PREFERRED DRUG LIST

When a generic product is available, for a preferred or non-preferred agent, the pharmacy will receive a lower reimbursement rate for the branded product unless a DAW PA is obtained.
Products listed in RED have changed from the previous month's publication.
*Preferred medications marked with an **asterisks (*)** can be opened and sprinkled into soft food; refer to product labeling.*
*Products marked with a **(+)** indicate that the brand name product is no longer available.*

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INHALATION AGENTS

Anticholinergics for the Maintenance Treatment of COPD

Preferred	Non-Preferred, Prior Authorization Required
Atrovent® HFA (ipratropium bromide)	Incruse Ellipta® (umeclidinium bromide)
Spiriva® Handihaler® (tiotropium)	Lonhala™ Magnair™ (glycopyrrolate)
	Seebri Neohaler® (glycopyrrolate)
	Spiriva® Respimat (tiotropium)
	Tudorza PressAir® (aclidinium)

Beta$_2$-Agonists - Long-Acting

Preferred	Non-Preferred, Prior Authorization Required
Serevent® Diskus® (salmeterol)	Arcapta® (indacaterol)
	Brovana® (arformoterol)
	Perforomist® (formoterol)
	Striverdi® Respimat® (olodaterol)

Beta$_2$-Agonists - Short-Acting

Preferred	Non-Preferred, Prior Authorization Required
AccuNeb® (albuterol)	ProAir RespiClick® (albuterol)
ProAir HFA® (albuterol)	Ventolin HFA® (albuterol)
Proventil® HFA (albuterol)	Xopenex® Inhalation Solution (levalbuterol)
Proventil® Inhalation Solution (albuterol)	Xopenex HFA® (levalbuterol)
Ventolin® Inhalation Solution (albuterol)	

Beta$_2$-Agonists - Long-Acting/Anticholinergics

Preferred	Non-Preferred, Prior Authorization Required
Anoro Ellipta® (umeclidinium/vilanterol)	Stiolto® Respimat® (tiotropium/olodaterol)
Bevespi Aerosphere™ (glycopyrrolate/formoterol)	Utibron™ Neohaler® (indacaterol/glycopyrrolate)

Beta$_2$-Agonists - Long-Acting/Corticosteroids

Preferred	Non-Preferred, Prior Authorization Required
Advair Diskus® (fluticasone/salmeterol)	Airduo™ Respiclick® (fluticasone/salmeterol)
Advair® HFA (fluticasone/salmeterol)	
Breo Ellipta® (fluticasone/vilanterol)	
Dulera® (formoterol/mometasone)	
Symbicort® (budesonide/formoterol)	

INHALATION AGENTS (CONTINUED)

Corticosteroids	
Preferred	**Non-Preferred, Prior Authorization Required**
Alvesco® (ciclesonide) Arnuity Ellipta® (fluticasone) Asmanex® (mometasone) Flovent® HFA (fluticasone) Pulmicort Flexhaler™ (budesonide) Pulmicort Respules® (budesonide) *≤ 6 years of age only QVAR® (beclomethasone) QVAR RediHaler®(beclomethasone)	Aerospan® (flunisolide) Armonair™ RespiClick® (fluticasone) Asmanex® HFA (mometasone) Flovent® Diskus® (fluticasone) Pulmicort Respules® (budesonide) *> 7 years of age

Tobramycin Products	
Preferred	**Non-Preferred, Prior Authorization Required**
Generic tobramycin 300 mg/5 mL nebulization solution	Bethkis® (tobramycin) Kitabis pak® (tobramycin nebulizer) Tobi® (tobramycin) Tobi® Podhaler™ (tobramycin)

INTRANASAL AGENTS

Antihistamines	
Preferred	**Non-Preferred, Prior Authorization Required**
Astelin® (azelastine)+	Astepro® (azelastine) Patanase® (olopatadine)

Corticosteroids	
Preferred	**Non-Preferred, Prior Authorization Required**
Flonase® (fluticasone) Qnasl® (beclomethasone)	Beconase AQ® (beclomethasone) Nasacort AQ®(triamcinolone) Nasarel® (flunisolide) + Nasonex® (mometasone) Omnaris® (ciclesonide) Rhinocort AQ® (budesonide) Xhance™ (fluticasone) Zetonna® (ciclesonide)

OPHTHALMIC AGENTS

Alpha-Adrenergic Agonists	
Preferred	**Non-Preferred, Prior Authorization Required**
Alphagan® P (brimonidine) 0.1% Brimonidine 0.2% Iopidine® (apraclonidine)	Alphagan® P (brimonidine) 0.15%

OPHTHALMIC AGENTS (CONTINUED)

Antihistamine/Mast Cell Stabilizers	
Preferred	**Non-Preferred, Prior Authorization Required**
Alaway® (ketotifen)	Alocril® (nedocromil)
Cromolyn® (cromolyn)	Alomide® (lodoxamide)
Patanol® (olopatadine)	Bepreve® (bepotastine)
Pazeo® (olopatadine)	Elestat® (epinastine)
Refresh® (ketotifen)	Emadine® (emedastine)
Zaditor® (ketotifen)	Lastacaft® (alcaftadine)
	Optivar® (azelastine)
	Pataday® (olopatadine)
	Zerviate™ (cetirizine)

Anti-Infective/Steroid Combinations	
Preferred	**Non-Preferred, Prior Authorization Required**
Blephamide® (sulfacetamide/prednisolone)	Blephamide S.O.P.® (sulfacetamide/prednisolone)
Maxitrol® (neomycin/polymyxin/dexamethasone)	TobraDex® (tobramycin/dexamethasone)
Pred-G® (prednisolone/gentamicin)	TobraDex® ST (tobramycin/dexamethasone)
Pred-G S.O.P.® (prednisolone/Gentamicin)	Zylet®(Loteprednol/Tobramycin)

Beta-Blockers	
Preferred	**Non-Preferred, Prior Authorization Required**
Betagan® (levobunolol)	Istalol® (timolol)
Betimol® (timolol)	Timoptic® Ocudose® (timolol)
Betoptic® (betaxolol) +	Timoptic-XE® (timolol)
Betoptic®-S (betaxolol)	
Carteolol	
OptiPranolol® (metipranolol) +	
Timoptic® (timolol)	

Carbonic Anhydrase Inhibitors	
Preferred	**Non-Preferred, Prior Authorization Required**
Azopt® (brinzolamide)	Trusopt® (dorzolamide)

Glaucoma Combination Products	
Preferred	**Non-Preferred, Prior Authorization Required**
Combigan® (brimonidine/timolol)	Cosopt® PF (dorzolamide/timolol PF)
Cosopt® (dorzolamide/timolol)	Simbrinza™ (brinzolamide/brimonidine)

Non-Steroidal Anti-Inflammatory Drugs – Ophthalmic	
Preferred	**Non-Preferred, Prior Authorization Required**
Acular® (ketorolac)	Acular LS® (ketorolac)
Ocufen®(flurbiprofen) +	Acuvail® (ketorolac)
Voltaren® ophthalmic (diclofenac) +	Bromday® (bromfenac)
	BromSite® (bromfenac)
	Ilevro® (nepafenac)
	Prolensa® (bromfenac)
	Nevanac® (nepafenac)

OPHTHALMIC AGENTS

Prostaglandin Analogs	
Preferred	**Non-Preferred, Prior Authorization Required**
Xalatan ® (latanoprost)	Lumigan® (bimatoprost) Travatan Z® (travoprost) Vyzulta™ (latanoprostene bunod) Zioptan® (tafluprost) Zioptan® droperette (tafluprost)

OTIC AGENTS

Anti-Infective/Steroid Combinations	
Preferred	**Non-Preferred, Prior Authorization Required**
Cipro® HC (ciprofloxacin/hydrocortisone) Ciprodex® (ciprofloxacin/dexameth) Cortisporin® Otic Solution (neomycin/polymyxin B/hc) Coly-Mycin S®	Acetasol HC® (acetic acid/hydrocortisone) Cortisporin® Otic Suspension (neomycin/polymyxin B/hc) Otovel® (ciprofloxacin/fluocinolone)

ORAL/INJECTABLE/TOPICAL AGENTS

ACE Inhibitors	
Preferred	**Non-Preferred, Prior Authorization Required**
Accupril® (quinapril) Altace® (ramipril)* Lotensin® (benazepril) Monopril® (fosinopril) + Prinivil® (lisinopril) Vasotec® (enalapril) Zestril® (lisinopril)	Aceon® (perindopril) Capoten® (captopril) + Epaned® (enalapril solution) Mavik®(trandolapril) + Qbrelis® (lisinopril solution) Univasc® (moexipril) +

ACE Inhibitor/Calcium Channel Blocker Combinations	
Preferred	**Non-Preferred, Prior Authorization Required**
Lotrel® (benazepril/amlodipine)	Prestalia® (perindopril/amlodipine) Tarka® (trandolapril/verapamil)

