



# New Hampshire Department of Health and Human Services Fee-for-Service Medicaid 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>• Butrans</li> <li>• fentanyl patch (generic for Duragesic)</li> <li>• hydrocodone bitartrate ER (generic for Hysingla)</li> <li>• hydrocodone bitartrate ER (generic for Zohydro ER)</li> <li>• hydromorphone ER (generic for Exalgo)</li> <li>• morphine ER (generic for Avinza, Kadian, MS Contin)</li> <li>• oxycodone ER (generic for Oxycontin)</li> <li>• oxymorphone ER (generic for Opana ER)</li> <li>• Xtampza ER</li> </ul>	<ul style="list-style-type: none"> <li>• Belbuca</li> <li>• Hysingla ER</li> <li>• MS Contin</li> <li>• Oxycontin</li> </ul>
	<p>Trial and failure of 2 Preferred products required prior to Non-Preferred products.</p>

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

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

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

## ANTIBIOTICS – SECOND GENERATION CEPHALOSPORINS

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

## ANTIBIOTICS – THIRD GENERATION CEPHALOSPORINS

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

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### ANTIBIOTICS – MACROLIDES

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

### ANTIBIOTICS – SECOND GENERATION QUINOLONES

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

### ANTIBIOTICS – THIRD GENERATION QUINOLONES

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

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## ANTIBIOTICS – HERPETIC ANTIVIRALS

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

## ANTIBIOTICS – INHALED

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

## ANTIBIOTICS – VAGINAL

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



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## ANTICONVULSANTS – CARBAMAZEPINE DERIVATIVES

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

## ANTICONVULSANTS – FIRST GENERATION

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

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## ANTICONVULSANTS – OTHER

### NASAL

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

### RECTAL

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

## ANTICONVULSANTS – SECOND GENERATION

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

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PREFERRED	NON-PREFERRED
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

## ANTIFUNGALS

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

## ANTIPARKINSON'S AGENTS – DOPAMINE RECEPTOR AGONISTS

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

## ANTIVIRALS – TREATMENT/PROPHYLAXIS OF INFLUENZA

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

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## ATOPIC DERMATITIS TREATMENTS

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

## BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS AND COMBOS

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

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## BEHAVIORAL HEALTH – ALZHEIMER’S AGENTS

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

## BEHAVIORAL HEALTH – NOVEL ANTIDEPRESSANTS

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

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

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

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

## BEHAVIORAL HEALTH – ANXIOLYTICS

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

## BEHAVIORAL HEALTH – SEROTONIN REUPTAKE INHIBITORS AND COMBOS

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

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

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## BEHAVIORAL HEALTH – SEDATIVE HYPNOTICS

