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

Effective: November 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
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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Table of Contents

Analgesics **10**
Miscellaneous Analgesics 10
Neuropathic Pain/Fibromyalgia Agents *10*
Mixed Acting Opioid Analgesics *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
Inhaled Aminoglycosides *14*
Antivirals 14
Alpha Interferons 14
Anti-hepatitis Agents – Polymerase Inhibitors/Combination Products *14*
Anti-hepatitis Agents – Ribavirin *15*
Anti-herpetic Agents *15*
COVID-19 ..... *15*
Influenza Agents *15*
Cephalosporins 15
Second-Generation Cephalosporins *15*
Third-Generation Cephalosporins *16*
Macrolides 16
Quinolones 16
Quinolones – Second-Generation *16*
Quinolones – Third-Generation *17*
Topical Anti-Infectives, Vaginal 17
Autonomic Agents **17**
Sympathomimetics 17
Self-Administered Epinephrine *17*

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

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Acne Agents: Topical, Benzoyl Peroxide, Antibiotics, and Combination Products *32*
Impetigo Agents: Topical *33*
Topical Antivirals *33*
Topical Scabicides *33*
Topical Antineoplastics 34
Topical Retinoids *34*
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

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Hematological Agents 42
Anticoagulants 42
Oral 42
Injectable 43
Erythropoiesis-Stimulating Agents 43
Platelet Inhibitors 43
Hormones and Hormone Modifiers 44
Androgens 44
Antidiabetic Agents 44
Alpha-Glucosidase Inhibitors/Amylin Analogs/Miscellaneous 44
Biguanides 45
Dipeptidyl Peptidase-4 Inhibitors and Combinations with Metformin 45
Incretin Mimetics and Combinations 46
Meglitinides 46
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors and Combinations 46
Sulfonylureas 47
Thiazolidinediones and Combinations 47
Anti-Hypoglycemic Agents 47
Insulins 48
Rapid-Acting Insulins 48
Short-Intermediate Acting Insulins 48
Long-Acting Insulins 49
Pre-Mixed Insulin Combinations 49
Pituitary Hormones 49
Growth Hormone Modifiers 49
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 51
Bisphosphonates 51
Nasal Calcitonins 52

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

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Otic Anti-infectives 65
Otic Quinolones *65*
Psychotropic Agents **65**
ADHD Agents 65
Antidepressants 67
Other *67*
Selective Serotonin Reuptake Inhibitors (SSRIs) *68*
Antipsychotics 68
Atypical Antipsychotics – Oral/Topical *68*
Atypical Antipsychotics – Long Acting Injectable *69*
Anxiolytics, Sedatives, and Hypnotics 70
Psychostimulants 71
Narcolepsy Agents *71*
Respiratory Agents **71**
Nasal Antihistamines 71
Respiratory Anti-inflammatory Agents 71
Leukotriene Receptor Antagonists *71*
Nasal Corticosteroids 72
Phosphodiesterase Type 4 Inhibitors or Combination 72
Long-Acting Maintenance Therapy 72
Inhaled Glucocorticoids *72*
Glucocorticoids/Long-Acting Beta-2 Adrenergic (LABA) Combination Products *73*
Long-Acting Beta Adrenergics (LABAs) *73*
Anticholinergics and Combination Products *73*
Short-Acting/Rescue Therapy 74
Short-Acting Beta Adrenergics (SABAs) *74*
Ipratropium and Combinations *74*
Toxicology Agents **75**
Antidotes 75
Opiate Antagonists *75*
Substance Abuse Agents 75
Appendix A **76**
Sickle Cell Disease 76

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HIV Prevention 76
Prenatal and Pediatric Vitamins 76

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Analgesics

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Miscellaneous Analgesics		
Neuropathic Pain/Fibromyalgia Agents		
duloxetine	Drizalma sprinkle	* 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	gabapentin ER (generic for Gralise)	
lidocaine 5% patch (generic for Lidoderm) QL PA *	Gralise	
Lyrica IR	Horizant	MSM 1200 - Appendix A sections: • O. Lidoderm 5% Patches • AA. Savella (milnacipran) • NNN. Qutenza (capsaicin) Prior Authorization Form Electronic Prior Authorization (ePA)
Neurontin	Lyrica CR	
Savella PA **	milnacipran	
	pregabalin IR	
	pregabalin CR	
	Qutenza QL CC	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: • 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)
	tramadol soln	
		Quantity Limits

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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)
	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: • 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

