



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

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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>Embeda®</li> <li>fentanyl patch (generic for Duragesic®)</li> <li>hydromorphone ER (generic for Exalgo®)</li> <li>morphine ER (generic for Avinza®, Kadian®)</li> <li>morphine sulfate SA (generic MS Contin®)</li> <li>oramorph SA (generic for MS Contin®)</li> <li>oxycodone SA</li> <li>oxymorphone ER (generic for Opana ER®)</li> </ul>	<ul style="list-style-type: none"> <li>Arymo ER®</li> <li>Belbuca®</li> <li>Butrans®</li> <li>Duragesic®</li> <li>Exalgo®</li> <li>Hysingla ER®</li> <li>Kadian®</li> <li>MS Contin®</li> <li>Morphabond ER™</li> <li>Oxycontin®***</li> <li>Xtampza ER®</li> <li>Zohydro ER®</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 Tab/Susp (generic for Mobic®)</li> </ul>	<ul style="list-style-type: none"> <li>Celebrex®</li> <li>Mobic Tab/Susp®</li> <li>QMIIZ® ODT</li> <li>Vimovo®</li> <li>Vivlodex®</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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## 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 Ryzolt ER®, Ultram ER®)</li> </ul>	<ul style="list-style-type: none"> <li>ConZip®</li> <li>Nucynta ER®</li> <li>Ultracet®*</li> <li>Ultram®*</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</li> <li>cefaclor ER tabs</li> <li>cefaclor Susp (generic for Ceclor®)</li> <li>cefuroxime (generic for Ceftin®)</li> <li>cefprozil susp/tabs (generic for Cefzil Susp/Tabs®)</li> </ul>	
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

## ANTIBIOTICS – THIRD GENERATION CEPHALOSPORINS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>cefdinir cap/susp (generic for Omnicef cap/susp®)</li> <li>cefditoren (generic for Spectracef®)</li> <li>cefixime cap/susp (generic for Suprax®)</li> <li>cefpodoxime (generic for Vantin®)</li> </ul>	<ul style="list-style-type: none"> <li>Suprax chew/tab®</li> <li>Suprax susp®</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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## ANTIBIOTICS – MACROLIDES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>azithromycin (generic for Zithromax®)</li> <li>Biaxin susp®***</li> <li>clarithromycin/ER/susp (generic for Biaxin®/XL/susp)***</li> <li>E.E.S.®</li> <li>Eryped 200 susp®</li> <li>erythromycin stearate</li> <li>erythromycin base cap (generic for Eryc®)</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/ER (generic for Cipro®/XR)</li> <li>Cipro susp®</li> <li>ofloxacin (generic for Floxin®)</li> </ul>	<ul style="list-style-type: none"> <li>Cipro®*</li> <li>Cipro XR®*</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>Avelox®*</li> <li>Baxdela®</li> <li>Factive®</li> <li>Levaquin®*</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> <li>Zovirax®tab/susp*</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>tobramycin pak/ solution</li> </ul>	<ul style="list-style-type: none"> <li>Arikayce®</li> <li>Cayston®</li> <li>Tobi®/ podhaler</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>Nuessa™</li> <li>Vandazole®</li> </ul>	<ul style="list-style-type: none"> <li>Cleocin® Cream/Ovules</li> <li>Metrogel®</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>• Epitol®</li> <li>• oxcarbazepine susp (generic for Trileptal® Susp)</li> <li>• oxcarbazepine tab (generic for Trileptal®)</li> </ul>	<ul style="list-style-type: none"> <li>• Carbatrol®*</li> <li>• Oxtellar ER®</li> <li>• Tegretol/chew/susp/tab/XR®*</li> <li>• Trileptal® susp/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/Chew tab®</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>• 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>• Depakene cap/syrup®*</li> <li>• Depakote®*</li> <li>• Depakote ER®*</li> <li>• Dilantin cap/susp®*</li> <li>• Felbatol®*</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 – RECTAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>diazepam (generic for Diastat®)</li> </ul>	<ul style="list-style-type: none"> <li>Diastat® /Acudial™</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred product

