



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

Effective Date: January 1, 2022

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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"> • buprenorphine patch (generic for Butrans®) • Butrans® • fentanyl patch (generic for Duragesic®) • hydrocodone bitartrate ER (generic for Hysingla®) • hydrocodone bitartrate ER (generic for Zohydro ER®) • hydromorphone ER (generic for Exalgo®) • morphine ER (generic for Avinza®, Kadian®, MS Contin®) • oxycodone ER (generic for Oxycontin®) • oxymorphone ER (generic for Opana ER®) 	<ul style="list-style-type: none"> • Belbuca® • Duragesic® • Hysingla ER® • Kadian® • Morphabond ER™ • MS Contin® • Oxycontin®*** • Xtampza ER® • Zohydro ER®
	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"> • celecoxib (generic for Celebrex®) • meloxicam cap (generic for Vivlodex®) • meloxicam tab (generic for Mobic®) • naproxen-esomeprazole tab (generic for Vimovo®) 	<ul style="list-style-type: none"> • Celebrex® • Mobic Tab • Vimovo® • Vivlodex®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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ANALGESICS – TRAMADOL AND TRAMADOL-LIKE DERIVATIVES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • tramadol (generic for Ultram®) • tramadol/acetaminophen (generic for Ultracet®) • tramadol ER (generic for Conzip®, Ryzolt ER®, Ultram ER®)** 	<ul style="list-style-type: none"> • ConZip® • Nucynta® • Nucynta ER®** • Qdolo™ • Ultracet®* • Ultram®*
	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"> • cefaclor caps, ER tabs, susp (generic for Ceclor®) • cefprozil susp/tabs (generic for Cefzil Susp/Tabs®) • cefuroxime (generic for Ceftin®) 	

ANTIBIOTICS – THIRD GENERATION CEPHALOSPORINS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • cefdinir cap/susp (generic for Omnicef cap/susp®) • cefixime cap/susp (generic for Suprax®) • cefpodoxime tabs, susp (generic for Vantin®) 	<ul style="list-style-type: none"> • Suprax cap*/chew® • Suprax susp®*
	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"> azithromycin (generic for Zithromax®)*** clarithromycin/ER/susp (generic for Biaxin®/XL/susp)*** E.E.S.® Eryped 200 susp® erythromycin base cap erythromycin base tab (generic for E-Mycin®) erythromycin ethylsuccinate (generic for E.E.S.®) 	<ul style="list-style-type: none"> Eryped 400 susp® Ery-Tab® Erythrocin® Zithromax®*
	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"> ciprofloxacin (generic for Cipro®) Cipro susp® ofloxacin (generic for Floxin®) 	<ul style="list-style-type: none"> Cipro®*
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"> levofloxacin (generic for Levaquin®) moxifloxacin (generic for Avelox®) 	<ul style="list-style-type: none"> Baxdela®
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"> acyclovir (generic for Zovirax®) famciclovir (generic for Famvir®) valacyclovir (generic for Valtrex®) 	<ul style="list-style-type: none"> Sitavig® Valtrex®** Zovirax®susp*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

ANTIBIOTICS – INHALED

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

ANTIBIOTICS – VAGINAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> clindamycin Clindesse® metronidazole Nuessa™ Vandazole® 	<ul style="list-style-type: none"> Cleocin® Cream*/Ovules Metrogel®*
	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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ANTICONVULSANTS – CARBAMAZEPINE DERIVATIVES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> carbamazepine chew/susp/tab/XR (generic for Tegretol®/XR) carbamazepine ER (generic for Carbatrol®) Carbatrol® Epitol® oxcarbazepine susp (generic for Trileptal® Susp) oxcarbazepine tab (generic for Trileptal®) Tegretol XR® Trileptal® suspension 	<ul style="list-style-type: none"> Equetro® Oxtellar XR® Tegretol susp/tab* Trileptal® tab*
	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"> Celontin® Depakote Sprinkle® Dilantin Infatab/Chew tab® divalproex/ER/sprinkle (generic for Depakote®/ER/Sprinkle) ethosuximide cap/syrup (generic for Zarontin®) felbamate (generic for Felbatol®) phenytoin cap/susp/chew (generic for Dilantin®/cap/susp/chew) phenytoin (generic for Phenytek®) primidone (generic for Mysoline®) valproic acid cap/syrup (generic for Depakene®) 	<ul style="list-style-type: none"> Depakote®* Depakote ER®* Dilantin cap/susp®* Felbatol®* Mysoline®* Peganone® Phenytek®* Zarontin cap/syrup®*
	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"> Valtoco® 	<ul style="list-style-type: none"> Nayzilam®
	Trial and failure of 1 Preferred product required prior to Non-Preferred product

