

PREFERRED DRUG LIST

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Products listed in **RED** have changed from the previous month's publication.

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INHALATION AGENTS

Anticholinergics for the Maintenance Treatment of COPD

Preferred	Non-Preferred, Prior Authorization Required
Spiriva® Handihaler® (tiotropium)	Atrovent® HFA (ipratropium bromide) Incruse Ellipta® (umeclidinium bromide) Lonhala™ Magnair™ (glycopyrrolate) – effective 4/15/2018 Seebri Neohaler® (glycopyrrolate) Spiriva® Respimat (tiotropium) Tudorza PressAir® (aclidinium)

Beta₂-Agonists - Long-Acting

**Clinical prior authorization may apply*

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

Beta₂-Agonists - Short-Acting

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

Beta₂-Agonists - Long-Acting/Anticholinergics

**Clinical prior authorization may apply*

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

Beta₂-Agonists - Long-Acting/Corticosteroids

**Clinical prior authorization may apply*

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

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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) – effective 4/15/2018	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
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) Omnaris® (ciclesonide)	Beconase AQ® (beclomethasone) Nasacort AQ®(triamcinolone) Nasarel® (flunisolide) Nasonex® (mometasone) Rhinocort AQ® (budesonide) Veramyst® (fluticasone) Xhance™ (fluticasone) – effective 4/15/2018 Zetonna® (ciclesonide)

OPHTHALMIC AGENTS

Antihistamine/Mast Cell Stabilizers

Preferred	Non-Preferred, Prior Authorization Required
Alaway® (ketotifen) Cromolyn® (cromolyn) Patanol® (olopatadine) Pazeo® (olopatadine) Refresh® (ketotifen) Zaditor® (ketotifen)	Alocril® (nedocromil) Alomide® (lodoxamide) Bepreve® (bepotastine) Elestat® (epinastine) Emadine® (emedastine) Lastacaft® (alcaftadine) Optivar® (azelastine) Pataday® (olopatadine)

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OPHTHALMIC AGENTS (continued)

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)

Carbonic Anhydrase Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Azopt® (brinzolamide)	Trusopt® (dorzolamide)
Simbrinza® (brinzolamide/brimonidine tartrate)	

Non-Steroidal Anti-Inflammatory Drugs - Ophthalmic

Preferred	Non-Preferred, Prior Authorization Required
Acuvail® (ketorolac)	Acular® (ketorolac)
Ilevro® (nepafenac)	Acular LS® (ketorolac)
Ocufen® (flurbiprofen)	Bromday® (bromfenac)
Voltaren® Ophthalmic (diclofenac)	BromSite® (bromfenac)
	Prolensa® (bromfenac)
	Nevanac® (nepafenac)

Prostaglandin Analogs

Preferred	Non-Preferred, Prior Authorization Required
Xalatan® (latanoprost)	Lumigan® (bimatoprost)
	Travatan Z® (travoprost)
	Vyzulta™ (latanoprostene bunod) – effective 4/15/2018
	Zioptan® (tafluprost)

OTIC AGENTS

Anti-Infective/Steroid Combinations

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

ORAL/INJECTABLE/TOPICAL AGENTS

ACE Inhibitors

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

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

ACE Inhibitor/Calcium Channel Blocker Combinations

Preferred	Non-Preferred, Prior Authorization Required
Lotrel® (benazepril/amlodipine)	Tarka® (trandolapril/verapamil)

Acne Agents - Topical

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Aczone® (dapsone) gel	Acanya® (benzoyl peroxide-clindamycin) gel
Atralin® (tretinoin) gel	Avar® (sulfacetamide-sulfur) pads
Cleocin-T® (clindamycin) solution	Avar-E® Emollient (sulfacetamide-sulfur) cream
Duac® (benzoyl peroxide-clindamycin) gel	Avar-E Green® (sulfacetamide-sulfur) cream
Epiduo® (benzoyl peroxide-adapalene) gel	Avar LS® (sulfacetamide-sulfur) pads
Ery® (erythromycin) pads	Avita® (tretinoin) cream
Erythromycin solution	Azelex® (azelaic acid) cream
Retin-A® (tretinoin) cream	Benzaclin® (benzoyl peroxide-clindamycin) gel
Sumadan® Wash (sulfacetamide-sulfur cleanser)	Benzamycin® (benzoyl peroxide-erythromycin) gel
Tazorac® (tazarotene) cream	BP 10-1® (sulfacetamide/sulfur cleanser)
Tazorac® (tazarotene) gel	Cerisa® (sulfacetamide-sulfur) emulsion
	Cleocin-T® (clindamycin) gel
	Cleocin-T® (clindamycin) lotion
	Clindacin® ETZ (clindamycin) swab
	Clindacin-P® (clindamycin) swab
	Clindagel® (clindamycin) gel
	Differin® (adapalene) cream
	Differin® (adapalene) gel
	Epiduo® Forte (adapalene/benzoyl peroxide)
	Erygel® (erythromycin) gel
	Evoclin® (clindamycin phosphate) foam
	Fabior® (tazarotene) foam
	Klaron® (sulfacetamide) lotion
	Neuac® (clindamycin/benzoyl peroxide)
	Onexton® (benzoyl peroxide-clindamycin) gel
	Retin-A® Micro (tretinoin) gel
	Rosanil® Cleanser (sulfacetamide-sulfur) emulsion
	Rosula® (sulfacetamide-sulfur) pads
	SSS 10-5® (sulfacetamide-sulfur) cream
	Sulfacetamide suspension
	Sulfacetamide-Sulfur lotion
	Sumadan® (sulfacetamide-sulfur) kit
	Sumaxin® (sulfacetamide-sulfur) pads
	Sumaxin® TS (sulfacetamide-sulfur) suspension
	Sumaxin® Wash (sulfacetamide-sulfur) liquid
	Veltin® (clindamycin-tretinoin)
	Ziana® (clindamycin-tretinoin)

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Actinic Keratosis Agents

(formerly Fluorouracil Agents)

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Efudex® (fluorouracil)	Carac® (fluorouracil) Picato® (ingenol mebutate) – effective 4/15/2018 Solaraze 3% gel (diclofenac sodium) – effective 4/15/2018 Tolak® (fluorouracil)

ADHD – Amphetamine Type

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) Mydayis® (dextroamphetamine/amphetamine) – effective 4/15/2018 Procentra® (dextroamphetamine) Zenzedi® (dextroamphetamine)

ADHD – Methylphenidate Type

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) – effective 4/15/2018 Methylin Chewable® (methylphenidate) Methylin Solution® (methylphenidate) Metadate® ER (methylphenidate ER) Ritalin LA® (methylphenidate 50/50) Ritalin SR® (methylphenidate ER)

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) Zonegran® (zonisamide)	Banzel® (rufinamide) Fycompa® (perampanel) Gabitril® (tiagabine) Lyrica® (pregabalin) Lyrica® Solution (pregabalin) Onfi® (clobazam) Oxtellar® XR (oxcarbazepine) Spritam® (levetiracetam)

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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) Epipen® (epinephrine auto inject) Epipen Jr® (epinephrine auto inject) Epinephrine auto injectors	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) Androxy® (fluoxymesterone) Aveed® (testosterone undecanoate) Axiron® (testosterone) Fortesta® (testosterone) Methitest® (methyltestosterone) Natesto® (testosterone) Oxandrin® (oxandrolone) Striant® (testosterone) Testim® (testosterone) Testred® (methyltestosterone)

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)

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Anti-Constipation Agents – Opioid Induced Cause

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Amitiza® (lubiprostone) Movantik® (naloxegol) Symproic® (naldemedine)	Relistor® (methylnaltrexone) (tablets and injection)

Antidepressants - SNRIs

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

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) Paxil CR® (paroxetine ER) Paxil® solution (paroxetine) Pexeva® (paroxetine) Prozac® tablets (fluoxetine) Prozac Weekly® (fluoxetine) Zoloft® solution (sertraline)

Antidepressants - Tricyclics

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)

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Anti-emetics Cannabinoid

*Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Marinol® (dronabinol)	Cesamet® (nabilone) Syndros® (dronabinol)

