



## New Hampshire Department of Health and Human Services AIDS Drug Assistance (ADAP) Program Preferred Drug List (PDL)

Effective Date: March 1, 2024

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\* Indicates a generic is available without PA.

\*\* Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

\*\*\* Indicates when quantity limits apply.

*This list may not include all available formulations listed specifically by name.*

## ANALGESICS – LONG-ACTING OPIOIDS\*\*\*

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"><li>buprenorphine patch (generic for Butrans®)</li><li>Butrans®</li><li>fentanyl patch (generic for Duragesic®)</li><li>hydrocodone bitartrate ER (generic for Hysingla®)</li><li>hydrocodone bitartrate ER (generic for Zohydro ER®)</li><li>hydromorphone ER (generic for Exalgo®)</li><li>morphine ER (generic for Avinza®, Kadian®, MS Contin®)</li><li>oxycodone ER (generic for Oxycontin®)</li><li>oxymorphone ER (generic for Opana ER®)</li><li>Xstampza ER®</li></ul>	<ul style="list-style-type: none"><li>Belbuca®</li><li>Hysingla ER®</li><li>MS Contin®</li><li>Oxycontin®</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

## ANALGESICS – ANTI-INFLAMMATORY – NON-SELECTIVE NSAIDS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>celecoxib (generic for Celebrex®)</li><li>meloxicam cap (generic for Vivlodex®)</li><li>meloxicam tab (generic for Mobic®)</li><li>naproxen/esomeprazole tab (generic for Vimovo®)</li></ul>	<ul style="list-style-type: none"><li>Celebrex®*</li><li>Vimovo®*</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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- \*\* Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.
- \*\*\* Indicates when quantity limits apply.

*This list may not include all available formulations listed specifically by name.*

## ANALGESICS – TRAMADOL AND TRAMADOL-LIKE DERIVATIVES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• tramadol (generic for Ultram®)</li> <li>• tramadol/acetaminophen (generic for Ultracet®)</li> <li>• tramadol ER (generic for ConZip®, Ryzolt ER®, Ultram ER®)**</li> <li>• tramadol solution (generic for Qdolo™)</li> </ul>	<ul style="list-style-type: none"> <li>• ConZip®**</li> <li>• Nucynta®</li> <li>• Nucynta ER®**</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

## ANTIBIOTICS – SECOND GENERATION CEPHALOSPORINS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• cefaclor caps, ER tabs, susp. (generic for Ceclor®)</li> <li>• cefprozil susp./tabs (generic for Cefzil Susp/Tabs®)</li> <li>• cefuroxime (generic for Ceftin®)</li> </ul>	

## ANTIBIOTICS – THIRD GENERATION CEPHALOSPORINS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• cefdinir caps/susp. (generic for Omnicef cap/susp®)</li> <li>• cefixime caps/susp. (generic for Suprax®)</li> <li>• cefpodoxime tabs, susp. (generic for Vantin®)</li> </ul>	

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\*\* Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

\*\*\* Indicates when quantity limits apply.

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## ANTIBIOTICS – MACROLIDES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>azithromycin (generic for Zithromax®)***</li><li>clarithromycin/ER/susp (generic for Biaxin®/XL/susp)***</li><li>E.E.S.®</li><li>EryPed 200 susp®</li><li>erythromycin base cap</li><li>erythromycin base tab (generic for E-Mycin®)</li><li>erythromycin ethylsuccinate (generic for E.E.S.®)</li></ul>	<ul style="list-style-type: none"><li>EryPed 400 susp®</li><li>Ery-Tab®</li><li>Erythrocin®</li><li>Zithromax®*</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

## ANTIBIOTICS – SECOND GENERATION QUINOLONES

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"><li>ciprofloxacin (generic for Cipro®)</li><li>Cipro susp®</li><li>ofloxacin (generic for Floxin®)</li></ul>	<ul style="list-style-type: none"><li>Cipro®*</li></ul>
Qty limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

## ANTIBIOTICS – THIRD GENERATION QUINOLONES

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"><li>levofloxacin (generic for Levaquin®)</li><li>moxifloxacin (generic for Avelox®)</li></ul>	<ul style="list-style-type: none"><li>Baxdela®</li></ul>
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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- \*\*\* Indicates when quantity limits apply.

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## ANTIBIOTICS – HERPETIC ANTIVIRALS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• acyclovir (generic for Zovirax®)</li> <li>• famciclovir (generic for Famvir®)</li> <li>• valacyclovir (generic for Valtrex®)</li> </ul>	<ul style="list-style-type: none"> <li>• Sitavig®</li> <li>• Valtrex®*</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

## ANTIBIOTICS – INHALED

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• Bethkis®</li> <li>• Kitabis® Pak</li> <li>• Tobi Podhaler®</li> <li>• tobramycin (generic for Bethkis®)</li> <li>• tobramycin pak/ solution (generic for Kitabis®, Tobi®)</li> </ul>	<ul style="list-style-type: none"> <li>• Arikayce®</li> <li>• Cayston®</li> <li>• Tobi®*</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

## ANTIBIOTICS – VAGINAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• clindamycin</li> <li>• Clindesse®</li> <li>• metronidazole</li> <li>• Nuvessa™</li> </ul>	<ul style="list-style-type: none"> <li>• Cleocin® Cream*/Ovules</li> <li>• Vandazole®</li> <li>• Xaciato®</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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## ANTICONVULSANTS – CARBAMAZEPINE DERIVATIVES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• carbamazepine chew/susp/tab/XR (generic for Tegretol®/XR)</li><li>• carbamazepine ER (generic for Carbatrol®)</li><li>• Carbatrol®</li><li>• Epitol®</li><li>• oxcarbazepine susp (generic for Trileptal® Susp)</li><li>• oxcarbazepine tab (generic for Trileptal®)</li><li>• Tegretol XR®</li><li>• Trileptal® suspension</li></ul>	<ul style="list-style-type: none"><li>• Equetro®</li><li>• Oxtellar XR®</li><li>• Tegretol susp/tab*</li><li>• Trileptal® tab*</li></ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

## ANTICONVULSANTS – FIRST GENERATION

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• Celontin®</li><li>• Depakote Sprinkle®</li><li>• Dilantin Infatab ®</li><li>• divalproex/ER/sprinkle (generic for Depakote®/ER/Sprinkle)</li><li>• ethosuximide cap/syrup (generic for Zarontin®)</li><li>• felbamate (generic for Felbatol®)</li><li>• methsuximide (generic for Celontin®)</li><li>• phenytoin cap/susp/chew (generic for Dilantin®/cap/susp/chew)</li><li>• phenytoin (generic for Phenytek®)</li><li>• primidone (generic for Mysoline®)</li><li>• valproic acid cap/syrup (generic for Depakene®)</li></ul>	<ul style="list-style-type: none"><li>• Depakote®*</li><li>• Depakote ER®*</li><li>• Dilantin cap/susp®*</li><li>• Felbatol®*</li><li>• Mysoline®*</li><li>• Phenytek®*</li><li>• Zarontin cap/syrup®*</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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## ANTICONVULSANTS – OTHER

### NASAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>Nayzilam®</li><li>Valtoco®</li></ul>	

### RECTAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>Diastat®/AcuDial™</li><li>diazepam (generic for Diastat®)</li></ul>	

## ANTICONVULSANTS – SECOND GENERATION

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>clobazam (generic for Onfi®)</li><li>Epidiolex®</li><li>gabapentin (generic for Neurontin®)</li><li>Gabitril®</li><li>lacosamide (generic for Vimpat®)</li><li>lamotrigine/ODT/XR (generic for Lamictal®/ODT/XR)</li><li>levetiracetam/ER (generic for Keppra/XR®)</li><li>pregabalin (generic for Lyrica®)</li><li>rufinamide susp/tab (generic for Banzel®)</li><li>Sabril®</li><li>tiagabine (generic for Gabitril®)</li><li>Topamax® sprinkle</li><li>topiramate (generic for Topamax®)</li><li>topiramate ER (generic for Qudexy XR®)</li><li>topiramate ER (generic for Trokendi XR®)</li><li>vigabatrin (generic for Sabril®)</li><li>zonisamide (generic for Zonegran®)</li></ul>	<ul style="list-style-type: none"><li>Aptiom®</li><li>Banzel®*</li><li>Briviact®</li><li>Diacomit®</li><li>Elepsia™ XR</li><li>Eprontia™</li><li>Fintepla®</li><li>Fycompa®</li><li>Keppra tab/sol®*</li><li>Keppra XR®*</li><li>Lamictal tab®*</li><li>Lamictal ODT®*</li><li>Lamictal XR®*</li><li>Lyrica® (requires additional clinical PA)</li><li>Neurontin®*</li><li>Onfi®*</li><li>Qudexy XR®*</li><li>Spritam®</li><li>Sympazan®</li><li>Topamax®*</li><li>Trokendi XR®*</li><li>Vimpat®*</li><li>Xcopri®</li><li>Zonisade™</li><li>Ztalmy®</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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## ANTIFUNGALS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"><li>ciclopirox solution (generic for Penlac®)</li><li>itraconazole</li><li>luliconazole (generic for Luzu®)</li><li>oxiconazole (generic for Oxistat®)</li><li>tavaborole (generic for Kerydin®)</li><li>terbinafine (generic of Lamisil®)</li></ul>	<ul style="list-style-type: none"><li>Jublia®</li><li>Luzu®</li><li>Oxistat®</li><li>Sporanox®</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