RECTAL

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

ANTICONVULSANTS – SECOND GENERATION

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> clobazam (generic for Onfi®) Epidiolex® gabapentin (generic for Neurontin®) Gabitril® lamotrigine/ODT/XR (generic for Lamictal®/ODT/XR) levetiracetam/ER (generic for Keppra/XR®) pregabalin (generic for Lyrica®) (requires additional clinical PA) rufinamide susp/tab (generic for Banzel®) Sabril® tiagabine (generic for Gabitril®) Topamax® sprinkle topiramate (generic for Topamax®) topiramate ER (generic for Qudexy XR®) vigabatrin (generic for Sabril®) zonisamide (generic for Zonegran®) 	<ul style="list-style-type: none"> Aptiom® Banzel®* Briviact® Diacomit® Fintepla® Fycompa® Keppra tab/sol®* Keppra XR®* Lamictal tab®* Lamictal ODT®* Lamictal XR®* Lyrica® (requires additional clinical PA)/CR Neurontin®* Onfi®* Qudexy XR®* Spritam® Sympazan® Topamax®* Trokendi XR® Vimpat® Xcopri®
	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"> ciclopirox (generic for Penlac®) itraconazole oxiconazole (generic for Oxistat®) tavaborole (generic for Kerydin®) terbinafine (generic of Lamisil®) 	<ul style="list-style-type: none"> Jublia® Kerydin® (tavaborole) Lamisil® Luzu® Oxistat® Penlac® Sporanox®
	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"> pramipexole/ER (generic for Mirapex®/ER) ropinirole/ER (generic for Requip®/XL) 	<ul style="list-style-type: none"> Inbrija™ Kynmobi™ Mirapex*ER®* Neupro®
	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"> amantadine (generic for Symmetrel®) oseltamivir (generic for Tamiflu®) rimantadine (generic for Flumadine®) Tamiflu®*** 	<ul style="list-style-type: none"> Flumadine tablet®* Relenza®*** Xofluza™
	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 – ATYPICAL ANTIPSYCHOTICS AND COMBOS

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

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BEHAVIORAL HEALTH – ALZHEIMER’S AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> donepezil/ODT/23 mg (generic for Aricept®/ODT/23 mg) Exelon® patch galantamine/ER (generic for Razadyne®) memantine tab/dose pack/soln (generic for Namenda® tab/dose pack/soln) memantine ER (generic for Namenda XR®) rivastigmine capsule/patch (generic for Exelon® capsule/patch) 	<ul style="list-style-type: none"> Aricept®* Aricept 23mg®* Namenda®/XR* (not a cholinesterase inhibitor) Namzaric® Razadyne®ER* (formerly Reminyl®)
	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"> bupropion (generic for Wellbutrin®) bupropion SR (generic for Wellbutrin SR®) bupropion XL (generic for Forfivo XL®) bupropion XL (generic for Wellbutrin XL®) desvenlafaxine ER (generic for Pristiq®) duloxetine** (generic for Cymbalta®, Irenka™) (requires additional clinical PA) mirtazapine (generic for Remeron®) mirtazapine RapDis (generic for Remeron Sol-Tabs®) nefazodone (generic for Serzone®) trazodone (generic for Desyrel®) venlafaxine (generic for Effexor®) venlafaxine ER (generic for Effexor XR®/Venlafaxine XR®) 	<ul style="list-style-type: none"> Aplenzin® Cymbalta®*** (requires additional clinical PA) Drizalma® Sprinkle** (requires additional clinical PA) Effexor XR®* Emsam® Fetzima® Forfivo XL®* Pristiq®* Remeron®* Remeron Sol-Tabs®* Spravato® Trintellix® Viibryd® Wellbutrin SR®* Wellbutrin XL®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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BEHAVIORAL HEALTH – ANXIOLYTICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> alprazolam/XR (generic for Xanax®/XR) bupirone (generic for Buspar®) chlordiazepoxide (generic for Librium®) clonazepam (generic for Klonopin®) clorazepate (generic for Tranxene®) diazepam (generic for Valium®) lorazepam (generic for Ativan®) oxazepam (generic for Serax®) 	<ul style="list-style-type: none"> Ativan®* Klonopin®* Tranxene®* Xanax®* Xanax XR®*
	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"> citalopram (generic for Celexa®) escitalopram/soln (generic for Lexapro®) fluoxetine/Weekly (generic for Prozac®/Weekly/Sarafem®) fluvoxamine/ER (generic for Luvox® CR) olanzapine/fluoxetine (generic for Symbyax®) paroxetine/ER (generic for Paxil®/Brisdelle®/CR) sertraline (generic for Zoloft®) 	<ul style="list-style-type: none"> Brisdelle®* Celexa®* Lexapro tab®* Paxil®/CR* Pexeva® Prozac®* Sarafem®* Symbyax®* Zoloft®*
	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">• doxepin (generic for Silenor®)• estazolam (generic for Prosom®)• eszopiclone (generic for Lunesta®)• flurazepam (generic for Dalmane®)• ramelteon (generic for Rozerem®)• temazepam (generic for Restoril®)• triazolam (generic for Halcion®)• zaleplon (generic for Sonata®)• zolpidem/ER (generic for Ambien®/CR)• zolpidem SL (generic for Intermezzo®)	<ul style="list-style-type: none">• Ambien®/CR*• Belsomra®• Dayvigo®• Edluar®• Halcion®*• Lunesta®*• Restoril®*• Rozerem®• Silenor®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

* Indicates a generic is available without PA.