## ANTICONVULSANTS – SECOND GENERATION

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>clobazam (generic for Onfi®)</li> <li>gabapentin (generic for Neurontin®)</li> <li>Gabitril®</li> <li>lamotrigine/ODT/XR (generic for Lamictal®/ODT/XR)</li> <li>levetiracetam/ER (generic for Keppra/XR®)</li> <li>pregabalin (generic for Lyrica®) (requires additional clinical PA)</li> <li>tiagabine (generic for Gabitril®)</li> <li>topiramate (generic for Topamax®)</li> <li>topiramate ER (generic for Qudexy 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>Epidiolex®</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)/CR</li> <li>Nayzilam®</li> <li>Neurontin®*</li> <li>Onfi®</li> <li>Potiga®</li> <li>Qudexy XR®*</li> <li>Sabril®</li> <li>Spritam®</li> <li>Sympazan®</li> <li>Topamax®*</li> <li>Trokendi XR®</li> <li>Vimpat®</li> <li>Zonegran®*</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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## ANTIFUNGALS – ONYCHOMYCOSIS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> <li>ciclopirox (generic for Penlac®)</li> <li>itraconazole</li> <li>oxiconazole (generic for Oxistat®)</li> <li>terbinafine (generic of Lamisil®)</li> </ul>	<ul style="list-style-type: none"> <li>Jublia®</li> <li>Kerydin® (tavaborole)</li> <li>Lamisil®</li> <li>Luzu®</li> <li>Onmel®</li> <li>Oxistat®</li> <li>Penlac®</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>Mirapex*/ER®</li> <li>Neupro®</li> <li>Requip*/XL®/dose pack</li> </ul>
	Trial and failure of 1 or more 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> <li>Tamiflu®***</li> </ul>	<ul style="list-style-type: none"> <li>Flumadine tablet®*</li> <li>Relenza®***</li> <li>Xofluza™</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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## BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS AND COMBOS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• Abilify Maintena®</li> <li>• aripiprazole/ODT/solution (generic for Abilify®/DiscMelt/oral solution)</li> <li>• Aristada®</li> <li>• clozapine (generic for Clozaril®)</li> <li>• clozapine ODT (generic for Fazaclo®)</li> <li>• Invega Sustenna/Trinza®</li> <li>• olanzapine/ODT (generic for Zyprexa®)</li> <li>• olanzapine/fluoxetine (generic for Symbyax®)</li> <li>• paliperidone (generic for Invega®)</li> <li>• quetiapine/ER (generic for Seroquel/XR®)</li> <li>• Risperdal Consta®***</li> <li>• risperidone/M (generic for Risperdal®/MT)</li> <li>• ziprasidone (generic for Geodon®)</li> </ul>	<ul style="list-style-type: none"> <li>• Abilify®/soln/DiscMelt*</li> <li>• Abilify MyCite®</li> <li>• Adasuve®</li> <li>• Aristada Initio®</li> <li>• Clozaril®**</li> <li>• Fanapt®</li> <li>• Fazaclo®*</li> <li>• Geodon®*/IM</li> <li>• Invega®**</li> <li>• Latuda®</li> <li>• Perseris®</li> <li>• Rexulti®</li> <li>• Risperdal®/M-Tab*</li> <li>• Saphris®</li> <li>• Seroquel®/XR*</li> <li>• Symbyax®*</li> <li>• Versacloz®</li> <li>• Vraylar®</li> <li>• Zyprexa®*/IM/Reprevv/Zydis</li> </ul>
	<p>Trial and failure of 1 Preferred product required prior to Non-Preferred products</p>

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## 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>Aricept®*</li> <li>Aricept 23mg®*</li> <li>Namenda®/XR* (not a cholinesterase inhibitor)</li> <li>Namzaric®</li> <li>Razadyne®/ER* (formerly Reminyl®)</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>budeprion SR (generic for Wellbutrin SR®)</li> <li>budeprion XL (generic for Wellbutrin XL®)</li> <li>bupropion (generic for Wellbutrin®)</li> <li>bupropion SA (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 Khedezla®, Pristiq®)</li> <li>duloxetine** (generic for Cymbalta®) (requires additional clinical PA)</li> <li>mirtazapine (generic for Remeron®)</li> <li>mirtazapine RapDis (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> </ul>	<ul style="list-style-type: none"> <li>Aplenzin®</li> <li>Cymbalta®*** (requires additional clinical PA)</li> <li>Emsam®</li> <li>Effexor XR®*</li> <li>Fetzima®</li> <li>Forfivo XL®*</li> <li>Khedezla®*</li> <li>Pristiq®</li> <li>Remeron®*</li> <li>Remeron Sol-Tabs®*</li> <li>Spravato</li> <li>Trintellix®</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>bupirone (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>Klonopin®*</li> <li>Tranxene®*</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)</li> <li>fluvoxamine/ER (generic for Luvox® CR)</li> <li>olanzapine/fluoxetine (generic for Symbyax®)</li> <li>paroxetine/ER (generic for Paxil®/Brisdelle®/CR)</li> <li>selfemra (generic for Sarafem®)</li> <li>sertraline (generic for Zoloft®)</li> </ul>	<ul style="list-style-type: none"> <li>Brisdelle®*</li> <li>Celexa®*</li> <li>Lexapro®*</li> <li>Paxil®/CR*</li> <li>Pexeva®</li> <li>Prozac®*</li> <li>Sarafem®*</li> <li>Symbyax®*</li> <li>Zoloft®*</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 – SEDATIVE HYPNOTICS