## ANTIPARKINSON'S AGENTS – DOPAMINE RECEPTOR AGONISTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>pramipexole/ER (generic for Mirapex®/ER)</li><li>ropinirole/ER (generic for Requip®/XL)</li></ul>	<ul style="list-style-type: none"><li>Inbrija™</li><li>Kynmobi™</li><li>Mirapex*ER®*</li><li>Neupro®</li></ul>
	Trial and failure of 1 Preferred products based on diagnosis required prior to Non-Preferred products

## ANTIVIRALS – TREATMENT/PROPHYLAXIS OF INFLUENZA

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>amantadine (generic for Symmetrel®)</li><li>oseltamivir (generic for Tamiflu®)</li><li>rimantadine (generic for Flumadine®)</li></ul>	<ul style="list-style-type: none"><li>Flumadine tablet®*</li><li>Relenza®***</li><li>Tamiflu®***</li><li>Xofluza™***</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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## ATOPIC DERMATITIS TREATMENTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"><li>Dupixent®</li><li>Elidel®</li><li>Eucrisa®</li><li>pimecrolimus (generic for Elidel®)</li><li>Protopic®</li><li>tacrolimus (generic for Protopic®)</li></ul>	<ul style="list-style-type: none"><li>Adbry™</li><li>Opzelura®</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

## BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS AND COMBOS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>Abilify Asimtufii®</li><li>Abilify Maintena®</li><li>ariPIPrazole/ODT/solution (generic for Abilify®/Discmelt/oral solution)</li><li>Aristada®</li><li>Aristada Initio®</li><li>asenapine (generic for Saphris ®)</li><li>clozapine (generic for Clozaril®)</li><li>clozapine ODT (generic for Fazacllo®)</li><li>Invega Sustenna/Trinza®/Hafyera®</li><li>Iurasidone (generic for Latuda®)</li><li>olanzapine/ODT/IM (generic for Zyprexa®)</li><li>olanzapine/fluoxetine (generic for Symbyax®)</li><li>paliperidone (generic for Invega®)</li><li>Perseris®</li><li>quetiapine/ER (generic for Seroquel/XR®)</li><li>Risperdal Consta®***</li><li>risperidone/ODT (generic for Risperdal®/MT)</li><li>Uzedy®</li><li>Vraylar®</li><li>ziprasidone/IM (generic for Geodon®)</li></ul>	<ul style="list-style-type: none"><li>Abilify®*</li><li>Abilify MyCite®</li><li>Caplyta®</li><li>Clozaril®*</li><li>Fanapt®</li><li>Geodon®/IM*</li><li>Invega®*</li><li>Latuda®*</li><li>Lybalvi™</li><li>Rexulti®</li><li>Risperdal®*</li><li>Saphris®*</li><li>Secuado® Transdermal System</li><li>Seroquel®/XR*</li><li>Symbyax®*</li><li>Versacloz®</li><li>Zyprexa®*/IM/Relprevv/Zydis</li></ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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\*\*\* Indicates when quantity limits apply.

*This list may not include all available formulations listed specifically by name.*

## BEHAVIORAL HEALTH – ALZHEIMER'S AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>donepezil/ODT/23 mg (generic for Aricept®/ODT/23 mg)</li><li>Exelon® patch</li><li>galantamine/ER (generic for Razadyne®)</li><li>memantine tab/dose pack/soln (generic for Namenda® tab/dose pack/soln)</li><li>memantine ER (generic for Namenda XR®)</li><li>rivastigmine capsule/patch (generic for Exelon® capsule/patch)</li></ul>	<ul style="list-style-type: none"><li>Adlarity®</li><li>Aricept®*</li><li>Aricept 23 mg®*</li><li>Namenda® XR* (not a cholinesterase inhibitor)</li><li>Namzaric®</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

## BEHAVIORAL HEALTH – NOVEL ANTIDEPRESSANTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>bupropion (generic for Wellbutrin®)</li><li>bupropion SR (generic for Wellbutrin SR®)</li><li>bupropion XL (generic for Forfivo XL®)</li><li>bupropion XL (generic for Wellbutrin XL®)</li><li>desvenlafaxine ER (generic for Pristiq®)</li><li>duloxetine (generic for Cymbalta®, Irenka™)</li><li>mirtazapine (generic for Remeron®)</li><li>mirtazapine ODT (generic for Remeron Sol-Tabs®)</li><li>nefazodone (generic for Serzone®)</li><li>trazodone (generic for Desyrel®)</li><li>venlafaxine (generic for Effexor®)</li><li>venlafaxine ER (generic for Effexor XR®/Venlafaxine XR®)</li><li>vilazodone (generic for Viibryd®)</li></ul>	<ul style="list-style-type: none"><li>Aplenzin®</li><li>Auvelity®</li><li>Cymbalta®</li><li>Drizalma® Sprinkle</li><li>Effexor XR®*</li><li>Emsam®</li><li>Fetzima®</li><li>Forfivo XL®*</li><li>Pristiq®*</li><li>Remeron®*</li><li>Remeron Sol-Tabs®*</li><li>Spravato®** (requires additional clinical PA)</li><li>Trintellix®</li><li>Venlafaxine Besylate ER</li><li>Viibryd®*</li><li>Wellbutrin SR®*</li><li>Wellbutrin XL®*</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

\* Indicates a generic is available without PA.

\*\* Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

\*\*\* Indicates when quantity limits apply.

*This list may not include all available formulations listed specifically by name.*

## BEHAVIORAL HEALTH – ANXIOLYTICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>alprazolam/XR (generic for Xanax®/XR)</li><li>buspirone (generic for Buspar®)</li><li>chlordiazepoxide (generic for Librium®)</li><li>clonazepam (generic for Klonopin®)</li><li>clorazepate (generic for Tranxene®)</li><li>diazepam (generic for Valium®)</li><li>lorazepam (generic for Ativan®)</li><li>oxazepam (generic for Serax®)</li></ul>	<ul style="list-style-type: none"><li>Ativan®*</li><li>Loreev XR®</li><li>Klonopin®*</li><li>Xanax®*</li><li>Xanax XR®*</li></ul>
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

## BEHAVIORAL HEALTH – SEROTONIN REUPTAKE INHIBITORS AND COMBOS

**Note:** Recipients < 12 years of age exempt from PDL in SSRI category.

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>citalopram (generic for Celexa®)</li><li>escitalopram/soln (generic for Lexapro®)</li><li>fluoxetine/Weekly (generic for Prozac®/Weekly/Sarafem®)</li><li>fluvoxamine/ER (generic for Luvox® CR)</li><li>paroxetine/ER (generic for Paxil®/Brisdelle®/CR)</li><li>sertraline (generic for Zoloft®)</li><li>sertraline capsule</li></ul>	<ul style="list-style-type: none"><li>Celexa®*</li><li>Lexapro tab®*</li><li>Paxil®/CR*</li><li>Pexeva®</li><li>Prozac®*</li><li>Zoloft®*</li></ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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## BEHAVIORAL HEALTH – SEDATIVE HYPNOTICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• doxepin (generic for Silenor®)</li><li>• estazolam (generic for Prosom®)</li><li>• eszopiclone (generic for Lunesta®)</li><li>• flurazepam (generic for Dalmane®)</li><li>• ramelteon (generic for Rozerem®)</li><li>• temazepam (generic for Restoril®)</li><li>• triazolam (generic for Halcion®)</li><li>• zaleplon (generic for Sonata®)</li><li>• zolpidem capsule</li><li>• zolpidem/ER (generic for Ambien®/CR)</li><li>• zolpidem SL (generic for Intermezzo®)</li></ul>	<ul style="list-style-type: none"><li>• Ambien®/CR*</li><li>• Belsomra®</li><li>• Dayvigo®</li><li>• Doral®</li><li>• Edluar®</li><li>• Halcion®*</li><li>• Igalmi™</li><li>• Lunesta®*</li><li>• Quviquiq®</li><li>• Restoril®*</li><li>• Rozerem®*</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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\*\*\* Indicates when quantity limits apply.