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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	

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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 Electronic Prior Authorization (ePA)
levocetirizine tab	cetirizine soln 5 mg/5 mL OTC	
levocetirizine soln	Clarinex	Quantity Limits
loratadine D OTC	Clarinex-D	
loratadine tab OTC	Claritin	
loratadine ODT OTC	desloratadine	

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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 Electronic Prior Authorization (ePA)
Kitabis Pak	tobramycin 300 mg/4 mL nebulizer	
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 Electronic Prior Authorization (ePA)
	Sovaldi QL CC	
	Viekira Pak QL CC	Quantity Limits

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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 Electronic Prior Authorization (ePA)
famciclovir		
valacyclovir		
COVID-19		
Paxlovid Therapy Pack QL		Quantity Limits
Influenza Agents		
oseltamivir cap	Rapivab	Prior Authorization Form Electronic Prior Authorization (ePA)
oseltamivir susp	Tamiflu	
rimantadine	Xofluza	
Relenza		
Cephalosporins		
Second-Generation Cephalosporins		
cefaclor cap	Ceclor	Prior Authorization Form Electronic Prior Authorization (ePA)
cefuroxime tab	Ceclor CD	

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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:

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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	
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: • TT. Auvi-Q (epinephrine injection device) Prior Authorization Form Electronic Prior Authorization (ePA)
Epipen	Neffy nasal spray	
Epipen Jr		

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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)
Dupixent PA	Opzelura topical CC	
Ebglyss PA	Vtama	
Eucrisa topical PA	Zoryve cream	
Nemluvio PA		
pimecrolimus topical QL PA		Quantity Limits
tacrolimus topical (generic for Protopic) QL PA		
Targeted Immunomodulators		
Actemra PA	adalimumab-aacf CC	MSM 1200 - Appendix A section: • L. Immunomodulator Drugs Prior Authorization Form Electronic Prior Authorization (ePA)
adalimumab-adaz PA	adalimumab-aaty CC	
Avsola PA	adalimumab-adbm CC	
Cimzia PA	adalimumab-fkjp CC	Quantity Limits
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	

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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	Ilaris CC	
Starjemza PA	Ilumya CC	
Taltz PA	Imuldosa CC	
tofacitinib IR QL PA	Kevzara CC	
tofacitinib ER QL PA	Omvoh CC	
	Otezla XR QL CC	
	Otezla XR initiation pack QL CC	
	Otulfi CC	
	Pyzchiva CC	
	Remicade CC	
	Simlandi CC	
	Sotyktu CC	
	Spevigo QL CC	
	Skyrizi CC	
	Stelara QL CC	
	Steqeyma CC	

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Biologic Response Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	tofacitinib solution QL CC	
	Tofidence CC	
	Tremfya CC	
	Tyenne CC	
	Uplizna QL CC	
	ustekinumab QL CC	
	ustekinumab-aauz CC	
	ustekinumab-aekn CC	
	ustekinumab-ttwe CC	
	Velsipity CC	
	Xeljanz IR QL CC	
	Xeljanz ER QL CC	
	Xeljanz solution QL CC	
	Yesintek CC	
	Yuflyma CC	
	Yusimry CC	
	Zeposia CC	
	Zymfentra CC	
Colony Stimulating Factors		
Fulphila PA	Granix syringe CC	MSM 1200 − Appendix A section:
Neupogen syringe PA	Granix vial CC	

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Biologic Response Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Neupogen vial PA	Filkri CC	• SS. Colony Stimulating Factors (POS Claims Only) Prior Authorization Form Electronic Prior Authorization (ePA)
Nyvepria PA	Fylnetra CC	
	Leukine CC	
	Neulasta CC	Quantity Limits
	Nivestym syringe CC	
	Nivestym vial CC	
	Nypozi CC	
	Releuko syringe CC	
	Releuko vial CC	
	Rolvedon CC	
	Ryzneuta CC	
	Stimufend CC	
	Udenyca CC	
	Zarxio CC	
	Ziextenzo CC	
Immune Globulins		
Gamunex-C	Asceniv	Prior Authorization Form Electronic Prior Authorization (ePA)
Gammagard Liquid	Bivigam	
Hizentra	Cutaquig	
Privigen	Cuvitru	
	Cytogam	

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Biologic Response Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Flebogamma	
	Gamastan	
	Gamastan S-D	
	Gammagard S-D	
	Gammaked	
	Gammaplex	
	Hepagam B	
	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
Copaxone (20 mg/mL) QL PA	Glatopa CC	

