



# 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>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

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

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

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

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## ANALGESICS – TRAMADOL AND TRAMADOL-LIKE DERIVATIVES

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

## ANTIBIOTICS – SECOND GENERATION CEPHALOSPORINS

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

## ANTIBIOTICS – THIRD GENERATION CEPHALOSPORINS

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

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

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

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## ANTIBIOTICS – MACROLIDES

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

## ANTIBIOTICS – SECOND GENERATION QUINOLONES

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

## ANTIBIOTICS – THIRD GENERATION QUINOLONES

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

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

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## ANTIBIOTICS – HERPETIC ANTIVIRALS

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

## ANTIBIOTICS – INHALED

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

## ANTIBIOTICS – VAGINAL

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



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## ANTICONVULSANTS – CARBAMAZEPINE DERIVATIVES

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

## ANTICONVULSANTS – FIRST GENERATION

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

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## ANTICONVULSANTS – OTHER

### NASAL

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

### RECTAL

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

## ANTICONVULSANTS – SECOND GENERATION

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

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## ANTIFUNGALS

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

## ANTIPARKINSON'S AGENTS – DOPAMINE RECEPTOR AGONISTS

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

## ANTIVIRALS – TREATMENT/PROPHYLAXIS OF INFLUENZA

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

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## ATOPIC DERMATITIS TREATMENTS

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

## BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS AND COMBOS

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

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## BEHAVIORAL HEALTH – ALZHEIMER’S AGENTS

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

## BEHAVIORAL HEALTH – NOVEL ANTIDEPRESSANTS

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

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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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## BEHAVIORAL HEALTH – ANXIOLYTICS