Anti-emetics Serotonin 5HT₃ Antagonists

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

Anti-Histamines - Non-Sedating

Preferred	Non-Preferred, Prior Authorization Required
Claritin® (loratadine) Claritin 24-hr Allergy® (loratadine) Claritin® Syrup (loratadine) Zyrtec® (cetirizine) Zyrtec® Syrup (cetirizine) Allegra® (fexofenadine)	Allegra® ODT (fexofenadine) Clarinex® (desloratadine) Claritin Hives Relief® (loratadine) Claritin RediTabs® (loratadine) Xyzal® (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 Authorization Required
Valtrex® (valacyclovir) Zovirax® (acyclovir) (oral dosage forms only)	Famvir® (famciclovir) Sitavig® (acyclovir)

ARBs

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

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

ARB/Calcium Channel Blocker Combinations

Preferred	Non-Preferred, Prior Authorization Required
Azor® (amlodipine/olmesartan) Exforge® (amlodipine/valsartan)	Twynsta® (amlodipine/telmisartan)

Beta-Blockers

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

Biguanides

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

Bile Acid Sequestrants

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

Bisphosphonates

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

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Bladder Relaxant Agents	
Preferred	Non-Preferred, Prior Authorization Required
Ditropan® (oxybutynin) Ditropan XL® (oxybutynin ER) Toviaz® (fesoterodine) Vesicare® (solifenacin)	Detrol® (tolterodine) Detrol® LA (tolterodine ER) Enablex® (darifenacin) Gelnique® Gel (oxybutynin) Myrbetriq® (mirabegron) Oxytrol® Patch (oxybutynin) Sanctura® (trospium) Sanctura® XR (trospium ER) Urispas® (flavoxate)
Calcium Channel Blockers - Dihydropyridines	
Preferred	Non-Preferred, Prior Authorization Required
Norvasc® (amlodipine) Plendil® (felodipine) Procardia® XL (nifedipine ER)	Adalat® (nifedipine IR) Adalat CC® (nifedipine ER) Cardene® (nicardipine IR) Cardene® SR (nicardipine SR) DynaCirc® (isradipine IR) Sular® (nisoldipine)
Calcium Channel Blockers - Non-Dihydropyridines	
Preferred	Non-Preferred, Prior Authorization Required
Calan® (verapamil IR) Calan SR® (verapamil SR) Cardizem® (diltiazem IR) Cardizem® CD (diltiazem) Cartia XT® (diltiazem ER) Dilt-XR® (diltiazem ER) Isoptin® SR (verapamil SR) Taztia XT® (diltiazem ER)	Cardizem® LA (diltiazem) Cardizem® SR (diltiazem) Matzim LA® (diltiazem ER) Tiazac® (diltiazem) Verelan® (verapamil SR) Verelan PM® (verapamil)
Corticosteroids – Topical – High Potency	
<i>*Clinical prior authorization may apply</i>	
Preferred	Non-Preferred, Prior Authorization Required
Clobetasol Propionate E® (clobetasol propionate) Clobex® (clobetasol propionate) Cormax Scalp® (clobetasol propionate) Diprolene® (betamethasone dipropionate augmented) Diprolene AF® (betamethasone dipropionate augmented) Lidex® (fluocinonide) – effective 4/15/2018 Lidex E® (fluocinonide) – effective 4/15/2018 Olux® (clobetasol propionate) Olux-E® (clobetasol propionate) Temovate® (clobetasol propionate) Temovate E® (clobetasol propionate) Ultravate® (halobetasol propionate)	ApexiCon E® (diflorasone diacetate) Clodan® (clobetasol propionate) Halog® (halcinonide) Psorcon® (diflorasone diacetate) Sernivo® (betamethasone dipropionate) Topicort® (desoximetasone) Vanos® (fluocinonide)

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Corticosteroids – Topical –Intermediate Potency	
<i>*Clinical prior authorization may apply</i>	
Preferred	Non-Preferred, Prior Authorization Required
Cutivate® (fluticasone propionate) Dermatop® (prednicarbate) DesOwen® (desonide) Elocon® (mometasone furoate) Hydrocortisone (all generic versions of brand products on the PDL) – effective 4/15/2018 Kenalog® (triamcinolone acetonide) Synalar® (fluocinolone acetonide) Triamcinolone acetonide (all generic versions of brand products on the PDL) – effective 4/15/2018 Valisone® (betamethasone valerate) – effective 4/15/2018	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) Westcort® (hydrocortisone valerate)
Corticosteroids – Topical –Mild Potency	
<i>*Clinical prior authorization may apply</i>	
Preferred	Non-Preferred, Prior Authorization Required
Aclovate® (alclometasone diporopionate) Hydrocortisone base (all generic versions of brand products on the PDL) – effective 4/15/2018 Synalar® (fluocinolone acetonide)	Ala-Cort® (hydrocortisone base) Capex® (fluocinolone acetonide) Derma-Smoothe/FS Body & Scalp® (fluocinolone acetonide) Desonate® (desonide) Fluocinolone Body & Scalp® (fluocinolone acetonide) Pediderm HC® (hydrocortisone base) Texacort® (hydrocortisone base) Verdeso® (desonide)
COX-II Inhibitors	
Preferred	Non-Preferred
Celebrex® (celecoxib)	
DPP-4 Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Januvia® (sitagliptin) Onglyza® (saxagliptin)	Nesina® (alogliptin) Tradjenta® (linagliptin)

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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)

Erythropoiesis-Stimulating Agents

Preferred	Non-Preferred, Prior Authorization Required
Epogen® (epoetin alfa)	Aranesp® (darbepoetin alfa) Procrit® (epoetin alfa)

Fibric Acid Derivatives

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

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) – effective 4/15/2018 Tanzeum® (albiglutide) Trulicity® (dulaglutide)

Growth Hormones

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Genotropin® (somatropin) Genotropin® MiniQuick (somatropin) Omnitrope® (somatropin)	Humatrope® (somatropin) Norditropin® FlexPro (somatropin) Nutropin® AQ (somatropin) Nutropin AQ NuSpin® (somatropin) Saizen® (somatropin) Zomacton® (somatropin)

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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/paritaprevir/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)

H₂ Antagonists

Preferred	Non-Preferred, Prior Authorization Required
Pepcid® (famotidine) Zantac® (ranitidine)	Axid® (nizatidine) Pepcid® (famotidine) oral suspension Tagamet® (cimetidine)

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) Cimzia® (certolizumab) Kevzara® (sarilumab) Kineret® (anakinra) Orencia® (abatacept) Remicade® (infliximab) Rituxan® (rituximab) Simponi Aria® (golimumab) Simponi® (golimumab)

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Immunomodulation Agents - Ankylosing Spondylitis

**Clinical prior authorization may apply*

Preferred

Enbrel® (etanercept)
Humira® (adalimumab)

Non-Preferred, Prior Authorization Required

Cosentyx® (secukinumab)
Cimzia® (certolizumab)
Remicade® (infliximab)
Simponi® (golimumab)

Immunomodulation Agents - Crohn's Disease

**Clinical prior authorization may apply*

Preferred

Humira® (adalimumab)

Non-Preferred, Prior Authorization Required

Cimzia® (certolizumab)
Entyvio® (vedolizumab)
Remicade® (infliximab)
Stelara® (ustekinumab)
Tysabri® (natalizumab)

Immunomodulation Agents - Juvenile Idiopathic Arthritis

**Clinical prior authorization may apply*

Preferred

Enbrel® (etanercept)
Humira® (adalimumab)

Non-Preferred, Prior Authorization Required

Actemra® (tocilizumab)
Orencia® (abatacept)

Immunomodulation Agents - Plaque Psoriasis

**Clinical prior authorization may apply*

Preferred

Enbrel® (etanercept)
Humira® (adalimumab)
Otezla® (apremilast)

Non-Preferred, Prior Authorization Required

Amevive® (alefacept)
Cosentyx® (secukinumab)
Remicade® (infliximab)
Siliq® (brodalumab)
Stelara® (ustekinumab)
Taltz® (ixekizumab)
Tremfya® (Guselkumab)