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

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

## 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>• Aptensio XR®</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>• methamphetamine (generic for Desoxyn®)</li> <li>• Methylin® chew/soln</li> <li>• methylphenidate CD (generic for Metadate CD®)</li> <li>• methylphenidate chewable (generic for Methylin® chew)</li> <li>• methylphenidate ER (generic for Concerta®/Ritalin LA®)</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>• Adzenys® ER susp</li> <li>• Cotentpla XR-ODT®</li> <li>• Daytrana®</li> <li>• Desoxyn®</li> <li>• Dexedrine ER®</li> <li>• Dyanavel XR®</li> <li>• Evekeo®/ODT</li> <li>• Intuniv®</li> <li>• Jornay PM®</li> <li>• Kapvay®</li> <li>• Mydayis®</li> <li>• ProCentra®</li> <li>• Quillichew ER®</li> <li>• Quillivant XR®</li> <li>• Ritalin®</li> <li>• Ritalin LA®</li> <li>• Strattera®</li> <li>• Zenzedi®</li> </ul>
	<p>Trial and failure of 2 Preferred products required prior to Non-Preferred products</p>

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

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

## 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 HCT (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-HCTZ (generic for Vaseretic®)</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>• moexipril/HCTZ</li> <li>• perindopril (generic for Aceon®)</li> <li>• quinapril (generic for Accupril®)</li> <li>• quinapril/HCTZ (generic for Accyretic®)</li> <li>• ramipril (generic for Altace cap®)</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>• Prestalia®</li> <li>• Prinivil®*</li> <li>• Qbrelis®</li> <li>• Tarka®</li> <li>• Vaseretic®*</li> <li>• Vasotec®*</li> <li>• Zestoretic®*</li> <li>• Zestril®*</li> </ul>
	<p>Trial and failure of 3 Preferred products required prior to Non-Preferred products.</p>



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

## CARDIOVASCULAR – ANGIOTENSIN II RECEPTOR BLOCKERS AND COMBINATIONS

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

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

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## 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>Ranexa®</li> </ul>
	<ul style="list-style-type: none"> <li>Trial and failure of 1 Preferred product required prior to Non-Preferred products.</li> </ul>

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

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>afeditab CR® (generic for Adalat CC®)</li> <li>amlodipine (generic for Norvasc®)</li> <li>amlodipine/benazepril (generic for Lotrel®)</li> <li>felodipine ER (generic for Plendil®)</li> <li>isradipine (generic for Dynacirc®)</li> <li>nicardipine (generic for Cardene®)</li> <li>nifediac CC (generic for Adalat CC®)</li> <li>nifedical XL (generic for Procardia XL®)</li> <li>nifedipine IR (generic for Procardia®)</li> <li>nifedipine SA/ER/XL (generic for Procardia XL®)</li> <li>nimodipine (generic for Nimotop®)nisoldipine</li> </ul>	<ul style="list-style-type: none"> <li>Adalat CC®*</li> <li>Exforge®</li> <li>Exforge HCT®</li> <li>Lotrel®*</li> <li>Nimotop®*</li> <li>Norvasc®*</li> <li>Nymalize®</li> <li>Prestalia®</li> <li>Procardia®*/XL</li> <li>Sular®</li> <li>Tribenzor®</li> <li>Twynsta®</li> </ul>
	<ul style="list-style-type: none"> <li>Trial and failure of 3 Preferred products required prior to Non-Preferred products.</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.

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

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

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

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

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

## 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 (generic for Coreg®)</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 ER/HCTZ (generic for Dutoprol®)</li> <li>• metoprolol succinate (generic for Toprol XL®)</li> <li>• nadolol (generic for Corgard®)</li> <li>• nadolol/bendroflumethiazide (generic for Corzide®)</li> <li>• pindolol (generic for Visken®)</li> <li>• propranolol (generic for Inderal®)</li> <li>• propranolol ER (generic for Inderal LA®)</li> <li>• propranolol/HCTZ (generic for Inderide®)</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>• Corzide®*</li> <li>• Dutoprol®</li> <li>• Hemangeol®</li> <li>• Inderal®/LA*</li> <li>• Inderal XL®</li> <li>• Innopran XL®</li> <li>• Kapsargo Sprinkle®</li> <li>• Levatol®</li> <li>• Lopressor®*</li> <li>• Lopressor HCT®*</li> <li>• Sotylize®</li> <li>• Tenormin®*</li> <li>• Tenoretic®*</li> <li>• Toprol XL®*</li> <li>• Ziac®*</li> </ul>
	<p>Trial and failure of 3 Preferred products required prior to Non-Preferred products.</p>

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

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### CARDIOVASCULAR – STATINS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>fluvastatin/ER (generic for Lescol<sup>®</sup>/XL)</li> <li>lovastatin (generic for Mevacor<sup>®</sup>)</li> <li>pravastatin (generic for Pravachol<sup>®</sup>)</li> </ul>	<ul style="list-style-type: none"> <li>Altoprev<sup>®</sup> (formerly Altocor<sup>®</sup>)</li> <li>Lescol/XL<sup>®*</sup></li> <li>Mevacor<sup>®*</sup></li> <li>Pravachol<sup>®*</sup></li> <li>Zypitamag<sup>*</sup></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<sup>®</sup>)</li> <li>atorvastatin (generic for Lipitor<sup>®</sup>)</li> <li>ezetimibe/simvastatin (generic for Vytorin<sup>®</sup>)</li> <li>rosuvastatin (generic for Crestor<sup>®</sup>)</li> <li>simvastatin (generic for Zocor<sup>®</sup>)</li> </ul>	<ul style="list-style-type: none"> <li>Caduet<sup>®*</sup></li> <li>Crestor<sup>®*</sup></li> <li>Lipitor<sup>®*</sup></li> <li>Livalo<sup>®</sup></li> <li>Vytorin<sup>®*</sup></li> <li>Zocor<sup>®*</sup></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<sup>®</sup>)</li> <li>ezetimibe/simvastatin (generic for Vytorin<sup>®</sup>)</li> </ul>	<ul style="list-style-type: none"> <li>Vytorin<sup>®*</sup></li> <li>Zetia<sup>®*</sup></li> </ul>
	Trial and failure of 2 high potency statins Preferred products required prior to Non-Preferred products.