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*** Indicates when quantity limits apply.

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

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CARDIOVASCULAR – ACE INHIBITORS AND COMBINATIONS

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

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CARDIOVASCULAR – ANGIOTENSIN II RECEPTOR BLOCKERS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • amlodipine/olmesartan (generic for Azor[®]) • amlodipine/olmesartan/HCTZ (generic for Tribenzor[®]) • amlodipine/valsartan (generic for Exforge[®]) • amlodipine/valsartan/HCTZ • candesartan (generic for Atacand[®]) • candesartan/HCTZ (generic for Atacand HCT[®]) • Diovan[®] • Entresto[®] • eprosartan (generic for Teveten[®]) • irbesartan (generic for Avapro[®]) • irbesartan/HCTZ (generic for Avalide[®]) • losartan (generic for Cozaar[®]) • losartan/HCTZ (generic for Hyzaar[®]) • olmesartan (generic for Benicar[®]) • olmesartan/HCTZ (generic for Benicar HCT[®]) • telmisartan (generic for Micardis[®]) • telmisartan/amlodipine (generic for Twynsta) • telmisartan /HCTZ (generic for Micardis HCT[®]) • valsartan (generic for Diovan[®]) • valsartan/HCTZ (generic for Diovan HCT[®]) 	<ul style="list-style-type: none"> • Atacand[®]*/HCT • Avalide[®]** • Avapro[®]** • Azor[®]* • Benicar[®]*/HCT* • Cozaar[®]* • Diovan HCT[®]* • Edarbi[®] • Edarbyclor[®] • Exforge[®]/HCT* • Hyzaar[®]** • Micardis[®]/HCT* • Tribenzor[®]*
	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"> • ranolazine ER 	<ul style="list-style-type: none"> • Ranexa[®]**
	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"> • acebutolol (generic for Sectral®) • atenolol (generic for Tenormin®) • atenolol/chlorthalidone (generic for Tenoretic®) • betaxolol (generic for Kerlone®) • bisoprolol (generic for Zebeta®) • bisoprolol /HCTZ (generic for Ziac®) • carvedilol/ER (generic for Coreg®/CR) • labetalol (generic for Normodyne® and Trandate®) • metoprolol (generic for Lopressor®) • metoprolol/HCTZ (generic for Lopressor HCT®) • metoprolol succinate (generic for Toprol XL®) • nadolol (generic for Corgard®) • nadolol/bendroflumethiazide (generic for Corzide®) • pindolol (generic for Visken®) • propranolol (generic for Inderal®) • propranolol ER (generic for Inderal LA®) • propranolol/HCTZ (generic for Inderide®) • sotalol (generic for Betapace®) • sotalol AF (generic for Betapace AF®) • Sorine® • timolol (generic for Blocadren®) 	<ul style="list-style-type: none"> • Betapace®* • Betapace AF®* • Bystolic® • Coreg®/CR* • Corgard® • Hemangeol® • Inderal LA®* • Inderal XL® • Innopran XL® • Kaspargo Sprinkle® • Lopressor®* • Sotylize® • Tenoretic®* • Tenormin®* • Toprol XL®* • Ziac®*
	<p>Trial and failure of 3 Preferred products required prior to Non-Preferred products.</p>

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CARDIOVASCULAR – CALCIUM CHANNEL BLOCKERS (DHP)