Immunomodulation Agents - Psoriatic Arthritis

**Clinical prior authorization may apply*

Preferred

Enbrel® (etanercept)
Humira® (adalimumab)
Otezla® (apremilast)
Xeljanz® (tofacitinib) – effective 4/15/2018
Xeljanz® XR (tofacitinib) – effective 4/15/2018

Non-Preferred, Prior Authorization Required

Cosentyx® (secukinumab)
Cimzia® (certolizumab)
Remicade® (infliximab)
Simponi® (golimumab)
Stelara® (ustekinumab)
Orencia® (abatacept)
Taltz® (ixekizumab) – effective 4/15/2018

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Immunomodulation Agents - Ulcerative Colitis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Humira® (adalimumab)	Entyvio® (vedolizumab) Remicade® (infliximab) Simponi® (golimumab)

Inflammatory Bowel Disease Agents - Oral

Preferred	Non-Preferred, Prior Authorization Required
Azulfidine® (sulfasalazine) Delzicol® (mesalamine DR) Lialda® (mesalamine DR) Pentasa® (mesalamine ER)	Apriso® (mesalamine ER 24hr) Asacol® HD (mesalamine DR) Colazal® (balsalazide disodium) Dipentum® (olsalazine) 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)

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® multi-dose vial NovoLog® multi-dose vial, PenFill, & FlexPen NovoLog® Mix multi-dose vial, PenFill, & FlexPens Velosulin BR® multi-dose vial	Afrezza® (insulin regular inhalation) Apidra® Vial, Solostar® Fiasp® Vial, Flextouch® - effective 4/15/2018 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 multi-dose vials) Velosulin BR® (excluding multi-dose vials)

Lice Treatments

Preferred	Non-Preferred, Prior Authorization Required
Natroba® (spinosad) Sklice® (ivermectin)	Ovide® (malathion)

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Meglitinides

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

Methotrexate - Injectable

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Rasuvo® (methotrexate)	Otrexup® (methotrexate)

Muscle Relaxants - Skeletal

Preferred	Non-Preferred, Prior Authorization Required
Flexeril® (cyclobenzaprine)	Amrix® (cyclobenzaprine ER)
Robaxin® (methocarbamol)	Fexmid® 7.5mg (cyclobenzaprine)
Robaxin-750® (methocarbamol)	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)	Dantrium® (dantrolene)
Zanaflex® Tablets (tizanidine)	Zanaflex® Capsules (tizanidine)

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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)
Ansaid® (flurbiprofen)	Arthrotec® (diclofenac/misoprostol)
Cataflam® (diclofenac potassium)	Cambia® (diclofenac)
Clinoril® (sulindac)	Daypro® (oxaprozin)
EC-Naprosyn® (naproxen)	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)
	Naprelan® CR Dosepak (naproxen)
Voltaren® (diclofenac sodium oral)	Orudis® (ketoprofen)
	Orudis® KT (ketoprofen)
Voltaren® XR (diclofenac sodium oral)	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)

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Opioids - Short-Acting	
Preferred	Non-Preferred-Prior Authorization Required
Codeine sulfate (all generics)	Abstral® (fentanyl)
Demerol® (meperidine HCl)	Actiq® (fentanyl)
Dilaudid® (hydromorphone HCl)	Combunox™ (oxycodone/ibuprofen)
Fioricet® with Codeine 50/325/40/30 mg (butalbital/acetaminophen/caffeine/codeine)	Fentora® (fentanyl)
Hycet® (hydrocodone bitartrate/acetaminophen)	Fioricet® with Codeine 50/300/40/30 (butalbital/acetaminophen/caffeine/acetaminophen)
Levorphanol (all generics)	Fiorinal® with Codeine (butalbital/aspirin/caffeine/codeine)
Lorcet® (hydrocodone bitartrate/acetaminophen)	Lazanda™ (fentanyl)
Lortab® (hydrocodone bitartrate/acetaminophen)	Lorcet HD® (hydrocodone bitartrate/acetaminophen)
Morphine sulfate (all generics)	Lorcet Plus® (hydrocodone bitartrate/acetaminophen)
Norco® (hydrocodone bitartrate/acetaminophen)	Nucynta™ (tapentadol)
Oxycodone HCl (all generics)	Opana® (oxymorphone HCl)
Percocet® (oxycodone HCl/acetaminophen)	Oxaydo® (oxycodone HCl)
Percodan® (oxycodone HCl/aspirin)	Primlev™ (oxycodone HCl/acetaminophen)
Roxicet™ (oxycodone HCl/acetaminophen)	Subsys® (fentanyl)
Talwin® NX (pentazocine/naloxone)	Vicoden HP® (hydrocodone bitartrate/acetaminophen)
Tylenol® No. 2 (codeine phosphate/acetaminophen)	Xodol® (hydrocodone bitartrate/acetaminophen)
Tylenol® No. 3 (codeine phosphate/acetaminophen)	
Tylenol® No. 4 (codeine phosphate/acetaminophen)	
Ultracet® (tramadol/acetaminophen)	
Ultram® (tramadol)	
Vicodin® (hydrocodone bitartrate/acetaminophen)	
Vicodin ES® (hydrocodone bitartrate/acetaminophen)	
Opioids - Long-Acting	
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)
	Exalgo® (hydromorphone HCl ER)
	Kadian® (morphine sulfate ER)
	MorphaBond ER® (morphine sulfate ER)
	Nucynta® ER (tapentadol)
	Opana® ER (oxymorphone)
	Ryzolt® (tramadol ER)
	Troxyca® ER (oxycodone/naltrexone)
	Vantrela® ER (hydrocodone ER)
	Xartemis® XR (oxycodone/acetaminophen ER)
	Xtampza® ER (oxycodone ER)
	Zohydro® ER (hydrocodone ER)
	Duragesic® (fentanyl)

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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
Repatha® (evolocumab) Praluent® (alirocumab)	

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® (sucroferic oxyhydroxide)

Platelet Aggregation Inhibitors - Secondary Cardiac Prevention

Preferred	Non-Preferred, Prior Authorization Required
Plavix® (clopidogrel)	Brilinta® (ticagrelor) Effient® (prasugrel) Zontivity® (vorapaxar)

Platelet Aggregation Inhibitors - Stroke

Preferred	Non-Preferred, Prior Authorization Required
Plavix® (clopidogrel)	Aggrenox® (aspirin-dipyridamole ER)

Proton Pump Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Dexilant® (dexlansoprazole) Prilosec® (omeprazole) Protonix® (pantoprazole)	AcipHex® (rabeprazole) AcipHex® Sprinkles™ (rabeprazole) 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) – effective 4/15/2018

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Pulmonary Hypertension Agents

Preferred	Non-Preferred, Prior Authorization Required
Orenitram® (treprostinil) Revatio® (sildenafil) Tracleer® (bosentan)	Adcirca® (tadalafil) Adempas® (riociguat) Letairis® (ambrisentan) Opsumit® (macitentan) Uptravi® (selexipag)

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) – effective 4/15/2018

SGLT2 Inhibitor/DPP-4 Inhibitor Combination Agents

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Glyxambi® (empagliflozin/linagliptin)	Qtern® (dapagliflozin/saxagliptin) Steglujan™ (ertugliflozin/sitagliptin) – effective 4/15/2018

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) – effective 4/15/2018 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)

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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
Lipitor® (atorvastatin) Mevacor® (lovastatin) Pravachol® (pravastatin) Zocor® (simvastatin)	Altoprev® (lovastatin) Crestor® (rosuvastatin) Lescol® (fluvastatin) Lescol® XL (fluvastatin) Livalo® (pitavastatin)
Statin Combination (formerly Products for Hyperlipidemia)	
Preferred	Non-Preferred
Caduet® (amlodipine/atorvastatin) Vytorin® (ezetimibe/simvastatin)	
Sulfonylureas – 2 nd 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) Avandamet® (rosiglitazone/metformin) Avandia® (rosiglitazone) Duetact® (pioglitazone/glimepiride)
Thrombopoietin Receptor Agonists (TPO) <i>*Clinical prior authorization may apply</i>	
Preferred	Non-Preferred, Prior Authorization Required
Nplate® (romiplostim) Promacta® (eltrombopag)	

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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