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Acne Agents - Topical *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Aczone® (dapsone) 5% gel	Acanya® (benzoyl peroxide-clindamycin) gel
Atralin® (tretinoin) gel	Aczone® (dapsone) 7.5% gel
Avita® (tretinoin) gel	Altreno™ (tretinoin) lotion
Cleocin-T® (clindamycin) gel	Avar® (sulfacetamide-sulfur) pads
Cleocin-T® (clindamycin) lotion	Avar-E® Emollient (sulfacetamide-sulfur) cream
Cleocin-T® (clindamycin) solution	Avar-E Green® (sulfacetamide-sulfur) cream
Cleocin-T® (clindamycin) swab	Avar LS® (sulfacetamide-sulfur) pads
Differin® (adapalene) 0.1% and 0.3% gel tube	Avita® (tretinoin) cream
Duac® (benzoyl peroxide-clindamycin) gel	Azelex® (azelaic acid) cream
Epiduo® (benzoyl peroxide-adapalene) gel	Benzaclin® (benzoyl peroxide-clindamycin) gel
Ery® (erythromycin) pads	Benzamycin® (benzoyl peroxide-erythromycin) gel
Erygel® (erythromycin) gel	BP 10-1® (sulfacetamide/sulfur cleanser)
Erythromycin solution	Clindacin® ETZ (clindamycin) swab
Klaron® (sulfacetamide) lotion (suspension)	Clindacin-P® (clindamycin) swab
Retin-A® (tretinoin) cream	Clindacin Pac® (clindamycin) kit
Retin-A® (tretinoin) 0.01% gel	Clindagel® (clindamycin) gel
Sumadan® Wash (sulfacetamide-sulfur cleanser)	Differin® (adapalene) cream
Tazorac® (tazarotene) cream	Differin® (adapalene) 0.3% gel pump
Tazorac® (tazarotene) gel	Differin® (adapalene) lotion
	Differin® (adapalene) 0.1% solution
	Epiduo® Forte (adapalene/benzoyl peroxide)
	Evoclin® (clindamycin phosphate) foam
	Fabior® (tazarotene) foam
	Neuac® (clindamycin/benzoyl peroxide)
	Onexton® (benzoyl peroxide-clindamycin) gel
	Retin-A® Micro (tretinoin) gel
	Rosanil® Cleanser (sulfacetamide-sulfur) emulsion
	SSS 10-5® (sulfacetamide-sulfur) cream
	Sulfacetamide-Sulfur lotion
	Sumadan® (sulfacetamide-sulfur) kit
	Sumadan XLT® (sulfacetamide-sulfar) kit
	Sumaxin® (sulfacetamide-sulfur) pads
	Sumaxin® TS (sulfacetamide-sulfur) suspension
	Sumaxin® Wash (sulfacetamide-sulfur) liquid
	Veltin® (clindamycin-tretinoin)
	Ziana® (clindamycin-tretinoin)

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Actinic Keratosis Agents *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Efudex® (fluorouracil)	Carac® (fluorouracil) Picato® (ingenol mebutate) Solaraze 3% gel (diclofenac sodium) + Tolak® (fluorouracil)

ADHD – Amphetamine Type *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Adderall® (dextroamphetamine/amphetamine) Adderall XR® (dextroamphetamine/amphetamine ER)* Dexedrine® tablets (dextroamphetamine) Dexedrine® ER capsules (dextroamphetamine ER) Dextrostat® (dextroamphetamine) + Vyvanse® (lisdexamfetamine)*	Adzenys ER™ (amphetamine ER) Adzenys XR-ODT™ (amphetamine ER) Desoxyn® (methamphetamine) Dyanavel® XR (amphetamine ER) Evekeo® (amphetamine) Evekeo® ODT Mydayis® (dextroamphetamine/amphetamine) Procentra® (dextroamphetamine) Zenzedi® (dextroamphetamine)

ADHD – Methylphenidate Type *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Concerta® (methylphenidate ER) Daytrana® (methylphenidate) Focalin® (dexmethylphenidate) Focalin® XR (dexmethylphenidate ER)* Metadate CD® (methylphenidate 30/70)* + Quillichew ER™ (methylphenidate ER) Quillivant XR® (methylphenidate ER) Ritalin® (methylphenidate)	Aptensio XR® (methylphenidate ER) Cotempla XR-ODT™ (methylphenidate) Jornay PM™ (methylphenidate ER) Metadate® ER (methylphenidate ER) Methylin Chewable® (methylphenidate) + Methylin Solution® (methylphenidate) Relexxii™ (methylphenidate ER) Ritalin LA® (methylphenidate 50/50) Ritalin SR® (methylphenidate ER) +

ADHD – Miscellaneous Type *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Catapres (clonidine) Tabs Intuniv (Guanfacine) Tabs Kapvay (clonidine ER) Tabs Strattera (Atomoxetine) Caps Tenex (Guanfacine) Tabs+	

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Adjunct Anti-epileptics *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Keppra® (levetiracetam) Keppra XR® (levetiracetam XR) Keppra® Solution (levetiracetam) Neurontin® (gabapentin) Neurontin® (gabapentin) Solution Zonegran® (zonisamide)	Banzel® (rufinamide) Fycompa® (perampanel) Fycompa® (perampanel) Suspension Gabitril® (tiagabine) Lyrica® (pregabalin) Lyrica®Solution (pregabalin) Onfi® (clobazam) Spritam® (levetiracetam)

5-Alpha Reductase Inhibitors	
Preferred	**Non-Preferred, Prior Authorization Required**
Avodart®(dutasteride) Proscar®(finasteride)	

Alpha glucosidase Inhibitors	
Preferred	**Non-Preferred, Prior Authorization Required**
Precose® (acarbose)	Glyset® (miglitol)

Anaphylaxis Agents	
Preferred	**Non-Preferred, Prior Authorization Required**
Adrenaclick® (epinephrine auto inject) + Epinephrine auto injectors Epipen® (epinephrine auto inject) Epipen Jr® (epinephrine auto inject)	Symjepi®(epinephrine) +

Androgenic Agents (Formerly Testosterone Agents-Topical) *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Androgel® (testosterone) Depo-Testosterone® (testosterone cypionate) Vogelxo® (testosterone)	Androderm® (testosterone) Android® (methyltestosterone) Aveed® (testosterone undecanoate) Axiron® (testosterone) Fortesta® (testosterone) Methitest® (methyltestosterone) Natesto® (testosterone) Oxandrin® (oxandrolone) Striant® (testosterone) Testim® (testosterone) Testred® (methyltestosterone)

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Anti-coagulants	
Preferred	**Non-Preferred, Prior Authorization Required**
Coumadin® (warfarin) Eliquis® (apixaban) Pradaxa® (dabigatran) Xarelto® (rivaroxaban)	Savaysa® (edoxaban)

Anti-Constipation Agents	
Preferred	**Non-Preferred, Prior Authorization Required**
Amitiza®(lubiprostone) Linzess®(linaclotide)*	Trulance®(plecanatide)

Anti-Constipation Agents – Opioid Induced Cause *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Amitiza® (lubiprostone)	Relistor® (methylnaltrexone) (tablets and injection) Movantik® (naloxegol) Symproic® (naldemedine)

Antidepressants – SNRIs *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Cymbalta® (duloxetine) Effexor® (venlafaxine) + Effexor® XR capsules (venlafaxine ER)* Pristiq® (desvenlafaxine)	Effexor® XR tablets (venlafaxine ER) + Fetzima® (levomilnacipran) Savella® (milnacipran) Khedezla® (desvenlafaxine)

Antidepressants – SSRIs *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Celexa® (citalopram) Lexapro® (escitalopram) Luvox® (fluvoxamine) + Paxil® (paroxetine) Prozac® capsules (fluoxetine) Prozac® solution (fluoxetine) + Zoloft® (sertraline)	Celexa® solution (citalopram) + Lexapro® solution (escitalopram) + Luvox CR® (fluvoxamine CR) + Paxil CR® (paroxetine CR) Paxil ® solution (paroxetine) Pexeva® (paroxetine) Prozac® tablets (fluoxetine) + Prozac Weekly® (fluoxetine) + Zoloft® solution (sertraline)

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Antidepressants – Tricyclics *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Doxepin capsules and solution Elavil® (amitriptyline) Pamelor® (nortriptyline) Tofranil® (imipramine)	Amoxapine Anafranil® (clomipramine) Norpramin® (desipramine) Pamelor® solution (nortriptyline) + Surmontil® (trimipramine) Tofranil - PM® (imipramine) + Vivactil® (protriptyline) +