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

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

## CARDIOVASCULAR – PLATELET INHIBITORS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>Aggrenox®</li> <li>aspirin/dipyridamole (generic for Aggrenox®)</li> <li>aspirin/omeprazole (generic for Yosprala®)</li> <li>Brilinta®</li> <li>clopidogrel (generic for Plavix®)</li> <li>dipyridamole (generic for Persantine®)</li> <li>prasugrel (generic for Effient®)</li> <li>ticlopidine (generic for Ticlid®)</li> </ul>	<ul style="list-style-type: none"> <li>Effient®*</li> <li>Plavix®*</li> <li>Yosprala®</li> <li>Zontivity®</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> <li>Niaspan®</li> </ul>	<ul style="list-style-type: none"> <li>Niacor®</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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## 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>• Letairis®</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>• Opsumit®</li> <li>• Orenitram® ER</li> <li>• Revatio®**</li> <li>• Tracleer®</li> <li>• Tyvaso®</li> <li>• Upravi®</li> <li>• Ventavis®</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

## 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>• Amerge®*</li> <li>• Axert®*</li> <li>• Frova®*</li> <li>• Imitrex®*</li> <li>• Maxalt tablet/MLT®*</li> <li>• Migranow®</li> <li>• ONZETRA® Xsail®</li> <li>• Relpax®*</li> <li>• Sumavel®</li> <li>• Tosymra®</li> <li>• Treximet®*</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

\* 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.*

## CENTRAL NERVOUS SYSTEM – CALCITONIN GENE-RELATED PEPTIDE INHIBITORS

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

## 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>Gilenya®</li> <li>Glatopa®</li> <li>glatiramer (generic for Copaxone®)</li> <li>Tecfidera®</li> </ul>	<ul style="list-style-type: none"> <li>Aubagio®</li> <li>Extavia®</li> <li>Lemtrada®</li> <li>Mavenclad®</li> <li>Mayzent®</li> <li>Ocrevus®</li> <li>Plegridy®</li> <li>Rebif®***</li> <li>Tysabri®</li> <li>Vumerity®</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



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## ENDOCRINOLOGY – BIGUANIDES AND COMBOS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• alogliptin/metformin (generic for Kazano®)</li> <li>• Kazano®*</li> <li>• metformin (generic for Riomet®)</li> <li>• metformin (generic for Glucophage®)</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 XL®)</li> <li>• pioglitazone/metformin (generic for Actoplus Met®)</li> <li>• repaglinide/metformin (generic for PrandiMet®)</li> </ul>	<ul style="list-style-type: none"> <li>• ACTOplusmet®/XR</li> <li>• Avandamet®</li> <li>• Fortamet®*</li> <li>• Glucophage®*/XR</li> <li>• Glucovance®*</li> <li>• Glumetza®</li> <li>• Invokamet®/XR</li> <li>• Riomet®*</li> <li>• Segluromet®</li> <li>• Synjardy®/XR</li> <li>• Xigduo XR®</li> </ul>
	<p>Trial and failure of 1 Preferred product required prior to Non-Preferred products.</p>

## ENDOCRINOLOGY – MEGLITINIDES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• nateglinide (generic for Starlix®)</li> <li>• repaglinide (generic for Prandin®)</li> <li>• repaglinide/metformin (generic for PrandiMet®)</li> </ul>	<ul style="list-style-type: none"> <li>• Prandin®*</li> <li>• Starlix®*</li> </ul>
	<p>Trial and failure of 1 Preferred product required prior to Non-Preferred products.</p>