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



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Acular LS® (ketorolac)	3
Acular® (ketorolac)	3
Acuvail® (ketorolac)	3
Aczone® (dapson) gel	4
Adalat CC® (nifedipine ER)	10
Adalat® (nifedipine IR)	10
Adcirca® (tadalafil)	20
Adderall XR® (dextroamphetamine/amphetamine ER)	5
Adderall® (dextroamphetamine/amphetamine)	5
Adempas® (riociguat)	20
Adlyxin® (lixisenatide)	12
Adrenaclick® (epinephrine auto inject)	6
Advair Diskus® (fluticasone/salmeterol)	1
Advair® HFA (fluticasone/salmeterol)	1
Advil® (ibuprofen)	17
Adzenys ER™ (amphetamine ER)	5
Adzenys XR-ODT™ (amphetamine ER)	5
Aerospan® (flunisolide)	2
Afrezza® (insulin regular inhalation)	15
Aggrenox® (aspirin-dipyridamole ER)	19
Airduo™ Respiclick® (fluticasone/salmeterol)	1
Ala-Cort® (hydrocortisone base)	11
Alaway® (ketotifen)	2
Aleve® (naproxen)	17
Allegra® (fexofenadine)	8
Allegra® ODT (fexofenadine)	8
Allegra-D® (fexofenadine/pseudoephedrine)	8
Allegra-D24® (fexofenadine/pseudoephedrine)	8
Alocril® (nedocromil)	2
Alomide® (Iodoxamide)	2



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Alsuma® (sumatriptan)	22
Altace® (ramipril)	3
Altoprev® (lovastatin)	21
Alvesco® (ciclesonide)	2
Amaryl® (glimepiride)	21
Ambien® (zolpidem).....	21
Ambien® CR (zolpidem CR)	21
Amerge® (naratriptan)	22
Amevive® (alefacept)	14
Amitiza® (lubiprostone)	7
Amitiza®(lubiprostone)	6
Amoxapine	7
Amrix® (cyclobenzaprine ER)	16
Anafranil® (clomipramine)	7
Anaprox DS® (naproxen)	17
Anaprox® (naproxen)	17
Androderm® (testosterone).....	6
AndroGel® (testosterone).....	6
Android® (methyltestosterone)	6
Androxy® (fluoxymesterone)	6
Anoro Ellipta® (umeclidinium/vilanterol)	1
Ansaid® (flurbiprofen).....	17
Antara® (fenofibrate).....	12
Anzemet® (dolasetron)	8
ApexiCon E® (diflorasone diacetate).....	10
Apidra® Vial, Solostar®	15
Apriso® (mesalamine ER 24hr).....	15
Aptensio XR® (methylphenidate ER).....	5
Aranesp® (darbepoetin alfa)	12
Arcapta® (indacaterol)	1
Armonair™ RespiClick® (fluticasone)	2
Arnuity Ellipta® (fluticasone)	2
Arthrotec® (diclofenac/misoprostol)	17
Arymo™ ER (morphine sulfate ER).....	18
Asacol® HD (mesalamine DR).....	15
Asmanex® (mometasone)	2
Asmanex® HFA (mometasone)	2
Astelina® (azelastine).....	2
Astepro® (azelastine)	2
Atacand HCT® (candesartan/HCTZ)	8
Atacand® (candesartan).....	8
Atelvia® (risedronate)	9
Atralin® (tretinoin) gel	4
Atrovent® HFA (ipratropium bromide)	1
Auryxia® (ferric citrate).....	19
Avalide® (irbesartan/HCTZ).....	8
Avandamet® (rosiglitazone/metformin).....	21
Avandia® (rosiglitazone)	21



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Avapro® (irbesartan).....	8
Avar LS® (sulfacetamide-sulfur) pads	4
Avar® (sulfacetamide-sulfur) pads.....	4
Avar-E Green® (sulfacetamide-sulfur) cream	4
Avar-E® Emollient (sulfacetamide-sulfur) cream	4
Aveed® (testosterone undecanoate).....	6
Avinza® (morphine sulfate ER).....	18
Avita® (tretinoin) cream.....	4
Avodart®(dutasteride)	6
Axert® (almotriptan)	22
Axid® (nizatidine)	13
Axiron® (testosterone).....	6
Azelex® (azelaic acid)	20
Azelex® (azelaic acid) cream	4
Azopt® (brinzolamide).....	3
Azor® (amlodipine/olmesartan).....	9
Azulfidine® (sulfasalazine)	15
Banzel® (rufinamide).....	5
Basaglar® (insulin glargine)	15
Beconase AQ® (beclomethasone).....	2
Belbuca® (buprenorphine).....	18
Belsomra® (suvorexant).....	21
Benicar HCT® (olmesartan/HCTZ)	8
Benicar® (olmesartan).....	8
Benzaclin® (benzoyl peroxide-clindamycin) gel.....	4
Benzamycin® (benzoyl peroxide-erythromycin) gel	4
Bepreve® (bepotastine)	2
Betapace AF® (sotalol AF)	9
Betapace® (sotalol)	9
Bethkis® (tobramycin).....	2
Bevespi Aerosphere™ (glycopyrrolate/formoterol).....	1
Binosto® (alendronate)	9
Blephamide S.O.P.® (sulfacetamide/prednisolone).....	3
Blephamide® (sulfacetamide/prednisolone)	3
Blocadren® (timolol)	9
Boniva® (ibandronate)	9
BP 10-1® (sulfacetamide/sulfur cleanser).....	4
Breo Ellipta® (fluticasone/vilanterol).....	1
Brilinta® (ticagrelor).....	19
Bromday® (bromfenac).....	3
BromSite® (bromfenac).....	3
Brovana® (arformoterol).....	1
Butrans® (buprenorphine)	18
Bydureon® BCise™ (exenatide ER).....	12
Bydureon® Pens and Vials (exenatide ER)	12
Byetta® (exenatide).....	12
Bystolic® (nebivolol).....	9
Byvalson® (nebivolol/valsartan)	9



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Caduet® (amlodipine/atorvastatin)	21
Calan SR® (verapamil SR)	10
Calan® (verapamil IR)	10
Cambia® (diclofenac)	17
Capex® (fluocinolone acetonide)	11
Capoten® (captopril)	3
Carac® (fluorouracil)	5
Cardene® (nicardipine IR)	10
Cardene® SR (nicardipine SR).....	10
Cardizem® (diltiazem IR)	10
Cardizem® CD (diltiazem).....	10
Cardizem® LA (diltiazem)	10
Cardizem® SR (diltiazem)	10
Cartia XT® (diltiazem ER).....	10
Cataflam® (diclofenac potassium)	17
Celebrex® (celecoxib).....	11
Celexa® (citalopram)	7
Celexa® solution (citalopram)	7
Cerisa® (sulfacetamide-sulfur) emulsion	4
Cesamet® (nabilone)	8
Cimzia® (certolizumab)	13, 14
Cipro® HC (ciprofloxacin/hydrocortisone)	3
Ciprodex® (ciprofloxacin/dexameth)	3
Clarinex® (desloratadine).....	8
Clarinex-D 12-hour® (desloratadine/pseudoephedrine)	8
Claritin 24-hr Allergy® (loratadine)	8
Claritin Hives Relief® (loratadine)	8
Claritin RediTabs® (loratadine)	8
Claritin® (loratadine).....	8
Claritin® Syrup (loratadine).....	8
Cleocin-T® (clindamycin) gel	4
Cleocin-T® (clindamycin) lotion.....	4
Cleocin-T® (clindamycin) solution.....	4
Clindacin® ETZ (clindamycin) swab	4
Clindacin-P® (clindamycin) swab.....	4
Clindagel® (clindamycin) gel	4
Clinoril® (sulindac).....	17
Clobetasol Propionate E® (clobetasol propionate)	10
Clobex® (clobetasol propionate).....	10
Clodan® (clobetasol propionate)	10
Cloderm® (clocortolone pivalate)	11
Codeine sulfate (all generics)	18
Colazal® (balsalazide disodium)	15
Colestid® Granules (colestipol)	9
Colestid® Tablets (colestipol).....	9
Combunox™ (oxycodone/ibuprofen)	18
Concerta® (methylphenidate ER).....	5
ConZip® (tramadol).....	18