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • amlodipine (generic for Norvasc®) • felodipine ER (generic for Plendil®) • isradipine (generic for Dynacirc®) • nifedipine (generic for Cardene®) • nifedipine IR (generic for Procardia®) • nifedipine SA/ER/XL (generic for Procardia XL®) • nimodipine (generic for Nimotop®) • nisoldipine 	<ul style="list-style-type: none"> • Adalat CC®* • Katerzia® • Norvasc®* • Nymalize® • Prestalia® • Procardia®*/XL • Sular®
	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"> • Cartia XT® • diltiazem ER (generic for Cardizem CD®) • diltiazem HCL (generic for Cardizem®) • diltiazem SR (generic for Cardizem SR®) • diltiazem XR (generic for Dilacor XR®) • Taztia XT® • verapamil (generic for Calan®, Isoptin® and Verelan®) • verapamil ER (generic for Calan SR® and Isoptin SR®) • verapamil ER PM (generic for Verelan PM®) 	<ul style="list-style-type: none"> • Calan SR®* • Cardizem®* • Cardizem CD®* • Cardizem LA® • Tarka® • Tiazac® • Verelan®/PM*
	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"> • ezetimibe (generic for Zetia®) • ezetimibe/simvastatin (generic for Vytorin®) 	<ul style="list-style-type: none"> • Vytorin®* • Zetia®*
	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"> fluvastatin/ER (generic for Lescol®/XL) lovastatin (generic for Mevacor®) pravastatin (generic for Pravachol®) 	<ul style="list-style-type: none"> Altoprev® (formerly Altacor®) Lescol XL®* Pravachol®* Zypitamag*
	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"> amlodipine/atorvastatin (generic for Caduet®) atorvastatin (generic for Lipitor®) ezetimibe/simvastatin (generic for Vytorin®) rosuvastatin (generic for Crestor®) simvastatin (generic for Zocor®) 	<ul style="list-style-type: none"> Caduet®* Crestor®* Ezallor Sprinkle® Lipitor®* Livalo® Vytorin®* Zocor®*
	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"> fenofibrate (generic for Antara®, Fenoglide®, Lofibra®, Lipofen®, Tricor®, Triglide®) fenofibric acid (generic for Fibracor®, Trilipix®) gemfibrozil (generic for Lopid®) icosapent ethyl (generic for Vascepa®) omega-3 ethyl ester (generic for Lovaza®) 	<ul style="list-style-type: none"> Antara®* Fenoglide®* Lipofen®* Lopid®* Lovaza®* Tricor®* Trilipix®* Vascepa®*
	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"> • Aggrenox® • aspirin/dipyridamole (generic for Aggrenox®) • Brilinta® • clopidogrel (generic for Plavix®) • dipyridamole (generic for Persantine®) • prasugrel (generic for Effient®) 	<ul style="list-style-type: none"> • Effient®* • Plavix®** • Zontivity®
	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"> • niacin ER • Niaspan® 	

CARDIOVASCULAR – ORAL PULMONARY HYPERTENSION AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • ambrisentan (generic for Letairis®) • bosentan (generic for Tracleer®) • sildenafil (generic for Revatio®)** • tadalafil (generic for Adcirca®)** 	<ul style="list-style-type: none"> • Adcirca®*** • Adempas® • Letairis® • Opsumit® • Orenitram® ER • Revatio®** • Tracleer®* • Upravi®
	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"> • almotriptan (generic for Axert®) • eletriptan (generic for Relpax®) • frovatriptan (generic for Frova®) • naratriptan (generic for Amerge®) • rizatriptan/ODT (generic for Maxalt®/MLT) • sumatriptan (generic for Imitrex®) • sumatriptan/naproxen (generic for Treximet®) • zolmitriptan (generic for Zomig®) 	<ul style="list-style-type: none"> • Amerge®* • Frova®* • Imitrex®* • Maxalt tablet/MLT®* • ONZETRA® Xsail® • Relpax®* • Reyvow® • Tosymra® • Treximet®* • Zembrace SymTouch® • Zomig®*
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"> • Ajovy® • Emgality® 120mg 	<ul style="list-style-type: none"> • Aimovig® • Emgality® 100mg • Vyepti®
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"> • Ubrelvy® 	<ul style="list-style-type: none"> • Nurtec™ ODT
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"> • Avonex[®]*** • Betaseron[®]*** • Copaxone[®]*** • dimethyl fumarate DR (generic for Tecfidera[®])*** • Glatopa[®]*** • glatiramer (generic for Copaxone[®])*** • Kesimpta[®] • Tecfidera[®]*** 	<ul style="list-style-type: none"> • Aubagio[®]*** • Bafiertam[™]*** • Extavia[®]*** • Gilenya[®]*** • Lemtrada[®] • Mavenclad[®] • Mayzent[®]*** • Ocrevus[®] • Plegridy/IM[®]*** • Rebif[®]*** • Tysabri[®] • Vumerity[®]*** • Zeposia[®]***
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

