# 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.*

## ALLERGY, ASTHMA, & COPD AGENTS

### Inhaled Short-Acting Beta$_2$-Agonists

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| AccuNeb® (albuterol)<br>ProAir HFA® (albuterol)<br>Proventil HFA® (albuterol)<br>Proventil® Inhalation Solution (albuterol)<br>Ventolin HFA® (albuterol)<br>Ventolin® Inhalation Solution (albuterol) | Maxair® (pirbuterol)<br>Xopenex® Inhaltion Solution (levalbuterol)<br>Xopenex HFA® (levalbuterol) |

### Inhaled Long-Acting Beta$_2$-Agonists

**Clinical prior authorization may apply for all agents*

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Foradil® (formeterol)<br>Serevent® (salmeterol) | Arcapta® (indacaterol)<br>Brovana® (arformoterol)<br>Perforomist® (formoterol) |

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

| Preferred | Non-Preferred |
|---|---|
| Advair® Diskus (fluticasone/salmeterol)<br>Advair® HFA (fluticasone/salmeterol)<br>Symbicort® (budesonide/formoterol) | Dulera® (formoterol/mometasone) |

### Inhaled Corticosteroids

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Asmanex® (mometasone)<br>Flovent® Diskus (fluticasone)<br>Flovent® HFA (fluticasone)<br>Pulmicort Respules® (budesonide) ***≤ 6 years of age only**<br>QVAR® (beclomethasone) | Pulmicort Respules® (budesonide) ***> 7 years of age** |
| | **Non-Preferred** |
| | Alvesco® (ciclesonide)<br>Pulmicort Flexhaler® (budesonide) |

### Intranasal Corticosteroids

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Flonase® (fluticasone)<br>Nasacort AQ® (triamcinolone) **(branded products only)**<br>Nasonex® (mometasone)<br>Veramyst® (fluticasone) | Beconase® (beclomethasone)<br>Beconase AQ® (beclomethasone)<br>Nasarel® (flunisolide)<br>Omnaris® (ciclesonide)<br>Vancenase® (beclomethasone)<br>Vancenase AQ® (beclomethasone)<br>Zetonna® (ciclesonide) |
| | **Non-Preferred** |
| | Rhinocort AQ® (budesonide)<br>Triamcinolone Nasal Spray **(generic products only)** |

### Intranasal Antihistamines

| Preferred | Non-Preferred |
|---|---|
| Astelin® (azelastine)<br>Patanase® (olopatadine) | Astepro® (azelastine) |

## ALLERGY, ASTHMA, & COPD AGENTS (continued)

### Non-Sedating Antihistamines

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

### Ophthalmic Antihistamine/Mast Cell Stabilizer Combinations

| Preferred | Non-Preferred |
|---|---|
| Alaway® (ketotifen)<br>Refresh® (ketotifen)<br>Zaditor® (ketotifen) | Bepreve® (bepotastine)<br>Elestat® (epinastine)<br>Lastacaft® (alcaftadine)<br>Optivar® (azelastine)<br>Pataday® (olopatadine)<br>Patanol® (olopatadine) |

## ANALGESICS

### Long-Acting Opioids

| Preferred | Non-Preferred |
|---|---|
| Morphine Sulfate ER **(generic products only)**<br>OxyContin® (oxycodone SR) | Avinza® (morphine sulfate ER)<br>Duragesic® (fentanyl)<br>Embeda® (morphine/naltrexone)<br>Exalgo® (hydromorphone HCL ER)<br>Kadian® (morphine sulfate ER)<br>MS Contin® (morphine sulfate ER)<br>Opana ER® (oxymorphone)<br>Ryzolt® (tramadol ER)<br>Ultram ER® (tramadol ER) |

## ANALGESICS (continued)

### Muscle Relaxants (Skeletal)

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Flexeril® 10mg (cyclobenzaprine)<br>Parafon Forte DSC® (chlorzoxazone)<br>Robaxin® (methocarbamol)<br>Robaxin-750® (methocarbamol)<br>Robaxisal® (methocarbamol/aspirin) | Amrix® (cyclobenzaprine ER)<br>Fexmid® 7.5mg (cyclobenzaprine)<br>Flexeril® 5mg (cyclobenzaprine)<br>Norflex® (orphenadrine)<br>Norgesic® (orphenadrine/aspirin/caffeine)<br>Norgesic® Forte (orphenadrine/aspirin/caffeine)<br>Skelaxin® (metaxalone) |