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Cordran® (flurandrenolide).....	11
Coreg CR® (carvedilol CR).....	9
Coreg® (carvedilol).....	9
Corgard® (nadolol).....	9
Cormax Scalp® (clobetasol propionate).....	10
Cortisporin® Otic Solution (neomycin/polymyxin B/hc).....	3
Cortisporin® Otic Suspension (neomycin/polymyxin B/hc).....	3
Cortisporin-TC® (neomy/colist/hc/thonz).....	3
Corzide® (nadolol/bendroflumethiazide).....	9
Cosentyx® (secukinumab).....	14
Cotempla XR-ODT™ (methylphenidate) – effective 4/15/2018	5
Coumadin® (warfarin).....	6
Cozaar® (losartan).....	8
Creon® (pancrelipase).....	19
Crestor® (rosuvastatin).....	21
Cromolyn® (cromolyn).....	2
Cutivate® (fluticasone propionate).....	11
Cymbalta® (duloxetine).....	7
Daklinza® (daclatasvir).....	13
Dantrium® (dantrolene).....	16
Daypro® (oxaprozin).....	17
Daytrana® (methylphenidate).....	5
Delzicol® (mesalamine DR).....	15
Demerol® (meperidine HCl)	18
Depo-Testosterone® (testosterone cypionate).....	6
Derma-Smoothe/FS Body & Scalp® (fluocinolone acetonide).....	11
Dermatop® (prednicarbate).....	11
Dermazone® (triamcinolone acetonide).....	11
Desonate® (desonide).....	11
DesOwen® (desonide).....	11
Desoxyn® (methamphetamine).....	5
Detrol® (tolterodine).....	10
Detrol® LA (tolterodine ER).....	10
Dexedrine® ER capsules (dextroamphetamine ER).....	5
Dexedrine® tablets (dextroamphetamine).....	5
Dexilant® (dexlansoprazole).....	19
Dexilant® SoluTab (dexlansoprazole).....	19
Dextrostat® (dextroamphetamine).....	5
DiaBeta® (glyburide).....	21
Differin® (adapalene) cream.....	4
Differin® (adapalene) gel.....	4
Dilaudid® (hydromorphone HCl)	18
Dilt-XR® (diltiazem ER).....	10
Diovan HCT® (valsartan/HCTZ).....	8
Diovan® (valsartan).....	8
Dipentum® (olsalazine).....	15
Diprolene AF® (betamethasone dipropionate augmented).....	10
Diprolene® (betamethasone dipropionate augmented).....	10



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Ditropan XL® (oxybutynin ER)	10
Ditropan® (oxybutynin).....	10
Dolobid® (diflunisal).....	17
Doxepin capsules and solution	7
Duac® (benzoyl peroxide-clindamycin) gel	4
Duetact® (pioglitazone/glimepiride).....	21
Dulera® (formoterol/mometasone).....	1
Duragesic® (fentanyl).....	18
Dutoprol® (metoprolol/HCTZ).....	9
Dyanavel® XR (amphetamine ER)	5
DynaCirc® (isradipine IR).....	10
EC-Naprosyn® (naproxen).....	17
Edarbi® (azilsartan medoxomil)	8
Edarbyclor® (azilsartan medoxomil/chlorthalidone).....	8
Edluar® (zolpidem).....	21
Effexor® (venlafaxine).....	7
Effexor® XR capsules (venlafaxine ER)	7
Effexor® XR tablets (venlafaxine ER).....	7
Effient® (prasugrel).....	19
Efudex® (fluorouracil)	5
Elavil® (amitriptyline).....	7
Elestat® (epinastine)	2
Eliphos® (calcium acetate).....	19
Eliquis® (apixaban).....	6
Elocon® (mometasone furoate).....	11
Emadine® (emedastine).....	2
Embeda® (morphine/naltrexone).....	18
Enablex® (darifenacin)	10
Enbrel® (etanercept).....	13, 14
Entresto® (sacubitril/valsartan)	8
Entyvio® (vedolizumab)	14, 15
Epaned® (enalapril solution).....	3
Epclusa® (sofosbuvir/velpatasvir).....	13
Epiduo® (benzoyl peroxide-adapalene) gel	4
Epiduo® Forte (adapalene/benzoyl peroxide)	4
Epinephrine auto injectors.....	6
Epipen Jr® (epinephrine auto inject).....	6
Epipen® (epinephrine auto inject)	6
Epogen® (epoetin alfa).....	12
Ery® (erythromycin) pads.....	4
Erygel® (erythromycin) gel.....	4
Erythromycin solution.....	4
Esomeprazole strontium® (esomeprazole strontium).....	19
Evoclin® (clindamycin phosphate) foam.....	4
Exalgo® (hydromorphone HCl ER).....	18
Exforge® (amlodipine/valsartan)	9
Fabior® (tazarotene) foam.....	4
Famvir® (famciclovir)	8



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Farxiga® (dapagliflozin)	20
Feldene® (piroxicam)	17
Fenofibrate generics	12
Fenoglide® (fenofibrate)	12
Fentora® (fentanyl)	18
Fetzima® (levomilnacipran).....	7
Fexmid® 7.5mg (cyclobenzaprine)	16
Fiasp® Vial, Flextouch® - effective 4/15/2018	15
Finacea® (azelaic acid)	20
Fioricet® with Codeine 50/300/40/30 (butalbital/acetaminophen/caffeine/acetaminophen)	18
Fioricet® with Codeine 50/325/40/30 mg (butalbital/acetaminophen/caffeine/codeine)	18
Fiorinal® with Codeine (butalbital/aspirin/caffeine/codeine)	18
Flector® Patch (diclofenac epolamine)	17
Flexeril® (cyclobenzaprine)	16
Flonase® (fluticasone)	2
Flovent® Diskus® (fluticasone)	2
Flovent® HFA (fluticasone).....	2
Fluocinolone Body & Scalp® (fluocinolone acetonide)	11
Focalin® (dexamethylphenidate)	5
Focalin® XR (dexamethylphenidate ER).....	5
Fortamet® (metformin ER).....	9
Fortesta® (testosterone)	6
Fosamax Plus D® (alendronate/cholecalciferol)	9
Fosamax® (alendronate)	9
Fosrenol® (lanthanum carbonate)	19
Frova® (frovatriptan).....	22
Fycompa® (perampanel)	5
Gabitril® (tiagabine)	5
Gelnique® Gel (oxybutynin)	10
Genotropin® (somatropin).....	12
Genotropin® MiniQuick (somatropin)	12
Giazo® (balsalazide disodium)	15
Glucophage® (metformin)	9
Glucophage® XR (metformin ER)	9
Glucotrol XL® (glipizide XL).....	21
Glucotrol® (glipizide).....	21
Glucovance® (glyburide/metformin)	21
Glumetza® (metformin ER)	9
Glynase PresTab® (micronized glyburide).....	21
Glyset® (miglitol).....	6
Glyxambi® (empagliflozin/linagliptin)	20
Granisol® (granisetron)	8
Halog® (halcinonide)	10
Harvoni® (ledipasvir/sofosbuvir)	13
Hetlioz® (tasimelteon).....	20
Humalog® (excluding multi-dose vials).....	15
Humalog® KwikPen®, Junior KwikPen®	15
Humalog® Mix (excluding multi-dose vials).....	15