OTHER

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> • dalfampridine ER (generic for Ampyra[®]) 	<ul style="list-style-type: none"> • Ampyra[®]**
	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"> • Austedo[®] • tetrabenazine (generic for Xenazine[®]) 	<ul style="list-style-type: none"> • Ingrezza[®] • Xenazine[®]
	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"> acarbose (generic for Precose®) miglitol (generic for Glyset®) 	<ul style="list-style-type: none"> Glyset®* Precose®*
	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"> alogliptin/metformin (generic for Kazano®) Invokamet® Janumet® Janumet XR® Kazano®* metformin (generic for Riomet®) metformin (generic for Glucophage®) metformin ER (generic for Glumetza®) metformin ER (generic for Fortamet®) metformin/glipizide (generic for Metaglip®) metformin/glyburide (generic for Glucovance®) metformin XL (generic for Glucophage XR®) pioglitazone/metformin (generic for Actoplus Met®) repaglinide/metformin (generic for PrandiMet®) Synjardy® Xigduo XR® 	<ul style="list-style-type: none"> ACTOplusmet®* Fortamet®* Glumetza®* Invokamet XR® Riomet®*/ER Susp Segluromet® Synjardy XR® Trijardy XR®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • alogliptin (generic for Nesina®) • alogliptin/pioglitazone (generic for Oseni®) • alogliptin/metformin (generic for Kazano®) • Glyxambi® • Janumet® • Janumet XR® • Januvia® • Jentadueto® • Kazano®* • Kombiglyze XR® • Nesina® • Onglyza® • Oseni® • Tradjenta® 	<ul style="list-style-type: none"> • Jentadueto XR® • Qtern® • Steglujan® • Trijardy XR®
	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"> • Baqsimi® Nasal Powder • diazoxide suspension • Glucagon emergency kit (human recombinant injection, Eli Lilly) • glucagon injection • Proglycem® suspension (oral) 	<ul style="list-style-type: none"> • Glucagon Emergency Kit (Fresenius Kabi) • Gvoke® HypoPen, PFS
	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"> • Bydureon® • Byetta® • Trulicity® • Victoza® 	<ul style="list-style-type: none"> • Adlyxin® • Bydureon BCise® • Ozempic® • Rybelsus® • Soliqua® • Symlin® Pens** • Xultophy®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – PITUITARY SUPPRESSIVE AGENTS - LHRH

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Eligard® • Fensolvi® • leuprolide acetate • Lupron Depot® • Synarel® • Vantas® • Zoladex® 	<ul style="list-style-type: none"> • Lupaneta Pack™ • Supprelin® LA Kit • Trelstar® • Trelstar LA® • Triptodur™
	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"> Humalog® vial Humalog cartridge/pen® Humalog Junior Kwikpen® insulin aspart vial/cartridge/pen (generic for Novolog®) insulin lispro vial/kwikpen (generic for Humalog vial/cartridge/pen®) Novolog vial/cartridge/FlexPen® 	<ul style="list-style-type: none"> Admelog® Afrezza** Apidra vial/SoloSTAR® Fiasp® Flextouch/vial/Penfill Humalog Kwikpen® Lyumjev™
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

SHORT ACTING

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

INTERMEDIATE ACTING

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

LONG ACTING

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Lantus SoloSTAR® Lantus® vial Levemir FlexTouch® Levemir vial® 	<ul style="list-style-type: none"> Basaglar Kwikpen® Semglee™ Toujeo Solostar/Max Solostar® Tresiba Flextouch® pen Tresiba vial®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

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ENDOCRINOLOGY – INSULINS (CONTINUED)

PREMIXED COMBINATIONS

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

ENDOCRINOLOGY – MEGLITINIDES

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

ENDOCRINOLOGY – POTASSIUM BINDERS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Lokelma® sodium polystyrene sulfonate 	<ul style="list-style-type: none"> Veltassa®
	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"> • Farxiga® • Glyxambi® • Invokamet® • Invokana® • Jardiance® • Synjardy® • Xigduo XR® 	<ul style="list-style-type: none"> • Invokamet XR® • Qtern® • Segluromet® • Steglatro® • Steglujan® • Synjardy XR® • Trijardy XR®
	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"> • alogliptin/pioglitazone (generic for Oseni®) • pioglitazone (generic for Actos®) • pioglitazone/glimepiride (generic for Duetact®) • pioglitazone/metformin (generic for Actoplus Met®) 	<ul style="list-style-type: none"> • Actos®** • Actoplus Met/XR®* • Avandia® • Duetact®* • Oseni®**
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

ENDOCRINOLOGY – 2ND GENERATION SULFONYLUREAS AND COMBINATIONS

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

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GASTROINTESTINAL – ANTIEMETICS***

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • aprepitant/ pack (generic for Emend®/pack) • doxylamine succ/pyridoxine HCL (generic for Diclegis®) • granisetron tab (generic for Kytril®) • ondansetron (generic for Zofran®) 	<ul style="list-style-type: none"> • Akynzeo® • Cinvanti® • Diclegis®* • Emend®*/pack • Sancuso® • SustoI® • Varubi® • Zofran®* • Zuplenz®
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"> • alosetron • Amitiza® • Linzess® • Lotronex® • lubiprostone (generic for Amitiza®) • Movantik® 	<ul style="list-style-type: none"> • Motegrity® • Relistor® • Symproic® • Trulance® • Viberzi® • Zelnorm™
	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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GASTROINTESTINAL – HEPATITIS C AGENTS

PEGYLATED INTERFERON ALPHA PRODUCTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> Pegasys® syringe/vial 	<ul style="list-style-type: none"> PEG-Intron®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

RIBAVIRIN PRODUCTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> Ribavirin 	

DIRECT ACTING ANTIVIRAL PRODUCTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> ledipasvir-sofosbuvir (generic for Harvoni®) Mavyret™ sofosbuvir/velpatasvir (generic for Epclusa®) Vosevi® 	<ul style="list-style-type: none"> Epclusa® Harvoni® Harvoni® Pellet Pack Sovaldi® Sovaldi® Pellet Pack Viekira Pak® Zepatier®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

