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.

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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) Spiriva® Respimat (tiotropium) Tudorza PressAir® (aclidinium)

Beta$_2$-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)

Beta$_2$-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)

Beta$_2$-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)

Beta$_2$-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)	Advair® HFA (fluticasone/salmeterol) Breo Ellipta® (fluticasone/vilanterol)

INHALATION AGENTS (continued)

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

Tobramycin Products	
Preferred	**Non-Preferred, Prior Authorization Required**
Bethkis® (tobramycin) Tobi® (tobramycin)	Kitabis pak® (tobramycin nebulizer) 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) Veramyst® (fluticasone) 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)

OPHTHALMIC AGENTS (continued)

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

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

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

Prostaglandin Analogs	
Preferred	**Non-Preferred, Prior Authorization Required**
Xalatan ® (latanoprost)	Lumigan® (bimatoprost) Travatan Z® (travoprost) Zioptan® (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)	Acetasol HC® (acetic acid/hydrocortisone) Cortisporin® Otic Suspension (neomycin/polymyxin B/hc) Cortisporin-TC® (neomy/colist/hc/thonz) 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) Zestril® (lisinopril)	Aceon® (perindopril) Capoten® (captopril) Epaned® (enalapril solution) Mavik®(trandolapril) Univasc® (moexipril) Vasotec® (enalapril)

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

ADHD – Amphetamine Type	
Preferred	**Non-Preferred, Prior Authorization Required**
Adderall® (dextroamphetamine/amphetamine)	Adzenys XR-ODT® (amphetamine ER)
Adderall XR® (dextroamphetamine/amphetamine ER)	Desoxyn® (methamphetamine)
Dexedrine® tablets (dextroamphetamine)	Dyanavel XR® (amphetamine ER)
Dexedrine ER® capsules (dextroamphetamine ER)	Procentra® (dextroamphetamine)
Dextrostat® (dextroamphetamine)	Zenzedi® (dextroamphetamine)
Vyvanse® (lisdexamfetamine)	

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

ADHD – Methylphenidate Type	
Preferred	**Non-Preferred, Prior Authorization Required**
Concerta® (methylphenidate ER)	Aptensio XR® (methylphenidate ER)
Daytrana® (methylphenidate)	Methylin Chewable® (methylphenidate)
Focalin® (dexmethylphenidate)	Methylin Solution® (methylphenidate)
Focalin XR® (dexmethylphenidate ER)	Metadate ER® (methylphenidate ER)
Metadate CD® (methylphenidate 30/70)	Ritalin LA® (methylphenidate 50/50)
Quillichew ER® (methylphenidate ER)	Ritalin SR® (methylphenidate ER)
Quillivant XR® (methylphenidate ER)	
Ritalin® (methylphenidate)	

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

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

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

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

Antidepressants - SNRIs	
Preferred	**Non-Preferred, Prior Authorization Required**
Cymbalta® (duloxetine)	Effexor XR® tablets (venlafaxine ER)
Effexor® (venlafaxine)	Fetzima® (levomilnacipran)
Effexor XR® capsules (venlafaxine ER)	Savella® (milnacipran)
Pristiq® (desvenlafaxine)	

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

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) Paxil CR® (paroxetine ER) Paxil ® solution (paroxetine) Pexeva® (paroxetine) Prozac® tablets (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-emetics Cannabinoid **Clinical prior authorization may apply*	
Preferred	**Non-Preferred, Prior Authorization Required**
Marinol® (dronabinol)	Cesamet® (nabilone)

Anti-emetics Serotonin $5HT_3$ 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)

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

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

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)	Teveten® (eprosartan)
Tribenzor® (olmesartan/amlodipine/HCTZ)	

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)	Coreg CR® (carvedilol CR)
Inderal® (propranolol)	Corgard® (nadolol)
Lopressor® (metoprolol tartrate)	Corzide® (nadolol/bendroflumethiazide)
Sectral® (acebutolol)	Dutoprol® (metoprolol/HCTZ)
Tenormin® (atenolol)	Inderal® LA (propranolol XL)
Ziac® (bisoprolol/HCTZ)	InnoPran® XL (propranolol XL)
	Kerlone® (betaxolol)
	Labetalol (labetalol)
	Levatol® (penbutolol)
	Lopressor HCT® (metoprolol/HCTZ)
	Toprol® XL (metoprolol succinate)
	Visken® (pindolol)
	Zebeta® (bisoprolol)