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

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

## ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS

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

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## ENDOCRINOLOGY – 2ND GENERATION SULFONYLUREAS AND COMBINATIONS

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

## 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>Invokana®</li> <li>Jardiance®</li> </ul>	<ul style="list-style-type: none"> <li>Invokamet®/XR</li> <li>Qtern®</li> <li>Segluromet®</li> <li>Steglatro®</li> <li>Steglujan®</li> <li>Synjardy®/XR</li> <li>Xigduo XR®</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>• Bydureon®</li> <li>• Byetta®</li> <li>• Victoza®</li> </ul>	<ul style="list-style-type: none"> <li>• Adlyxin®</li> <li>• Bydureon BCise®</li> <li>• Ozempic®</li> <li>• Rybelsus®</li> <li>• Soliqua®</li> <li>• Symlin® Pens**</li> <li>• Trulicity®</li> <li>• Xultophy®</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>• alogliptin/pioglitazone (generic for Oseni®)</li> <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/XR®*</li> <li>• Avandia®</li> <li>• Avandamet®</li> <li>• Avandaryl®</li> <li>• Duetact®*</li> <li>• Oseni®</li> </ul>
	Trial and failure of 1 Preferred product 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/pen®</li> <li>Humalog Junior Kwikpen®</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/cartridge/SoloSTAR®</li> <li>Fiasp® Flextouch/vial/Penfill</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 pen/Kwikpen®</li> <li>Novolin N®</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

### LONG ACTING

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <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 pen®</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.

CONTINUED ON NEXT PAGE

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**ENDOCRINOLOGY – INSULINS (CONTINUED)**

**PREMIXED COMBINATIONS**

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• Humalog Mix 75/25 vial and Kwikpen®</li> <li>• Humalog Mix 50/50vial and Kwikpen®</li> <li>• Humulin 70/30 vial®</li> <li>• Novolog Mix 70/30®</li> <li>• Novolog Mix 70/30 FlexPen®</li> </ul>	<ul style="list-style-type: none"> <li>• Humulin 70/30 pen/Kwikpen®</li> <li>• Novolin 70/30®</li> </ul>
	Trial and failure of 1 Preferred product 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>• Linzess®</li> <li>• Lotronex®</li> <li>• Movantik®</li> </ul>	<ul style="list-style-type: none"> <li>• Amitiza®</li> <li>• Motegrity®</li> <li>• Relistor®</li> <li>• Symproic®</li> <li>• Trulance®</li> <li>• Viberzi®</li> <li>• Zelnorm™</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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## GASTROINTESTINAL – PROTON PUMP INHIBITORS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>esomeprazole (generic for Nexium®) (OTC/RX)</li> <li>lansoprazole/OTC/solutab (generic for Prevacid/OTC/solutab) (RX)</li> <li>Nexium suspension</li> <li>omeprazole (generic for Prilosec®) (OTC/RX)</li> <li>omeprazole/sodium bicarbonate/OTC (generic for Zegerid®/OTC)</li> <li>pantoprazole (generic for Protonix®)</li> <li>Protonix® suspension</li> <li>rabeprazole/sprinkles (generic for AcipHex®)</li> </ul>	<ul style="list-style-type: none"> <li>AcipHex/sprinkles®</li> <li>Dexilant® (formerly known as Kapidex®)</li> <li>Nexium® (OTC/RX)</li> <li>Prevacid® capsules (RX)/Solutab/susp</li> <li>Prilosec® (RX)</li> <li>Protonix®</li> <li>Zegerid®</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>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>Cinvanti®</li> <li>Diclegis®*</li> <li>Emend®*/pack</li> <li>Sancuso®</li> <li>Sustol®</li> <li>Varubi®</li> <li>Zofran®*/ODT/soln*</li> <li>Zuplenz®</li> </ul>
Qty limits apply	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**
<ul style="list-style-type: none"> <li>Pegasys®</li> <li>Pegasys® Conv. Pack</li> </ul>	<ul style="list-style-type: none"> <li>PEG-Intron®/Redipen</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

### RIBAVIRIN PRODUCTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> <li>Ribavirin</li> </ul>	<ul style="list-style-type: none"> <li>Copegus®</li> <li>Rebetol®</li> <li>RibaPak®</li> <li>Ribasphere®</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

### DIRECT ACTING ANTIVIRAL PRODUCTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> <li>ledipasvir-sofosbuvir (generic for Harvoni®)</li> <li>Mavyret™</li> <li>sofosbuvir/velpatasvir (generic for Epclusa®)</li> <li>Vosevi®</li> </ul>	<ul style="list-style-type: none"> <li>Epclusa®</li> <li>Harvoni®</li> <li>Sovaldi®</li> <li>Zepatier®</li> </ul>
	Trial and failure of 1 Preferred product 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 Colazol®)</li> <li>budesonide ER (generic for Uceris®)</li> <li>Lialda®</li> <li>mesalamine (generic for Asacol HD®, Lialda®)</li> <li>mesalamine DR (generic for Delzicol®)</li> <li>Pentasa®</li> <li>sulfasalazine (generic for Azulfidine®)</li> </ul>	<ul style="list-style-type: none"> <li>Asacol HD®</li> <li>Azulfidine®/ENTAB*</li> <li>Colazal®*</li> <li>Delzicol®</li> <li>Dipentum®</li> <li>Giazo®</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>Canasa supp.®</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 – URINARY ANTISPASMODICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>darifenacin ER (generic for Enablex®)</li> <li>flavoxate</li> <li>oxybutynin /ER (generic for Ditropan®/XL)</li> <li>solifenacin succinate (generic for Vesicare®)</li> <li>tolterodine/ER (generic for Detrol®/LA)</li> <li>tropium /ER (generic for Sanctura /XR®)</li> <li>Toviaz®</li> </ul>	<ul style="list-style-type: none"> <li>Detrol/LA®*</li> <li>Ditropan XL®*</li> <li>Enablex®*</li> <li>Gelnique®</li> <li>Myrbetriq®</li> <li>Oxytrol®</li> <li>Vesicare®</li> </ul>
	Trial and failure of 3 Preferred products 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>sevelamer (generic for Renvela®)</li> <li>sevelamer HCL (generic for Renagel®)</li> </ul>	<ul style="list-style-type: none"> <li>Auryxia®</li> <li>Eliphos®</li> <li>Fosrenol®*</li> <li>Magnebind 400®</li> <li>Phoslyra®</li> <li>Renagel®</li> <li>Renvela®*</li> <li>Velphoro®</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