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## BEHAVIORAL HEALTH – ANTIHYPERKINESIS\*\*\*

**\*\*Criteria for approval:** < 21 years of age exempt from prior approval for preferred drugs.

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"><li>• Adderall® (generic)</li><li>• Adderall XR®</li><li>• amphetamine salt combo/XR (generic for Adderall®/XR)</li><li>• amphetamine sulfate (generic for Evekeo®)</li><li>• atomoxetine (generic for Strattera®)</li><li>• clonidine ER (generic for Kapvay®)</li><li>• Concerta®</li><li>• dexmethylphenidate/XR (generic for Focalin/XR®)</li><li>• dextroamphetamine /ER (generic for Dexedrine®/ER)</li><li>• dextroamphetamine soln. (generic for ProCentra®)</li><li>• Focalin XR®</li><li>• guanfacine ER (generic for Intuniv®)</li><li>• lisdexamfetamine (generic for Vyvanse®)</li><li>• methamphetamine (generic for Desoxyn®)</li><li>• Methylin® soln.</li><li>• methylphenidate CD (generic for Metadate CD®)</li><li>• methylphenidate chewable (generic for Methylin® chew)</li><li>• methylphenidate ER (generic for Aptensio XR®)</li><li>• methylphenidate ER (generic for Concerta®/Ritalin LA®)</li><li>• methylphenidate patch (generic for Daytrana®)</li><li>• methylphenidate soln. (generic for Methylin® soln.)</li><li>• methylphenidate/SR (generic for Ritalin/ SR®)</li><li>• Relexxii®</li><li>• Vyvanse®</li></ul>	<ul style="list-style-type: none"><li>• Adzenys XR-ODT®</li><li>• Aptensio XR®</li><li>• Azstarys®</li><li>• Cotempla XR-ODT®</li><li>• Daytrana®</li><li>• Desoxyn®</li><li>• Dexedrine ER®</li><li>• Dyanavel XR®</li><li>• Evekeo®/ODT</li><li>• Focalin®</li><li>• Intuniv®</li><li>• Jornay PM®</li><li>• Mydayis®</li><li>• ProCentra®</li><li>• Qelbree®</li><li>• QuilliChew ER®</li><li>• Quillivant XR®</li><li>• Ritalin®</li><li>• Ritalin LA®</li><li>• Strattera®</li><li>• Xelstrym®</li><li>• Zenedi®</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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## CARDIOVASCULAR – ACE INHIBITORS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• amlodipine/benazepril (generic for Lotrel®)</li><li>• benazepril (generic for Lotensin®)</li><li>• benazepril/HCTZ (generic for Lotensin HCT®)</li><li>• captopril (generic for Capoten®)</li><li>• captopril/HCTZ (generic for Capozide®)</li><li>• enalapril (generic for Vasotec®)</li><li>• enalapril solution (generic for Epaned®)</li><li>• enalapril/HCTZ (generic for Vaseretic®)</li><li>• fosinopril</li><li>• fosinopril/HCTZ</li><li>• lisinopril (generic for Prinivil® and Zestril®)</li><li>• lisinopril/HCTZ (generic for Prinzide® and Zestoretic®)</li><li>• moexipril</li><li>• perindopril (generic for Aceon®)</li><li>• quinapril (generic for Accupril®)</li><li>• quinapril/HCTZ (generic for Accuretic®)</li><li>• ramipril (generic for Altace®)</li><li>• trandolapril (generic for Mavik®)</li><li>• trandolapril/verapamil (generic for Tarka®)</li></ul>	<ul style="list-style-type: none"><li>• Accupril®*</li><li>• Accuretic®*</li><li>• Altace®*</li><li>• Epaned®* (non-preferred for adults only)</li><li>• Lotensin®*/HCT</li><li>• Lotrel®*</li><li>• Qbrelis®</li><li>• Vaseretic®*</li><li>• Vasotec®*</li><li>• Zestoretic®*</li><li>• Zestril®*</li></ul>
	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

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## CARDIOVASCULAR – ANGIOTENSIN II RECEPTOR BLOCKERS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• amlodipine/olmesartan (generic for Azor®)</li><li>• amlodipine/olmesartan/HCTZ (generic for Tribenzor®)</li><li>• amlodipine/valsartan (generic for Exforge®)</li><li>• amlodipine/valsartan/HCTZ (generic for Tribenzor®)</li><li>• candesartan (generic for Atacand®)</li><li>• candesartan/HCTZ (generic for Atacand HCT®)</li><li>• Entresto®</li><li>• eprosartan (generic for Teveten®)</li><li>• irbesartan (generic for Avapro®)</li><li>• irbesartan/HCTZ (generic for Avalide®)</li><li>• losartan (generic for Cozaar®)</li><li>• losartan/HCTZ (generic for Hyzaar®)</li><li>• olmesartan (generic for Benicar®)</li><li>• olmesartan/HCTZ (generic for Benicar HCT®)</li><li>• telmisartan (generic for Micardis®)</li><li>• telmisartan/amlodipine (generic for Twynsta®)</li><li>• telmisartan /HCTZ (generic for Micardis HCT®)</li><li>• valsartan (generic for Diovan®)</li><li>• valsartan solution</li><li>• valsartan/HCTZ (generic for Diovan HCT®)</li></ul>	<ul style="list-style-type: none"><li>• Atacand®*/HCT</li><li>• Avalide®*</li><li>• Avapro®*</li><li>• Azor®*</li><li>• Benicar®*/HCT*</li><li>• Cozaar®*</li><li>• Diovan®</li><li>• Diovan HCT®*</li><li>• Edarbi®</li><li>• Edarbyclor®</li><li>• Exforge®/HCT*</li><li>• Hyzaar®*</li><li>• Micardis®/HCT*</li><li>• Tribenzor®**</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

## CARDIOVASCULAR – ANTIANGINAL AND ANTI-ISCHEMIC

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• ranolazine ER</li></ul>	<ul style="list-style-type: none"><li>• Aspruzyo™ Sprinkle</li><li>• Ranexa®*</li></ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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## CARDIOVASCULAR – BETA-BLOCKERS AND COMBINATION

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• acebutolol (generic for Sectral®)</li><li>• atenolol (generic for Tenormin®)</li><li>• atenolol/chlorthalidone (generic for Tenoretic®)</li><li>• betaxolol (generic for Kerlone®)</li><li>• bisoprolol (generic for Zebeta®)</li><li>• bisoprolol /HCTZ (generic for Ziac®)</li><li>• carvedilol/ER (generic for Coreg®/CR)</li><li>• Hemangeol®</li><li>• labetalol (generic for Normodyne® and Trandate®)</li><li>• metoprolol (generic for Lopressor®)</li><li>• metoprolol/HCTZ (generic for Lopressor HCT®)</li><li>• metoprolol succinate (generic for Toprol XL®)</li><li>• nadolol (generic for Corgard®)</li><li>• nebivolol (generic for Bystolic®)</li><li>• pindolol (generic for Visken®)</li><li>• propranolol (generic for Inderal®)</li><li>• propranolol ER (generic for Inderal LA®)</li><li>• propranolol/HCTZ</li><li>• sotalol (generic for Betapace®)</li><li>• sotalol AF (generic for Betapace AF®)</li><li>• Sorine®</li><li>• timolol (generic for Blocadren®)</li></ul>	<ul style="list-style-type: none"><li>• Betapace®*</li><li>• Betapace AF®*</li><li>• Bystolic®*</li><li>• Coreg®/CR*</li><li>• Corgard®*</li><li>• Inderal LA®*</li><li>• Inderal XL®*</li><li>• InnoPran XL®</li><li>• Kapspargo Sprinkle®</li><li>• Lopressor®*</li><li>• Sotylyze®</li><li>• Tenoretic®*</li><li>• Tenormin®*</li><li>• Toprol XL®*</li><li>• Ziac®*</li></ul>
	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

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## CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (DHP)

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>amlodipine (generic for Norvasc®)</li><li>felodipine ER (generic for Plendil®)</li><li>isradipine (generic for DynaCirc®)</li><li>levamldipine (generic for Concupri®)</li><li>nicardipine (generic for Cardene®)</li><li>nifedipine IR (generic for Procardia®)</li><li>nifedipine ER (generic for Procardia XL®)</li><li>nimodipine (generic for Nimotop®)</li><li>nisoldipine</li></ul>	<ul style="list-style-type: none"><li>Katerzia®</li><li>Norliqva®</li><li>Norvasc®*</li><li>Nymalize®</li><li>Procardia XL®*</li><li>Sular®</li></ul>
	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

## CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (NON-DHP) AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>diltiazem ER (generic for Cardizem CD®)</li><li>diltiazem HCL (generic for Cardizem®)</li><li>diltiazem SR (generic for Cardizem SR®)</li><li>diltiazem XR (generic for Dilacor XR®)</li><li>Taztia XT®</li><li>verapamil (generic for Calan®, Isoptin® and Verelan®)</li><li>verapamil ER (generic for Calan SR® and Isoptin SR®)</li><li>verapamil ER PM (generic for Verelan PM®)</li></ul>	<ul style="list-style-type: none"><li>Cardizem®*</li><li>Cardizem CD®*</li><li>Cardizem LA®</li><li>Tiazac®</li><li>Verelan® PM*</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

## CARDIOVASCULAR – CHOLESTEROL ABSORPTION INHIBITORS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>ezetimibe (generic for Zetia®)</li><li>ezetimibe/simvastatin (generic for Vytorin®)</li></ul>	<ul style="list-style-type: none"><li>Vytorin®*</li><li>Zetia®*</li></ul>
	Trial and failure of 2 high potency statins Preferred products required prior to Non-Preferred products.