Anti-Diarrheal Agents	
Preferred	**Non-Preferred, Prior Authorization Required**
Lotronex®(alosetron) Viberzi®(eluxadoline)	Xermelo®(telotristat)

Anti-emetics Cannabinoid *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Marinol® (dronabinol)	Cesamet® (nabilone) Syndros® (dronabinol)

Anti-emetics Serotonin $5HT_3$ Antagonists	
Preferred	**Non-Preferred, Prior Authorization Required**
Zofran® (ondansetron) Zofran ODT® (ondansetron)	Anzemet® (dolasetron) Kytril® (granisetron) + Sancuso® (granisetron) Zuplenz® (ondansetron)

Anti-Histamines - Non-Sedating	
Preferred	**Non-Preferred, Prior Authorization Required**
Claritin® (loratadine) Claritin 24-hr Allergy® (loratadine) Claritin Hives Relief® (loratadine) Claritin® Syrup (loratadine) Zyrtec® (cetirizine) Zyrtec® Syrup (cetirizine) Allegra® (fexofenadine)	Allegra® ODT (fexofenadine) Clarinex® (desloratadine) Claritin RediTabs® (loratadine) Xyzal® (levocetirizine) + Xyzal® solution (levocetirizine) + **The following drugs are covered for KBH only:** Allegra-D® (fexofenadine/pseudoephedrine) Allegra-D24® (fexofenadine/pseudoephedrine) Clarinex-D 12-hour® (desloratadine/pseudoephedrine) Clarinex-D 24-hour® (desloratadine/pseudoephedrine)

Anti-Viral – Herpes	
Preferred	**Non-Preferred, Prior Authoriation Required**
Valtrex® (valacyclovir) Zovirax® (acyclovir) (oral dosage forms only)	Famvir® (famciclovir) + Sitavig® (acyclovir) +

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

ARBs	
Preferred	**Non-Preferred, Prior Authorization Required**
Avalide® (irbesartan/HCTZ)	Atacand® (candesartan)
Avapro® (irbesartan)	Atacand HCT® (candesartan/HCTZ)
Cozaar® (losartan)	Benicar® (olmesartan)
Diovan® (valsartan)	Benicar HCT® (olmesartan/HCTZ)
Diovan HCT® (valsartan/HCTZ)	Edarbi® (azilsartan medoxomil)
Edarbyclor® (azilsartan medoxomil/chlorthalidone)	Micardis® (telmisartan)
Entresto® (sacubitril/valsartan)	Micardis HCT® (telmisartan/HCTZ)
Hyzaar® (losartan/HCTZ)	Prexxartan® (valsartan)
Tribenzor® (olmesartan/amlodipine/HCTZ)	Teveten® (eprosartan)

ARB/Calcium Channel Blocker Combinations	
Preferred	**Non-Preferred, Prior Authorization Required**
Azor® (amlodipine/olmesartan)	Twynsta® (amlodipine/telmisartan)
Exforge® (amlodipine/valsartan)	

Beta-Blockers	
Preferred	**Non-Preferred, Prior Authorization Required**
Betapace® (sotalol)	Blocadren® (timolol) +
Betapace AF® (sotalol AF)	Bystolic® (nebivolol)
Coreg® (carvedilol)	Byvalson® (nebivolol/valsartan)
Inderal® (propranolol) +	Coreg CR® (carvedilol CR)
Labetalol® (labetalol)	Corgard® (nadolol)
Lopressor® (metoprolol tartrate)	Corzide® (nadolol/bendroflumethiazide)
Sectral® (acebutolol) +	Dutoprol® (metoprolol/HCTZ)
Tenormin® (atenolol)	Inderal® LA (propranolol XL)
Toprol-XL® (metoprolol succinate)	InnoPran® XL (propranolol XL)
Ziac® (bisoprolol/HCTZ)	Kapspargo™ Sprinkle (metoprolol succinate)
	Kerlone® (betaxolol) +
	Lopressor HCT® (metoprolol/HCTZ)
	Visken® (pindolol) +
	Zebeta® (bisoprolol) +

Biguanides	
Preferred	**Non-Preferred, Prior Authorization Required**
Glucophage® (metformin)	Fortamet® (metformin ER
Glucophage® XR (metformin ER)	Glumetza® (metformin ER)
	Riomet® (metformin oral solution)

Bile Acid Sequestrants	
Preferred	**Non-Preferred, Prior Authorization Required**
Colestid® Tablets (colestipol)	Colestid® Granules (colestipol)
Prevalite® Powder (cholestyramine light)	Questran® (cholestyramine)
Prevalite® Powder Packs (cholestyramine light)	Questran Light® (cholestyramine light)
Welchol® Powder (colesevelam)	
Welchol® Tablets (colesevelam)	

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Bisphosphonates	
Preferred	**Non-Preferred, Prior Authorization Required**
Fosamax® (alendronate)	Actonel® (risedronate) Atelvia® (risedronate) Binosto® (alendronate) Boniva® (ibandronate) Fosamax® oral solution (alendronate) + Fosamax Plus D® (alendronate/cholecalciferol)

Bladder Relaxant Agents	
Preferred	**Non-Preferred, Prior Authorization Required**
Ditropan® (oxybutynin) tablets and syrup+ Ditropan XL® (oxybutynin ER) Toviaz® (fesoterodine) Vesicare® (solifenacin)	Detrol® (tolterodine) Detrol® LA (tolterodine ER) Enablex® (darifenacin ER) Gelnique® Gel (oxybutynin) Myrbetriq®(mirabegron) Oxytrol® Patch (oxybutynin) Sanctura® (trospium) + Sanctura® XR (trospium ER) + Urispas® (flavoxate) +

Bowel Prep Agents	
Preferred	**Non-Preferred, Prior Authorization Required**
Gavilyte®-C (polyethylene glycol-electrolyte solution) Gavilyte®-G (polyethylene glycol-electrolyte solution) Gavilyte®-N (polyethylene glycol-electrolyte solution) GoLYTELY® (polyethylene glycol-electrolyte solution) Polyethylene glycol 3350 with electrolytes Trilyte® (polyethylene glycol-electrolyte solution)	Clenpiq™ (sodium picosulfate/magnesium oxide/citric acid) MoviPrep® (polyethylene glycol-electrolyte solution) NuLYTELY® (polyethylene glycol-electrolyte solution) OsmoPrep® (sodium phosphate) Plenvu® (polyethylene glycol-electrolyte solution) Prepopik® (sodium picosulfate/magnesium oxide/citric acid) Suprep® Bowel Prep Kit (sodium sulfate/potassium sulfate/magnesium sulfate)

Calcium Channel Blockers – Dihydropyridines	
Preferred	**Non-Preferred, Prior Authorization Required**
Adalat CC® (nifedipine ER) Norvasc® (amlodipine) Plendil® (felodipine) + Procardia® XL (nifedipine ER)	Adalat® (nifedipine IR) + Cardene® (nicardipine IR) + DynaCirc® (isradipine IR) + Sular® (nisoldipine)

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Calcium Channel Blockers - Non-Dihydropyridines	
Preferred	**Non-Preferred, Prior Authorization Required**
Calan® (verapamil IR)	Cardizem® LA (diltiazem)
Calan SR® (verapamil SR)	Cardizem® SR (diltiazem)
Cardizem® (diltiazem IR)*	Matzim LA® (diltiazem ER)
Cardizem® CD (diltiazem)	Tiazac® (diltiazem)
Cartia XT® (diltiazem ER)	Verelan® (verapamil SR)
Dilt-XR® (diltiazem ER)	Verelan PM® (verapamil)
Isoptin® SR (verapamil SR) +	
Taztia XT ®(diltiazem ER)*	

Corticosteroids – Oral	
Preferred	**Non-Preferred, Prior Authorization Required**
Cortef® (hydrocortisone)	Cortone® (cortisone)+
Decadron® (dexamethasone)	Dexamethasone Intensol® (dexamethasone) concentrate
Deltasone® (prednisone)	Dexpak DP® (dexamethasone)
Dexamethasone 0.5 mg/5 mL elixir	Millipred™ (prednisolone)
Dexamethasone 0.5 mg/5 mL solution	Millipred™ DP (prednisolone)
Medrol® (methylprednisolone)	Millipred™ DP 12-day (prednisolone)
Medrol DosePak® (methylprednisolone)	Rayos® (prednisone DR)
Orapred® (prednisolone) +	TaperDex DP® (dexamethasone)
Orapred® ODT™ (prednisolone)	Veripred® 20 (prednisolone)
Pediapred® (prednisolone)	
Prednisone Intensol™ (prednisone concentrate)	
Prednisone solution	
Prednisolone syrup	