## 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>Flomax®*</li> <li>Jalyn®</li> <li>Rapaflo®</li> <li>Uroxatral®*</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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## 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

## HEMATOLOGIC – HEMATOPOIETIC AGENTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> <li>Epogen®***</li> <li>Retacrit®***</li> </ul>	<ul style="list-style-type: none"> <li>Aranesp®***</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

## HEMATOLOGIC – ANTICOAGULANTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <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> </ul>	<ul style="list-style-type: none"> <li>Arixtra®*</li> <li>Bevyxxa®</li> <li>Coumadin®*</li> <li>Fragmin®</li> <li>Jantoven®</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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## HIV/AIDS – ORAL PRODUCTS

PREFERRED		NON-PREFERRED
<ul style="list-style-type: none"> <li>• abacavir</li> <li>• abacavir/lamivudine</li> <li>• abacavir/lamivudine/zidovudine</li> <li>• Aptivus®</li> <li>• atazanavir</li> <li>• Atripla®</li> <li>• Biktarvy®</li> <li>• Cimduo®</li> <li>• Combivir®</li> <li>• Complera®</li> <li>• Crixivan®</li> <li>• Delstrigo™</li> <li>• Descovy®</li> <li>• didanosine</li> <li>• Dovato®</li> <li>• Edurant®</li> <li>• efavirenz</li> <li>• Emtriva®</li> <li>• Eпивir®</li> <li>• Epzicom®</li> <li>• Evotaz®</li> <li>• fosamprenavir</li> <li>• Fuzeon®</li> <li>• Genvoya®</li> <li>• Intelence®</li> <li>• Invirase®</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>• nevirapine ER</li> <li>• nevirapine</li> <li>• Norvir®</li> <li>• Odefsey®</li> <li>• Pifeltro™</li> <li>• Prezcobix®</li> <li>• Prezista®</li> <li>• Rescriptor®</li> <li>• Retrovir®</li> <li>• Reyataz®</li> <li>• ritonavir</li> <li>• Selzentry®</li> <li>• stavudine</li> <li>• Stribild®</li> <li>• Sustiva®</li> <li>• Symfi®</li> <li>• Symfi lo®</li> <li>• Symtuza®</li> <li>• tenofovir disoproxil fumarate</li> <li>• Temixys</li> <li>• Tivicay®</li> <li>• Triumeq®</li> <li>• Trizivir®</li> <li>• Truvada®</li> <li>• Tybost®</li> <li>• Videx®</li> <li>• Viracept®</li> <li>• Viramune®</li> <li>• Viramune® XR</li> <li>• Viread®</li> <li>• Ziagen®</li> <li>• zidovudin</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

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

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## IMMUNOLOGIC – SYSTEMIC IMMUNOMODULATORS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> <li>• Cosentyx®</li> <li>• Enbrel®</li> <li>• Humira®</li> </ul>	<ul style="list-style-type: none"> <li>• Actemra®/Actpen</li> <li>• Arava®</li> <li>• Arcalyst®</li> <li>• Cimzia®</li> <li>• Entyvio®</li> <li>• Ilaris®</li> <li>• Ilumya™</li> <li>• Inflectra®</li> <li>• Kevzara®</li> <li>• Kineret®</li> <li>• Olumiant®</li> <li>• Orencia®</li> <li>• Otezla®</li> <li>• Remicade®</li> <li>• Renflexis®</li> <li>• Siliq®</li> <li>• Simponi/Aria®</li> <li>• Skyrizi™</li> <li>• Stelara®</li> <li>• Taltz®</li> <li>• Tremfya®</li> <li>• Xeljanz®/XR</li> </ul>
	<p>Trial and failure of 1 or more Preferred products based on diagnosis required prior to Non-Preferred products</p>