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Humalog® Mix multi-dose vial	15
Humalog® multi-dose vial	15
Humatrope® (somatropin).....	12
Humira® (adalimumab).....	13, 14, 15
Humulin 70/30® (excluding multi-dose vials)	15
Humulin 70/30® multi-dose vial	15
Humulin N® (excluding multi-dose vials)	15
Humulin N® multi-dose vial	15
Humulin R® (excluding multi-dose vials).....	15
Humulin R® multi-dose vial.....	15
Hycet® (hydrocodone bitartrate/acetaminophen).....	18
Hydrocortisone (all generic versions of brand products on the PDL) – effective 4/15/2018.....	11
Hydrocortisone base (all generic versions of brand products on the PDL) – effective 4/15/2018	11
Hysingla® ER (hydrocodone ER).....	18
Hyzaar® (losartan/HCTZ).....	8
Ilevro® (nepafenac).....	3
Imitrex® (sumatriptan) pens, vials, cartridges, nasal spray	22
Imitrex® (sumatriptan) tablets.....	22
Incruse Ellipta® (umeclidinium bromide).....	1
Inderal® (propranolol).....	9
Inderal® LA (propranolol XL)	9
Indocin® (indomethacin).....	17
Indocin® SR (indomethacin).....	17
InnoPran® XL (propranolol XL).....	9
Intermezzo® (zolpidem).....	21
Invokamet® (canagliflozin/metformin).....	20
Invokamet® XR (canagliflozin/metformin ER).....	20
Invokana® (canagliflozin)	20
Isoptin® SR (verapamil SR)	10
Janumet® (sitagliptin/metformin)	12
Janumet® XR (sitagliptin/metformin XR)	12
Januvia® (sitagliptin)	11
Jardiance® (empagliflozin)	20
Jentadueto® (linagliptin/metformin)	12
Jentadueto® XR (linagliptin/metformin XR).....	12
Juxtapid® (lomitapide mesylate).....	13
Kadian® (morphine sulfate ER)	18
Kazano® (alogliptin/metformin)	12
Kenalog® (triamcinolone acetonide).....	11
Keppra XR® (levetiracetam XR)	5
Keppra® (levetiracetam)	5
Keppra® Solution (levetiracetam)	5
Kerlone® (betaxolol).....	9
Kevzara® (sarilumab).....	13
Khedezla® (desvenlafaxine)	7
Kineret® (anakinra)	13
Kitabis pak® (tobramycin nebulizer)	2
Klaron® (sulfacetamide) lotion	4



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Kombiglyze® XR (saxagliptin/metformin)	12
Kynamro® (mipomersen)	13
Kytril® (granisetron)	8
Labetalol® (labetalol)	9
Lantus SoloStar® (insulin glargine).....	15
Lantus® (insulin glargine)	15
Lastacaft® (alcaftadine).....	2
Lazanda™ (fentanyl)	18
Lescol® (fluvastatin)	21
Lescol® XL (fluvastatin)	21
Letairis® (ambrisentan)	20
LevatoI® (penbutolol).....	9
Levemir® Vial, FlexPen, FlexTouch (insulin detemir)	15
Lexapro® (escitalopram)	7
Lexapro® solution (escitalopram)	7
Lialda® (mesalamine DR).....	15
Lidex E® (fluocinonide) – effective 4/15/2018	10
Lidex® (fluocinonide) – effective 4/15/2018	10
Linzess®(linaclotide).....	6
Lioresal® (baclofen).....	16
Lipitor® (atorvastatin)	21
Lipofen® (fenofibrate).....	12
Livalo® (pitavastatin).....	21
Locoid Lipocream® (hydrocortisone butyrate)	11
Locoid® (hydrocortisone butyrate)	11
Lodine® (etodolac)	17
Lodine® XL (etodolac).....	17
Lofibra® (fenofibrate).....	12
LoKara® (desonide)	11
Lonhala™ Magnair™ (glycopyrrolate) – effective 4/15/2018	1
Lopid® (gemfibrozil)	12
Lopressor HCT® (metoprolol/HCTZ).....	9
Lopressor® (metoprolol tartrate).....	9
Lorcet HD® (hydrocodone bitartrate/acetaminophen)	18
Lorcet Plus® (hydrocodone bitartrate/acetaminophen)	18
Lortab® (hydrocodone bitartrate/acetaminophen)	18
Lorzone® (chlorzoxazone)	16
Lotensin® (benazepril)	3
Lotrel® (benazepril/amlodipine)	4
Lotronex®(alosetron)	7
Lovaza® (omega-3 acid ethyl esters).....	13
Lumigan® (bimatoprost)	3
Lunesta® (eszopiclone)	21
Luvox CR® (fluvoxamine).....	7
Luvox® (fluvoxamine).....	7
Luxiq® (betamethasone valerate).....	11
Lyrica® (pregabalin).....	5
Lyrica®Solution (pregabalin)	5



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Marinol® (dronabinol).....	8
Matzim LA® (diltiazem ER)	10
Mavik®(trandolapril)	3
Mavyret®(glecaprevir/pibrentasvir)	13
Maxair® (pirbuterol).....	1
Maxalt® (rizatriptan)	22
Maxalt-MLT® (rizatriptan).....	22
Maxitrol® (neomycin/polymyxin/dexamethasone).....	3
Meclomen® (meclofenamate)	17
Metadate CD® (methylphenidate 30/70)	5
Metadate® ER (methylphenidate ER)	5
Metaglip® (glipizide/metformin)	21
Metaxall® (metaxalone).....	16
Methitest® (methyltestosterone)	6
Methylin Chewable® (methylphenidate).....	5
Methylin Solution® (methylphenidate).....	5
Metrocream® (metronidazole)	20
Metrogel® (metronidazole).....	20
MetroLotion® (metronidazole)	20
Mevacor® (lovastatin)	21
Micardis HCT® (telmisartan/HCTZ)	8
Micardis® (telmisartan).....	8
Micronase® (glyburide).....	21
Mirvaso® (brimonidine)	20
Mobic® (meloxicam)	17
Monopril® (fosinopril).....	3
MorphaBond ER® (morphine sulfate ER).....	18
Morphine sulfate (all generics)	18
Motrin® (ibuprofen).....	17
Motrin-IB® (ibuprofen).....	17
Movantik® (naloxegol).....	7
MS Contin® (morphine sulfate ER).....	18
Mydayis® (dextroamphetamine/amphetamine) – effective 4/15/2018	5
Myrbetriq®(mirabegron).....	10
Nalfon® (fenoprofen)	17
Naprelan® (naproxen).....	17
Naprelan® CR Dosepak (naproxen).....	17
Naprosyn® (naproxen)	17
Nasacort AQ®(triamcinolone)	2
Nasarel® (flunisolide)	2
Nasonex® (mometasone).....	2
Natesto® (testosterone).....	6
Natroba® (spinosad).....	15
Nesina® (alogliptin)	11
Neuac® (clindamycin/benzoyl peroxide)	4
Neurontin® (gabapentin)	5
Nevanac® (nepafenac)	3
Nexium® Suspension (esomeprazole).....	19



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Nexium® (esomeprazole).....	19
Nolix® (flurandrenolide).....	11
Norco® (hydrocodone bitartrate/acetaminophen)	18
Norditropin® FlexPro (somatropin).....	12
Norflex® (orphenadrine).....	16
Norgesic® (orphenadrine/aspirin/caffeine).....	16
Norgesic® Forte (orphenadrine/aspirin/caffeine)	16
Noritate® (metronidazole).....	20
Norpramin® (desipramine).....	7
Norvasc® (amlodipine).....	10
Novolin 70/30® (excluding multi-dose vials)	15
Novolin 70/30® multi-dose vial.....	15
Novolin N® (excluding multi-dose vials)	15
Novolin N® multi-dose vial.....	15
Novolin R® (excluding multi-dose vials).....	15
Novolin R® multi-dose vial.....	15
NovoLog® Mix multi-dose vial, PenFill, & FlexPens	15
NovoLog® multi-dose vial, PenFill, & FlexPen.....	15
Nplate® (romiplostim).....	21
Nucynta® ER (tapentadol).....	18
Nucynta™ (tapentadol)	18
Nutropin AQ NuSpin® (somatropin)	12
Nutropin® AQ (somatropin).....	12
Ocufen®(flurbiprofen).....	3
Olux® (clobetasol propionate)	10
Olux-E® (clobetasol propionate)	10
Omnaris® (ciclesonide).....	2
Omnitrope® (somatropin).....	12
Onexton® (benzoyl peroxide-clindamycin) gel	4
Onfi® (clobazam).....	5
Onglyza® (saxagliptin)	11
Onzetra Xsail® (sumatriptan)	22
Opana® (oxymorphone HCl)	18
Opana® ER (oxymorphone).....	18
Opsumit® (macitentan).....	20
Optivar® (azelastine).....	2
Orencia® (abatacept)	13, 14
Orencia®(abatacept)	14
Orenitram® (treprostinil)	20
Orudis® (ketoprofen)	17
Orudis® KT (ketoprofen)	17
Oruvail® (ketoprofen)	17
Oseni®(alogliptin/pioglitazone)	12
Otezla® (apremilast).....	14
Otovel® (ciprofloxacin/fluocinolone).....	3
Otrexup® (methotrexate).....	16
Ovide® (malathion)	15
Oxandrin® (oxandrolone).....	6