GASTROINTESTINAL – PROTON PUMP INHIBITORS AND COMBINATIONS***

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> 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®) 	<ul style="list-style-type: none"> AcipHex/sprinkles® Dexilant® (formerly known as Kapidex®) Nexium® (RX) Prevacid® capsules (RX)/Solutab Prilosec® (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"> Apriso® balsalazide (generic for Colazol®) budesonide ER (generic for Uceris®) Lialda® mesalamine (generic for Asacol HD®, Lialda®) mesalamine DR (generic for Delzicol®) mesalamine ER (generic for Apriso®) Pentasa® sulfasalazine (generic for Azulfidine®) 	<ul style="list-style-type: none"> Asacol HD® Azulfidine®/ENTAB* Colazal®** Delzicol®* Dipentum® Uceris®*
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

RECTAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Canasa supp.® mesalamine enema (generic for Rowasa®) mesalamine kit (generic for Rowasa® kit) mesalamine supp. (generic for Canasa supp.®) 	<ul style="list-style-type: none"> Rowasa®* SFRowasa® Uceris® Rectal Foam
	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"> alfuzosin (generic for Uroxatral®) dutasteride/tamsulosin (generic for Jalyn®) silodosin (generic for Rapaflo®) tamsulosin (generic for Flomax®) 	<ul style="list-style-type: none"> Flomax®* Jalyn®* Rapaflo®*
	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"> dutasteride (generic for Avodart®) finasteride (generic for Proscar®) 	<ul style="list-style-type: none"> Avodart®* Proscar®*
	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"> calcium acetate (generic for PhosLo®) lanthanum (generic for Fosrenol®) Renagel® Renvela® sevelamer (generic for Renvela®) sevelamer HCL (generic for Renagel®) 	<ul style="list-style-type: none"> Auryxia® Fosrenol®* Magnebind 400® Phoslyra® Velphoro®
	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"> darifenacin ER (generic for Enablex®) flavoxate oxybutynin /ER (generic for Ditropan®/XL) solifenacin succinate (generic for Vesicare®) tolterodine/ER (generic for Detrol®/LA) Toviaz® tropium /ER (generic for Sanctura /XR®) 	<ul style="list-style-type: none"> Detrol/LA®* Ditropan XL®* Enablex®* Gelnique® Gemtesa® Myrbetriq® Oxytrol® Vesicare®*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

HEMATOLOGIC – ANTICOAGULANTS

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

HEMATOLOGIC – HEMATOPOIETIC AGENTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> Epogen®*** Retacrit®*** 	<ul style="list-style-type: none"> Aranesp®*** Mircera®*** Procrit®*** Reblozyl®
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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HIV/AIDS – ORAL PRODUCTS

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

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IMMUNOLOGIC – SYSTEMIC IMMUNOMODULATORS

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

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*** Indicates when quantity limits apply.

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MISCELLANEOUS – PANCREATIC ENZYMES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Creon® • Zenpep® 	<ul style="list-style-type: none"> • Pancreaze® • Pertzye® • Viokace®
	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"> • baclofen • carisoprodol/compound (generic for Soma®/compound)** • chlorzoxazone (generic for Parafon Forte®) • cyclobenzaprine (generic for Flexeril®) • cyclobenzaprine ER (generic for Amrix®) • dantrolene sodium (generic for Dantrium®) • metaxalone (generic for Skelaxin®) • methocarbamol (generic for Robaxin®) • orphenadrine citrate (generic for Norflex®) • tizanidine (generic for Zanaflex®) 	<ul style="list-style-type: none"> • Amrix®* • Dantrium®* • Fexmid® • Lorzone® • Norgesic Forte® • Robaxin®* • Skelaxin®* • Soma®** • Zanaflex®*
	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"> • bupropion SR (generic for Zyban®) • Chantix® • nicotine gum/lozenges/patch 	<ul style="list-style-type: none"> • Nicotrol inhalation/NS®
	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"> testosterone (generic for AndroGel[®], Fortesta[®] Testim[®], Vogelxo[®]) 	<ul style="list-style-type: none"> Androderm[®] AndroGel^{®*} Fortesta^{®*} Testim^{®*} Vogelxo^{®*}
	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"> Alphagan P[®] apraclonidine (generic for Iopidine[®]) brimonidine/P (generic for Alphagan[®]/P) Simbrinza[®] 	<ul style="list-style-type: none"> Iopidine^{®*}
	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"> betaxolol (generic for Betoptic[®]) carteolol (generic for Ocupress[®]) Combigan[®] dorzolamide/timolol/PF (generic for Cosopt^{®*}/PF[®]) levobunolol (generic for Betagan[®]) timolol (generic for Timoptic[®]) timolol (generic for Timoptic[®] Ocudose) timolol XE (generic for Timoptic XE[®]) 	<ul style="list-style-type: none"> Betoptic S[®] Cosopt^{®*}/PF[®] Istalol^{®*} Timoptic[®]/XE[*] Timoptic[®] Ocudose
	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"> • brimonidine/dorzolamide/PF • brinzolamide (generic for Azopt®) • dorzolamide/PF (generic for Trusopt®) • dorzolamide/timolol/PF (generic for Cosopt®*/PF®) • Simbrinza® 	<ul style="list-style-type: none"> • Azopt® • Cosopt®*/PF® • Trusopt®*
	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"> • bimatoprost (generic for Lumigan®) • latanoprost/PF (generic for Xalatan®) • travoprost (generic for Travatan®) • Travatan Z® 	<ul style="list-style-type: none"> • Lumigan®* • Vyzulta™ • Xalatan®*/*** • Xelpros™ • Zioptan®
	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"> • Rhopressa™ • Rocklatan™ 	