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Biologic Response Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
glatiramer (40 mg/mL) QL PA	Kesimpta CC	Prior Authorization Form Electronic Prior Authorization (ePA)
Tysabri PA	Lemtrada CC	
	Ocrevus CC	Quantity Limits
	Ocrevus Zunovo CC	
	Plegridy CC	
	Rebif QL CC	
	Tyruko CC	
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)

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Biologic Response Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
		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	
	eprosartan	
	Hyzaar	
	irbesartan	
	Micardis	
	telmisartan	
Angiotensin-Converting Enzyme Inhibitors (ACE Inhibitors)		

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Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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 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*	Kapspargo	
labetalol	metoprolol/HCTZ	
metoprolol tartrate	pindolol	
metoprolol succinate	propranolol/HCTZ	

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Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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 Electronic Prior Authorization (ePA)
amlodipine/benazepril	Exforge	
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		

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Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
verapamil ER		
Vasodilators – Inhaled		
Yutrepia PA*	Tyvaso 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)
	Tyvaso DPI CC	MSM 1200 - Appendix A section: • AAAA. Pulmonary Arterial Hypertension Agents Prior Authorization Form Electronic Prior Authorization (ePA)
Vasodilators – Oral		
ambrisentan PA*	Adempas 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)
bosentan tab PA*	Alyq CC	
Orenitram ER PA *	bosentan tab for susp CC	
macitentan PA *	Letairis CC	
sildenafil tab PA *	Opsumit CC	
sildenafil susp PA *	Opsynvi CC	

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Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
tadalafil PA *	Revatio tab CC	• 127.23 (Pulmonary Hypertension Due to Lung Diseases and Hypoxia) • 127.9 (Pulmonary Heart Disease, Unspecified)
	Revatio susp CC	
	Tadliq susp CC	MSM 1200 − Appendix A section: • AAAA. Pulmonary Arterial Hypertension Agents Prior Authorization Form Electronic Prior Authorization (ePA)
	Tracleer susp CC	
	Tracleer tab CC	
	Uptravi CC	
Antilipemics		
Bile Acid Sequestrants		
cholestyramine	Questran	Prior Authorization Form Electronic Prior Authorization (ePA)
colesevelam	Welchol	
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 Electronic Prior Authorization (ePA)
fenofibric acid (generic for Trilipix)	fenofibrate (generic for Fenoglide and Lipofen)	
gemfibrozil	fenofibric acid (generic for Fibricor)	
Lipofen	Fenoglide	
	Fibricor	

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Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Tricor	
	Triglide	
	Trilipix	
HMG-CoA Reductase Inhibitors (Statins)		
atorvastatin	Altoprev	Prior Authorization Form Electronic Prior Authorization (ePA)
ezetimibe/simvastatin	amlodipine/atorvastatin	
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

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Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Niaspan		Electronic Prior Authorization (ePA)
Omega-3 Fatty Acids		
omega-3-acid	icosapent	Prior Authorization Form 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)
Repatha QL PA		
		Quantity Limits
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	

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Cardiovascular Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Miscellaneous Heart Failure Agents		
ivabradine QL PA	Corlanor soln QL CC	* Requires documentation of a clinical reason why the recipient cannot safely take tablets (e.g., difficulty swallowing)
sacubitril/valsartan QL PA	Corlanor tab QL CC	
	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	

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Dermatological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Zoryve	
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	Quantity Limits
lidocaine/prilocaine		
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	

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Dermatological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	sulfacetamide	
	Winlevi	
Impetigo Agents: Topical		
mupirocin oint	Altabax	Prior Authorization Form Electronic Prior Authorization (ePA)
	Centany	
	mupirocin cream	
Topical Antivirals		
acyclovir oint (generic for Zovirax oint)	acyclovir cream	Prior Authorization Form Electronic Prior Authorization (ePA)
Denavir	penciclovir (generic for Denavir)	
docosanol OTC (generic for Abreva)		
Topical Scabicides		
Natroba	Crotan CC	MSM 1200 − Appendix A section: • V. Topical Scabicides Prior Authorization Form Electronic Prior Authorization (ePA)
permethrin	Eurax CC	
piperonyl butoxide/pyrethrins	ivermectin QL	
spinosad	malathion	
	Ovide	Quantity Limits
	Pruradik CC	
	Sklice	
	Vanalice gel	