Corticosteroids – Topical – High Potency *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Clobetasol Proprionate E® (clobetasol propionate)	ApexiCon E® (diflorasone diacetate)
Clobex® (clobetasol propionate)	Clodan® (clobetasol propionate)
Cormax Scalp® (clobetasol propionate) +	Halog® (halcinonide)
Diprolene® (betamethasone dipropionate augmented)	Lidex® (fluocinonide) +
Diprolene AF® (betamethasone dipropionate augmented)	Lidex E® (fluocinonide) +
Olux® (clobetasol propionate)	Psorcon® (diflorasone diacetate)
Olux-E® (clobetasol propionate)	Sernivo® (betamethasone dipropionate)
Temovate® (clobetasol propionate)	Topicort® (desoximetasone)
Ultravate® (halobetasol propionate)	Vanos® (fluocinonide)

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Corticosteroids – Topical –Intermediate Potency *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Cutivate® (fluticasone propionate) DesOwen® (desonide) Elocon® (mometasone furoate) Dermatop® (prednicarbate) + Kenalog® (triamcinolone acetonide) Synalar® (fluocinolone acetonide) Triamcinolone acetonide (all generics of brand products on the PDL)	Cloderm® (clocortolone pivalate) Cordran® (flurandrenolide) Dermazone® (triamcinolone acetonide) Locoid® (hydrocortisone butyrate) Locoid Lipocream® (hydrocortisone butyrate) LoKara® (desonide) + Luxiq® (betamethasone valerate) Nolix® (flurandrenolide) Pandel® (hydrocortisone probutate) Trianex® (triamcinolone acetonide) Triderm® (triamcinolone acetonide) Tridesilon® (desonide) Valisone® (betamethasone valerate) + Westcort® (hydrocortisone valerate) +

Corticosteroids – Topical –Mild Potency *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Aclovate® (alclometasone diporopionate) + Hydrocortisone base (all generics of brand products on the PDL) Synalar® (fluocinolone acetonide)	Ala-Cort® (hydrocortisone base) Capex® (fluocinolone acetonide) Derma-Smoothe/FS Body & Scalp® (fluocinolone acetonide) Desonate® (desonide) Fluocinolone Body & Scalp® (fluocinolone acetonide) Pediaderm HC® (hydrocortisone base) Texacort® (hydrocortisone base) Verdeso® (desonide)

COX-II Inhibitors	
Preferred	**Non-Preferred**
Celebrex® (celecoxib)*	

Desmopressin Products	
Preferred	**Non-Preferred, Prior Authorization Required**
DDAVP® (desmopressin) tablets DDAVP® (desmopressin) nasal solution	DDAVP® Rhinal Tube (desmopressin) Nocdurna® (desmopressin) Noctiva™ (desmopressin)

DPP-4 Inhibitors	
Preferred	**Non-Preferred, Prior Authorization Required**
Januvia® (sitagliptin) Onglyza® (saxagliptin)	Nesina® (alogliptin) Tradjenta® (linagliptin)

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

DPP-4 Inhibitor Combination Agents	
Preferred	**Non-Preferred, Prior Authorization Required**
Janumet® (sitaliptin/metformin) Janumet® XR (sitagliptin/metformin XR) Kombiglyze® XR (saxagliptin/metformin)	Jentadueto® (linagliptin/metformin) Jentadueto® XR (linagliptin/metformin XR) Kazano® (alogliptin/metformin) Oseni®(alogliptin/pioglitazone)

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Erythropoiesis-Stimulating Agents	
Preferred	**Non-Preferred, Prior Authorization Required**
Epogen® (epoetin alfa)	Aranesp® (darbepoetin alfa) Mircera® (methoxy polyethylene glycol-epoetin beta) Procrit® (epoetin alfa) Retacrit™ (epoetin alfa-epbx)

Fibric Acid Derivatives	
Preferred	**Non-Preferred, Prior Authorization Required**
Fenofibrate generics Lopid® (gemfibrozil) Lofibra® (fenofibrate) Tricor® (fenofibrate) Triglide® (fenofibrate) Trilipix® (fenofibric acid)	Antara® (fenofibrate) Fenoglide® (fenofibrate) Lipofen® (fenofibrate)

GLP- 1 RA (formerly Incretin Mimetics) *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Bydureon® Pens and Vials (exenatide ER) Byetta® (exenatide) Victoza® (liraglutide)	Adlyxin® (lixisenatide) Bydureon® BCise™ (exenatide ER) Ozempic® (semaglutide) Trulicity® (dulaglutide)

Growth Hormones *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Genotropin® (somatropin) Genotropin® MiniQuick (somatropin) Norditropin® FlexPro (somatropin)	Humatrope® (somatropin) Nutropin AQ NuSpin® (somatropin) Omnitrope® (somatropin) Saizen® (somatropin) Zomacton® (somatropin)

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Hepatitis C Agents – Direct Acting *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Mavyret®(glecaprevir/pibrentasvir)	Daklinza® (daclatasvir) Epclusa® (sofosbuvir/velpatasvir) Harvoni® (ledipasvir/sofosbuvir) Sovaldi® (sofosbuvir)/Olysio® (simprevir) in combination Technivie® (ombitasvir/paritaprev/ritonavir) Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir) Viekira® XR (dasabuvir/ombitasvir/paritaprevir/ritonavir) Zepatier® (elbasvir/grazoprevir)

Hepatitis C Agents - Refractory Treatment *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Mavyret®(glecaprevir/pibrentasvir)	Vosevi®(sofosbuvir/velpatasvir/voxilaprevir)

H_2 Antagonists	
Preferred	**Non-Preferred, Prior Authorization Required**
Pepcid® (famotidine) Zantac® (ranitidine) tablets Zantac® (ranitidine) solution	Axid® (nizatidine) + Axid® (nizatidine) + solution Pepcid® (famotidine) oral suspension Tagamet® (cimetidine) + Tagamet® (cimetidine) + solution Zantac® (ranitidine) capsules

Homozygous Familial Hypercholesterolemia (HoFH) Agents *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Kynamro® (mipomersen)	Juxtapid® (lomitapide mesylate)

Hypertriglyceridemia Agents	
Preferred	**Non-Preferred, Prior Authorization Required**
Lovaza® (omega-3 acid ethyl esters)	Vascepa® (icosapent ethyl)

Immunomodulation Agents - Adult Rheumatoid Arthritis *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Enbrel® (etanercept) Humira® (adalimumab) Xeljanz® (tofacitinib) Xeljanz® XR (tofacitinib)	Actemra® (tocilizumab) Actemra® ACTpen™ Cimzia® (certolizumab) Kevzara® (sarilumab) Kineret® (anakinra) Olumiant® (baricitinib) Orencia® (abatacept) Remicade® (infliximab) Rituxan® (rituximab) Simponi Aria® (golimumab) Simponi® (golimumab)

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Immunomodulation Agents - Ankylosing Spondylitis *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Enbrel® (etanercept) Humira® (adalimumab)	Cosentyx® (secukinumab) Cimzia® (certolizumab) Remicade® (infliximab) Simponi® (golimumab)

Immunomodulation Agents - Crohn's Disease *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Humira® (adalimumab)	Cimzia® (certolizumab) Entyvio® (vedolizumab) Remicade® (infliximab) Stelara® (ustekinumab) Tysabri® (natalizumab)

Immunomodulation Agents - Juvenile Idiopathic Arthritis *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Enbrel® (etanercept) Humira® (adalimumab)	Actemra® (tocilizumab) Ilaris® (canakinumab) Orencia® (abatacept)

Immunomodulation Agents - Plaque Psoriasis *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Enbrel® (etanercept) Humira® (adalimumab) Otezla® (apremilast)	Amevive® (alefacept) Cosentyx® (secukinumab) Remicade® (infliximab) Siliq® (brodalumab) Stelara® (ustekinumab) Taltz® (ixekizumab) Tremfya®(Guselkumab)

Immunomodulation Agents - Psoriatic Arthritis *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Enbrel® (etanercept) Humira® (adalimumab) Otezla® (apremilast) Xeljanz® (tofacitinib) Xeljanz® XR (tofacitinib)	Cosentyx® (secukinumab) Cimzia® (certolizumab) Remicade® (infliximab) Simponi® (golimumab) Stelara® (ustekinumab) Orencia®(abatacept) Taltz® (ixekizumab)

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Immunomodulation Agents - Ulcerative Colitis *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Humira® (adalimumab) Xeljanz® (tofacitinib)	Entyvio® (vedolizumab) Remicade® (infliximab) Simponi® (golimumab)

Inflammatory Bowel Disease Agents – Oral	
Preferred	**Non-Preferred, Prior Authorization Required**
Azulfidine® (sulfasalazine) Azulfadine® EN-tabs (sulfasalazine) Delzicol® (mesalamine DR)* Lialda® (mesalamine DR) Pentasa® (mesalamine ER)*	Apriso® (mesalamine ER 24hr) Asacol® HD (mesalamine DR) Colazal® (balsalazide disodium) Dipentum® (olsalazine) Entocort® EC (budesonide) Giazo® (balsalazide disodium) Uceris® (budesonide)