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OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • azelastine (generic for Optivar®) • bepotastine (generic for Bepreve®) • cromolyn sodium • epinastine (generic for Elestat®) • olopatadine (generic for Patanol®/Pataday®) • Pazeo® 	<ul style="list-style-type: none"> • Alocril® • Alomide® • Alrex® • Bepreve® • Lastacast® • Zerviate®
	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"> • ciprofloxacin (generic for Ciloxan®) • gatifloxacin (generic for Zymaxid®) • levofloxacin (generic for Quixin®) • moxifloxacin (generic for Moxeza®) • moxifloxacin (generic for Vigamox®) • ofloxacin • 	<ul style="list-style-type: none"> • Besivance® • Ciloxan®* • Moxeza®* • Ocuflax® • Vigamox® • Zymaxid®*
	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"> • bromfenac (generic for Xibrom®) • diclofenac drops (generic for Voltaren oph drops®) • flurbiprofen (generic for Ocufer®) • ketorolac 0.5% (generic for Acular®) • ketorolac 0.4% (generic for Acular LS®) 	<ul style="list-style-type: none"> • Acular®* • Acular LS®* • Acuvail® • BromSite® • Ilevro® • Nevanac® • Prolensa®
	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"> Restasis® Restasis Multi-dose® Xiidra® 	<ul style="list-style-type: none"> Cequa™ Eysuvis™
	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"> buprenorphine (generic for Subutex®)** buprenorphine/naloxone (generic for Suboxone®) Suboxone® 	<ul style="list-style-type: none"> Bunavail® Zubsolv®
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

BUPRENORPHINE – CONTAINING INJECTABLE

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Sublocade™ 	

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OSTEOPOROSIS – BISPHOSPHONATES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> alendronate (generic for Fosamax®) ibandronate (generic for Boniva®) risedronate (generic for Actonel®) risedronate DR (generic for Atelvia®) 	<ul style="list-style-type: none"> Actonel®* Atelvia® Binosto® Boniva®* Fosamax®*/D
	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"> calcitonin salmon (generic for Miacalcin®) 	