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## CARDIOVASCULAR – STATINS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• fluvastatin/ER (generic for Lescol®/XL)</li><li>• lovastatin (generic for Mevacor®)</li><li>• pravastatin (generic for Pravachol®)</li></ul>	<ul style="list-style-type: none"><li>• Altoprev®</li><li>• Lescol XL®*</li><li>• Zypitamag*</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

## CARDIOVASCULAR – HIGH POTENCY STATINS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• amlodipine/atorvastatin (generic for Caduet®)</li><li>• atorvastatin (generic for Lipitor®)</li><li>• ezetimibe/simvastatin (generic for Vytorin®)</li><li>• pitavastatin (generic for Livalo®)</li><li>• rosuvastatin (generic for Crestor®)</li><li>• simvastatin (generic for Zocor®)</li></ul>	<ul style="list-style-type: none"><li>• Atorvaliq®</li><li>• Caduet®*</li><li>• Crestor®*</li><li>• Ezallor Sprinkle®</li><li>• Lipitor®*</li><li>• Livalo®</li><li>• Vytorin®*</li><li>• Zocor®*</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

## CARDIOVASCULAR – TRIGLYCERIDE LOWERING AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• fenofibrate (generic for Antara®, Fenoglide®, Lofibra®, Lipofen®, Tricor®, Triglide®)</li><li>• fenofibric acid (generic for Fibricor®, Trilipix®)</li><li>• gemfibrozil (generic for Lopid®)</li><li>• icosapent ethyl (generic for Vascepa®)</li><li>• omega-3 ethyl ester (generic for Lovaza®)</li></ul>	<ul style="list-style-type: none"><li>• Fenoglide®*</li><li>• Lipofen®*</li><li>• Lopid®*</li><li>• Lovaza®*</li><li>• Tricor®*</li><li>• Trilipix®*</li><li>• Vascepa®*</li></ul>
	Trial and failure of 2 high potency statins required prior to Non-Preferred products.

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## CARDIOVASCULAR – PLATELET INHIBITORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>aspirin/dipyridamole (generic for Aggrenox®)</li><li>Brilinta®</li><li>clopidogrel (generic for Plavix®)</li><li>dipyridamole (generic for Persantine®)</li><li>prasugrel (generic for Effient®)</li></ul>	<ul style="list-style-type: none"><li>Effient®*</li><li>Plavix®*</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

## CARDIOVASCULAR – NIACIN DERIVATIVES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>niacin ER</li></ul>	

## CARDIOVASCULAR – ORAL PULMONARY HYPERTENSION AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>ambrisentan (generic for Letairis®)</li><li>bosentan (generic for Tracleer®)</li><li>sildenafil (generic for Revatio®)**</li><li>tadalafil (generic for Adcirca®)**</li></ul>	<ul style="list-style-type: none"><li>Adcirca®**</li><li>Adempas®</li><li>Letairis®*</li><li>Liqrev®</li><li>Opsumit®</li><li>Orenitram® ER</li><li>Revatio®**</li><li>Tadliq®**</li><li>Tracleer®*</li><li>Uptravi®</li></ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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## CENTRAL NERVOUS SYSTEM – TRIPTANS

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"><li>almotriptan (generic for Axert®)</li><li>eletriptan (generic for Relpax®)</li><li>frovatriptan (generic for Frova®)</li><li>naratriptan (generic for Amerge®)</li><li>rizatriptan/ODT (generic for Maxalt®/MLT)</li><li>sumatriptan (generic for Imitrex®)</li><li>sumatriptan/naproxen (generic for Treximet®)</li><li>zolmitriptan (generic for Zomig®)</li></ul>	<ul style="list-style-type: none"><li>Frova®*</li><li>Imitrex®*</li><li>Maxalt tablet/MLT®*</li><li>Relpax®*</li><li>Reyvow®</li><li>Tosymra®</li><li>Zembrace SymTouch®</li><li>Zomig®*</li></ul>
Qty. limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products

## CENTRAL NERVOUS SYSTEM – CALCITONIN GENE-RELATED PEPTIDE INHIBITORS – MIGRAINE AND CLUSTER HEADACHE PREVENTION

PREFERRED**/***	NON-PREFERRED**/***
<ul style="list-style-type: none"><li>Ajovy®</li><li>Emgality® 120 mg</li></ul>	<ul style="list-style-type: none"><li>Aimovig®</li><li>Emgality® 100 mg</li><li>Qulipta™</li><li>Vyepti®</li><li>Zavzpret™</li></ul>
Qty. limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products

## CENTRAL NERVOUS SYSTEM – CALCITONIN GENE-RELATED PEPTIDE INHIBITORS – MIGRAINE AND CLUSTER HEADACHE TREATMENT

PREFERRED**/***	NON-PREFERRED**/***
<ul style="list-style-type: none"><li>Ubrelvy®</li></ul>	<ul style="list-style-type: none"><li>Nurtec® ODT</li></ul>
Qty. limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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## CENTRAL NERVOUS SYSTEM – MULTIPLE SCLEROSIS

### DISEASE MODIFYING THERAPY

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> <li>Avonex®</li> <li>Betaseron®</li> <li>Copaxone®</li> <li>dimethyl fumarate DR (generic for Tecfidera®)</li> <li> fingolimod (generic for Gilenya®)</li> <li>Glatopa®</li> <li> glatiramer (generic for Copaxone®)</li> <li>Kesimpta®</li> <li>teriflunomide (generic for Aubagio®)</li> </ul>	<ul style="list-style-type: none"> <li>Aubagio®*</li> <li>Bafiertam™</li> <li>Briumvi™</li> <li>Extavia®</li> <li>Gilenya®*</li> <li>Lemtrada®</li> <li>Mavenclad®</li> <li>Mayzent®</li> <li>Ocrevus®</li> <li>Plegridy/IM®</li> <li>Ponvory®</li> <li>Rebif®</li> <li>Tascenso ODT™</li> <li>Tecfidera®*</li> <li>Tysabri®</li> <li>Vumerity®</li> <li>Zeposia®</li> </ul>
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

### OTHER

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> <li>dalfampridine ER (generic for Ampyra®)</li> </ul>	<ul style="list-style-type: none"> <li>Ampyra®*</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

## CENTRAL NERVOUS SYSTEM – MOVEMENT DISORDERS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> <li>Austedo®</li> <li>Austedo XR®</li> <li>Ingrezza®</li> <li>tetrabenazine (generic for Xenazine®)</li> </ul>	<ul style="list-style-type: none"> <li>Xenazine®</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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## ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• acarbose (generic for Precose®)</li> <li>• miglitol (generic for Glyset®)</li> </ul>	<ul style="list-style-type: none"> <li>• Precose®*</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

## ENDOCRINOLOGY – BIGUANIDES AND COMBOS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• metformin (generic for Riomet®)</li> <li>• metformin (generic for Glucophage®)</li> <li>• metformin ER (generic for Glumetza®)</li> <li>• metformin ER (generic for Fortamet®)</li> <li>• metformin/glipizide (generic for Metaglip®)</li> <li>• metformin/glyburide (generic for Glucovance®)</li> <li>• metformin XL (generic for Glucophage XR®)</li> </ul>	<ul style="list-style-type: none"> <li>• Glumetza®*</li> <li>• Riomet®*/ER Susp</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

- \* Indicates a generic is available without PA.
- \*\* Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.
- \*\*\* Indicates when quantity limits apply.

*This list may not include all available formulations listed specifically by name.*

## ENDOCRINOLOGY – DIPEPTIDYL PEPTIDASE-4 (DPP4) INHIBITORS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• alogliptin (generic for Nesina®)</li> <li>• alogliptin/pioglitazone (generic for Oseni®)</li> <li>• alogliptin/metformin (generic for Kazano®)</li> <li>• Glyxambi®</li> <li>• Janumet®</li> <li>• Janumet XR®</li> <li>• Januvia®</li> <li>• Jentadueto®</li> <li>• Kazano®*</li> <li>• Kombiglyze XR®</li> <li>• Nesina®</li> <li>• Onglyza®</li> <li>• Oseni®</li> <li>• saxagliptin (generic for Onglyza®)</li> <li>• saxagliptin/metformin (generic for Kombiglyze XR®)</li> <li>• Tadjenta®</li> </ul>	<ul style="list-style-type: none"> <li>• Jentadueto XR®</li> <li>• Qtern®</li> <li>• Steglujan®</li> <li>• Trijardy XR®</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

## ENDOCRINOLOGY – GLUCAGON AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• Baqsimi® Nasal Powder</li> <li>• diazoxide suspension</li> <li>• Glucagon emergency kit (human recombinant injection, Eli Lilly)</li> <li>• glucagon injection</li> <li>• Proglycem® suspension (oral)</li> </ul>	<ul style="list-style-type: none"> <li>• Glucagon Emergency Kit (Fresenius Kabi)</li> <li>• Gvoke® HypoPen, PFS</li> <li>• Zeglogue®</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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## ENDOCRINOLOGY – GLUCAGON-LIKE PEPTIDE-1 (GLP-1) AGONISTS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• Byetta®</li><li>• Ozempic®</li><li>• Trulicity®</li><li>• Victoza®</li></ul>	<ul style="list-style-type: none"><li>• Bydureon BCise®</li><li>• Mounjaro™</li><li>• Rybelsus®</li><li>• Soliqua®</li><li>• Symlin® Pens</li><li>• Xultophy®</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

## ENDOCRINOLOGY – PITUITARY SUPPRESSIVE AGENTS - LHRH

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• Camcevi™</li><li>• Eligard®</li><li>• Fensolvi®</li><li>• Leuprolide acetate</li><li>• Lupron Depot®</li><li>• Synarel®</li><li>• Trelstar®</li></ul>	<ul style="list-style-type: none"><li>• Supprelin® LA Kit</li><li>• Triptodur™</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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## ENDOCRINOLOGY – INSULINS

### RAPID ACTING

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• Humalog® vial</li><li>• Humalog cartridge</li><li>• Humalog Junior KwikPen® (100 units/mL)</li><li>• Humalog KwikPen® (100 units/mL)</li><li>• Humalog® Tempo Pen™</li><li>• insulin aspart vial/cartridge/pen (generic for Novolog®)</li><li>• insulin lispro vial/kwikpen (generic for Humalog vial/cartridge/pen®)</li><li>• Novolog vial/cartridge/FlexPen®</li></ul>	<ul style="list-style-type: none"><li>• Admelog®</li><li>• Afrezza</li><li>• Apidra vial/SoloSTAR®</li><li>• Fiasp® FlexTouch/vial/Penfill</li><li>• Humalog KwikPen® (200 units/mL)</li><li>• Lyumjev™</li><li>• Lyumjev™ Tempo Pen™</li></ul>
Trial and failure of 1 Preferred product required prior to Non-Preferred products.	