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Oxaydo® (oxycodone HCl)	18
Oxtellar® XR (oxcarbazepine)	5
Oxycodone HCl (all generics)	18
OxyContin® (oxycodone SR)	18
Oxytrol® Patch (oxybutynin)	10
Ozempic® (semaglutide) – effective 4/15/2018	12
Pamelor® (nortriptyline)	7
Pamelor® solution (nortriptyline)	7
Pancreaze® (pancrelipase)	19
Pandel® (hydrocortisone probutate)	11
Parafon Forte DSC® (chlorzoxazone)	16
Pataday® (olopatadine)	2
Patanase® (olopatadine)	2
Patanol® (olopatadine)	2
Paxil® solution (paroxetine)	7
Paxil CR® (paroxetine ER)	7
Paxil® (paroxetine)	7
Pazeo® (olopatadine)	2
Pediaderm HC® (hydrocortisone base)	11
Pennsaid® (diclofenac)	17
Pentasa® (mesalamine ER)	15
Pepcid® (famotidine)	13
Pepcid® (famotidine) oral suspension	13
Percofet® (oxycodone HCl/acetaminophen)	18
Percodan® (oxycodone HCl/aspirin)	18
Perforomist® (formoterol)	1
Pertzye® (pancrelipase)	19
Pexeva® (paroxetine)	7
Phoslo® (calcium acetate)	19
Phoslyra® (calcium acetate oral solution)	19
Picato® (ingenol mebutate) – effective 4/15/2018	5
Plavix® (clopidogrel)	19
Plendil® (felodipine)	10
Ponstel® (mefenamic acid)	17
Pradaxa® (dabigatran)	6
Praluent® (alirocumab)	19
Prandin® (repaglinide)	16
Pravachol® (pravastatin)	21
Precose® (acarbose)	6
Pred-G S.O.P.® (prednisolone/Gentamicin)	3
Pred-G® (prednisolone/gentamicin)	3
Prevacid SoluTab® (lansoprazole)	19
Prevacid® (lansoprazole)	19
Prevalite® Powder (cholestyramine light)	9
Prevalite® Powder Packs (cholestyramine light)	9
Prilosec® (omeprazole)	19
Prilosec® Packets (omeprazole)	19
Primlev™ (oxycodone HCl/acetaminophen)	18



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Prinivil® (lisinopril)	3
Pristiq® (desvenlafaxine).....	7
ProAir HFA® (albuterol).....	1
ProAir RespiClick® (albuterol)	1
Procardia® XL (nifedipine ER).....	10
Procentra® (dextroamphetamine).....	5
Procrit® (epoetin alfa).....	12
Prolensa® (bromfenac)	3
Promacta® (eltrombopag).....	21
Proscar® (finasteride).....	6
Protonix® (pantoprazole).....	19
Protonix® Packets (pantoprazole).....	19
Proventil® HFA (albuterol)	1
Proventil® Inhalation Solution (albuterol)	1
Prozac Weekly® (fluoxetine)	7
Prozac® capsules (fluoxetine)	7
Prozac® solution (fluoxetine)	7
Prozac® tablets (fluoxetine)	7
Psorcon® (diflorasone diacetate).....	10
Pulmicort Flexhaler™ (budesonide)	2
Pulmicort Respules® (budesonide) * > 7 years of age	2
Pulmicort Respules® (budesonide) * ≤ 6 years of age only	2
Qbrelis® (lisinopril solution).....	3
Qnasl® (beclomethasone).....	2
Qtern® (dapagliflozin/saxagliptin)	20
Questran Light® (cholestyramine light)	9
Questran® (cholestyramine).....	9
Quillichew ER™ (methylphenidate ER)	5
Quillivant XR® (methylphenidate ER).....	5
QVAR RediHaler® (beclomethasone) – effective 4/15/2018	2
QVAR® (beclomethasone).....	2
Rasuvo® (methotrexate)	16
Refresh® (ketotifen).....	2
Relafen® (nabumetone).....	17
Relistor® (methylnaltrexone) (tablets and injection).....	7
Relpax® (eletriptan)	22
Remicade® (infliximab)	13, 14, 15
Renagel® (sevelamer HCl)	19
Renvela® (sevelamer carbonate)	19
Repatha® (evolocumab).....	19
Retin-A® (tretinoin) cream.....	4
Retin-A® Micro (tretinoin) gel.....	4
Revatio® (sildenafil)	20
Rhinocort AQ® (budesonide)	2
Rhofade® (oxymetazoline).....	20
Riomet® (metformin oral solution).....	9
Ritalin LA® (methylphenidate 50/50).....	5
Ritalin SR® (methylphenidate ER)	5



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Ritalin® (methylphenidate)	5
Rituxan® (rituximab)	13
Robaxin® (methocarbamol)	16
Robaxin-750® (methocarbamol)	16
Rosadan® (metronidazole).....	20
Rosaniil® Cleanser (sulfacetamide-sulfur) emulsion.....	4
Rosula® (sulfacetamide-sulfur) pads.....	4
Roxicet™ (oxycodone HCl/acetaminophen)	18
Rozerem® (ramelteon).....	20
Ryzolt® (tramadol ER)	18
Saizen® (somatropin)	12
Sanctura® (trospium)	10
Sanctura® XR (trospium ER).....	10
Sancuso® (granisetron)	8
Savaysa® (edoxaban).....	6
Savella® (milnacipran).....	7
Sectral® (acebutolol).....	9
Seebri Neohaler® (glycopyrrolate).....	1
Segluromet™ (ertugliflozin/metformin) – effective 4/15/2018	20
Serevent® Diskus® (salmeterol)	1
Sernivo® (betamethasone dipropionate).....	10
Silenor® (doxepin).....	20
Siliq® (brodalumab).....	14
Simbrinza® (brinzolamide/brimonidine tartrate)	3
Simponi Aria® (golimumab)	13
Simponi® (golimumab).....	13, 14, 15
Sitavig® (acyclovir)	8
Skelaxin® (metaxalone).....	16
Sklice® (ivermectin).....	15
Solaraze 3% gel (diclofenac sodium) – effective 4/15/2018.....	5
Soliqua® (insulin glargine/lixisenatide)	15
Soma® (carisoprodol).....	16
Sonata® (zaleplon)	21
Soolantra® (ivermectin)	20
Sovaldi® (sofosbuvir)/Olysio® (simprevir) in combination	13
Spiriva® Handihaler® (tiotropium)	1
Spiriva® Respimat (tiotropium).....	1
Spritam® (levetiracetam)	5
Sprix® Nasal Spray (ketorolac tromethamine).....	17
SSS 10-5® (sulfacetamide-sulfur) cream	4
Starlix® (nateglinide).....	16
Steglatro™ (ertugliflozin) – effective 4/15/2018	20
Steglujan™ (ertugliflozin/sitagliptin) – effective 4/15/2018.....	20
Stelara® (ustekinumab).....	14
Stiolto® Respimat® (tiotropium/olodaterol).....	1
Striant® (testosterone).....	6
Striverdi® Respimat® (olodaterol).....	1
Subsys® (fentanyl).....	18