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

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## 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>• amphetamine salt combo/XR (generic for Adderall/XR)</li> <li>• amphetamine sulfate (generic for Evekeo)</li> <li>• atomoxetine (generic for Strattera)</li> <li>• clonidine ER (generic for Kapvay)</li> <li>• Concerta</li> <li>• dexamethylphenidate/XR (generic for Focalin/XR)</li> <li>• dextroamphetamine /ER (generic for Dexedrine/ER)</li> <li>• dextroamphetamine soln. (generic for ProCentra)</li> <li>• guanfacine ER (generic for Intuniv)</li> <li>• lisdexamfetamine (generic for Vyvanse)</li> <li>• methamphetamine (generic for Desoxyn)</li> <li>• Methylin soln.</li> <li>• methylphenidate CD (generic for Metadate CD)</li> <li>• methylphenidate chewable (generic for Methylin chew)</li> <li>• methylphenidate ER (generic for Aptensio XR)</li> <li>• methylphenidate ER (generic for Concerta/Ritalin LA)</li> <li>• methylphenidate patch (generic for Daytrana)</li> <li>• methylphenidate soln. (generic for Methylin soln.)</li> <li>• methylphenidate/SR (generic for Ritalin/ SR)</li> <li>• Relexxii</li> <li>• Vyvanse</li> </ul>	<ul style="list-style-type: none"> <li>• Adderall XR</li> <li>• Adzenys XR-ODT</li> <li>• Aptensio XR</li> <li>• Azstarys</li> <li>• Cotempla XR-ODT</li> <li>• Daytrana</li> <li>• Dexedrine ER</li> <li>• Dyanavel XR</li> <li>• Evekeo/ODT</li> <li>• Focalin</li> <li>• Focalin XR</li> <li>• Intuniv</li> <li>• Jornay PM</li> <li>• Mydayis</li> <li>• ProCentra</li> <li>• Qelbree</li> <li>• QuilliChew ER</li> <li>• Quillivant XR</li> <li>• Ritalin</li> <li>• Ritalin LA</li> <li>• Strattera</li> <li>• Xelstrym</li> <li>• 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/HCTZ (generic for Lotensin HCT)</li> <li>• captopril (generic for Capoten)</li> <li>• captopril/HCTZ (generic for Capozide)</li> <li>• enalapril (generic for Vasotec)</li> <li>• enalapril solution (generic for Epaned)</li> <li>• enalapril/HCTZ (generic for Vaseretic)</li> <li>• fosinopril</li> <li>• fosinopril/HCTZ</li> <li>• lisinopril (generic for Prinivil and Zestril)</li> <li>• lisinopril/HCTZ (generic for Prinzide and Zestoretic)</li> <li>• moexipril</li> <li>• perindopril (generic for Aceon)</li> <li>• quinapril (generic for Accupril)</li> <li>• quinapril/HCTZ (generic for Accuretic)</li> <li>• ramipril (generic for Altace)</li> <li>• trandolapril (generic for Mavik)</li> <li>• trandolapril/verapamil (generic for Tarka)</li> </ul>	<ul style="list-style-type: none"> <li>• Accupril*</li> <li>• Accuretic*</li> <li>• Altace*</li> <li>• Epaned* (non-preferred for adults only)</li> <li>• Lotensin*/HCT</li> <li>• Lotrel*</li> <li>• Qbrelis</li> <li>• Vaseretic*</li> <li>• Vasotec*</li> <li>• Zestoretic*</li> <li>• Zestril*</li> </ul>
	<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"> <li>• amlodipine/olmesartan (generic for Azor)</li> <li>• amlodipine/olmesartan/HCTZ (generic for Tribenzor)</li> <li>• amlodipine/valsartan (generic for Exforge)</li> <li>• amlodipine/valsartan/HCTZ (generic for Tribenzor)</li> <li>• candesartan (generic for Atacand)</li> <li>• candesartan/HCTZ (generic for Atacand HCT)</li> <li>• Entresto</li> <li>• eprosartan (generic for Teveten)</li> <li>• irbesartan (generic for Avapro)</li> <li>• irbesartan/HCTZ (generic for Avalide)</li> <li>• losartan (generic for Cozaar)</li> <li>• losartan/HCTZ (generic for Hyzaar)</li> <li>• olmesartan (generic for Benicar)</li> <li>• olmesartan/HCTZ (generic for Benicar HCT)</li> <li>• telmisartan (generic for Micardis)</li> <li>• telmisartan/amlodipine (generic for Twynsta)</li> <li>• telmisartan /HCTZ (generic for Micardis HCT)</li> <li>• valsartan (generic for Diovan)</li> <li>• valsartan solution</li> <li>• valsartan/HCTZ (generic for Diovan HCT)</li> </ul>	<ul style="list-style-type: none"> <li>• Atacand*/HCT</li> <li>• Avalide*</li> <li>• Avapro*</li> <li>• Azor*</li> <li>• Benicar*/HCT*</li> <li>• Cozaar*</li> <li>• Diovan</li> <li>• Diovan HCT*</li> <li>• Edarbi</li> <li>• Edarbyclor</li> <li>• Exforge/HCT*</li> <li>• Hyzaar*</li> <li>• Micardis/HCT*</li> <li>• Tribenzor*</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