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

## BEHAVIORAL HEALTH – SEROTONIN REUPTAKE INHIBITORS AND COMBOS

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

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

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## BEHAVIORAL HEALTH – SEDATIVE HYPNOTICS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• doxepin (generic for Silenor®)</li> <li>• estazolam (generic for Prosom®)</li> <li>• eszopiclone (generic for Lunesta®)</li> <li>• flurazepam (generic for Dalmane®)</li> <li>• ramelteon (generic for Rozerem®)</li> <li>• temazepam (generic for Restoril®)</li> <li>• triazolam (generic for Halcion®)</li> <li>• zaleplon (generic for Sonata®)</li> <li>• zolpidem capsule</li> <li>• zolpidem/ER (generic for Ambien®/CR)</li> <li>• zolpidem SL (generic for Intermezzo®)</li> </ul>	<ul style="list-style-type: none"> <li>• Ambien®/CR*</li> <li>• Belsomra®</li> <li>• Dayvigo®</li> <li>• Doral®</li> <li>• Edluar®</li> <li>• Halcion®*</li> <li>• Igalmi™</li> <li>• Lunesta®*</li> <li>• 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>• Adderall XR®</li> <li>• amphetamine salt combo/XR (generic for Adderall®/XR)</li> <li>• amphetamine sulfate (generic for Evekeo®)</li> <li>• atomoxetine (generic for Strattera®)</li> <li>• clonidine ER (generic for Kapvay®)</li> <li>• Concerta®</li> <li>• dexamethylphenidate/XR (generic for Focalin/XR®)</li> <li>• dextroamphetamine /ER (generic for Dexedrine®/ER)</li> <li>• dextroamphetamine soln. (generic for ProCentra®)</li> <li>• Focalin XR®</li> <li>• guanfacine ER (generic for Intuniv®)</li> <li>• lisdexamfetamine (generic for Vyvanse®)</li> <li>• methamphetamine (generic for Desoxyn®)</li> <li>• Methylin® soln.</li> <li>• methylphenidate CD (generic for Metadate CD®)</li> <li>• methylphenidate chewable (generic for Methylin® chew)</li> <li>• methylphenidate ER (generic for Aptensio XR®)</li> <li>• methylphenidate ER (generic for Concerta®/Ritalin LA®)</li> <li>• methylphenidate patch (generic for Daytrana®)</li> <li>• methylphenidate soln. (generic for Methylin® soln.)</li> <li>• methylphenidate/SR (generic for Ritalin/ SR®)</li> <li>• Relexxii®</li> <li>• Vyvanse®</li> </ul>	<ul style="list-style-type: none"> <li>• Adzenys XR-ODT®</li> <li>• Aptensio XR®</li> <li>• Azstarys®</li> <li>• Cotelpla XR-ODT®</li> <li>• Daytrana®</li> <li>• Desoxyn®</li> <li>• Dexedrine ER®</li> <li>• Dyanavel XR®</li> <li>• Evekeo®/ODT</li> <li>• Focalin®</li> <li>• Intuniv®</li> <li>• Jornay PM®</li> <li>• Mydayis®</li> <li>• ProCentra®</li> <li>• Qelbree®</li> <li>• QuilliChew ER®</li> <li>• Quillivant XR®</li> <li>• Ritalin®</li> <li>• Ritalin LA®</li> <li>• Strattera®</li> <li>• Xelstrym®</li> <li>• Zenedi®</li> </ul>
	<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"> <li>• amlodipine/benazepril (generic for Lotrel®)</li> <li>• benazepril (generic for Lotensin®)</li> <li>• benazepril/HCTZ (generic for Lotensin HCT®)</li> <li>• captopril (generic for Capoten®)</li> <li>• captopril/HCTZ (generic for Capozide®)</li> <li>• enalapril (generic for Vasotec®)</li> <li>• enalapril solution (generic for Epaned®)</li> <li>• enalapril/HCTZ (generic for Vaseretic®)</li> <li>• fosinopril</li> <li>• fosinopril/HCTZ</li> <li>• lisinopril (generic for Prinivil® and Zestril®)</li> <li>• lisinopril/HCTZ (generic for Prinzide® and Zestoretic®)</li> <li>• moexipril</li> <li>• perindopril (generic for Aceon®)</li> <li>• quinapril (generic for Accupril®)</li> <li>• quinapril/HCTZ (generic for Accuretic®)</li> <li>• ramipril (generic for Altace®)</li> <li>•trandolapril (generic for Mavik®)</li> <li>•trandolapril/verapamil (generic for Tarka®)</li> </ul>	<ul style="list-style-type: none"> <li>• Accupril®*</li> <li>• Accuretic®*</li> <li>• Altace®*</li> <li>• Epaned®** (non-preferred for adults only)</li> <li>• Lotensin®*/HCT</li> <li>• Lotrel®*</li> <li>• Qbrelis®</li> <li>• Vaseretic®*</li> <li>• Vasotec®*</li> <li>• Zestoretic®*</li> <li>• Zestril®*</li> </ul>
	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