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Sular® (nisoldipine)	10
Sulfacetamide suspension	4
Sulfacetamide-Sulfur lotion	4
Sumadan® (sulfacetamide-sulfur) kit.....	4
Sumadan® Wash (sulfacetamide-sulfur cleanser)	4
Sumavel DosePro® (sumatriptan)	22
Sumaxin® (sulfacetamide-sulfur) pads.....	4
Sumaxin® TS (sulfacetamide-sulfur) suspension	4
Sumaxin® Wash (sulfacetamide-sulfur) liquid	4
Surmontil® (trimipramine).....	7
Symbicort® (budesonide/formoterol).....	1
Symjepi®(epinephrine).....	6
Symproic® (naldemedine).....	7
Synalar® (fluocinolone acetonide)	11
Syndros® (dronabinol).....	8
Synjardy® (empagliflozin/metformin).....	20
Synjardy® XR (empagliflozin/metformin ER)	20
Tagamet® (cimetidine).....	13
Taltz® (ixekizumab)	14
Taltz® (ixekizumab) – effective 4/15/2018	14
Talwin® NX (pentazocine/naloxone).....	18
Tanzeum® (albiglutide)	12
Tarka® (trandolapril/verapamil)	4
Tazorac® (tazarotene) cream.....	4
Tazorac® (tazarotene) gel	4
Taztia XT®(diltiazem ER).....	10
Technivie® (ombitasvir/paritaprev/ritonavir).....	13
Temovate E® (clobetasol propionate).....	10
Temovate® (clobetasol propionate)	10
Tenormin® (atenolol)	9
Testim® (testosterone)	6
Testred® (methyltestosterone).....	6
Teveten® (eprosartan)	8
Texacort® (hydrocortisone base)	11
Tiazac® (diltiazem)	10
Tivorbex® (indomethacin).....	17
Tobi® (tobramycin).....	2
Tobi® Podhaler™ (tobramycin)	2
TobraDex® (tobramycin/dexamethasone).....	3
TobraDex® ST (tobramycin/dexamethasone).....	3
Tofranil - PM® (imipramine).....	7
Tofranil® (imipramine)	7
Tolak® (fluorouracil).....	5
Tolectin 600® (tolmetin)	17
Tolectin DS® (tolmetin)	17
Topicort® (desoximetasone)	10
Toprol-XL® (metoprolol succinate)	9
Toradol®(ketorolac) (limited to a 5 day supply)	17



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Toujeo Solostar® (insulin glargine)	15
Toviaz® (fesoterodine)	10
Tracleer® (bosentan)	20
Tradjenta® (linagliptin)	11
Travatan Z® (travoprost)	3
Tremfya®(Guselkumab)	14
Tresiba Flextouch® (insulin degludec)	15
Triamcinolone acetonide (all generic versions of brand products on the PDL) – effective 4/15/2018.....	11
Trianex® (triamcinolone acetonide).....	11
Tribenzor® (olmesartan/amlodipine/HCTZ).....	8
Tricor® (fenofibrate)	12
Triderm® (triamcinolone acetonide).....	11
Tridesilon® (desonide)	11
Triglide® (fenofibrate).....	12
Trilipix® (fenofibric acid)	12
Troxyca® ER (oxycodone/naltrexone).....	18
Trulance®(plecanatide)	6
Trulicity® (dulaglutide).....	12
Trusopt® (dorzolamide)	3
Tudorza PressAir® (aclidinium)	1
Twynsta® (amlodipine/telmisartan)	9
Tylenol® No. 2 (codeine phosphate/acetaminophen)	18
Tylenol® No. 3 (codeine phosphate/acetaminophen)	18
Tylenol® No. 4 (codeine phosphate/acetaminophen)	18
Tysabri® (natalizumab).....	14
Uceris® (budesonide)	15
Uloric® (febuxostat)	22
Ultracet® (tramadol/acetaminophen)	18
Ultram® (tramadol)	18
Ultram® ER (tramadol ER)	18
Ultravate® (halobetasol propionate)	10
Univasc® (moexipril)	3
Uptravi® (selexipag)	20
Urispas® (flavoxate)	10
Utibron™ Neohaler® (indacaterol/glycopyrrolate).....	1
Valisone® (betamethasone valerate) – effective 4/15/2018.....	11
Valtrex® (valacyclovir).....	8
Vanos® (fluocinonide)	10
Vantrela® ER (hydrocodone ER).....	18
Vascepa® (icosapent ethyl)	13
Vasotec® (enalapril)	3
Velosulin BR® (excluding multi-dose vials)	15
Velosulin BR® multi-dose vial.....	15
Velphoro® (sucroferric oxyhydroxide)	19
Veltin® (clindamycin-tretinoin)	4
Ventolin HFA® (albuterol)	1
Ventolin® Inhalation Solution (albuterol)	1
Veramyst® (fluticasone).....	2



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Verdeso® (desonide).....	11
Verelan PM® (verapamil).....	10
Verelan® (verapamil SR).....	10
Vesicare® (solifenacin).....	10
Viberzi®(eluxadoline).....	7
Vicoden HP® (hydrocodone bitartrate/acetaminophen).....	18
Vicodin ES® (hydrocodone bitartrate/acetaminophen).....	18
Vicodin® (hydrocodone bitartrate/acetaminophen).....	18
Victoza® (liraglutide).....	12
Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir).....	13
Viekira® XR (dasabuvir/ombitasvir/paritaprevir/ritonavir).....	13
Vimovo®(naproxen/esomeprazole).....	17
Viokace® (pancrelipase).....	19
Visken® (pindolol).....	9
Vivactil® (protriptyline).....	7
Vivlodex® (Meloxicam).....	17
Vogelxo® (testosterone).....	6
Voltaren® Gel (diclofenac).....	17
Voltaren® Ophthalmic (diclofenac).....	3
Voltaren® XR (diclofenac sodium oral).....	17
Voltaren®(diclofenac sodium oral).....	17
Vosevi®(sofosbuvir/velpatasvir/voxilaprevir).....	13
Vytorin® (ezetimibe/simvastatin).....	21
Vyvanse® (lisdexamfetamine).....	5
Vyzulta™ (latanoprostene bunod) – effective 4/15/2018.....	3
Welchol® Powder (colesevelam).....	9
Welchol® Tablets (colesevelam).....	9
Westcort® (hydrocortisone valerate).....	11
Xalatan® (latanoprost).....	3
Xarelto® (rivaroxaban).....	6
Xartemis® XR (oxycodone/acetaminophen ER).....	18
Xeljanz® (tofacitinib).....	13
Xeljanz® (tofacitinib) – effective 4/15/2018.....	14
Xeljanz® XR (tofacitinib).....	13
Xeljanz® XR (tofacitinib) – effective 4/15/2018.....	14
Xermelo®(telotristat).....	7
Xhance™ (fluticasone) – effective 4/15/2018.....	2
Xigduo XR®(dapagliflozin/metformin ER).....	20
Xodol® (hydrocodone bitartrate/acetaminophen).....	18
Xopenex HFA® (levalbuterol).....	1
Xopenex® Inhalation Solution (levalbuterol).....	1
Xtampza® ER (oxycodone ER).....	18
Xultophy® (insulin degludec/liraglutide).....	15
Xyzal® (levocetirizine).....	8
Zaditor® (ketotifen).....	2
Zanaflex® Capsules (tizanidine).....	16
Zanaflex® Tablets (tizanidine).....	16
Zantac® (ranitidine).....	13



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Zebeta® (bisoprolol).....	9
Zecuity® (sumatriptan).....	22
Zegerid® (omeprazole/sodium bicarbonate) – effective 4/15/2018	19
Zembrace Symtouch® (sumatriptan)	22
Zenpep® (pancrelipase)	19
Zenzedi® (dextroamphetamine)	5
Zepatier® (elbasvir/grazoprevir)	13
Zestril® (lisinopril)	3
Zetonna® (ciclesonide).....	2
Ziac® (bisoprolol/HCTZ).....	9
Ziana® (clindamycin-tretinoin).....	4
Zioptan® (tafluprost).....	3
Zipsor® (diclofenac).....	17
Zocor® (simvastatin)	21
Zofran ODT® (ondansetron).....	8
Zofran® (ondansetron).....	8
Zohydro® ER (hydrocodone ER)	18
Zoloft® (sertraline)	7
Zoloft® solution (sertraline)	7
Zolpidem generics	21
Zolpimist® (zolpidem)	21
Zomacton® (somatropin)	12
Zomig® (zolmitriptan)	22
Zomig-ZMT® (zolmitriptan)	22
Zonegran® (zonisamide)	5
Zontivity® (vorapaxar).....	19
Zorvolex® (diclofenac).....	17
Zovirax® (acyclovir) (oral dosage forms only)	8
Zuplenz® (ondansetron).....	8
Zylet®(Loteprednol/Tobramycin).....	3
Zyloprim® (allopurinol)	22
Zyrtec® (cetirizine)	8
Zyrtec® Syrup (cetirizine)	8