### SHORT ACTING

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• Humulin R®</li><li>• Humulin R 500 KwikPen®/pen/vial</li></ul>	<ul style="list-style-type: none"><li>• Novolin R®</li></ul>
Trial and failure of 1 Preferred product required prior to Non-Preferred products.	

### INTERMEDIATE ACTING

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• Humulin N®</li></ul>	<ul style="list-style-type: none"><li>• Humulin N KwikPen®</li><li>• Novolin N®</li></ul>
Trial and failure of 1 Preferred product required prior to Non-Preferred products.	

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## LONG ACTING

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• insulin degludec (generic for Tresiba®)</li> <li>• insulin glargine</li> <li>• insulin glargine-yfgn</li> <li>• Lantus SoloSTAR®</li> <li>• Lantus® vial</li> <li>• Levemir FlexTouch®</li> <li>• Levemir vial®</li> </ul>	<ul style="list-style-type: none"> <li>• Basaglar KwikPen®</li> <li>• Basaglar® Tempo Pen™</li> <li>• Rezvoglar™ Kwikpen</li> <li>• Semglee™</li> <li>• Toujeo Solostar/Max Solostar®</li> <li>• Tresiba FlexTouch® pen</li> <li>• Tresiba vial®</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

## PREMIXED COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• Humalog Mix 75/25 vial and KwikPen®</li> <li>• Humalog Mix 50/50 vial and KwikPen®</li> <li>• Humulin 70/30 KwikPen®</li> <li>• Humulin 70/30 vial®</li> <li>• insulin aspart protamine vial/pen (generic for Novolog® Mix 70/30)</li> <li>• insulin lispro protamine vial/pen (generic for Humalog Mix® 75/25)</li> <li>• Novolog Mix 70/30®</li> <li>• Novolog Mix 70/30 FlexPen®</li> </ul>	<ul style="list-style-type: none"> <li>• Novolin 70/30®</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

## ENDOCRINOLOGY – MEGLITINIDES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• nateglinide (generic for Starlix®)</li> <li>• repaglinide (generic for Prandin®)</li> <li>• </li> </ul>	

## ENDOCRINOLOGY – POTASSIUM BINDERS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• Lokelma®</li> <li>• sodium polystyrene sulfonate</li> </ul>	<ul style="list-style-type: none"> <li>• Veltassa®</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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## ENDOCRINOLOGY – SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• Farxiga®</li><li>• Glyxambi®</li><li>• Invokamet®</li><li>• Invokana®</li><li>• Jardiance®</li><li>• Synjardy®</li><li>• Xigduo XR®</li></ul>	<ul style="list-style-type: none"><li>• Inpefa™</li><li>• Invokamet XR®</li><li>• Qtern®</li><li>• Segluromet®</li><li>• Steglatro®</li><li>• Steglujan®</li><li>• Synjardy XR®</li><li>• Trijardy XR®</li></ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

## ENDOCRINOLOGY – THIAZOLIDINEDIONES AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• pioglitazone (generic for Actos®)</li><li>• pioglitazone/glimepiride (generic for Duetact®)</li><li>• pioglitazone/metformin (generic for Actoplus Met®)</li></ul>	<ul style="list-style-type: none"><li>• Actos®*</li><li>• Actoplus Met ®*</li><li>• Duetact®*</li></ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

## ENDOCRINOLOGY – SECOND GENERATION SULFONYLUREAS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• glimepiride (generic for Amaryl®)</li><li>• glipizide (generic for Glucotrol®)</li><li>• glipizide ER (generic for Glucotrol XL®)</li><li>• glyburide (generic for Micronase®, DiaBeta®)</li><li>• glyburide micronized (generic for Glynase®)</li></ul>	<ul style="list-style-type: none"><li>• Glucotrol XL®*</li><li>• Glynase®*</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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## ENDOCRINOLOGY – WEIGHT MANAGEMENT

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"><li>• orlistat (generic for Xenical®)</li><li>• Saxenda®</li><li>• Wegovy®</li></ul>	<ul style="list-style-type: none"><li>• Imcivree®</li><li>• Xenical®</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

## GASTROINTESTINAL – ANTIEMETICS\*\*\*

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• aprepitant/ pack (generic for Emend®/pack)</li><li>• Bonjesta®</li><li>• doxylamine succ/pyridoxine HCL (generic for Diclegis®)</li><li>• granisetron tab (generic for Kytril®)</li><li>• ondansetron (generic for Zofran®)</li></ul>	<ul style="list-style-type: none"><li>• Akynzeo®</li><li>• Anzemet®</li><li>• Aponvie®</li><li>• Cinvanti®</li><li>• Diclegis®*</li><li>• Emend®*/pack</li><li>• Sancuso®</li><li>• Sustol®</li></ul>
Qty. limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

## GASTROINTESTINAL – BOWEL DISORDERS/GI MOTILITY, CHRONIC

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"><li>• alosetron</li><li>• Amitiza®</li><li>• Linzess®</li><li>• lubiprostone (generic for Amitiza®)</li><li>• Movantik®</li></ul>	<ul style="list-style-type: none"><li>• Ibsrela®</li><li>• Lotronex®</li><li>• Motegrity®</li><li>• Relistor®</li><li>• Symproic®</li><li>• Trulance®</li><li>• Viberzi®</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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## GASTROINTESTINAL – HEPATITIS C AGENTS

### PEGYLATED INTERFERON ALPHA PRODUCTS

PREFERRED**	NON-PREFERRED**
• Pegasys® syringe/vial	

### RIBAVIRIN PRODUCTS

PREFERRED**	NON-PREFERRED**
• Ribavirin	

### DIRECT ACTING ANTIVIRAL PRODUCTS

PREFERRED**	NON-PREFERRED**
• ledipasvir-sofosbuvir (generic for Harvoni®) • Mavyret™ • sofosbuvir/velpatasvir (generic for Epclusa®)	• Epclusa® • Harvoni® • Harvoni® Pellet Pack • Sovaldi® • Sovaldi® Pellet Pack • Vosevi® • Zepatier®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

## GASTROINTESTINAL – PROTON PUMP INHIBITORS AND COMBINATIONS\*\*\*

PREFERRED	NON-PREFERRED
• Dexilant® • dexlansoprazole (generic for Dexilant®) • esomeprazole (generic for Nexium®) (RX) • lansoprazole/solutab (generic for Prevacid/SoluTab) (RX) • Nexium suspension • omeprazole (generic for Prilosec®) (RX) • omeprazole/sodium bicarbonate (generic for Zegerid®) • pantoprazole tab/susp (generic for Protonix®) • Protonix® suspension • rabeprazole (generic for AcipHex®)	• AcipHex®* • Konvomep® • Nexium® (RX)* • Prevacid® capsules (RX)/SoluTab* • Prilosec® suspension (RX) • Protonix®* • Zegerid®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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## GASTROINTESTINAL – ULCERATIVE COLITIS

### ORAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• Apriso®</li><li>• balsalazide (generic for Colazal®)</li><li>• budesonide ER (generic for Uceris®)</li><li>• Lialda®</li><li>• mesalamine (generic for Asacol HD®, Lialda®, Pentasa®)</li><li>• mesalamine DR (generic for Delzicol®)</li><li>• mesalamine ER (generic for Apriso®)</li><li>• Pentasa®</li><li>• sulfasalazine (generic for Azulfidine®)</li></ul>	<ul style="list-style-type: none"><li>• Asacol HD®*</li><li>• Azulfidine®*</li><li>• Colazal®*</li><li>• Delzicol®*</li><li>• Dipentum®</li><li>• Uceris®*</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

### RECTAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• budesonide (generic for Uceris®)</li><li>• Canasa®</li><li>• mesalamine enema (generic for Rowasa®)</li><li>• mesalamine kit (generic for Rowasa® kit)</li><li>• mesalamine supp. (generic for Canasa supp.®)</li></ul>	<ul style="list-style-type: none"><li>• Rowasa®*</li><li>• SfRowasa®</li><li>• Uceris® Rectal Foam*</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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## GENITOURINARY/RENAL – ALPHA BLOCKERS FOR BENIGN PROSTATIC HYPERPLASIA

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>alfuzosin (generic for Uroxatral®)</li><li>dutasteride/tamsulosin (generic for Jalyn®)</li><li>silodosin (generic for Rapaflo®)</li><li>tamsulosin (generic for Flomax®)</li></ul>	<ul style="list-style-type: none"><li>Entadfi™</li><li>Flomax®*</li><li>Jalyn®*</li><li>Rapaflo®*</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

## GENITOURINARY/RENAL – ANDROGEN HORMONE INHIBITORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>dutasteride (generic for Avodart®)</li><li>finasteride (generic for Proscar®)</li></ul>	<ul style="list-style-type: none"><li>Avodart®*</li><li>Proscar®*</li></ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