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## CARDIOVASCULAR – ANGIOTENSIN II RECEPTOR BLOCKERS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>amlodipine/olmesartan (generic for Azor<sup>®</sup>)</li> <li>amlodipine/olmesartan/HCTZ (generic for Tribenzor<sup>®</sup>)</li> <li>amlodipine/valsartan (generic for Exforge<sup>®</sup>)</li> <li>amlodipine/valsartan/HCTZ (generic for Tribenzor<sup>®</sup>)</li> <li>candesartan (generic for Atacand<sup>®</sup>)</li> <li>candesartan/HCTZ (generic for Atacand HCT<sup>®</sup>)</li> <li>Entresto<sup>®</sup></li> <li>eprosartan (generic for Teveten<sup>®</sup>)</li> <li>irbesartan (generic for Avapro<sup>®</sup>)</li> <li>irbesartan/HCTZ (generic for Avalide<sup>®</sup>)</li> <li>losartan (generic for Cozaar<sup>®</sup>)</li> <li>losartan/HCTZ (generic for Hyzaar<sup>®</sup>)</li> <li>olmesartan (generic for Benicar<sup>®</sup>)</li> <li>olmesartan/HCTZ (generic for Benicar HCT<sup>®</sup>)</li> <li>telmisartan (generic for Micardis<sup>®</sup>)</li> <li>telmisartan/amlodipine (generic for Twynsta<sup>®</sup>)</li> <li>telmisartan /HCTZ (generic for Micardis HCT<sup>®</sup>)</li> <li>valsartan (generic for Diovan<sup>®</sup>)</li> <li>valsartan solution</li> <li>valsartan/HCTZ (generic for Diovan HCT<sup>®</sup>)</li> </ul>	<ul style="list-style-type: none"> <li>Atacand<sup>®</sup>*/HCT</li> <li>Avalide<sup>®</sup>*</li> <li>Avapro<sup>®</sup>*</li> <li>Azor<sup>®</sup>*</li> <li>Benicar<sup>®</sup>*/HCT*</li> <li>Cozaar<sup>®</sup>*</li> <li>Diovan<sup>®</sup></li> <li>Diovan HCT<sup>®</sup>*</li> <li>Edarbi<sup>®</sup></li> <li>Edarbyclor<sup>®</sup></li> <li>Exforge<sup>®</sup>/HCT*</li> <li>Hyzaar<sup>®</sup>*</li> <li>Micardis<sup>®</sup>/HCT*</li> <li>Tribenzor<sup>®</sup>*</li> </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>Aspruzo<sup>™</sup> Sprinkle</li> <li>Ranexa<sup>®</sup>*</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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## 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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### 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 Conjugpri®)</li> <li>nicardipine (generic for Cardene®)</li> <li>nifedipine IR (generic for Procardia®)</li> <li>nifedipine ER (generic for Procardia XL®)</li> <li>nimodipine (generic for Nimotop®)</li> <li>nisoldipine</li> </ul>	<ul style="list-style-type: none"> <li>Katerzia®</li> <li>Norliqva®</li> <li>Norvasc®*</li> <li>Nymalize®</li> <li>Procardia XL®*</li> <li>Sular®</li> </ul>
	Trial and failure of 3 Preferred products required prior to Non-Preferred products.

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

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

### CARDIOVASCULAR – CHOLESTEROL ABSORPTION INHIBITORS AND COMBINATIONS

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

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### CARDIOVASCULAR – STATINS AND COMBINATIONS

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

### CARDIOVASCULAR – HIGH POTENCY STATINS AND COMBINATIONS

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

### CARDIOVASCULAR – TRIGLYCERIDE LOWERING AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>fenofibrate (generic for Antara®, Fenoglide®, Lofibra®, Lipofen®, Tricor®, Triglide®)</li> <li>fenofibric acid (generic for 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>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> </ul>	<ul style="list-style-type: none"> <li>• Aimovig®</li> <li>• Emgality® 100 mg</li> <li>• Qulipta™</li> <li>• Vyepti®</li> <li>• Zavzpret™</li> </ul>
Qty. limits apply	Trial and failure of 1 Preferred product required prior to Non-Preferred products

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

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

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## CENTRAL NERVOUS SYSTEM – MULTIPLE SCLEROSIS

### DISEASE MODIFYING THERAPY

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

### OTHER

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

## CENTRAL NERVOUS SYSTEM – MOVEMENT DISORDERS

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



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## ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS

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

## ENDOCRINOLOGY – BIGUANIDES AND COMBOS

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

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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>Tradjenta®</li> </ul>	<ul style="list-style-type: none"> <li>Jentadueto XR®</li> <li>Qtern®</li> <li>Steglujan®</li> <li>Trijardy XR®</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

## ENDOCRINOLOGY – GLUCAGON AGENTS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>Baqsimi® Nasal Powder</li> <li>diazoxide suspension</li> <li>Glucagon emergency kit (human recombinant injection, Eli Lilly)</li> <li>glucagon injection</li> <li>Proglycem® suspension (oral)</li> </ul>	<ul style="list-style-type: none"> <li>Glucagon Emergency Kit (Fresenius Kabi)</li> <li>Gvoke® HypoPen, PFS</li> <li>Zegalogue®</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> </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>• Sogroya®</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-yfqn</li> <li>Lantus SoloSTAR®</li> <li>Lantus® vial</li> <li>Levemir FlexTouch®</li> <li>Levemir vial®</li> </ul>	<ul style="list-style-type: none"> <li>Basaglar KwikPen®</li> <li>Basaglar® Tempo Pen™</li> <li>Rezvoglar™ Kwikpen</li> <li>Semglee™</li> <li>Toujeo Solostar/Max Solostar®</li> <li>Tresiba FlexTouch® pen</li> <li>Tresiba vial®</li> </ul>
	Trial and failure of 1 Preferred product required prior to Non-Preferred products.