### Muscle Relaxants (Spasticity)

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Lioresal® (baclofen)<br>Zanaflex® Tablets (tizanidine) | Zanaflex® Capsules (tizanidine) |
| | **Non-Preferred** |
| | Dantrium® (dantrolene) |

### Non-Steroidal Anti-Inflammatory Drugs (Ophthalmic)

| Preferred | Non-Preferred |
|---|---|
| Acular® (ketorolac)<br>Acular LS® (ketorolac)<br>Acuvail® (ketorolac)<br>Nevanac® (nepafenac)<br>Ocufen® (flurbiprofen)<br>Voltaren® Ophthalmic (diclofenac) | Bromday® (bromfenac)<br>Xibrom® (bromfenac) |

### Non-Steroidal Anti-Inflammatory Drugs (Topical)

| Preferred | Non-Preferred |
|---|---|
| Pennsaid® (diclofenac)<br>Voltaren® Gel (diclofenac) | Flector® Patch (diclofenac epolamine)<br>Sprix® Nasal Spray (ketorolac tromethamine) |

## ANALGESICS (continued)

### Non-Steroidal Anti-Inflammatory Drugs (Oral)

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Advil® (ibuprofen) | Relafen® (nabumetone) |
| Aleve® (naproxen) | **Non-Preferred** |
| Anaprox® (naproxen) | Cambia® (diclofenac) |
| Anaprox DS® (naproxen) | Dolobid® (diflunisal) |
| Ansaid® (flurbiprofen) | Indocin SR® (indomethacin) |
| Arthrotec® (diclofenac/misoprostol) | Lodine XL® (etodolac) |
| Cataflam® (diclofenac potassium) | Naprelan® CR Dosepak (naproxen) |
| Clinoril® (sulindac) | Piroxicam **(generic products only)** |
| Daypro® (oxaprozin) | Vimovo®(naproxen/esomeprazole) |
| EC-Naprosyn® (naproxen) | Zipsor® (diclofenac) |
| Feldene® (piroxicam)**(branded products only)** | |
| Indocin® (indomethacin) | |
| Lodine® (etodolac) | |
| Meclomen® (meclofenamate) | |
| Mobic® (meloxicam) | |
| Motrin® (ibuprofen) | |
| Motrin-IB® (ibuprofen) | |
| Nalfon® (fenoprofen) | |
| Naprelan® (naproxen) | |
| Naprosyn® (naproxen) | |
| Orudis® (ketoprofen) | |
| Orudis KT® (ketoprofen) | |
| Oruvail® (ketoprofen) | |
| Ponstel® (mefenamic acid) | |
| Tolectin DS® (tolmetin) | |
| Tolectin 600® (tolmetin) | |
| Toradol®(ketorolac) **(limited to a 5 day supply)** | |
| Voltaren®(diclofenac sodium oral) | |
| Voltaren XR ® (diclofenac sodium oral) | |

### Triptans

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Amerge® (naratriptan) | Frova® (frovatriptan) |
| Imitrex® (sumatriptan) | Zomig® (zolmitriptan) |
| Relpax® (eletriptan) | Zomig-ZMT® (zolmitriptan) |
| Sumatriptan generics | **Non-Preferred** |
| | Alsuma® (sumatriptan) |
| | Axert® (almotriptan) |
| | Maxalt® (rizatriptan) |
| | Maxalt-MLT® (rizatriptan) |
| | Sumavel DosePro® (sumatriptan) |

# ANTIHYPERLIPIDEMICS

## Bile Acid Sequestrants

| Preferred | Non-Preferred |
|---|---|
| Colestid® (colestipol)<br>Prevalite® (cholestyramine light)<br>Questran® (cholestyramine)<br>Questran Light® (cholestyramine light) | Welchol® (colesevelam) |

## Fibric Acid Derivatives

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Fenofibrate generics<br>Lopid® (gemfibrozil)<br>Tricor® (fenofibrate)<br>Trilipix® (fenofibric acid) | Lofibra® (fenofibrate)<br>Lipofen® (fenofibrate) |
| | **Non-Preferred** |
| | Fenoglide® (fenofibrate)<br>Triglide® (fenofibrate) |

## HMG-CoA Reductase Inhibitors (Statins)

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Lipitor® (atorvastatin)<br>Lovastatin generics<br>Mevacor® (lovastatin)<br>Pravachol® (pravastatin)<br>Zocor® (simvastatin) | Altoprev® (lovastatin)<br>Lescol® (fluvastatin)<br>Lescol XL® (fluvastatin)<br>Livalo® (pitavastatin) |
| | **Non-Preferred** |
| | Crestor® (rosuvastatin) |