## CARDIOVASCULAR – ANTIANGINAL AND ANTI-ISCHEMIC

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

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## CARDIOVASCULAR – BETA-BLOCKERS AND COMBINATION

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• acebutolol (generic for Sectral)</li> <li>• atenolol (generic for Tenormin)</li> <li>• atenolol/chlorthalidone (generic for Tenoretic)</li> <li>• betaxolol (generic for Kerlone)</li> <li>• bisoprolol (generic for Zebeta)</li> <li>• bisoprolol /HCTZ (generic for Ziac)</li> <li>• carvedilol/ER (generic for Coreg/CR)</li> <li>• Hemangeol</li> <li>• labetalol (generic for Normodyne and Trandate)</li> <li>• metoprolol (generic for Lopressor)</li> <li>• metoprolol/HCTZ (generic for Lopressor HCT)</li> <li>• metoprolol succinate (generic for Toprol XL)</li> <li>• nadolol (generic for Corgard)</li> <li>• nebivolol (generic for Bystolic)</li> <li>• pindolol (generic for Visken)</li> <li>• propranolol (generic for Inderal)</li> <li>• propranolol ER (generic for Inderal LA)</li> <li>• propranolol/HCTZ</li> <li>• sotalol (generic for Betapace)</li> <li>• sotalol AF (generic for Betapace AF)</li> <li>• Sorine</li> <li>• timolol (generic for Blocadren)</li> </ul>	<ul style="list-style-type: none"> <li>• Betapace*</li> <li>• Betapace AF*</li> <li>• Bystolic*</li> <li>• Coreg/CR*</li> <li>• Corgard*</li> <li>• Inderal LA*</li> <li>• Inderal XL*</li> <li>• InnoPran XL</li> <li>• Kapspargo Sprinkle</li> <li>• Lopressor*</li> <li>• Sotylize</li> <li>• Tenoretic*</li> <li>• Tenormin*</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 – CALCIUM CHANNEL BLOCKERS (DHP)

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

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

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

### CARDIOVASCULAR – CHOLESTEROL ABSORPTION INHIBITORS AND COMBINATIONS

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

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

## CARDIOVASCULAR – HIGH POTENCY STATINS AND COMBINATIONS

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

## CARDIOVASCULAR – TRIGLYCERIDE LOWERING AGENTS

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

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## CARDIOVASCULAR – PLATELET INHIBITORS

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

## CARDIOVASCULAR – NIACIN DERIVATIVES

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

## CARDIOVASCULAR – ORAL PULMONARY HYPERTENSION AGENTS

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

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

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### CENTRAL NERVOUS SYSTEM – TRIPTANS

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

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

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

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

PREFERRED**/**	NON-PREFERRED**/**
<ul style="list-style-type: none"> <li>• Nurtec ODT</li> <li>• Ubrelvy</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
Qty. limits apply	

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## CENTRAL NERVOUS SYSTEM – MULTIPLE SCLEROSIS

### DISEASE MODIFYING THERAPY

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

### OTHER

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



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

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

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## CENTRAL NERVOUS SYSTEM – MOVEMENT DISORDERS

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

## DUCHENNE MUSCULAR DYSTROPHY TREATMENTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> <li>• Amondys 45</li> <li>• Elevidys</li> <li>• Exondys 51</li> <li>• Viltepso</li> <li>• Vyondys 53</li> </ul>	

## ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS

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

## ENDOCRINOLOGY – BIGUANIDES AND COMBOS

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

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

## ENDOCRINOLOGY – GLUCAGON AGENTS

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

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

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

## ENDOCRINOLOGY – GROWTH HORMONE

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> <li>• Genotropin</li> <li>• Norditropin</li> <li>• Sogroya</li> </ul>	<ul style="list-style-type: none"> <li>• Humatrope</li> <li>• Ngenla</li> <li>• Nutropin AQ</li> <li>• Omnitrope</li> <li>• Serostim</li> <li>• Skytrofa</li> <li>• Zomacton</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