Insulin - Long-Acting	
Preferred	**Non-Preferred, Prior Authorization Required**
Lantus® (insulin glargine) Lantus SoloStar® (insulin glargine) Levemir® Vial, FlexPen, FlexTouch (insulin detemir)	Basaglar® (insulin glargine) Toujeo Solostar® (insulin glargine) Tresiba Flextouch® (insulin degludec) Tresiba® Vial

Insulin - Long-Acting/GLP-1 RA	
Preferred	**Non-Preferred, Prior Authorization Required**
Soliqua® (insulin glargine/lixisenatide)	Xultophy® (insulin degludec/liraglutide)

Insulin- Short Acting and Intermediate Acting	
Preferred	**Non-Preferred, Prior Authorization Required**
Humalog® multi-dose vial Humalog® Mix multi-dose vial Humulin N® multi-dose vial Humulin R® multi-dose vial Humulin 70/30® multi-dose vial Novolin N® multi-dose vial Novolin R® multi-dose vial Novolin 70/30 FlexPen® Novolin 70/30® multi-dose vial NovoLog® multi-dose vial, PenFill, & FlexPen NovoLog® Mix multi-dose vial, PenFill, & FlexPens Velosulin BR® multi-dose vial	Admelog® Vial, Solostar (insulin lispro) Afrezza® (insulin regular inhalation) Apidra® Vial, Solostar® Fiasp® Vial, Flextouch® Humalog® (excluding multi-dose vials) Humalog® KwikPen®, Junior KwikPen® Humalog® Mix (excluding multi-dose vials) Humulin N® (excluding multi-dose vials) Humulin R® (excluding multi-dose vials) Humulin 70/30® (excluding multi-dose vials) Novolin N® (excluding multi-dose vials) Novolin R® (excluding multi-dose vials) Novolin 70/30® (excluding FlexPen & multi-dose vials) Velosulin BR® (excluding multi-dose vials)

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Lice Treatments	
Preferred	**Non-Preferred, Prior Authorization Required**
Natroba® (spinosad) Sklice® (ivermectin)	Ovide® (malathion)
Meglitinides	
Preferred	**Non-Preferred, Prior Authorization Required**
Prandin® (repaglinide)	Starlix® (nateglinide)

Methotrexate Products (Formerly Methotrexate – Injectable) *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Rasuvo® (methotrexate) Methotrexate 2.5 mg tablets	Otrexup® (methotrexate) Trexall® (methotrexate) Xatmep® (methotrexate)

Muscle Relaxants – Skeletal *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Flexeril® (cyclobenzaprine) + Robaxin® (methocarbamol) Robaxin-750® (methocarbamol)	Amrix® (cyclobenzaprine ER) Fexmid® 7.5mg (cyclobenzaprine) Lorzone® (chlorzoxazone) Metaxall® (metaxalone) Norflex® (orphenadrine) + Norgesic® (orphenadrine/aspirin/caffeine) Norgesic® Forte (orphenadrine/aspirin/caffeine) Parafon Forte DSC® (chlorzoxazone) + Skelaxin® (metaxalone) Soma® (carisoprodol)

Muscle Relaxants – Spasticity	
Preferred	**Non-Preferred, Prior Authorization Required**
Lioresal® (baclofen) Zanaflex® Tablets (tizanidine)	Dantrium® (dantrolene) Zanaflex® Capsules (tizanidine)

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Non-Steroidal Anti-Inflammatory Drugs - Oral *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Advil® (ibuprofen)	Anaprox® (naproxen)
Aleve® (naproxen)	Anaprox DS® (naproxen)
EC-Naprosyn® (naproxen)	Arthrotec® (diclofenac/misoprostol)
Ansaid® (flurbiprofen) +	Cambia® (diclofenac)
Cataflam® (diclofenac potassium) +	Daypro® (oxaprozin)
Clinoril® (sulindac) +	Dolobid® (diflunisal) +
Indocin® (indomethacin)	Feldene® (piroxicam)
Mobic® (meloxicam)	Indocin® SR (indomethacin)
Motrin® (ibuprofen)	Lodine® (etodolac)
Motrin-IB® (ibuprofen)	Lodine® XL (etodolac) +
Naprosyn® (naproxen)	Meclomen® (meclofenamate) +
Relafen® (nabumetone) +	Nalfon® (fenoprofen)
Toradol®(ketorolac) (limited to a 5 day supply) +	Naprelan® (naproxen)
Voltaren®(diclofenac sodium oral) +	Naprelan® CR Dosepak (naproxen)
Voltaren® XR (diclofenac sodium oral) +	Orudis® (ketoprofen) +
	Orudis® KT (ketoprofen) +
	Oruvail® (ketoprofen) +
	Ponstel® (mefenamic acid) +
	Tivorbex® (indomethacin)
	Tolectin 600® (tolmetin) +
	Tolectin DS® (tolmetin)
	Vimovo®(naproxen/esomeprazole)
	Vivlodex® (Meloxicam)
	Zipsor® (diclofenac)
	Zorvolex® (diclofenac)

Non-Steroidal Anti-Inflammatory Drugs – Topical	
Preferred	**Non-Preferred, Prior Authorization Required**
Flector® Patch (diclofenac epolamine)	Pennsaid® (diclofenac)
Voltaren® Gel (diclofenac)	Sprix® Nasal Spray (ketorolac tromethamine)

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Opioids - Short-Acting *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred-Prior Authorization Required**
Codeine sulfate (all generics)	Abstral® (fentanyl)
Dilaudid® (hydromorphone HCl)	Actiq® (fentanyl)
Fioricet® with Codeine 50/325/40/30 mg (butalbital/acetaminophen/caffeine/codeine)	Combunox™ (oxycodone/ibuprofen) +
Hycet® (hydrocodone bitartrate/acetaminophen) +	Demerol® (meperidine HCl)
Levorphanol (all generics)	Fentora® (fentanyl)
Lorcet® (hydrocodone bitartrate/acetaminophen)	Fioricet® with Codeine 50/300/40/30 (butalbital/acetaminophen/ceffeine/acetaminophen)
Lortab® (hydrocodone bitartrate/acetaminophen)	Fiorinal® with Codeine (butalbital/aspirin/caffeine/codeine)
Morphine sulfate (all generics)*	Lazanda™ (fentanyl)
Norco® (hydrocodone bitartrate/acetaminophen)	Lorcet HD® (hydrocodone bitartrate/acetaminophen)
Oxycodone HCl (all generics)*	Lorcet Plus® (hydrocodone bitartrate/acetaminophen)
Percocet® (oxycodone HCl/acetaminophen)	Nucynta™ (tapentadol)
Percodan® (oxycodone HCl/aspirin) +	Opana® (oxymorphone HCl)
Roxicet™ (oxycodone HCl/acetaminophen) +	Oxaydo® (oxycodone HCl)
Talwin® NX (pentazocine/naloxone) +	Primlev™ (oxycodone HCl/acetaminophen)
Tylenol® No. 2 (codeine phosphate/acetaminophen)	Roxybond™ (oxycodone)
Tylenol® No. 3 (codeine phosphate/acetaminophen)	Subsys® (fentanyl)
Tylenol® No. 4 (codeine phosphate/acetaminophen)	Vicoden HP® (hydrocodone bitartrate/acetaminophen)
Ultracet® (tramadol/acetaminophen)	Xodol® (hydrocodone bitartrate/acetaminophen)
Ultram® (tramadol)	
Vicodin® (hydrocodone bitartrate/acetaminophen)	
Vicodin ES® (hydrocodone bitartrate/acetaminophen)	

Opioids - Long-Acting *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred-Prior Authorization Required**
Hysingla® ER (hydrocodone ER)	Arymo™ ER (morphine sulfate ER)
Embeda® (morphine/naltrexone)*	Avinza® (morphine sulfate ER) +
MS Contin® (morphine sulfate ER)	Belbuca® (buprenorphine)
OxyContin® (oxycodone SR)	Butrans® (buprenorphine)
Ultram® ER (tramadol ER) +	ConZip® (tramadol)
	Duragesic® (fentanyl)
	Exalgo® (hydromorphone HCl ER)
	Kadian® (morphine sulfate ER)
	MorphaBond ER® (morphine sulfate ER)
	Nucynta® ER (tapentadol)
	Opana® ER (oxymorphone)
	Ryzolt® (tramadol ER) +
	Xtampza® ER (oxycodone ER)
	Zohydro® ER (hydrocodone ER)

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Pancreatic Enzyme Replacements	
Preferred	**Non-Preferred, Prior Authorization Required**
Creon® (pancrelipase)* Pancreaze® (pancrelipase)* Zenpep® (pancrelipase)*	Pertzye ® (pancrelipase) Viokace® (pancrelipase)