# ANTI-INFECTIVES

## Antiherpes Virus Agents

| Preferred | Non-Preferred |
|---|---|
| Zovirax® (acyclovir) **(oral dosage forms only)** | Famvir® (famiciclovir)<br>Valtrex® (valacyclovir) |

# BIOLOGICS

## Adult Rheumatoid Arthritis

**Clinical prior authorization may apply for all agents*

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Enbrel® (etanercept)<br>Humira® (adalimumab) | Actemra® (tocilizumab)<br>Cimzia® (certolizumab)<br>Kineret® (anakinra)<br>Orencia® (abatacept)<br>Remicade® (infliximab)<br>Rituxan® (rituximab)<br>Simponi® (golimumab) |

## BIOLOGICS (continued)

### Ankylosing Spondylitis

**Clinical prior authorization may apply for all agents*

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Enbrel® ( etanercept) | Remicade® (infliximab) |
| Humira® (adalimumab) | Simponi® (golimumab) |

### Crohn's Disease

**Clinical prior authorization may apply for all agents*

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Humira® (adalimumab) | Cimzia® (certolizumab) |
| Remicade® (infliximab) | Tysabri® (natalizumab) |

### Juvenile Idiopathic Arthritis

**Clinical prior authorization may apply for all agents*

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Enbrel® (etanercept) | Actemra® (tocilizumab) |
| Humira® (adalimumab) | Orencia® (abatacept) |

### Plaque Psoriasis

**Clinical prior authorization may apply for all agents*

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Enbrel® ( etanercept) | Amevive® (alefacept) |
| Humira® (adalimumab) | Remicade® (infliximab) |
| | Stelara® (ustekinumab) |

### Psoriatic Arthritis

**Clinical prior authorization may apply for all agents*

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Enbrel® ( etanercept) | Remicade® (infliximab) |
| Humira® ( adalimumab) | Simponi® (golimumab) |

### Ulcerative Colitis

**Clinical prior authorization may apply for all agents*

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Remicade® (infliximab) | |

## CARDIOVASCULAR AGENTS

### ACE Inhibitors

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Accupril® (quinapril) | Aceon® (perindopril) |
| Capoten® (captopril) | Altace® (ramipiril) |
| Lotensin® (benazepril) | Mavik®( trandolapril) |
| Monopril® (fosinopril) | Univasc® (moexipril) |
| Prinivil® (lisinopril) | |
| Vasotec® (enalapril) | |
| Zestril® (lisinopril) | |

## CARDIOVASCULAR AGENTS (continued)

### ACE Inhibitor/Calcium Channel Blocker Combinations

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Lotrel® (benazepril/amlodipine) | Lexxel® (enalapril/felodipine)<br>Tarka® (trandolapril/verapamil) |

### ARBs

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Benicar® (olmesartan)<br>Benicar HCT® (olmesartan/HCTZ)<br>Cozaar® (losartan)<br>Diovan® (valsartan)<br>Diovan HCT® (valsartan/HCTZ)<br>Hyzaar® (losartan/HCTZ)<br>Micardis® (telmisartan)<br>Micardis HCT® (telmisartan/HCTZ) | Atacand® (candesartan)<br>Atacand HCT® (candesartan/HCTZ)<br>Teveten® (eprosartan)<br>Teveten HCT® (eprosartan/HCTZ)<br>**Non-Preferred**<br>Avalide® (irbesartan/HCTZ)<br>Avapro® (irbesartan)<br>Edarbi® (azilsartan medoxomil) |

### ARB/Calcium Channel Blocker Combinations

| Preferred | Non-Preferred |
|---|---|
| Azor® (amlodipine/olmesartan)<br>Exforge® (amlodipine/valsartan) | Twynsta® (amlodipine/telmisartan) |

### Beta-Blockers

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Betapace® (sotalol)<br>Betapace AF® (sotalol AF)<br>Blocadren® (timolol)<br>Coreg® (carvedilol)<br>Corgard® (nadolol)<br>Inderal® (propranolol)<br>InnoPran XL® (propranolol XL)<br>Kerlone® (betaxolol)<br>Lopressor® (metoprolol tartrate)<br>Propranolol® Intensol (propranolol)<br>Sectral® (acebutolol)<br>Tenormin® (atenolol)<br>Toprol XL® (metoprolol succinate)<br>Visken® (pindolol) | Bystolic® (nebivolol)<br>Inderal LA® (propranolol XL)<br>Levatol® (penbutolol)<br>Zebeta® (bisoprolol)<br>**Non-Preferred**<br>Coreg CR® (carvedilol CR) |