## PREMIXED COMBINATIONS

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

## ENDOCRINOLOGY – MEGLITINIDES

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

## ENDOCRINOLOGY – POTASSIUM BINDERS

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

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

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

## ENDOCRINOLOGY – THIAZOLIDINEDIONES AND COMBINATIONS

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

## ENDOCRINOLOGY – SECOND GENERATION SULFONYLUREAS AND COMBINATIONS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>glimepiride (generic for Amaryl®)</li> <li>glipizide (generic for Glucotrol®)</li> <li>glipizide ER (generic for Glucotrol XL®)</li> <li>glyburide (generic for Micronase®, DiaBeta®)</li> <li>glyburide micronized (generic for Glynase®)</li> </ul>	<ul style="list-style-type: none"> <li>Glucotrol XL®*</li> <li>Glynase®*</li> </ul>
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## ENDOCRINOLOGY – WEIGHT MANAGEMENT

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

## GASTROINTESTINAL – ANTIEMETICS\*\*\*

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

## GASTROINTESTINAL – BOWEL DISORDERS/GI MOTILITY, CHRONIC

PREFERRED**	NON-PREFERRED**
<ul style="list-style-type: none"> <li>• alosetron</li> <li>• Amitiza®</li> <li>• Linzess®</li> <li>• lubiprostone (generic for Amitiza®)</li> <li>• Movantik®</li> </ul>	<ul style="list-style-type: none"> <li>• Ibsrela®</li> <li>• Lotronex®</li> <li>• Motegrity®</li> <li>• Relistor®</li> <li>• Symproic®</li> <li>• Trulance®</li> <li>• Viberzi®</li> </ul>
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## 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.

## 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>Asacol HD®*</li> <li>Azulfidine®*</li> <li>Colazal®*</li> <li>Delzicol®*</li> <li>Dipentum®</li> <li>Uceris®*</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products.

### RECTAL

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

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

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

### GENITOURINARY/RENAL – ANDROGEN HORMONE INHIBITORS

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

### GENITOURINARY/RENAL – ELECTROLYTE DEPLETERS

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

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## GENITOURINARY/RENAL – URINARY ANTISPASMODICS

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

## HEMATOLOGIC – ANTICOAGULANTS

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

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## HEMATOLOGIC – COLONY STIMULATING FACTORS

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

## HEMATOLOGIC – HEMATOPOIETIC AGENTS

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

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\*\* 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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## 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>• Eпивir®</li> <li>• Epzicom®</li> <li>• etravirine (generic for Intelence®)</li> <li>• Evotaz®</li> <li>• fosamprenavir</li> <li>• Genvoya®</li> <li>• Intelence®</li> <li>• Isentress®</li> <li>• Isentress® HD</li> <li>• Juluca®</li> <li>• Kaletra®</li> <li>• lamivudine</li> <li>• lamivudine/zidovudine</li> <li>• Lexiva®</li> </ul>	<ul style="list-style-type: none"> <li>• lopinavir/ritonavir</li> <li>• maraviroc (generic for Selzentry®)</li> <li>• nevirapine ER</li> <li>• nevirapine</li> <li>• Norvir®</li> <li>• Odefsey®</li> <li>• Pifeltro™</li> <li>• Prezcobix®</li> <li>• Prezista®</li> <li>• Retrovir®</li> <li>• Reyataz®</li> <li>• ritonavir</li> <li>• Rukobia®</li> <li>• Selzentry® solution</li> <li>• stavudine</li> <li>• Stribild®</li> <li>• Sunlenca® tablet</li> <li>• Symfi®</li> <li>• Symfi lo®</li> <li>• Symtuza®</li> <li>• Temixys™</li> <li>• tenofovir disoproxil fumarate</li> <li>• Tivicay®/PD Susp</li> <li>• Triumeq®/PD Susp</li> <li>• Trizivir®</li> <li>• Truvada®</li> <li>• Tybost®</li> <li>• Viracept®</li> <li>• Viread®</li> <li>• Vocabria®</li> <li>• Ziagen®</li> <li>• zidovudine</li> </ul>	<ul style="list-style-type: none"> <li>• Selzentry® tablet*</li> </ul>