## GENITOURINARY/RENAL – ELECTROLYTE DEPLETERS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>calcium acetate (generic for PhosLo®)</li><li>lanthanum (generic for Fosrenol®)</li><li>Renvela®</li><li>sevelamer (generic for Renvela®)</li><li>sevelamer HCL (generic for Renagel®)</li></ul>	<ul style="list-style-type: none"><li>Auryxia®</li><li>Fosrenol®*</li><li>MagneBind 400®</li><li>Renvela Powder Pack®</li><li>Velphoro®</li></ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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## GENITOURINARY/RENAL – URINARY ANTISPASMODICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• darifenacin ER (generic for Enablex®)</li><li>• fesoterodine (generic for Toviaz®)</li><li>• flavoxate</li><li>• Myrbetriq®</li><li>• oxybutynin /ER (generic for Ditropan®/XL)</li><li>• solifenacin (generic for Vesicare®)</li><li>• tolterodine/ER (generic for Detrol®/LA)</li><li>• Toviaz®</li><li>• trospium /ER (generic for Sanctura /XR®)</li></ul>	<ul style="list-style-type: none"><li>• Detrol/LA®*</li><li>• Ditropan XL®*</li><li>• Gelnique®</li><li>• Gemtesa®</li><li>• Myrbetriq® granules</li><li>• Oxytrol®</li><li>• Vesicare®/LS*</li></ul>
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

## HEMATOLOGIC – ANTICOAGULANTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• dabigatran (generic for Pradaxa®)</li><li>• Eliquis®</li><li>• enoxaparin (generic for Lovenox®)</li><li>• fondaparinux (generic for Arixtra®)</li><li>• Pradaxa®</li><li>• warfarin (generic for Coumadin®)</li><li>• Xarelto®</li><li>• Xarelto dose pack®</li><li>• Xarelto® suspension</li></ul>	<ul style="list-style-type: none"><li>• Arixtra®*</li><li>• Fragmin®*</li><li>• Lovenox®*</li><li>• Savaysa®</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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## HEMATOLOGIC – COLONY STIMULATING FACTORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• Neupogen® syringe</li><li>• Nyvepria®</li></ul>	<ul style="list-style-type: none"><li>• Fulphila®***</li><li>• Fylnetra®</li><li>• Granix®***</li><li>• Leukine®***</li><li>• Neulasta®</li><li>• Neulasta Onpro®</li><li>• Neupogen® vial</li><li>• Nivestym®</li><li>• Releuko®</li><li>• Rolvedon™</li><li>• Stimufend®</li><li>• Udenyca®</li><li>• Zarxio®</li><li>• Ziextenzo®</li></ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

## HEMATOLOGIC – HEMATOPOIETIC AGENTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"><li>• Aranesp®***</li><li>• Retacrit®***</li></ul>	<ul style="list-style-type: none"><li>• Epogen®***</li><li>• Mircera®***</li><li>• Procrit®***</li><li>• Reblozyl®</li></ul>
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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## HIV/AIDS – ORAL PRODUCTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• abacavir</li><li>• abacavir/lamivudine</li><li>• Aptivus®</li><li>• atazanavir</li><li>• Atripla®</li><li>• Biktarvy®</li><li>• Cimduo®</li><li>• Combivir®</li><li>• Complera®</li><li>• darunavir</li><li>• Delstrigo™</li><li>• Descovy®</li><li>• didanosine</li><li>• Dovato®</li><li>• Edurant®</li><li>• efavirenz</li><li>• efavirenz/emtricitabine/tenofovir disoproxil fumarate (generic for Atripla®)</li><li>• efavirenz/lamivudine/tenofovir disoproxil fumarate (generic for Symfi®)</li><li>• efavirenz/lamivudine/tenofovir disoproxil fumarate (generic for Symfi® lo)</li><li>• emtricitabine (generic for Emtriva®)</li><li>• emtricitabine/tenofovir disoproxil fumarate (generic for Truvada®)</li><li>• Emtriva®</li><li>• Epivir®</li><li>• Epzicom®</li><li>• etravirine (generic for Intelence®)</li><li>• Evotaz®</li><li>• fosamprenavir</li><li>• Genvoya®</li><li>• Intelence®</li><li>• Isentress®</li><li>• Isentress® HD</li><li>• Juluca®</li><li>• Kaletra®</li><li>• lamivudine</li><li>• lamivudine/zidovudine</li><li>• Lexiva®</li></ul>	<ul style="list-style-type: none"><li>• lopinavir/ritonavir</li><li>• maraviroc (generic for Selzentry®)</li><li>• nevirapine ER</li><li>• nevirapine</li><li>• Norvir®</li><li>• Odefsey®</li><li>• Pifeltro™</li><li>• Prezcobix®</li><li>• Prezista®</li><li>• Retrovir®</li><li>• Reyataz®</li><li>• ritonavir</li><li>• Rukobia®</li><li>• Selzentry® solution</li><li>• stavudine</li><li>• Stribild®</li><li>• Sunlenca® tablet</li><li>• Symfi®</li><li>• Symfi lo®</li><li>• Syntuza®</li><li>• Temixys™</li><li>• tenofovir disoproxil fumarate</li><li>• Tivicay®/PD Susp</li><li>• Triumeq®/PD Susp</li><li>• Trizivir®</li><li>• Truvada®</li><li>• Tybost®</li><li>• Viracept®</li><li>• Viread®</li><li>• Vocabria®</li><li>• Ziagen®</li><li>• zidovudine</li></ul>

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## IMMUNOLOGIC – SYSTEMIC IMMUNOMODULATORS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"><li>• adalimumab-aacf</li><li>• adalimumab-adaz</li><li>• adalimumab-adbm</li><li>• adalimumab-fjkp</li><li>• Enbrel®</li><li>• Humira®</li><li>• infliximab (generic for Remicade®)</li><li>• Otezla®</li><li>• Taltz®</li><li>• Xeljanz®</li></ul>	<ul style="list-style-type: none"><li>• Actemra®/ACTPen</li><li>• Amjevita™</li><li>• Arcalyst®</li><li>• Avsola®</li><li>• Cibinquo™</li><li>• Cimzia®</li><li>• Cosentyx®</li><li>• Cyltezo®</li><li>• Entyvio®</li><li>• Hadlima®</li><li>• Hulio®</li><li>• Hyrimoz®</li><li>• Idacio®</li><li>• Ilaris®</li><li>• Ilumya™</li><li>• Inflectra®</li><li>• Kevzara®</li><li>• Kineret®</li><li>• Olumiant®</li><li>• Orencia®</li><li>• Remicade®</li><li>• Renflexis®</li><li>• Rinvoq®</li><li>• Siliq®</li><li>• Simponi/Aria®</li><li>• Skyrizi™</li><li>• Sotyktu™</li><li>• Spevigo™</li><li>• Stelara®</li><li>• Tremfya®</li><li>• Xeljanz® solution</li><li>• Xeljanz XR®</li><li>• Yuflzyma®</li><li>• Yusimry™</li></ul>
	Trial and failure of 1 or more Preferred products based on diagnosis required prior to Non-Preferred products

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\*\* Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

\*\*\* Indicates when quantity limits apply.

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## MISCELLANEOUS – PANCREATIC ENZYMES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• Creon®</li><li>• Zenpep®</li></ul>	<ul style="list-style-type: none"><li>• Pertzye®</li><li>• Viokace®</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

## MISCELLANEOUS – SKELETAL MUSCLE RELAXANTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• baclofen</li><li>• carisoprodol/compound (generic for Soma®/ compound)**</li><li>• chlorzoxazone (generic for Parafon Forte®)</li><li>• cyclobenzaprine (generic for Flexeril®)</li><li>• cyclobenzaprine ER (generic for Amrix®)</li><li>• dantrolene sodium (generic for Dantrium®)</li><li>• metaxalone (generic for Skelaxin®)</li><li>• methocarbamol (generic for Robaxin®)</li><li>• orphenadrine citrate/compound (generic for Norflex®)</li><li>• tizanidine (generic for Zanaflex®)</li></ul>	<ul style="list-style-type: none"><li>• Amrix®*</li><li>• Dantrium®*</li><li>• Fexmid®</li><li>• Fleqsuvy®</li><li>• Lorzone®</li><li>• Lyvispah™</li><li>• Norgesic®</li><li>• Norgesic Forte®</li><li>• Soma®**</li><li>• Zanaflex®*</li></ul>
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

## MISCELLANEOUS – SMOKING CESSATION

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• bupropion SR (generic for Zyban®)</li><li>• Chantix®</li><li>• nicotine gum/lozenges/patch</li><li>• varenicline (generic for Chantix®)</li></ul>	<ul style="list-style-type: none"><li>• Nicotrol inhalation/NS®</li></ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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## MISCELLANEOUS – TOPICAL ANDROGENIC AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>testosterone (generic for AndroGel®, Axiron®, Fortesta® Testim®, Vogelxo®)</li></ul>	<ul style="list-style-type: none"><li>Androderm®</li><li>AndroGel®*</li><li>Fortesta®*</li><li>Testim®*</li><li>Vogelxo®*</li></ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