PCSK-9 Inhibitors *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Praluent® (alirocumab) Repatha® (evolocumab)	

Phosphate Binder Agents	
Preferred	**Non-Preferred, Prior Authorization Required**
Eliphos® (calcium acetate) + Phoslo® (calcium acetate) +	Auryxia® (ferric citrate) Fosrenol® (lanthanum carbonate) Phoslyra® (calcium acetate oral solution) Renagel® (sevelamer HCl) Renvela® (sevelamer carbonate) Velphoro® (sucroferric oxyhydroxide)

Platelet Aggregation Inhibitors - Secondary Cardiac Prevention	
Preferred	**Non-Preferred, Prior Authorization Required**
Effient® (prasurgrel) Plavix® (clopidogrel)	Brilinta® (ticagrelor) Zontivity® (vorapaxar)

Platelet Aggregation Inhibitors – Stroke	
Preferred	**Non-Preferred, Prior Authorization Required**
Plavix® (clopidogrel)	Aggrenox® (aspirin-dipyridamole ER)

Proton Pump Inhibitors *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Prilosec® (omeprazole)* Protonix® (pantoprazole) Generic Esomeprazole DR Caps Generic Lansoprazole DR Caps	AcipHex® (rabeprazole) AcipHex® Sprinkles™ (rabeprazole) Dexilant® (dexlansoprazole)* Dexilant® SoluTab (dexlansoprazole) Esomeprazole strontium® (esomeprazole strontium) Nexium® (esomeprazole) Nexium ®Suspension (esomeprazole) Prevacid® (lansoprazole) Prevacid SoluTab® (lansoprazole) Prilosec® Packets (omeprazole) Protonix® Packets (pantoprazole) Zegerid® (omeprazole/sodium bicarbonate)

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Pulmonary Hypertension Agents	
Preferred	**Non-Preferred, Prior Authorization Required**
Adcirca® (tadalafil) Adempas® (riociguat) Letairis® (ambrisentan) Orenitram® (treprostinil) Revatio® (sildenafil) Tracleer® (bosentan)	Opsumit® (macitentan) Remodulin® (treprostinil) Tyvaso®, Tyvaso® Starter, Tyvaso® Refill (treprostinil) Uptravi® (selexipag) Ventavis® (iloprost)

Rosacea Agents *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Metrocream® (metronidazole) Metrogel® (metronidazole)	Azelex® (azelaic acid) Finacea® (azelaic acid) MetroLotion® (metronidazole) Mirvaso® (brimonidine) Noritate® (metronidazole) Rhofade® (oxymetazoline) Rosadan® (metronidazole) Soolantra® (ivermectin)

SGLT2 (sodium-glucose co-transporter 2) Inhibitors	
Preferred	**Non-Preferred, Prior Authorization Required**
Invokana® (canagliflozin)	Farxiga® (dapagliflozin) Jardiance® (empagliflozin) Steglatro™ (ertugliflozin)

SGLT2 Inhibitor/DPP-4 Inhibitor Combination Agents *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Qtern® (dapagliflozin/saxagliptin)	Steglujan™ (ertugliflozin/sitagliptin) Glyxambi® (empagliflozin/linagliptin)

SGLT2 Inhibitors/Biguanide Combination Agents *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Invokamet® (canagliflozin/metformin) Invokamet® XR (canagliflozin/metformin ER)	Segluromet™ (ertugliflozin/metformin) Synjardy® (empagliflozin/metformin) Synjardy® XR (empagliflozin/metformin ER) Xigduo XR®(dapagliflozin/metformin ER)

Sleep Agents - Non-Scheduled	
Preferred	**Non-Preferred, Prior Authorization Required**
Rozerem® (ramelteon)	Hetlioz® (tasimelteon) Silenor® (doxepin)

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Sleep Agents – Scheduled - Non-Benzodiazepine	
Preferred	**Non-Preferred, Prior Authorization Required**
Ambien® (zolpidem) Zolpidem generics	Ambien® CR (zolpidem CR) Belsomra® (suvorexant) Edluar® (zolpidem) Intermezzo® (zolpidem) Lunesta® (eszopiclone) Sonata® (zaleplon) Zolpimist® (zolpidem)

Statins	
Preferred	**Non-Preferred, Prior Authorization Required**
Crestor® (rosuvastatin) Lipitor® (atorvastatin) Mevacor® (lovastatin) + Pravachol® (pravastatin) Zocor® (simvastatin)	Altoprev® (lovastatin) Lescol® (fluvastatin) + Lescol® XL (fluvastatin) Livalo® (pitavastatin) Zypitamag™ (pitavastatin)

Statin Combination (formerly Products for Hyperlipidemia)	
Preferred	**Non-Preferred**
Caduet® (amlodipine/atorvastatin) Vytorin® (ezetimibe/simvastatin)	

Sulfonylureas – 2nd Generation	
Preferred	**Non-Preferred, Prior Authorization Required**
Amaryl® (glimepiride) DiaBeta® (glyburide) + Glucotrol® (glipizide) Glucovance® (glyburide/metformin) Glynase PresTab® (micronized glyburide) Micronase® (glyburide) +	Glucotrol XL® (glipizide XL) Metaglip® (glipizide/metformin) +

Thiazolidinediones	
Preferred	**Non-Preferred, Prior Authorization Required**
Actos® (pioglitazone) ACTOplus Met® (pioglitazone/metformin)	ACTOplus Met® XR (pioglitazone/metformin) Avandia® (rosiglitazone) Duetact® (pioglitazone/glimepiride)

Thrombopoietin Receptor Agonists (TPO) *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Nplate® (romiplostim) Promacta® (eltrombopag) Promacta® Powder Packet	

ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)

Topical Immunomodulators *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Eucrisa® (crisaborole) Protopic® (tacrolimus)	Elidel® (pimecrolimus)

Triptans	
Preferred	**Non-Preferred, Prior Authorization Required**
Amerge® (naratriptan) Imitrex® (sumatriptan) tablets Maxalt® (rizatriptan) Maxalt-MLT® (rizatriptan) Relpax® (eletriptan) Zomig® (zolmitriptan) nasal solution	Alsuma® (sumatriptan) + Axert® (almotriptan) Frova® (frovatriptan) Imitrex® (sumatriptan) pens, vials, cartridges, nasal spray Onzetra Xsail® (sumatriptan) Sumavel DosePro® (sumatriptan) Zembrace Symtouch® (sumatriptan) Zecuity® (sumatriptan) + Zomig® (zolmitriptan) tablets Zomig-ZMT® (zolmitriptan)

Xanthine Oxidase Inhibitors	
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Neurontin® (gabapentin) Solution 7
Nevanac® (nepafenac) 3
Nexium ®Suspension (esomeprazole) 21
Nexium® (esomeprazole) 21
Nocdurna® (desmopressin) 13
Noctiva™ (desmopressin) 13
Nolix® (flurandrenolide) 13
Norco® (hydrocodone bitartrate/acetaminophen) 20
Norditropin® FlexPro (somatropin) 14
Norflex® (orphenadrine) + ... 18
Norgesic® (orphenadrine/aspirin/caffeine) 18
Norgesic® Forte (orphenadrine/aspirin/caffeine) 18
Noritate® (metronidazole) 22
Norpramin® (desipramine) 9
Norvasc® (amlodipine) 11
Novolin 70/30 FlexPen® 17
Novolin 70/30® (excluding FlexPen & multi-dose vials) 17
Novolin 70/30® multi-dose vial 17
Novolin N® (excluding multi-dose vials) 17
Novolin N® multi-dose vial 17
Novolin R® (excluding multi-dose vials) 17
Novolin R® multi-dose vial 17
NovoLog® Mix multi-dose vial, PenFill, & FlexPens 17
NovoLog® multi-dose vial, PenFill, & FlexPen 17
Nplate® (romiplostim) 23
Nucynta® ER (tapentadol) 20
Nucynta™ (tapentadol) 20
NuLYTELY® (polyethylene glycol-electrolyte solution) 11
Nutropin AQ NuSpin® (somatropin) 14
Ocufen®(flurbiprofen) + ... 3
Olumiant® (baricitinib) 15
Olux® (clobetasol propionate) 12
Olux-E® (clobetasol propionate) 12
Omnaris® (ciclesonide) 2
Omnitrope® (somatropin) 14
Onexton® (benzoyl peroxide-clindamycin) gel 5
Onfi® (clobazam) 7
Onglyza® (saxagliptin) 13
Onzetra Xsail® (sumatriptan) 24
Opana® (oxymorphone HCl) 20
Opana® ER (oxymorphone) 20
Opsumit® (macitentan) 22
OptiPranolol® (metipranolol) + ... 3