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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>Pancreaze®</li> <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>methocarbamol with aspirin (generic for Robaxisal®)</li> <li>orphenadrine citrate (generic for Norflex®)</li> <li>orphenadrine compound (generic for Norgesic Forte®)</li> <li>tizanidine (generic for Zanaflex®)</li> </ul>	<ul style="list-style-type: none"> <li>Amrix®*</li> <li>Dantrium®*</li> <li>Fexmid®</li> <li>Lorzone®</li> <li>Norgesic Forte®</li> <li>Robaxin®*</li> <li>Skelaxin®*</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> </ul>	<ul style="list-style-type: none"> <li>Nicotrol inhalation/NS®</li> <li>Zyban®*</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<sup>®</sup>, Fortesta<sup>®</sup> Testim<sup>®</sup>, Vogelxo<sup>®</sup>)</li> </ul>	<ul style="list-style-type: none"> <li>• Androderm<sup>®</sup></li> <li>• AndroGel<sup>®</sup></li> <li>• Axiron<sup>®</sup></li> <li>• Fortesta<sup>®*</sup></li> <li>• Testim<sup>®*</sup></li> <li>• Vogelxo<sup>®*</sup></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<sup>®</sup></li> <li>• apraclonidine (generic for lopidine<sup>®</sup>)</li> <li>• brimonidine/P (generic for Alphagan<sup>®</sup>/P)</li> <li>• brimonidine/dorzolamide/PF</li> <li>• Simbrinza<sup>®</sup></li> <li>• timolol/brimonidine/dorzolamide/latanoprost</li> <li>• timolol/brimonidine/dorzolamide/PF</li> </ul>	<ul style="list-style-type: none"> <li>• lopidine<sup>®*</sup></li> </ul>
	Trial and failure of all Preferred products required prior to Non-Preferred products

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## OPHTHALMIC/GLAUCOMA – BETA BLOCKER AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• betaxolol (generic for Betoptic®)</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>• metipranolol (generic for OptiPranolol®)</li> <li>• timolol (generic for Timoptic®)</li> <li>• timolol XE (generic for Timoptic XE®)</li> <li>• timolol/brimonidine/dorzolamide/latanoprost</li> <li>• timolol/brimonidine/dorzolamide/PF</li> <li>• timolol/dorzolamide/latanoprost/PF</li> </ul>	<ul style="list-style-type: none"> <li>• Betagan®*</li> <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

## OPHTHALMIC/GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS

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



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### 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>Travatan Z®</li> <li>timolol/brimonidine/dorzolamide/latanoprost</li> <li>timolol/dorzolamide/latanoprost/PF</li> <li>timolol/latanoprost/PF</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>	

### OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES

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

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## 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 Vigamox®)</li> <li>ofloxacin</li> <li>Vigamox®</li> </ul>	<ul style="list-style-type: none"> <li>Azasite®</li> <li>Besivance®</li> <li>Ciloxan®*</li> <li>Moxeza®</li> <li>Ocuflox®</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 Ocufer®)</li> <li>Ilevro®</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>Nevanac®</li> <li>Prolensa®</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

## OPIATE DEPENDENCE TREATMENT\*\*\*

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>buprenorphine (generic for Subutex®)**</li> <li>buprenorphine/naloxone (generic for Suboxone®)</li> <li>Suboxone®</li> </ul>	<ul style="list-style-type: none"> <li>Bunavail®</li> <li>Zubsolv®</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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## OSTEOPOROSIS – BISPHOSPHONATES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>alendronate (generic for Fosamax®)</li> <li>etidronate sodium (generic for Didronel®)</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®*/Calcium</li> <li>Atelvia®</li> <li>Binosto®</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>	<ul style="list-style-type: none"> <li>Miacalcin®</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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

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## PROGESTATIONAL AGENTS TO PREVENT PRETERM BIRTH

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>hydroxyprogesterone caproate (im/sdv)</li> <li>Makena® auto injector (sq)</li> <li>Makena® sdv (im)</li> </ul>	

## RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>Atrovent HFA®</li> <li>Bevespi Aerosphere®</li> <li>Combivent Respimat®</li> <li>ipratropium/albuterol (generic for DuoNeb®)</li> <li>ipratropium nebulizer</li> <li>Spiriva HandiHaler®</li> <li>Stiolto Respimat®</li> </ul>	<ul style="list-style-type: none"> <li>Anoro Ellipta®</li> <li>Daliresp®</li> <li>Duaklir® Pressair</li> <li>Incruse Ellipta®</li> <li>Lonhala Magnair®</li> <li>Seebri Neohaler®</li> <li>Spiriva Respimat®</li> <li>Tudorza Pressair®</li> <li>Utibron Neohaler®</li> <li>Yupelri™</li> </ul>
	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®/CR*</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 HFA®</li> <li>• Proventil HFA®</li> </ul>	<ul style="list-style-type: none"> <li>• ProAir Respiclick®</li> <li>• Ventolin HFA®</li> <li>• Xopenex®</li> <li>• Xopenex HFA®</li> </ul>
	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>• Bevespi Aerosphere®</li> <li>• Dulera®</li> <li>• Serevent Diskus®</li> </ul>	<ul style="list-style-type: none"> <li>• Anoro Ellipta®</li> <li>• Arcapta®</li> <li>• Brovana®</li> <li>• Perforomist®</li> <li>• Striverdi Respimat®</li> <li>• Trelegy Ellipta®</li> </ul>
	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>Advair Diskus®</li> <li>Advair HFA®</li> <li>Asmanex®</li> <li>budesonide (generic for Pulmicort®)</li> <li>Flovent Diskus®</li> <li>Flovent HFA®</li> <li>fluticasone-salmeterol (generic for Advair Diskus®)</li> <li>Symbicort®</li> <li>Wixela Inhub ((generic for Advair Diskus®)</li> </ul>	<ul style="list-style-type: none"> <li>Aerospan®</li> <li>Arnuity Ellipta®</li> <li>Alvesco®</li> <li>ArmonAir RespiClick®</li> <li>Asmanex HFA®</li> <li>PulmicortFlexhaler®</li> <li>Pulmicort® respules</li> <li>QVAR®</li> </ul>
	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>Dulera®</li> <li>fluticasone propionate and salmeterol (generic for AirDuo RespiClick)</li> <li>Symbicort®</li> </ul>	<ul style="list-style-type: none"> <li>AirDuo RespiClick®*</li> <li>Breo Ellipta®</li> </ul>
	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