## OPHTHALMIC/GLAUCOMA – ALPHA 2 ADRENERGIC AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>Alphagan P®</li><li>apraclonidine (generic for Iopidine®)</li><li>brimonidine/P (generic for Alphagan®/P)</li><li>Simbrinza®</li></ul>	<ul style="list-style-type: none"><li>Iopidine®*</li></ul>
	Trial and failure of all Preferred products required prior to Non-Preferred products

## OPHTHALMIC/GLAUCOMA – BETA BLOCKER AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>betaxolol (generic for Betoptic®)</li><li>brimonidine/timolol (generic for Combigan®)</li><li>carteolol (generic for Ocupress®)</li><li>Combigan®</li><li>dorzolamide/timolol/PF (generic for Cosopt®*/PF®)</li><li>levobunolol (generic for Betagan®)</li><li>timolol (generic for Timoptic®)</li><li>timolol (generic for Timoptic® Ocudose)</li><li>timolol XE (generic for Timoptic XE®)</li></ul>	<ul style="list-style-type: none"><li>Betimol®</li><li>Betoptic S®</li><li>Cosopt®*/PF®</li><li>Istalol®*</li><li>Timoptic®/XE*</li><li>Timoptic® Ocudose*</li></ul>
	Trial and failure of 5 Preferred products required prior to Non-Preferred products

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## OPHTHALMIC/GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• brinzolamide (generic for Azopt®)</li><li>• dorzolamide/PF (generic for Trusopt®)</li><li>• dorzolamide/timolol/PF (generic for Cosopt®*/PF®)</li><li>• Simbrinza®</li></ul>	<ul style="list-style-type: none"><li>• Azopt®*</li><li>• Cosopt®*/PF®</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

## OPHTHALMIC/GLAUCOMA – PROSTAGLANDIN AGONISTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• bimatoprost (generic for Lumigan®)</li><li>• latanoprost/PF (generic for Xalatan®)</li><li>• tafluprost (generic for Zioptan®)</li><li>• Travatan Z®</li><li>• travoprost (generic for Travatan®)</li></ul>	<ul style="list-style-type: none"><li>• Lumigan ®*</li><li>• Vyzulta™</li><li>• Xalatan®*/***</li><li>• Xelpros™</li><li>• Zioptan®*</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

## OPHTHALMIC/GLAUCOMA – RHO KINASE INHIBITOR\*\*\*

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"><li>• Rhopressa™</li><li>• Rocklatan™</li></ul>	

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## OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• azelastine (generic for Optivar®)</li><li>• bepotastine (generic for Bepreve®)</li><li>• cromolyn sodium</li><li>• epinastine (generic for Elestat®)</li><li>• olopatadine (generic for Patanol®/Patanaday®)</li></ul>	<ul style="list-style-type: none"><li>• Alocril®</li><li>• Alomide®</li><li>• Alrex®</li><li>• Bepreve®*</li><li>• Zerviate®</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

## OPHTHALMIC/ANTIBIOTIC – QUINOLONES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• ciprofloxacin (generic for Ciloxan®)</li><li>• gatifloxacin (generic for Zymaxid®)</li><li>• levofloxacin (generic for Quixin®)</li><li>• moxifloxacin (generic for Moxeza®)</li><li>• moxifloxacin (generic for Vigamox®)</li><li>• ofloxacin</li></ul>	<ul style="list-style-type: none"><li>• Besivance®</li><li>• Ciloxan®*</li><li>• Ocuflox®</li><li>• Vigamox®*</li><li>• Zymaxid®*</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

## OPHTHALMIC – NONSTEROIDAL ANTIINFLAMMATORY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• bromfenac (generic for Xibrom®)</li><li>• diclofenac drops (generic for Voltaren oph drops®)</li><li>• flurbiprofen (generic for Ocufen®)</li><li>• ketorolac 0.5% (generic for Acular®)</li><li>• ketorolac 0.4% (generic for Acular LS®)</li></ul>	<ul style="list-style-type: none"><li>• Acular®*</li><li>• Acular LS®*</li><li>• Acuvail®</li><li>• BromSite®</li><li>• Ilevro®</li><li>• Nevanac®</li><li>• Prolensa®</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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## OPHTHALMIC – ANTIINFLAMMATORY/IMMUNOMODULATORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• cyclosporine (generic for Restasis®)</li> <li>• Restasis®</li> <li>• Restasis Multi-dose®</li> <li>• Xiidra®</li> </ul>	<ul style="list-style-type: none"> <li>• Cequa™</li> <li>• Eysuvis™</li> <li>• Verkazia®</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

## OPIATE DEPENDENCE TREATMENT\*\*

### BUPRENORPHINE – CONTAINING ORAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• buprenorphine (generic for Subutex®)**</li> <li>• buprenorphine/naloxone (generic for Suboxone®)</li> <li>• Zubsolv®</li> </ul>	<ul style="list-style-type: none"> <li>• Suboxone®</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

### BUPRENORPHINE – CONTAINING INJECTABLE

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• Brixadi®</li> <li>• Sublocade™</li> </ul>	

## OPIOID REVERSAL AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• Kloxxado™ spray</li> <li>• naloxone spray</li> <li>• naloxone vial</li> <li>• Narcan® spray</li> <li>• Narcan® spray OTC</li> <li>• Opvee® spray</li> <li>• Zimhi™</li> </ul>	

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## OSTEOPOROSIS – BISPHOSPHONATES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>alendronate (generic for Fosamax®)</li><li>ibandronate (generic for Boniva®)</li><li>risedronate (generic for Actonel®)</li><li>risedronate DR (generic for Atelvia®)</li></ul>	<ul style="list-style-type: none"><li>Actonel®*</li><li>Atelvia®*</li><li>Boniva®*</li><li>Fosamax®*/D</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

## OSTEOPOROSIS – NASAL CALCITONINS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>calcitonin salmon (generic for Miacalcin®)</li></ul>	

## OTIC/ANTIBIOTIC – QUINOLONES AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>Ciprodex otic®</li><li>ciprofloxacin (generic for Cetraxal)</li><li>ciprofloxacin/dexamethasone (generic for Ciprodex otic®)</li><li>ciprofloxacin/fluocinolone (generic for Otovel®)</li><li>ofloxacin otic (generic for Floxin otic®)</li></ul>	<ul style="list-style-type: none"><li>Cipro HC otic®</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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## RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"><li>• Anoro Ellipta®</li><li>• Atrovent HFA®</li><li>• Combivent Respimat®</li><li>• Incruse Ellipta®</li><li>• ipratropium/albuterol (generic for DuoNeb®)</li><li>• ipratropium nebulizer</li><li>• roflumilast (generic for Daliresp®)</li><li>• Spiriva HandiHaler®</li><li>• Spiriva Respimat®</li><li>• Stiolto Respimat®</li><li>• tiotropium (generic for Spiriva®)</li></ul>	<ul style="list-style-type: none"><li>• Bevespi Aerosphere®</li><li>• Daliresp®*</li><li>• Duaklir® Pressair</li><li>• Tudorza Pressair®</li><li>• Yupelri™</li></ul>
Qty limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

## RESPIRATORY – LEUKOTRIENE MODIFIERS

**Note:** Recipients ≤ 10 years of age will be exempt from the PDL in the LTRA category.

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• montelukast (generic for Singulair®)</li><li>• zafirlukast (generic for Accolate®)</li><li>• zileuton ER (generic for Zyflo CR®)</li></ul>	<ul style="list-style-type: none"><li>• Accolate®*</li><li>• Singulair®*</li><li>• Zyflo®</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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## RESPIRATORY – SHORT ACTING BETA ADRENERGICS AND COMBINATIONS – INHALERS/NEBS

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"><li>• albuterol sulfate HFA (generic for ProAir HFA®, Proventil HFA®, Ventolin HFA®)</li><li>• albuterol neb (generic for Proventil®/Ventolin® neb)</li><li>• albuterol/ipratropium (generic for DuoNeb®)</li><li>• levalbuterol (generic for Xopenex®)</li><li>• ProAir RespiClick®</li><li>• Proventil HFA®</li><li>• Ventolin HFA®*</li><li>• Xopenex HFA®*</li></ul>	<ul style="list-style-type: none"><li>• Airsupra™ HFA</li><li>• ProAir Digihaler®</li></ul>
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

## RESPIRATORY – LONG ACTING BETA ADRENERGICS AND COMBINATIONS – INHALERS/NEBS

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"><li>• arformoterol (generic for Brovana®)</li><li>• Dulera®</li><li>• formoterol (generic for Perforomist®)</li><li>• Serevent Diskus®</li></ul>	<ul style="list-style-type: none"><li>• Bevespi Aerosphere®</li><li>• Brovana®*</li><li>• Perforomist®*</li><li>• Striverdi Respimat®</li><li>• Trelegy Ellipta®</li></ul>
Qty limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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## RESPIRATORY – INHALED CORTICOSTEROIDS

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"><li>Asmanex®</li><li>budesonide (generic for Pulmicort®)</li><li>Flovent Diskus®</li><li>Flovent HFA®</li><li>fluticasone (generic for Flovent Diskus and HFA®)</li></ul>	<ul style="list-style-type: none"><li>Alvesco®</li><li>Arnuity Ellipta®</li><li>Asmanex HFA®</li><li>Pulmicort Flexhaler®</li><li>Pulmicort® respules*</li><li>QVAR® RediHaler</li></ul>
Qty limits apply	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