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Dermatological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Topical Antineoplastics		
Topical Retinoids		
adapalene gel (generic for Differin gel)	adapalene cream	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 cream	adapalene/benzoyl peroxide	
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	
	Twyneo	
	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 Electronic Prior Authorization (ePA)
fluticasone propionate cream	fluocinolone acetonide cream	

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Dermatological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
fluticasone propionate oint	fluocinolone acetonide oint	
hydrocortisone valerate cream	fluticasone propionate lotion	
mometasone furoate cream	flurandrenolide	
mometasone furoate oint	hydrocortisone butyrate cream	
mometasone furoate soln	hydrocortisone butyrate oint	
Oralone	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	

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Dermatological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Halog	
	Topicort	
	Vanos	
Steroids, Topical Very High		
clobetasol propionate cream (0.05%)	Bryhali	Prior Authorization Form Electronic Prior Authorization (ePA)
clobetasol propionate gel	clobetasol emollient	
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	

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Duchenne Muscular Dystrophy (DMD)

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Jaythari tab CC	
	Kymbee susp CC	
	Kymbee tab CC	
	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 Electronic Prior Authorization (ePA)
calcium acetate tab	Fosrenol	
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 Electronic Prior Authorization (ePA)
sodium polystyrene sulfonate		

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Electrolytic and Renal Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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 Electronic Prior Authorization (ePA)
Diclegis		
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	Quantity Limits
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
ondansetron syringe QL		

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Gastrointestinal Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
ondansetron tab QL		Prior Authorization Form Electronic Prior Authorization (ePA)
ondansetron vial QL		
		Quantity Limits
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	

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Gastrointestinal Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	rabeprazole sodium	
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 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	

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Gastrointestinal Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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 Electronic Prior Authorization (ePA)
finasteride	dutasteride/tamsulosin	
	Jalyn	
	Proscar	
Alpha-Blockers		
alfuzosin	Cardura	Prior Authorization Form Electronic Prior Authorization (ePA)
doxazosin	Flomax	
tamsulosin	Minipress	
terazosin	prazosin	
	Rapaflo	
	silodosin	
	Uroxatral	

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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	trospium	
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	

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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 Electronic Prior Authorization (ePA)
fondaparinux	Lovenox QL	
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	Quantity Limits
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		

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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)

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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.
metformin soln (generic for Riomet)*		
Riomet ER susp*		Prior Authorization Form Electronic Prior Authorization (ePA)
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 Electronic Prior Authorization (ePA)
Tradjenta	Brynovin soln	
Zituvimet	Janumet	
Zituvimet XR	Janumet XR	
	Januvia	
	saxagliptin	
	saxagliptin/metformin ER	
	sitagliptin/metformin (generic for Zituvimet)	
	sitagliptin/metformin ER (generic for Zituvimet XR)	
	Zituvio	

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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

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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 Electronic Prior Authorization (ePA)
glipizide ER (generic for Glucotrol XL)	glipizide/metformin (generic for Metaglip)	
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 Electronic Prior Authorization (ePA)
	pioglitazone/metformin	
	pioglitazone/glimepiride	
Anti-Hypoglycemic Agents		
Baqsimi		Prior Authorization Form Electronic Prior Authorization (ePA)
glucagon emergency kit		

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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.
Humulin R U-500		
Humulin N Kwikpen		Prior Authorization Form Electronic Prior Authorization (ePA)
Humulin N vial		
Novolin N		
Novolin R		

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Hormones and Hormone Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Long-Acting Insulins		
Insulin glargine–YFGN pen	Basaglar KwikPen	Trial of only one agent is required before moving to a non-preferred agent. Prior Authorization Form Electronic Prior Authorization (ePA)
Lantus	insulin glargine (generic for Toujeo/Toujeo Max)	
Lantus SoloStar		
Toujeo Max SoloStar	insulin glargine-YFGN vial	
Toujeo SoloStar	Rezvoglar	
Tresiba	Semglee	
Tresiba FlexTouch		
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		
Pituitary Hormones		
Growth Hormone Modifiers		
Genotropin PA	Humatrope CC	
Norditropin PA	Ngenla CC	
Nutropin AQ PA	Nutropin CC	

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Hormones and Hormone Modifiers

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Omnitrope CC	MSM 1200 - Appendix A section: • D. Growth Hormones Prior Authorization Form Electronic Prior Authorization (ePA)
	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 Prior Authorization Form Electronic Prior Authorization (ePA)
Oriahnn PA		
Orilissa PA		