## RESPIRATORY – NASAL ANTIHISTAMINES

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

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## RESPIRATORY – NASAL CORTICOSTEROIDS\*\*\*

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>budesonide (generic for Rhinocort Aqua®)</li> <li>flunisolide (generic for Nasarel®)</li> <li>fluticasone (generic for Flonase®)</li> <li>mometasone (generic for Nasonex®)</li> <li>triamcinolone (generic for Nasacort AQ®)</li> </ul>	<ul style="list-style-type: none"> <li>Beconase AQ®</li> <li>Dymista®</li> <li>Flonase®*</li> <li>Nasacort®</li> <li>Nasonex®*</li> <li>Omnaris®</li> <li>Ticanase®</li> </ul>
Qty limits apply	Trial and failure of 2 Preferred products required prior to Non-Preferred products

## RESPIRATORY – LOW SEDATING ANTIHISTAMINES AND COMBINATIONS

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/D</li> <li>levocetirizine (generic for Xyzal®)</li> <li>loratadine (OTC/RX) (generic for Claritin® OTC/RX)</li> <li>loratadine syrup (OTC/RX) (generic for Claritin Syrup® OTC/RX)</li> <li>loratadine Dis (OTC/RX) (generic for Claritin Dis® OTC/RX)</li> </ul>	<ul style="list-style-type: none"> <li>Allegra D®*/ODT</li> <li>Clarinex®*/Dis</li> <li>Clarinex-D®*</li> <li>Xyzal®</li> </ul>
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

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

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>Epinephrine (generic for Adrenaclick®, EpiPen®, EpiPen Jr.®)</li></ul>	<ul style="list-style-type: none"><li>Auvi-Q®</li><li>EpiPen®</li><li>EpiPen Jr.®</li><li>Symjepi™</li></ul>
	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><li>Ulesfia®</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.*

## 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>Clobex®*</li> <li>Lexette®</li> <li>Olux/E®</li> <li>Temovate®*</li> <li>Ultravate®*</li> <li>Ultravate X®</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>amcinonide</li> <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>Sernivo®</li> <li>Silalite Pak®</li> <li>Topicort®*</li> <li>Trianex®</li> <li>Vanos®</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

CONTINUED ON NEXT PAGE

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**TOPICAL – STEROIDS (CONTINUED)**

**MEDIUM POTENCY**

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• Beser™</li> <li>• betamethasone valerate foam (generic for Luziq®)</li> <li>• clocortolone (generic for Cloderm®)</li> <li>• fluocinolone acetate (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>• Cloderm®*</li> <li>• Cordran tape®*</li> <li>• Cutivate® Cream/Lotion</li> <li>• Dermatop®</li> <li>• Elocon®</li> <li>• Locoid®*</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/oint</li> </ul>	<ul style="list-style-type: none"> <li>• Aqua Glycolic HC®</li> <li>• Capex Shampoo®</li> <li>• Derma-Smoothe FS®</li> <li>• Desonate®</li> <li>• Desowen®</li> <li>• Tridesilon®</li> <li>• Texacort®</li> <li>• Verdeso®</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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### TOPICAL – TOPICAL AGENTS FOR PSORIASIS

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

### TOPICAL – TOPICAL COMBINATION BENZOYL PEROXIDE AND CLINDAMYCIN PRODUCTS

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

### TOPICAL – ATOPIC DERMATITIS

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

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## TOPICAL – TOPICAL RETINOIDS

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

## TOPICAL – TOPICAL ANTIVIRALS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• acyclovir (generic for Zovirax oint/cream®)</li> <li>• 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

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## TOPICAL – TOPICAL ANTIBIOTICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"><li>Bactroban<sup>®</sup> cream</li><li>mupirocin oint/cream (generic for Bactroban<sup>®</sup> oint/cream)</li></ul>	<ul style="list-style-type: none"><li>Altabax<sup>®</sup></li><li>Bactroban<sup>®</sup> nasal/ointment</li><li>Centany<sup>®</sup></li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

## UTERINE DISORDER TREATMENTS

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