## ENDOCRINOLOGY – PITUITARY SUPPRESSIVE AGENTS - LHRH

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

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## ENDOCRINOLOGY – INSULINS

### RAPID ACTING

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

### SHORT ACTING

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

### INTERMEDIATE ACTING

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

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## LONG ACTING

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

## PREMIXED COMBINATIONS

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

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## ENDOCRINOLOGY – MEGLITINIDES

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

## ENDOCRINOLOGY – POTASSIUM BINDERS

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

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

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>dapagliflozin (generic for Farxiga)</li> <li>dapagliflozin/metformin ER (generic for Xigduo XR)</li> <li>Farxiga</li> <li>Glyxambi</li> <li>Jardiance</li> <li>Synjardy</li> <li>Xigduo XR</li> </ul>	<ul style="list-style-type: none"> <li>Inpefa</li> <li>Invokamet</li> <li>Invokana</li> <li>Invokamet XR</li> <li>Segluromet</li> <li>Steglatro</li> <li>Steglujan</li> <li>Synjardy XR</li> <li>Trijardy XR</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

## ENDOCRINOLOGY – THIAZOLIDINEDIONES AND COMBINATIONS

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

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## ENDOCRINOLOGY – SECOND GENERATION SULFONYLUREAS AND COMBINATIONS

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

## ENDOCRINOLOGY – WEIGHT MANAGEMENT

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

## GASTROINTESTINAL – ANTIEMETICS\*\*\*

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

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## GASTROINTESTINAL – BOWEL DISORDERS/GI MOTILITY, CHRONIC

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

## GASTROINTESTINAL – HEPATITIS C AGENTS

### PEGYLATED INTERFERON ALPHA PRODUCTS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> <li>Pegasys syringe/vial</li> </ul>	

### RIBAVIRIN PRODUCTS

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

### 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> </ul>	<ul style="list-style-type: none"> <li>Epclusa</li> <li>Harvoni</li> <li>Harvoni Pellet Pack</li> <li>Sovaldi</li> <li>Sovaldi Pellet Pack</li> <li>Vosevi</li> <li>Zepatier</li> </ul>
	Trial and failure of 1 Preferred product 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>• Dexilant</li><li>• dexlansoprazole (generic for Dexilant)</li><li>• esomeprazole (generic for Nexium) (RX)</li><li>• lansoprazole/solutab (generic for Prevacid/SoluTab) (RX)</li><li>• Nexium suspension</li><li>• omeprazole (generic for Prilosec) (RX)</li><li>• omeprazole/sodium bicarbonate (generic for Zegerid)</li><li>• pantoprazole tab/susp (generic for Protonix)</li><li>• Protonix suspension</li><li>• rabeprazole (generic for AcipHex)</li></ul>	<ul style="list-style-type: none"><li>• AcipHex*</li><li>• Konvomep</li><li>• Nexium (RX)*</li><li>• Prevacid capsules (RX)/SoluTab*</li><li>• Prilosec suspension (RX)</li><li>• Protonix*</li><li>• Zegerid*</li></ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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## GASTROINTESTINAL – ULCERATIVE COLITIS

### ORAL

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

### RECTAL

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

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

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

## GENITOURINARY/RENAL – ANDROGEN HORMONE INHIBITORS

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

## GENITOURINARY/RENAL – ELECTROLYTE DEPLETERS

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

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## GENITOURINARY/RENAL – URINARY ANTISPASMODICS

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

## HEMATOLOGIC – ANTICOAGULANTS

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

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## HEMATOLOGIC – COLONY STIMULATING FACTORS

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

## HEMATOLOGIC – HEMATOPOIETIC AGENTS

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

## HEMATOLOGIC – SICKLE CELL GENE THERAPY

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> <li>• Casgevy</li> </ul>	<ul style="list-style-type: none"> <li>• Lyfgenia</li> </ul>

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## HIV/AIDS – ORAL PRODUCTS

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

PREFERRED		NON-PREFERRED
<ul style="list-style-type: none"><li>• lamivudine</li><li>• lamivudine/zidovudine</li><li>• Lexiva</li></ul>		