### Calcium Channel Blockers (Dihydropyridines)

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Adalat CC® (nifedipine ER)<br>Cardene® (nicardipine IR)<br>DynaCirc® (isradipine IR)<br>DynaCirc CR® (isradipine CR)<br>Norvasc® (amlodipine)<br>Procardia XL® (nifedipine ER) | Adalat® (nifedipine IR)<br>Cardene SR® (nicardipine SR)<br>Plendil® (felodipine)<br>Sular® (nisoldipine) |

## CARDIOVASCULAR AGENTS (continued)

### Calcium Channel Blockers (Non-Dihydropyridines)

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Calan® (verapamil IR)<br>Calan SR® (verapamil SR)<br>Cardizem® (diltiazem IR)<br>Covera HS® (verapamil) **(branded products only)**<br>Diltia XT® (diltiazem) **(brand & AB-rated generics)**<br>Isoptin SR® (verapamil SR)<br>Tiazac® (diltiazem) **(brand & AB-rated generics)**<br>Verelan® (verapamil SR) | Cardizem CD® (diltiazem) **(brand & AB-rated generics)**<br>Cardizem LA® (diltiazem) **(brand & AB-rated generics)**<br>Cardizem SR® (diltiazem) **(brand & AB-rated generics)**<br>Dilacor XR® (diltiazem)<br>Verelan PM® (verapamil) **(brand & AB-rated generics)** |

## CENTRAL NERVOUS SYSTEM AGENTS

### Adjunct Antiepileptics

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Gabitril® (tiagabine)<br>Keppra® (levetiracetam)<br>Keppra XR® (levetiracetam XR)<br>Lyrica® (pregabalin)<br>Neurontin® (gabapentin)<br>Zonegran® (zonisamide) | Banzel® (rufinamide)<br>Onfi® (clobazam)<br>Vimpat® (lacosamide) |

### Non-Benzodiazepine Sedative Hypnotics

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Ambien® (zolpidem)<br>Zolpidem generics | Ambien CR® (zolpidem CR)<br>Edular® (zolpidem)<br>Intermezzo® (zolpidem)<br>Sonata® (zaleplon) |
| | **Non-Preferred** |
| | Lunesta® (eszopiclone) |

### Non-Scheduled Novel Sleep Agents

| Preferred | Non-Preferred |
|---|---|
| Rozerem® (ramelteon) | |

## DIABETIC AGENTS

### Alphaglucosidase Inhibitors

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Glyset® (miglitol) | Precose® (acarbose) |

### Biguanides

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Glucophage® (metformin)<br>Metformin ER **(generic products only)** | Fortamet® (metformin ER) **(branded products only)**<br>Glucophage XR® (metformin ER) **(branded products only)** |

## DIABETIC AGENTS (continued)

### Dipeptidyl Peptidase-4 Inhibitors

| Preferred | Non-Preferred |
|---|---|
| Januvia® (sitagliptin)<br>Onglyza® (saxagliptin)<br>Tradjenta® (linagliptin) | |

### Meglitinides

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Starlix® (nateglinide) | Prandin® (repaglinide) |

### Incretin Mimetics

**Clinical prior authorization may apply to all agents*

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Byetta® (exenatide) | Bydureon® (exenatide ER) |

### Insulin Delivery Systems

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Humalog® multi-dose vial<br>Humalog® Mix multi-dose vial<br>Humulin N® multi-dose vial<br>Humulin R® multi-dose vial<br>Humulin 70/30® multi-dose vial<br>Novolin N® multi-dose vial<br>Novolin R® multi-dose vial<br>Novolin 70/30® multi-dose vial<br>NovoLog® multi-dose vial, PenFill, & FlexPen<br>NovoLog® Mix multi-dose vial, PenFill, & FlexPens<br>Velosulin BR® multi-dose vial | Humalog® (excluding multi-dose vials)<br>Humalog® Mix (excluding multi-dose vials)<br>Humulin N® (excluding multi-dose vials)<br>Humulin R® (excluding multi-dose vials)<br>Humulin 70/30® (excluding multi-dose vials)<br>Novolin N® (excluding multi-dose vials)<br>Novolin R® (excluding multi-dose vials)<br>Novolin 70/30® (excluding multi-dose vials)<br>Velosulin BR® (excluding multi-dose vials) |

### Long-Acting Insulin (Vials Only)

| Preferred | Non-Preferred |
|---|---|
| Lantus® (insulin glargine) | Levemir® (insulin detemir) |