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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)
Fasenra PA	Tezspire CC	
Nucala PA	Xolair vial QL CC	
Xolair syringe QL PA		
		Quantity Limits

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)
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	
Bone Resorption Inhibitors		
Bisphosphonates		
alendronate tab	Actonel	Prior Authorization Form Electronic Prior Authorization (ePA)
ibandronate tab	alendronate soln	
risedronate (generic for Actonel)	Atelvia	
	Binosto	

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Musculoskeletal Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	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: • MMMMM. Osteoporosis Agents Prior Authorization Form Electronic Prior Authorization (ePA)
	Bosaya CC	
	Conexxence CC	
	Jubbonti CC	
	Prolia CC	
	Stoboclo CC	
Xgeva and Biosimilars		
Xtrenbo PA	Aukelso CC	MSM 1200 - Appendix A section: • MMMMM. Osteoporosis Agents Prior Authorization Form Electronic Prior Authorization (ePA)
	Bilprevda CC	
	Bomyntra CC	
	Osenvelt CC	
	Wyost CC	
	Xgeva CC	

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Musculoskeletal Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Restless Leg Syndrome Agents		
pramipexole IR		Prior Authorization Form Electronic Prior Authorization (ePA)
ropinirole IR		
Skeletal Muscle Relaxants		
baclofen	carisoprodol tab (250 mg)	Prior Authorization Form Electronic Prior Authorization (ePA)
carisoprodol tab (350 mg)	chlorzoxazone tab (250 mg, 375 mg, 750 mg)	
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	

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Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
rivastigmine cap	Exelon patch	
rivastigmine patch	galantamine soln	
	galantamine tab	
	galantamine ER	
	Zunveyl	
NMDA Receptor Antagonist		
memantine IR tab	memantine soln	Prior Authorization Form Electronic Prior Authorization (ePA)
	memantine ER (generic for Namenda XR)	
	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: • BBBB. Anticonvulsants • N. Psychotropic Medications for Children and Adolescents
Epidiolex PA	Depakote ER	
Epitol	Diacomit	
ethosuximide	Eprontia	

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Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Felbatol	Equetro	Prior Authorization Form 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	
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	

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Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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.
		MSM 1200 - Appendix A sections: • N. Psychotropic Medications for Children and Adolescents Prior Authorization Form Electronic Prior Authorization (ePA)

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Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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)		
diazepam rectal (generic for Diastat)		MSM 1200 - Appendix A sections: • BBBB. Anticonvulsants • N. Psychotropic Medications for Children and Adolescents Prior Authorization Form Electronic Prior Authorization (ePA)
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		
phenytoin products		Trial of only one agent is required before moving to a non-preferred agent.

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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)
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)
Ajovy PA	Vyepti CC	
Emgality (120 mg) PA		
Nurtec ODT QL PA		
Qulipta QL PA		Quantity Limits
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 Electronic Prior Authorization (ePA)
sumatriptan nasal spray QL	frovatriptan QL	
sumatriptan tab QL	Imitrex inj QL	
	Imitrex tab QL	
	Maxalt QL	

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Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	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	Trial of only one preferred agent is required before moving to a non-preferred agent.
carbidopa/levodopa	carbidopa	
carbidopa/levodopa ER	carbidopa/levodopa ER (generic for Rytary)	Prior Authorization Form

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Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
carbidopa/levodopa ODT	Crexont	Electronic Prior Authorization (ePA)
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	
Non-Ergot Dopamine Agonists		
pramipexole IR	Apokyn	Prior Authorization Form

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Neurological Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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	bimatoprost	Prior Authorization Form Electronic Prior Authorization (ePA)
Azopt	brimonidine	
betaxolol	brimonidine/timolol	
carteolol	brinzolamide	
Combigan	Cosopt	

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Ophthalmic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
dorzolamide	Cosopt PF	
dorzolamide/timolol	dorzolamide/timolol PF	
latanoprost	Iyuzeh	
levobunolol	tafluprost (generic for Zioptan)	
Lumigan	timolol (generic for Timoptic Ocudose)	
Rhopressa	travoprost	
Rocklatan	Vyzulta	
Simbrinza	Xalatan	
timolol drops (generic for Timoptic)	Zioptan	
timolol gel soln (generic for Timoptic-XE)	Zolymbus gel	
Travatan Z		
Ophthalmic Antihistamines		
azelastine	Alaway OTC	Prior Authorization Form Electronic Prior Authorization (ePA)
Bepreve	Alocril	
ketotifen (generic for Alaway, Zaditor)	Alomide	
Lastacaft	bepotastine	
olopatadine (generic for Pataday)	Elestat	
Zaditor OTC	Optivar	
	Pataday	
	Zerviate	