OTIC/ANTIBIOTIC – QUINOLONES AND COMBINATIONS

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

PROGESTATIONAL AGENTS TO PREVENT PRETERM BIRTH

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> hydroxyprogesterone caproate (im/sdv) 	<ul style="list-style-type: none"> Makena® auto injector (sq) Makena® sdv (im)
	Trial and failure of 1 Preferred product 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"> Anoro Ellipta® Atrovent HFA® Combivent Respimat® ipratropium/albuterol (generic for DuoNeb®) ipratropium nebulizer Spiriva HandiHaler® Stiolto Respimat® 	<ul style="list-style-type: none"> Bevespi Aerosphere® Daliresp® Duaklir® Pressair Incruse Ellipta® Lonhala Magnair® Seebri Neohaler® Spiriva Respimat® Tudorza Pressair® Utibron Neohaler® Yupelri™
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"> montelukast (generic for Singulair®) zafirlukast (generic for Accolate®) zileuton ER (generic for Zyflo CR®) 	<ul style="list-style-type: none"> Accolate®* Singulair®** Zyflo®
	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"> albuterol sulfate HFA (generic for ProAir HFA®, Proventil HFA®, Ventolin HFA®) albuterol neb (generic for Proventil®/Ventolin® neb) albuterol/ipratropium (generic for DuoNeb®) levalbuterol (generic for Xopenex®) ProAir HFA® 	<ul style="list-style-type: none"> ProAir Digihaler® ProAir Respiclick® Proventil HFA® Ventolin HFA®* Xopenex® Xopenex HFA®*
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"> arformoterol (generic for Brovana®) Bevespi Aerosphere® Dulera® formoterol (generic for Perforomist®) Serevent Diskus® 	<ul style="list-style-type: none"> Anoro Ellipta® Arcapta® Brovana® Perforomist® Striverdi Respimat® Trelegy Ellipta®
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"> Asmanex® budesonide (generic for Pulmicort®) Flovent Diskus® Flovent HFA® 	<ul style="list-style-type: none"> Alvesco® Arnuity Ellipta® Asmanex HFA® Pulmicort Flexhaler® Pulmicort® respules QVAR® Redihaler
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"> Advair Diskus® Advair HFA® budesonide/formoterol fumarate (generic for Symbicort®) Dulera® fluticasone/salmeterol (generic for Advair Diskus®) fluticasone/salmeterol (generic for AirDuo RespiClick®) Symbicort® Wixela Inhub (generic for Advair Diskus®) 	<ul style="list-style-type: none"> AirDuo RespiClick®* Armonair® Digihaler Breo Ellipta® Breztri Aerosphere™ Trelegy Ellipta®
Qty limits apply	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"> azelastine (generic for Astelin®/Astepro®) azelastine/fluticasone (generic for Dymista®) olopatadine (generic for Patanase®) 	<ul style="list-style-type: none"> Dymista® Patanase®* Xhance™
	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"> • azelastine/fluticasone (generic for Dymista®) • budesonide (generic for Rhinocort Aqua®) • flunisolide (generic for Nasarel®) • fluticasone (generic for Flonase®) • mometasone (generic for Nasonex®) 	<ul style="list-style-type: none"> • Beconase AQ® • Dymista® • Nasonex®* • Omnaris®
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"> • cetirizine tabs/syrup/chew (generic for Zyrtec® OTC/chew) • desloratadine/ODT (generic for Clarinex®) • fexofenadine (OTC/RX) • levocetirizine tab/solution (generic for Xyzal® OTC) • loratadine (OTC/RX) (generic for Claritin® OTC/RX) • loratadine syrup (OTC/RX) (generic for Claritin Syrup® OTC/RX) • loratadine Dis (OTC/RX) (generic for Claritin Dis® OTC/RX) 	<ul style="list-style-type: none"> • Clarinex®* • Clarinex-D®*
	Trial and failure of 3 Preferred products required prior to Non-Preferred products

RESPIRATORY – IDIOPATHIC PULMONARY FIBROSIS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • Ofev® 	<ul style="list-style-type: none"> • Esbriet®
	Trial and failure of 1 Preferred product required prior to Non-Preferred product

* 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.

SELF INJECTION EPINEPHRINE***

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> Epinephrine (generic for Adrenaclick®, EpiPen®, EpiPen Jr.®) 	<ul style="list-style-type: none"> EpiPen® EpiPen Jr.® Symjepi™
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"> ivermectin (generic for Sklice®) lindane malathion Natroba® permethrin (OTC/RX) spinosad (generic for Natroba®) 	<ul style="list-style-type: none"> Crotan® Eurax® Ovide® Sklice®*
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

TOPICAL – STEROIDS

VERY HIGH POTENCY

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

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HIGH POTENCY

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

MEDIUM POTENCY

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

LOW POTENCY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> • alclometasone dipropionate • desonide • fluocinolone (generic for Derma Smoothe®) • hydrocortisone acetate (OTC/RX) cr/oint 	<ul style="list-style-type: none"> • Aqua Glycolic HC® • Capex Shampoo® • Derma-Smoothe FS® • Desonate® • Texacort®
	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"> betamethasone/calcipotriene (generic for Taclonex®) calcipotriene cream/ solution/oint. (generic for Dovonex®) calcitriol (generic for Vectical®) 	<ul style="list-style-type: none"> Dovonex®* Duobrii® Enstilar® Sorilux® Taclonex®* Vectical®*
	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"> BenzaClin® clindamycin/benzoyl peroxide (generic for BenzaClin®, Duac®, Acanya®) 	<ul style="list-style-type: none"> Acanya®* Onexton®
	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"> Elidel® Eucrisa® pimecrolimus (generic for Elidel®) Protopic® tacrolimus (generic for Protopic®) 	<ul style="list-style-type: none"> Dupixent®
	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"> • adapalene (generic for Differin®, Plixda®) • adapalene/benzoyl peroxide (generic for Epiduo®) • clindamycin/tretinoin (generic for Veltin®) • Differin® • Retin-A cream/gel® • tretinoin (generic for Atralin®, Avita®, Retin-A®/Micro) • tazarotene cream (generic for Tazorac®) • tazarotene foam (generic for Fabior®) 	<ul style="list-style-type: none"> • Akliel® • Altreno® • Arazlo® • Atralin®* • Avita®* • Epiduo Forte® • Fabior® • Plixda®* • Retin A Micro®* • Retin A Micro Pump® • Tazorac® • Tretin-X®/Combo Pack • Ziana®
	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"> • acyclovir (generic for Zovirax oint/cream®) • Denavir® • Zovirax cream® • Zovirax oint® 	<ul style="list-style-type: none"> • Xerese®
	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">mupirocin oint/cream (generic for Bactroban® oint/cream)	<ul style="list-style-type: none">Centany®
	Trial and failure of 1 Preferred product required prior to Non-Preferred products

UTERINE DISORDER TREATMENTS

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