Optivar® (azelastine) 3
Orapred® (prednisolone) + ... 12
Orapred® ODT™ (prednisolone) 12
Orencia® (abatacept) 15, 16
Orencia®(abatacept) 16
Orenitram® (treprostinil) 22
Orudis® (ketoprofen) + ... 19
Orudis® KT (ketoprofen) + ... 19
Oruvail® (ketoprofen) + ... 19
Oseni®(alogliptin/pioglitazone) 14
OsmoPrep® (sodium phosphate) 11
Otezla® (apremilast) 16
Otovel® (ciprofloxacin/fluocinolone) 4
Otrexup® (methotrexate) 18
Ovide® (malathion) 18
Oxandrin® (oxandrolone) 7
Oxaydo® (oxycodone HCl) 20
Oxycodone HCl (all generics)* 20
OxyContin® (oxycodone SR) 20
Oxytrol® Patch (oxybutynin) 11
Ozempic® (semaglutide) 14
Pamelor® (nortriptyline) 9
Pamelor® solution (nortriptyline) + ... 9
Pancreaze® (pancrelipase)* 21
Pandel® (hydrocortisone probutate) 13
Parafon Forte DSC® (chlorzoxazone) + ... 18
Pataday® (olopatadine) 3
Patanase® (olopatadine) 2
Patanol® (olopatadine) 3
Paxil ® solution (paroxetine) 8
Paxil CR® (paroxetine ER) 8
Paxil® (paroxetine) 8
Pazeo® (olopatadine) 3
Pediaderm HC® (hydrocortisone base) 13
Pediapred® (prednisolone) 12
Pennsaid® (diclofenac) 19
Pentasa® (mesalamine ER)* 17
Pepcid® (famotidine) 15
Pepcid® (famotidine) oral suspension 15
Percocet® (oxycodone HCl/acetaminophen) 20
Percodan® (oxycodone HCl/aspirin) + ... 20
Perforomist® (formoterol) 1
Pertzye ® (pancrelipase) 21
Pexeva® (paroxetine) 8
Phoslo® (calcium acetate) + ... 21
Phoslyra® (calcium acetate oral solution) 21
Picato® (ingenol mebutate) 6
Plavix® (clopidogrel) 21

Plendil® (felodipine) + ... 11
Plenvu® (polyethylene glycol-electrolyte solution) 11
Polyethylene glycol 3350 with electrolytes 11
Ponstel® (mefenamic acid) + ... 19
Pradaxa® (dabigatran) 8
Praluent® (alirocumab) 21
Prandin® (repaglinide) 18
Pravachol® (pravastatin) 23
Precose® (acarbose) 7
Pred-G S.O.P.® (prednisolone/Gentamicin) 3
Pred-G® (prednisolone/gentamicin) 3
Prednisolone syrup 12
Prednisone Intensol™ (prednisone concentrate) 12
Prednisone solution 12
Prepopik® (sodium picosulfate/magnesium oxide/citric acid) 11
Prestalia® (perindopril/amlodipine) 4
Prevacid SoluTab® (lansoprazole) 21
Prevacid® (lansoprazole) 21
Prevalite® Powder (cholestyramine light) 10
Prevalite® Powder Packs (cholestyramine light) 10
Prexxartan® (valsartan) 10
Prilosec® (omeprazole)* 21
Prilosec® Packets (omeprazole) 21
Primlev™ (oxycodone HCl/acetaminophen) 20
Prinivil® (lisinopril) 4
Pristiq® (desvenlafaxine) 8
ProAir HFA® (albuterol) 1
ProAir RespiClick® (albuterol) 1
Procardia® XL (nifedipine ER) 11
Procentra® (dextroamphetamine) 6
Procrit® (epoetin alfa) 14
Prolensa® (bromfenac) 3
Promacta® (eltrombopag) 23
Promacta® Powder Packet 23
Proscar®(finasteride) 7
Protonix® (pantoprazole) 21
Protonix® Packets (pantoprazole) 21
Protopic® (tacrolimus) 24
Proventil® HFA (albuterol) 1
Proventil® Inhalation Solution (albuterol) 1
Prozac Weekly® (fluoxetine) + ... 8
Prozac® capsules (fluoxetine) 8
Prozac® solution (fluoxetine) + ... 8
Prozac® tablets (fluoxetine) + ... 8
Psorcon® (diflorasone diacetate) 12
Pulmicort Flexhaler™ (budesonide) 2
Pulmicort Respules® (budesonide) *> 7 years of age 2
Pulmicort Respules® (budesonide) *≤ 6 years of age only 2

Qbrelis® (lisinopril solution) 4
Qnasl® (beclomethasone) 2
Qtern® (dapagliflozin/saxagliptin) 22
Questran Light® (cholestyramine light) 10
Questran® (cholestyramine) 10
Quillichew ER™ (methylphenidate ER) 6
Quillivant XR® (methylphenidate ER) 6
QVAR RediHaler®(beclomethasone) 2
QVAR® (beclomethasone) 2
Rasuvo® (methotrexate) 18
Rayos® (prednisone DR) 12
Refresh® (ketotifen) 3
Relafen® (nabumetone) + ... 19
Relexxii™ (methylphenidate ER) 6
Relistor® (methylnaltrexone) (tablets and injection) 8
Relpax® (eletriptan) 24
Remicade® (infliximab) 15, 16, 17
Remodulin® (treprostinil) 22
Renagel® (sevelamer HCl) 21
Renvela® (sevelamer carbonate) 21
Repatha® (evolocumab) 21
Retacrit™ (epoetin alfa-epbx) 14
Retin-A® (tretinoin) 0.01% gel 5
Retin-A® (tretinoin) cream 5
Retin-A® Micro (tretinoin) gel 5
Revatio® (sildenafil) 22
Rhinocort AQ® (budesonide) 2
Rhofade® (oxymetazoline) 22
Riomet® (metformin oral solution) 10
Ritalin LA® (methylphenidate 50/50) 6
Ritalin SR® (methylphenidate ER) + ... 6
Ritalin® (methylphenidate) 6
Rituxan® (rituximab) 15
Robaxin® (methocarbamol) 18
Robaxin-750® (methocarbamol) 18
Rosadan® (metronidazole) 22
Rosanil® Cleanser (sulfacetamide-sulfur) emulsion 5
Roxicet™ (oxycodone HCl/acetaminophen) + ... 20
Roxybond™ (oxycodone) 20
Rozerem® (ramelteon) 22
Ryzolt® (tramadol ER) + ... 20
Saizen® (somatropin) 14
Sanctura® (trospium) + ... 11
Sanctura® XR (trospium ER) + ... 11
Sancuso® (granisetron) 9
Savaysa® (edoxaban) 8
Savella® (milnacipran) 8
Sectral® (acebutolol) + ... 10

Seebri Neohaler® (glycopyrrolate) 1
Segluromet™ (ertugliflozin/metformin) 22
Serevent® Diskus® (salmeterol) 1
Sernivo® (betamethasone dipropionate) 12
Silenor® (doxepin) 22
Siliq® (brodalumab) 16
Simbrinza™ (brinzolamide/brimonidine) 3
Simponi Aria® (golimumab) 15
Simponi® (golimumab) 15, 16, 17
Sitavig® (acyclovir) + ... 9
Skelaxin® (metaxalone) 18
Sklice® (ivermectin) 18
Solaraze 3% gel (diclofenac sodium) + ... 6
Soliqua® (insulin glargine/lixisenatide) 17
Soma® (carisoprodol) 18
Sonata® (zaleplon) 23
Soolantra® (ivermectin) 22
Sovaldi® (sofosbuvir)/Olysio® (simprevir) in combination 15
Spiriva® Handihaler® (tiotropium) 1
Spiriva® Respimat (tiotropium) 1
Spritam® (levetiracetam) 7
Sprix® Nasal Spray (ketorolac tromethamine) 19
SSS 10-5® (sulfacetamide-sulfur) cream 5
Starlix® (nateglinide) 18
Steglatro™ (ertugliflozin) 22
Steglujan™ (ertugliflozin/sitagliptin) 22
Stelara® (ustekinumab) 16
Stiolto® Respimat® (tiotropium/olodaterol) 1
Strattera (Atomoxetine) Caps 6
Striant® (testosterone) 7
Striverdi® Respimat® (olodaterol) 1
Subsys® (fentanyl) 20
Sular® (nisoldipine) 11
Sulfacetamide-Sulfur lotion 5
Sumadan XLT® (sulfacetamide-sulfar) kit 5
Sumadan® (sulfacetamide-sulfur) kit 5
Sumadan® Wash (sulfacetamide-sulfur cleanser) 5
Sumavel DosePro® (sumatriptan) 24
Sumaxin® (sulfacetamide-sulfur) pads 5
Sumaxin® TS (sulfacetamide-sulfur) suspension 5
Sumaxin® Wash (sulfacetamide-sulfur) liquid 5
Suprep® Bowel Prep Kit (sodium sulfate/potassium sulfate/magnesium sulfate) 11
Surmontil® (trimipramine) 9
Symbicort® (budesonide/formoterol) 1
Symjepi®(epinephrine) + ... 7
Symproic® (naldemedine) 8
Synalar® (fluocinolone acetonide) 13
Syndros® (dronabinol) 9