### 2nd Generation Sulfonylureas

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Amaryl® (glimepiride)<br>DiaBeta® (glyburide)<br>Glucotrol® (glipizide)<br>Glucotrol XL® (glipizide XL)<br>Glucovance® (glyburide/metformin)<br>Glynase PresTab® (micronized glyburide)<br>Micronase® (glyburide) | Metaglip® (glipizide/metformin) |

## DIABETIC AGENTS (continued)

### Thiazolidinediones

| Preferred | Non-Preferred |
|---|---|
| Actos® (pioglitazone)<br>ACTOplus Met® (pioglitazone/metformin)<br>ACTOplus Met XR® (pioglitazone/metformin)<br>Avandia® (rosiglitazone) | Avandamet® (rosiglitazone/metformin)<br>Avandaryl® (rosiglitazone/glimepiride)<br>Duetact® (pioglitazone/glimepiride) |

## GASTROINTESTINAL AGENTS

### $H_2$ Antagonists

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Pepcid® (famotidine)<br>Zantac® (ranitidine)<br>Zantac EFFERdose® (ranitidine) | Axid® (nizatidine) |
| | **Non-Preferred** |
| | Tagamet® (cimetidine) |

### Pancreatic Enzyme Replacements

| Preferred | Non-Preferred |
|---|---|
| Creon® (pancrelipase)<br>Zenpep® (pancrelipase) | Pancreaze® (pancrelipase) |

### Proton Pump Inhibitors

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Prilosec® (omeprazole)<br>Protonix® (pantoprazole) | AcipHex® (rabeprazole)<br>Dexilant® (dexlansoprazole)<br>Nexium® (esomeprazole)<br>Nexium ®Suspension (esomeprazole)<br>Prevacid® Suspension (lansoprazole)<br>Prilosec® Suspension (omeprazole) |
| | **Non-Preferred** |
| | Prevacid® (lansoprazole)<br>Prevacid SoluTab® (lansoprazole) |

### Serotonin $5HT_3$ Antagonists

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Zofran® (ondansetron)<br>Zofran ODT® (ondansetron) | Anzemet® (dolasetron)<br>Granisol® (granisetron)<br>Kytril® (granisetron)<br>Sancuso® (granisetron) |
| | **Non-Preferred** |
| | Zuplenz® (ondansetron) |

## GOUT AGENTS

### Xanthine Oxidase Inhibitors

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Zyloprim® (allopurinol) | Uloric® (febuxostat) |

## INJECTABLES

### Growth Hormones

**Clinical prior authorization may apply to all agents*

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Genotropin® (somatropin)<br>Genotropin® MiniQuick (somatropin)<br>Omnitrope® (somatropin)<br>Saizen® (somatropin)<br>Tev-Tropin® (somatropin) | Humatrope® (somatropin)<br>Norditropin® (somatropin)<br>Norditropin® FlexPro (somatropin)<br>Norditropin® Nordiflex (somatropin)<br>Nutropin® (somatropin)<br>Nutropin® AQ (somatropin)<br>Nutropin AQ NuSpin® (somatropin) |

### Erythropoiesis-Stimulating Agents

| Preferred | Non-Preferred |
|---|---|
| Epogen® (epoetin alfa)<br>Procrit® (epoetin alfa) | Aranesp® (darbepoetin alfa) |

## OPHTHALMIC AGENTS

### Ophthalmic Prostaglandin Analogs

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Travatan Z® (travoprost)<br>Xalatan ® (latanoprost) | Lumigan® (bimatoprost) |

## OSTEOPOROSIS AGENTS

### Bisphosphonates

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Fosamax® (alendronate)<br>Fosamax Plus D® (alendronate/cholecalciferol) | Actonel® (risedronate)<br>Actonel® with Calcium (risedronate/calcium)<br>Atelvia® (risedronate) |
| | **Non-Preferred** |
| | Boniva® (ibandronate) |

## UROLOGIC AGENTS

### Anticholinergics

| Preferred | Non-Preferred, Prior Authorization Required |
|---|---|
| Detrol® (tolterodine)<br>Detrol LA® (tolterodine ER)<br>Ditropan® (oxybutynin)<br>Toviaz® (fesoterodine)<br>Vesicare® (solifenacin) | Ditropan XL® (oxybutynin ER)<br>Oxytrol® Patch (oxybutynin)<br>Sanctura® (trospium)<br>Sanctura XR® (trospium ER)<br>Urispas® (flavoxate) |
| | **Non-Preferred** |
| | Enablex® (darifenacin)<br>Gelnique® Gel (oxybutynin) |