado	
risperidone ODT	Seroquel	
Vraylar	Seroquel XR	
ziprasidone	Versacloz	
	Zyprexa	

Psychotropic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Atypical Antipsychotics – Long Acting Injectable		
Abilify Asimtufii (aripiprazole) ^{PA}	risperidone ^{CC}	PA required for members under 18 years of age (all agents in this class).
Abilify Maintena (aripiprazole) ^{PA}	Rykindo (risperidone) ^{CC}	
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}		
Erzofri (paliperidone palmitate) ^{PA}		
Invega Hafyera (paliperidone palmitate) ^{PA}		
Invega Sustenna (paliperidone palmitate) ^{PA}		
Invega Trinza (paliperidone palmitate) ^{PA}		MSM 1200 - Appendix A sections: • FFF. Long-Acting Injectable (LAI) Antipsychotics • N. Psychotropic Medications for Children and Adolescents Prior Authorization Form Electronic Prior Authorization (ePA)
Perseris (risperidone) ^{PA}		
Risperdal Consta (risperidone) ^{PA}		
Uzedy (risperidone) ^{PA}		
Zyprexa Relprevv (olanzapine pamoate) ^{PA}		
Anxiolytics, Sedatives, and Hypnotics		
estazolam ^{QL*}	Ambien ^{QL CC}	* PA required for members under 18 years of age (all agents in this class)
eszopiclone ^{QL*}	Ambien CR ^{QL CC}	
ramelteon ^{QL*}	Belsomra ^{QL CC}	MSM 1200 - Appendix A sections: • III. Hetlioz (tasimelteon) • N. Psychotropic Medications for Children and Adolescents Prior Authorization Form Electronic Prior Authorization (ePA)
temazepam (7.5 mg, 15 mg, 30 mg) ^{QL*}	Doral ^{QL CC}	
triazolam ^{QL*}	Edluar ^{QL CC}	
zaleplon ^{QL*}	flurazepam ^{QL CC}	
zolpidem CR ^{QL*}	Hetlioz ^{QL CC}	

Psychotropic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
zolpidem IR ^{QL*}	Hetlioz LQ ^{CC}	Quantity Limits
	Lunesta ^{QL CC}	
	Rozerem ^{QL CC}	
	Silenor ^{QL CC}	
	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: • 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	

Respiratory Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Phosphodiesterase Type 4 Inhibitors or Combination		
roflumilast ^{QL PA}	Daliresp ^{QL CC}	MSM 1200 - Appendix A section: II. Daliresp (roflumilast) and Ohtuvayre™ (ensifentrine) Prior Authorization Form Electronic Prior Authorization (ePA) Quantity Limits
	Ohtuvayre ^{QL CC}	
Long-Acting Maintenance Therapy		
Inhaled Glucocorticoids		
Arnuity Ellipta	Alvesco	Prior Authorization Form
Asmanex HFA	ArmonAir Digihaler	Electronic Prior Authorization (ePA)
Asmanex Twisthaler	Pulmicort nebs	Quantity Limits
budesonide nebs (generic for Pulmicort)	QVAR RediHaler	
fluticasone propionate HFA (generic for Flovent HFA)		
fluticasone propionate Diskus (generic for Flovent Diskus)		
Glucocorticoids/Long-Acting Beta-2 Adrenergic (LABA) Combination Products		
Advair Diskus	AirDuo Digihaler	Prior Authorization Form
Advair HFA	AirDuo RespiClick	Electronic Prior Authorization (ePA)
Breo Ellipta	budesonide/formoterol (generic for Symbicort)	
Dulera		

Respiratory Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Symbicort	fluticasone propionate/salmeterol pow (generic for AirDuo, Advair Diskus)	
	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	tiotropium (generic for Spiriva)	
Stiolto Respimat	Trelegy Ellipta	
	Tudorza Pressair	
	umeclidinium/vilanterol (generic for Anoro Ellipta)	
	Yupelri	
Short-Acting/Rescue Therapy		
Short-Acting Beta Adrenergics (SABAs)		
albuterol HFA (generic for ProAir HFA, Proventil HFA) ^{QL *}	Airsupra HFA ^{QL}	*PA is required for any prescription exceeding quantity limits.
albuterol sulfate (generic for Proventil, Ventolin) ^{QL *}	albuterol HFA (generic for Ventolin HFA) ^{QL}	

Respiratory Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
albuterol soln (generic for AccuNeb) ^{QL*}	levalbuterol concentrated soln ^{QL CC}	MSM 1200 – Appendix A section: U. Short-Acting Bronchodilators Prior Authorization Form Electronic Prior Authorization (ePA) Quantity Limits
levalbuterol ^{QL PA}	ProAir RespiClick ^{QL}	
levalbuterol HFA ^{QL PA}	Xopenex HFA ^{QL CC}	
	Ventolin HFA ^{QL}	
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	Opvee	Prior Authorization Form Electronic Prior Authorization (ePA)
naloxone	Rextovy	
Narcan OTC	Zurnai	
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:

Toxicology Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
buprenorphine/naloxone SL tab ^{QL*}	Zubsolv ^{QL*}	BB. Substance Abuse Agents Prior Authorization Form Electronic Prior Authorization (ePA) Quantity Limits
naltrexone tab		
Sublocade		
Suboxone ^{QL*}		
Vivitrol ^{PA}		

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