## RESPIRATORY – INHALED CORTICOSTEROIDS ADRENERGIC AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>Advair Diskus®</li><li>Advair HFA®</li><li>Breo Ellipta®</li><li>budesonide/formoterol fumarate (generic for Symbicort®)</li><li>Dulera®</li><li>fluticasone/salmeterol (generic for Advair Diskus®)</li><li>fluticasone/salmeterol (generic for AirDuo RespiClick®)</li><li>fluticasone/salmeterol HFA (generic for Advair HFA®)</li><li>fluticasone/vilanterol (generic for Breo Ellipta®)</li><li>Symbicort®</li><li>Wixela Inhub (generic for Advair Diskus®)</li></ul>	<ul style="list-style-type: none"><li>AirDuo Digihaler®</li><li>AirDuo RespiClick®*</li><li>ArmonAir® Digihaler</li><li>Breztri Aerosphere™</li><li>Trelegy Ellipta®</li></ul>
Qty limits apply	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

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## RESPIRATORY – NASAL ANTIHISTAMINES AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• azelastine (generic for Astelin®/Astepro®)</li><li>• azelastine/fluticasone (generic for Dymista®)</li><li>• olopatadine (generic for Patanase®)</li></ul>	<ul style="list-style-type: none"><li>• Dymista®*</li><li>• Patanase®*</li><li>• Ryaltris™</li><li>• Xhance™</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

## RESPIRATORY – NASAL CORTICOSTEROIDS AND COMBINATIONS\*\*\*

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• azelastine/fluticasone (generic for Dymista®)</li><li>• flunisolide (generic for Nasarel®)</li><li>• fluticasone (generic for Flonase®)</li><li>• mometasone (generic for Nasonex®)</li></ul>	<ul style="list-style-type: none"><li>• Beconase AQ®</li><li>• Dymista®*</li><li>• Omnaris®</li><li>• Qnasl®</li><li>• Ryaltris™</li><li>• Zetonna™</li></ul>
Qty limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products

## RESPIRATORY – LOW SEDATING ANTIHISTAMINES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• cetirizine tabs/syrup/chew (generic for Zyrtec® OTC/chew)</li><li>• desloratadine/ODT (generic for Clarinex®)</li><li>• fexofenadine (OTC)</li><li>• levocetirizine tab/solution (generic for Xyzal® OTC)</li><li>• loratadine (OTC) (generic for Claritin® OTC)</li><li>• loratadine syrup (OTC) (generic for Claritin Syrup® OTC)</li><li>• loratadine Dis (OTC) (generic for Claritin Dis® OTC)</li></ul>	<ul style="list-style-type: none"><li>• Clarinex®*</li></ul>
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

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## RESPIRATORY – IDIOPATHIC PULMONARY FIBROSIS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>Ofev®</li><li>pirfenidone (generic for Esbriet®)</li></ul>	<ul style="list-style-type: none"><li>Esbriet®*</li></ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred product

## RESPIRATORY – ASTHMA IMMUNOMODULATORS\*\*

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>Fasenra®</li><li>Xolair®</li></ul>	<ul style="list-style-type: none"><li>Cinqair®</li><li>Nucala®</li><li>Tezspire™</li></ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred product

## SELF-INJECTION EPINEPHRINE\*\*\*

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>epinephrine (generic for Adrenaclick®, EpiPen®, EpiPen Jr.®)</li><li>EpiPen®</li><li>EpiPen Jr.®</li></ul>	<ul style="list-style-type: none"><li>Auvi-Q®</li><li>Symjepi®</li></ul>
Qty. limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products

## TOPICAL – ANTIPARASITICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>lindane</li><li>malathion</li><li>Natroba®</li><li>permethrin (OTC/RX)</li><li>spinosad (generic for Natroba®)</li></ul>	<ul style="list-style-type: none"><li>Crotan®</li><li>Eurax®</li><li>Ovide®</li><li>Sklice®</li></ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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## TOPICAL – STEROIDS

### VERY HIGH POTENCY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>clobetasol foam (generic for Olux-E® foam)</li><li>clobetasol cream/soln/gel/oint (generic for Temovate® cream/soln/gel/oint)</li><li>clobetasol ltn./shamp./spr. (generic for Clobex® ltn./shamp./spr.)</li><li>halobetasol propionate (generic for Halac®, Ultravate®, Halonate®)</li><li>halobetasol propionate foam (generic for Lexette®)</li></ul>	<ul style="list-style-type: none"><li>ApexiCon E®</li><li>Bryhali®</li><li>Impeklo lotion™</li><li>Lexette®</li><li>Olux®*</li><li>Temovate®*</li><li>Tovet Kit®</li><li>Ultravate®*</li></ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

### HIGH POTENCY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>betamethasone dipropionate (augmented generic for Diprolene AF)</li><li>betamethasone valerate</li><li>desoximetasone (generic for Topicort®)</li><li>diflorasone diacetate</li><li>fluocinonide/E</li><li>halcinonide (generic for Halog®)</li><li>triamcinolone</li></ul>	<ul style="list-style-type: none"><li>Diprolene®*</li><li>Halog®*</li><li>Kenalog aerosol®</li><li>Topicort®*</li><li>Vanos®</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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## MEDIUM POTENCY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• Beser™</li><li>• betamethasone valerate foam (generic for Luxiq®)</li><li>• clocortolone (generic for Cloderm®)</li><li>• fluocinolone acetonide (generic for Synalar®)</li><li>• flurandrenolide (generic for Cordran®)</li><li>• fluticasone propionate</li><li>• hydrocortisone butyrate/valerate</li><li>• hydrocortisone butyrate lotion (generic for Locoid®)</li><li>• mometasone</li><li>• prednicarbate</li></ul>	<ul style="list-style-type: none"><li>• Beser Kit™</li><li>• Locoid®*</li><li>• Luxiq®*</li><li>• Pandel®</li><li>• Synalar®*</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

## LOW POTENCY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• alclometasone dipropionate</li><li>• desonide</li><li>• fluocinolone (generic for Derma Smoothe®)</li><li>• hydrocortisone acetate (OTC/RX) cr./lotion/ointment</li></ul>	<ul style="list-style-type: none"><li>• Derma-Smoothe FS®*</li><li>• Texacort®</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

## TOPICAL – TOPICAL AGENTS FOR PSORIASIS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>• betamethasone/calcipotriene (generic for Tacalonex®)</li><li>• calcipotriene cream/ solution/oint. (generic for Dovonex®)</li><li>• calcitriol (generic for Vectical®)</li></ul>	<ul style="list-style-type: none"><li>• Duobrii®</li><li>• Enstilar®</li><li>• Sorilux®</li><li>• Tacalonex®*</li><li>• Vtama®</li><li>• Zoryve™</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

\* Indicates a generic is available without PA.

\*\* Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.

\*\*\* Indicates when quantity limits apply.

*This list may not include all available formulations listed specifically by name.*

## TOPICAL – TOPICAL COMBINATION BENZOYL PEROXIDE AND CLINDAMYCIN PRODUCTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>clindamycin/benzoyl peroxide (generic for BenzaClin®, Duac®, Acanya®)</li></ul>	<ul style="list-style-type: none"><li>Acanya®*</li><li>Onexton®</li></ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

## TOPICAL – TOPICAL RETINOIDS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>adapalene (generic for Differin®, Plixa®)</li><li>adapalene/benzoyl peroxide (generic for Epiduo®, Epiduo® Forte)</li><li>clindamycin/tretinoin (generic for Veltin®)</li><li>Retin-A cream/gel®</li><li>tazarotene cream, gel (generic for Tazorac®)</li><li>tazarotene foam (generic for Fabior®)</li><li>tretinoin (generic for Atralin®, Avita®, Retin-A®/Micro)</li></ul>	<ul style="list-style-type: none"><li>Altreno®</li><li>Arazlo®</li><li>Atralin®*</li><li>Avita®*</li><li>Fabior®</li><li>Retin A Micro®*</li><li>Retin A Micro Pump®*</li><li>Ziana®</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

- \* Indicates a generic is available without PA.
- \*\* Indicates when additional Prior Approval is required for the **therapeutic class**, even when using a preferred product.
- \*\*\* Indicates when quantity limits apply.

*This list may not include all available formulations listed specifically by name.*

## TOPICAL – TOPICAL ANTIVIRALS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• acyclovir (generic for Zovirax oint/cream®)</li> <li>• Denavir®</li> <li>• penciclovir (generic for Denavir®)</li> <li>• Zovirax cream®</li> <li>• Zovirax oint®</li> </ul>	<ul style="list-style-type: none"> <li>• Xerese®</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

## TOPICAL – TOPICAL ANTIBIOTICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• mupirocin oint/cream (generic for Bactroban® oint/cream)</li> </ul>	<ul style="list-style-type: none"> <li>• Centany®</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

## UREA CYCLE DISORDERS, ORAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• Buphenyl® powder</li> <li>• Buphenyl® tablet</li> <li>• Carbaglu®</li> <li>• carbamylc acid</li> <li>• Pheburane®</li> <li>• Ravicti®</li> <li>• sodium phenylbutyrate powder</li> <li>• sodium phenylbutyrate tablet</li> </ul>	<ul style="list-style-type: none"> <li>• Olpruva™</li> </ul>

## UTERINE DISORDER TREATMENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• Myfembree®</li> <li>• Oriahnn®</li> <li>• Orilissa®</li> </ul>	