Synjardy® (empagliflozin/metformin) 22
Synjardy® XR (empagliflozin/metformin ER) 22
Tagamet® (cimetidine) + ... 15
Tagamet® (cimetidine) + solution 15
Taltz® (ixekizumab) 16
Talwin® NX (pentazocine/naloxone) + ... 20
TaperDex DP® (dexamethasone) 12
Tarka® (trandolapril/verapamil) 4
Tazorac® (tazarotene) cream 5
Tazorac® (tazarotene) gel 5
Taztia XT ®(diltiazem ER)* 12
Technivie® (ombitasvir/paritaprev/ritonavir) 15
Temovate® (clobetasol propionate) 12
Tenex (Guanfacine) Tabs+ 6
Tenormin® (atenolol) 10
Testim® (testosterone) 7
Testred® (methyltestosterone) 7
Teveten® (eprosartan) 10
Texacort® (hydrocortisone base) 13
Tiazac® (diltiazem) 12
Timoptic® (timolol) 3
Timoptic® Ocudose® (timolol) 3
Timoptic-XE® (timolol) 3
Tivorbex® (indomethacin) 19
Tobi® (tobramycin) 2
Tobi® Podhaler™ (tobramycin) 2
TobraDex® (tobramycin/dexamethasone) 3
TobraDex® ST (tobramycin/dexamethasone) 3
Tofranil - PM® (imipramine) + ... 9
Tofranil® (imipramine) 9
Tolak® (fluorouracil) 6
Tolectin 600® (tolmetin) + ... 19
Tolectin DS® (tolmetin) 19
Topicort® (desoximetasone) 12
Toprol-XL® (metoprolol succinate) 10
Toradol®(ketorolac) (limited to a 5 day supply) + ... 19
Toujeo Solostar® (insulin glargine) 17
Toviaz® (fesoterodine) 11
Tracleer® (bosentan) 22
Tradjenta® (linagliptin) 13
Travatan Z® (travoprost) 4
Tremfya®(Guselkumab) 16
Tresiba Flextouch® (insulin degludec) 17
Tresiba® Vial 17
Trexall® (methotrexate) 18
Triamcinolone acetonide (all generics of brand products on the PDL) 13
Trianex® (triamcinolone acetonide) 13
Tribenzor® (olmesartan/amlodipine/HCTZ) 10

Tricor® (fenofibrate) 14
Triderm® (triamcinolone acetonide) 13
Tridesilon® (desonide) 13
Triglide® (fenofibrate) 14
Trilipix® (fenofibric acid) 14
Trilyte® (polyethylene glycol-electrolyte solution) 11
Trulance®(plecanatide) 8
Trulicity® (dulaglutide) 14
Trusopt® (dorzolamide) 3
Tudorza PressAir® (aclidinium) 1
Twynsta® (amlodipine/telmisartan) 10
Tylenol® No. 2 (codeine phosphate/acetaminophen) 20
Tylenol® No. 3 (codeine phosphate/acetaminophen) 20
Tylenol® No. 4 (codeine phosphate/acetaminophen) 20
Tysabri® (natalizumab) 16
Tyvaso®, Tyvaso® Starter, Tyvaso® Refill (treprostinil) 22
Uceris® (budesonide) 17
Uloric® (febuxostat) 24
Ultracet® (tramadol/acetaminophen) 20
Ultram® (tramadol) 20
Ultram® ER (tramadol ER) + ... 20
Ultravate® (halobetasol propionate) 12
Univasc® (moexipril) + ... 4
Uptravi® (selexipag) 22
Urispas® (flavoxate) + ... 11
Utibron™ Neohaler® (indacaterol/glycopyrrolate) 1
Valisone® (betamethasone valerate) + ... 13
Valtrex® (valacyclovir) 9
Vanos® (fluocinonide) 12
Vascepa® (icosapent ethyl) 15
Vasotec® (enalapril) 4
Velosulin BR® (excluding multi-dose vials) 17
Velosulin BR® multi-dose vial 17
Velphoro® (sucroferric oxyhydroxide) 21
Veltin® (clindamycin-tretinoin) 5
Ventavis® (iloprost) 22
Ventolin HFA® (albuterol) 1
Ventolin® Inhalation Solution (albuterol) 1
Verdeso® (desonide) 13
Verelan PM® (verapamil) 12
Verelan® (verapamil SR) 12
Veripred® 20 (prednisolone) 12
Vesicare® (solifenacin) 11
Viberzi®(eluxadoline) 9
Vicoden HP® (hydrocodone bitartrate/acetaminophen) 20
Vicodin ES® (hydrocodone bitartrate/acetaminophen) 20
Vicodin® (hydrocodone bitartrate/acetaminophen) 20
Victoza® (liraglutide) 14

Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir) 15
Viekira® XR (dasabuvir/ombitasvir/paritaprevir/ritonavir) 15
Vimovo®(naproxen/esomeprazole) 19
Viokace® (pancrelipase) 21
Visken® (pindolol) + ... 10
Vivactil® (protriptyline) + ... 9
Vivlodex® (Meloxicam) 19
Vogelxo® (testosterone) 7
Voltaren® Gel (diclofenac) 19
Voltaren® ophthalmic (diclofenac) + ... 3
Voltaren® XR (diclofenac sodium oral) + ... 19
Voltaren®(diclofenac sodium oral) + ... 19
Vosevi®(sofosbuvir/velpatasvir/voxilaprevir) 15
Vytorin® (ezetimibe/simvastatin) 23
Vyvanse® (lisdexamfetamine)* 6
Vyzulta™ (latanoprostene bunod) 4
Welchol® Powder (colesevelam) 10
Welchol® Tablets (colesevelam) 10
Westcort® (hydrocortisone valerate) + ... 13
Xalatan ® (latanoprost) 4
Xarelto® (rivaroxaban) 8
Xatmep® (methotrexate) 18
Xeljanz® (tofacitinib) 15, 16, 17
Xeljanz® XR (tofacitinib) 15, 16
Xermelo®(telotristat 9
Xhance™ (fluticasone) 2
Xigduo XR®(dapagliflozin/metformin ER) 22
Xodol® (hydrocodone bitartrate/acetaminophen) 20
Xopenex HFA® (levalbuterol) 1
Xopenex® Inhalation Solution (levalbuterol) 1
Xultophy® (insulin degludec/liraglutide) 17
Xyzal® (levocetirizine) + ... 9
Xyzal® solution (levocetirizine) + ... 9
Zaditor® (ketotifen) 3
Zanaflex® Capsules (tizanidine) 18
Zanaflex® Tablets (tizanidine) 18
Zantac® (ranitidine) capsules 15
Zantac® (ranitidine) solution 15
Zantac® (ranitidine) tablets 15
Zebeta® (bisoprolol) + ... 10
Zecuity® (sumatriptan) + ... 24
Zegerid® (omeprazole/sodium bicarbonate) 21
Zembrace Symtouch® (sumatriptan) 24
Zenpep® (pancrelipase)* 21
Zenzedi® (dextroamphetamine) 6
Zepatier® (elbasvir/grazoprevir) 15
Zerviate™ (cetirizine) 3
Zestril® (lisinopril) 4

Zetonna® (ciclesonide) 2
Ziac® (bisoprolol/HCTZ) 10
Ziana® (clindamycin-tretinoin) 5
Zioptan® (tafluprost) 4
Zioptan® droperette (tafluprost) 4
Zipsor® (diclofenac) 19
Zocor® (simvastatin) 23
Zofran ODT® (ondansetron) 9
Zofran® (ondansetron) 9
Zohydro® ER (hydrocodone ER) 20
Zoloft® (sertraline) 8
Zoloft® solution (sertraline) 8
Zolpidem generics 23
Zolpimist® (zolpidem) 23
Zomacton® (somatropin) 14
Zomig® (zolmitriptan) nasal solution 24
Zomig® (zolmitriptan) tablets 24
Zomig-ZMT® (zolmitriptan) 24
Zonegran® (zonisamide) 7
Zontivity® (vorapaxar) 21
Zorvolex® (diclofenac) 19
Zovirax® (acyclovir) (oral dosage forms only) 9
Zuplenz® (ondansetron) 9
Zylet®(Loteprednol/Tobramycin) 3
Zyloprim® (allopurinol) 24
Zypitamag™ (pitavastatin) 23
Zyrtec® (cetirizine) 9
Zyrtec® Syrup (cetirizine) 9