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## IMMUNOLOGIC – SYSTEMIC IMMUNOMODULATORS

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> <li>• adalimumab-aacf</li> <li>• adalimumab-aaty</li> <li>• adalimumab-adaz</li> <li>• adalimumab-adbm</li> <li>• adalimumab-fjkg</li> <li>• adalimumab-ryvk</li> <li>• Enbrel</li> <li>• Humira</li> <li>• infliximab (generic for Remicade)</li> <li>• Otezla</li> <li>• Rinvoq</li> <li>• Taltz</li> <li>• Xeljanz</li> </ul>	<ul style="list-style-type: none"> <li>• Abrilada</li> <li>• Actemra/ACTPen</li> <li>• Amjevita</li> <li>• Arcalyst</li> <li>• Avsola</li> <li>• Bimzelx</li> <li>• Cibirgo</li> <li>• Cimzia</li> <li>• Cosentyx</li> <li>• Cyltezo</li> <li>• Entyvio</li> <li>• Hadlima</li> <li>• Hulio</li> <li>• Hyrimoz</li> <li>• Idacio</li> <li>• Ilaris</li> <li>• Ilumya</li> <li>• Inflectra</li> <li>• Kevzara</li> <li>• Kineret</li> <li>• Litfulo</li> <li>• Olumiant</li> <li>• Omvoh</li> <li>• Orencia</li> <li>• Remicade</li> <li>• Renflexis</li> <li>• Siliq</li> <li>• Simponi/Aria</li> <li>• Skyrizi</li> <li>• Sotyktu</li> <li>• Spevigo</li> <li>• Stelara</li> <li>• Tremfya</li> <li>• Velsipity</li> <li>• Xeljanz solution</li> <li>• Xeljanz XR</li> <li>• Yuflyma</li> <li>• Yusimry</li> </ul>



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PREFERRED**	NON-PREFERRED**
	Trial and failure of 1 or more Preferred products based on diagnosis required prior to Non-Preferred products

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## MISCELLANEOUS – PANCREATIC ENZYMES

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

## MISCELLANEOUS – SKELETAL MUSCLE RELAXANTS

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

## MISCELLANEOUS – SMOKING CESSATION

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

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### MISCELLANEOUS – TOPICAL ANDROGENIC AGENTS

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

### OPHTHALMIC/GLAUCOMA – ALPHA 2 ADRENERGIC AGENTS

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

### OPHTHALMIC/GLAUCOMA – BETA BLOCKER AGENTS

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

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### OPHTHALMIC/GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS

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

### OPHTHALMIC/GLAUCOMA – PROSTAGLANDIN AGONISTS

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

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

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

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## OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES

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

## OPHTHALMIC/ANTIBIOTIC – QUINOLONES

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

## OPHTHALMIC – NONSTEROIDAL ANTIINFLAMMATORY

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

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## OPHTHALMIC – ANTIINFLAMMATORY/IMMUNOMODULATORS

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

## OPIATE DEPENDENCE TREATMENT\*\*

### BUPRENORPHINE – CONTAINING ORAL

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

### BUPRENORPHINE – CONTAINING INJECTABLE

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

## OPIOID REVERSAL AGENTS

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

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## OSTEOPOROSIS – BISPHOSPHONATES

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

## OSTEOPOROSIS – NASAL CALCITONINS

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

## OTIC/ANTIBIOTIC – QUINOLONES AND COMBINATIONS

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

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## RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

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

## RESPIRATORY – LEUKOTRIENE MODIFIERS

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

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



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

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

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

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

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## RESPIRATORY – INHALED CORTICOSTEROIDS