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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	

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Ophthalmic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Ophthalmic Anti-inflammatory Agents		
Ophthalmic Corticosteroids		
Alrex	dexamethasone	Prior Authorization Form Electronic Prior Authorization (ePA)
difluprednate (generic for Durezol)	Durezol	
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 Electronic Prior Authorization (ePA)
flurbiprofen soln	Acular LS	
Ilevro	Acuvail	
ketorolac soln	bromfenac	
Nevanac	Prolensa	
Ophthalmic for Dry Eye Disease		
artificial tears	Cequa	Prior Authorization Form Electronic Prior Authorization (ePA)
Eysuvis QL	cyclosporine	
Restasis	Miebo	
Xiidra	Restasis Multidose	

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Ophthalmic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	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
amphetamine salt combo ER (generic for Adderall XR) QL PA	Adderall XR QL CC	
	Adzenys XR ODT CC	

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Psychotropic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
atomoxetine QL PA	amphetamine ER ODT (generic for Adzenys XR ODT) CC	(ADD)/Attention Deficit Hyperactivity Disorder (ADHD) Prior Authorization Form Electronic Prior Authorization (ePA)
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	
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		

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Psychotropic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	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) • N. Psychotropic Medications for Children and Adolescents Prior Authorization Form Electronic Prior Authorization (ePA)
desvenlafaxine succinate ER (generic for Pristiq)	desvenlafaxine ER	
duloxetine	Effexor XR	
mirtazapine	Exxua ER tab	
mirtazapine ODT	Exxua ER titration pack	
Spravato PA	Fetzima	
trazodone	Forfivo XL	

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Psychotropic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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	
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	

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Psychotropic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
clozapine ODT	Fanapt	* No PA required in adults if Parkinson's related psychosis ICD code on claim
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	
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		

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Psychotropic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Invega Hafyera (paliperidone palmitate) PA		
Invega Sustenna (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)
Invega Trinza (paliperidone palmitate) PA		
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	
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	

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Psychotropic Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	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 Electronic Prior Authorization (ePA)
Dymista		
olopatadine		
Respiratory Anti-inflammatory Agents		
Leukotriene Receptor Antagonists		
montelukast	Accolate	Prior Authorization Form

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Respiratory Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
zafirlukast	Singulair	Electronic Prior Authorization (ePA)
	zileuton ER	
	Zyflo	
Nasal Corticosteroids		
fluticasone (generic for Flonase)	Beconase AQ	Prior Authorization Form Electronic Prior Authorization (ePA)
triamcinolone acetonide QL	Flonase	
	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: • II. Daliresp (roflumilast) and Ohtuvayre™ (ensifentrine) Prior Authorization Form Electronic Prior Authorization (ePA)
	Ohtuvayre QL CC	
		Quantity Limits
Long-Acting Maintenance Therapy		
Inhaled Glucocorticoids		
Arnuity Ellipta	Alvesco	Prior Authorization Form

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Respiratory Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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 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		
	vilanterol/fluticasone (generic for Breo Ellipta)	
	Wixela Inhub	
Long-Acting Beta Adrenergics (LABAs)		
Serevent Diskus QL	Brovana	Prior Authorization Form Electronic Prior Authorization (ePA)
Striverdi Respimat	Perforomist	
		Quantity Limits
Anticholinergics and Combination Products		
Anoro Ellipta	Bevespi Aerosphere	Prior Authorization Form Electronic Prior Authorization (ePA)
Incruse Ellipta	Breztri Aerosphere	

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Respiratory Agents

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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	
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)
levalbuterol QL PA	ProAir RespiClick QL	
levalbuterol HFA QL PA	Xopenex HFA QL CC	
	Ventolin HFA QL	
		Quantity Limits
Ipratropium and Combinations		
Atrovent HFA		Prior Authorization Form Electronic Prior Authorization (ePA)
Combivent Respimat		
ipratropium nebs		Quantity Limits
ipratropium/albuterol nebs QL		

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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: • BB. Substance Abuse Agents Prior Authorization Form Electronic Prior Authorization (ePA)
buprenorphine/naloxone SL tab QL*	Zubsolv QL*	
naltrexone tab		
Sublocade		
Suboxone QL*		Quantity Limits
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	
All eligible Prenatal and Pediatric Vitamin products will be covered at Preferred status.	

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