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

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## IMMUNOLOGIC – SYSTEMIC IMMUNOMODULATORS

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

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

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### MISCELLANEOUS – PANCREATIC ENZYMES

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

### MISCELLANEOUS – SKELETAL MUSCLE RELAXANTS

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

### MISCELLANEOUS – SMOKING CESSATION

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

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### MISCELLANEOUS – TOPICAL ANDROGENIC AGENTS

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

### OPHTHALMIC/GLAUCOMA – ALPHA 2 ADRENERGIC AGENTS

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

### OPHTHALMIC/GLAUCOMA – BETA BLOCKER AGENTS

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



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### OPHTHALMIC/GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS

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

### OPHTHALMIC/GLAUCOMA – PROSTAGLANDIN AGONISTS

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

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

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

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## OPHTHALMIC/ANTIHISTAMINES – ANTIHISTAMINES

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>• azelastine (generic for Optivar®)</li> <li>• bepotastine (generic for Bepreve®)</li> <li>• cromolyn sodium</li> <li>• epinastine (generic for Elestat®)</li> <li>• olopatadine (generic for Patanol®/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>• levofloxacin (generic for Quixin®)</li> <li>• moxifloxacin (generic for Moxeza®)</li> <li>• moxifloxacin (generic for Vigamox®)</li> <li>• ofloxacin</li> </ul>	<ul style="list-style-type: none"> <li>• Besivance®</li> <li>• Ciloxan®*</li> <li>• Ocuflax®</li> <li>• Vigamox®*</li> <li>• Zymaxid®*</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

## OPHTHALMIC – NONSTEROIDAL ANTIINFLAMMATORY

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

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## OPHTHALMIC – ANTIINFLAMMATORY/IMMUNOMODULATORS

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

## OPIATE DEPENDENCE TREATMENT\*\*

### BUPRENORPHINE – CONTAINING ORAL

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

### BUPRENORPHINE – CONTAINING INJECTABLE

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

## OPIOID REVERSAL AGENTS

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

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## OSTEOPOROSIS – BISPHOSPHONATES

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

## OSTEOPOROSIS – NASAL CALCITONINS

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

## OTIC/ANTIBIOTIC – QUINOLONES AND COMBINATIONS

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

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## RESPIRATORY – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

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

## RESPIRATORY – LEUKOTRIENE MODIFIERS

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

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

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

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

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

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

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

\* Indicates a generic is available without PA.

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

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## RESPIRATORY – INHALED CORTICOSTEROIDS

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

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## RESPIRATORY – NASAL ANTIHISTAMINES AND COMBINATIONS

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

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

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

## RESPIRATORY – LOW SEDATING ANTIHISTAMINES

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



\* 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.*

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

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

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

## TOPICAL – ANTIPARASITICS

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

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## TOPICAL – STEROIDS

### VERY HIGH POTENCY

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

### HIGH POTENCY

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

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## MEDIUM POTENCY

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

## LOW POTENCY

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

## TOPICAL – TOPICAL AGENTS FOR PSORIASIS

PREFERRED	NON-PREFERRED
<ul style="list-style-type: none"> <li>betamethasone/calcipotriene (generic for 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>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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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>Avita®*</li> <li>Fabior®</li> <li>Retin A Micro®*</li> <li>Retin A Micro Pump®*</li> <li>Ziana®</li> </ul>
	Trial and failure of 2 Preferred products required prior to Non-Preferred products

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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>

## UTERINE DISORDER TREATMENTS

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