PREFERRED***	NON-PREFERRED***
<ul style="list-style-type: none"> <li>• Alvesco</li> <li>• Arnuity Ellipta</li> <li>• Asmanex</li> <li>• budesonide (generic for Pulmicort)</li> <li>• Flovent Diskus</li> <li>• Flovent HFA</li> <li>• fluticasone (generic for Flovent Diskus and HFA)</li> <li>• QVAR RediHaler</li> </ul>	<ul style="list-style-type: none"> <li>• Asmanex HFA</li> <li>• Pulmicort Flexhaler</li> <li>• Pulmicort respules*</li> <li>•</li> </ul>
Qty limits apply	Trial and failure of 1 Preferred product 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>• AirDuo RespiClick*</li> <li>• Breo Ellipta</li> <li>• budesonide/formoterol fumarate (generic for Symbicort)</li> <li>• Dulera</li> <li>• fluticasone/salmeterol (generic for Advair Diskus)</li> <li>• fluticasone/salmeterol (generic for AirDuo RespiClick)</li> <li>• fluticasone/salmeterol HFA (generic for Advair HFA)</li> <li>• fluticasone/vilanterol (generic for Breo Ellipta)</li> <li>• Symbicort</li> <li>• Wixela Inhub (generic for Advair Diskus)</li> </ul>	<ul style="list-style-type: none"> <li>• AirDuo Digihaler</li> <li>• ArmonAir Digihaler</li> <li>• Breztri Aerosphere</li> <li>• Trelegy Ellipta</li> </ul>
Qty limits apply	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

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## RESPIRATORY – NASAL ANTIHISTAMINES AND COMBINATIONS

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

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

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

## RESPIRATORY – LOW SEDATING ANTIHISTAMINES

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

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

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

## RESPIRATORY – IDIOPATHIC PULMONARY FIBROSIS

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

## RESPIRATORY – ASTHMA IMMUNOMODULATORS\*\*

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

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

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

## SPINAL MUSCULAR ATROPHY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• Evrysdi</li> <li>• Spinraza</li> <li>• Zolgensma</li> </ul>	

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## TOPICAL – ANTIPARASITICS

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

## TOPICAL – STEROIDS

### VERY HIGH POTENCY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• clobetasol foam (generic for Olux-E foam)</li> <li>• clobetasol cream/soln/gel/oint (generic for Temovate cream/soln/gel/oint)</li> <li>• clobetasol ltn./shamp./spr. (generic for Clobex ltn./shamp./spr.)</li> <li>• halobetasol propionate (generic for Halac, Ultravate, Halonate)</li> <li>• halobetasol propionate foam (generic for Lexette)</li> </ul>	<ul style="list-style-type: none"> <li>• ApexiCon E</li> <li>• Bryhali</li> <li>• Impeklo lotion</li> <li>• Lexette</li> <li>• Olux*</li> <li>• Temovate*</li> <li>• Tovet Kit</li> <li>• Ultravate*</li> </ul>
	Trial and failure of 2 Preferred product required prior to Non-Preferred products

### HIGH POTENCY

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• amcinonide cream</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>• Topicort*</li> <li>• Vanos</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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## MEDIUM POTENCY

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

## TOPICAL – TOPICAL AGENTS FOR PSORIASIS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>betamethasone/calcipotriene (generic for 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>Duobrii</li> <li>Enstilar</li> <li>Sorilux</li> <li>Taclonex*</li> <li>Vtama</li> <li>Zoryve</li> </ul>
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## TOPICAL – TOPICAL COMBINATION BENZOYL PEROXIDE AND CLINDAMYCIN PRODUCTS

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

## TOPICAL – TOPICAL RETINOIDS

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

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## TOPICAL – TOPICAL ANTIVIRALS

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

## TOPICAL – TOPICAL ANTIBIOTICS

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

## UREA CYCLE DISORDERS, ORAL

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• Buphenyl powder</li> <li>• Buphenyl tablet</li> <li>• Carbaglu</li> <li>• carglumic acid</li> <li>• Pheburane</li> <li>• Ravicti</li> <li>• sodium phenylbutyrate powder</li> <li>• sodium phenylbutyrate tablet</li> </ul>	<ul style="list-style-type: none"> <li>• Olpruva</li> </ul>
	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"> <li>• Myfembree</li> <li>• Oriahnn</li> <li>• Orilissa</li> </ul>	