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

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)

Bladder Relaxant Agents	
Preferred	**Non-Preferred, Prior Authorization Required**
Ditropan® (oxybutynin) Ditropan XL® (oxybutynin ER) Enablex® (darifenacin) Myrbetriq®(mirabegron) Toviaz® (fesoterodine) Vesicare® (solifenacin)	Detrol® (tolterodine) Detrol® LA (tolterodine ER) Gelnique® Gel (oxybutynin) 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)

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

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)

Constipation Agents – Opioid Induced Cause **Clinical prior authorization may apply*	
Preferred	**Non-Preferred, Prior Authorization Required**
Movantik® (naloxegol)	Relistor® (methylnaltrexone)

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

DPP-4 Inhibitors	
Preferred	**Non-Preferred, Prior Authorization Required**
Glyxambi® (empagliflozin/linagliptin) Janumet® (sitaliptin/metformin) Januvia® (sitagliptin) Kombiglyze XR® (saxagliptin/metformin) Onglyza® (saxagliptin)	Janumet XR® (sitagliptin/metformin XR) Jentadueto® (linagliptin/metformin) Jentadueto XR® (linagliptin/metformin XR) Kazano® (alogliptin/metformin) Nesina® (alogliptin) Oseni® (alogliptin/pioglitazone) Tradjenta® (linagliptin)

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)

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

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) Tanzeum® (albiglutide) Trulicity® (dulaglutide)

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

Hepatitis C Agents – Direct Acting *Clinical prior authorization may apply*	
Preferred	**Non-Preferred, Prior Authorization Required**
Zepatier® (elbasvir/grazoprevir)	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)

Hepatitis C - Protease Inhibitors *Clinical prior authorization may apply*	
Preferred	**Non-Preferred**
Victrelis® (boceprevir)	

H_2 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)

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

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) Kineret® (anakinra) Orencia® (abatacept) Remicade® (infliximab) Rituxan® (rituximab) Simponi Aria® (golimumab) Simponi® (golimumab)

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

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Immunomodulation Agents - Psoriatic Arthritis **Clinical prior authorization may apply*	
Preferred	**Non-Preferred, Prior Authorization Required**
Enbrel® (etanercept) Humira® (adalimumab) Otezla® (apremilast)	Cosentyx® (secukinumab) Remicade® (infliximab) Simponi® (golimumab) Stelara® (ustekinumab)

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- 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	Humalog® (excluding multi-dose vials) 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)

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

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

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) 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)
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)
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)
	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 - Long-Acting	
Preferred	**Non-Preferred-Prior Authorization Required**
Duragesic® (fentanyl) Embeda® (morphine/naltrexone) MS Contin® (morphine sulfate ER) OxyContin® (oxycodone SR) Ultram ER® (tramadol ER)	Arymo ER® (morphine sulfate ER) Avinza® (morphine sulfate ER) Belbuca® (buprenorphine) Butrans® (buprenorphine) ConZip® (tramadol) Exalgo® (hydromorphone HCl ER) Hysingla ER® (hydrocodone ER) Kadian® (morphine sulfate ER) Nucynta ER® (tapentadol) Opana ER® (oxymorphone) Ryzolt® (tramadol ER) Xartemis XR® (oxycodone/acetaminophen ER) Xtampza ER® (oxycodone ER) Zohydro ER® (hydrocodone bitartrate ER)

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® (sucroferric oxyhydroxide)

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

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

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

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) Esomeprazole strontium® (esomeprazole strontium) Nexium® (esomeprazole) Nexium ®Suspension (esomeprazole) Prevacid® (lansoprazole) Prevacid SoluTab® (lansoprazole) Prilosec® Packets (omeprazole)

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)

SGLT2 (sodium-glucose co-transporter 2) Inhibitors **Clinical prior authorization may apply*	
Preferred	**Non-Preferred, Prior Authorization Required**
Invokana® (canagliflozin)	Farxiga® (dapagliflozin) Jardiance® (empagliflozin)

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

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)

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

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 – 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) Avandamet® (rosiglitazone/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)

Testosterone Agents- Topical **Clinical prior authorization may apply*	
Preferred	**Non-Preferred, Prior Authorization Required**
Androderm® (testosterone) Androgel® (testosterone) Axiron® (testosterone)	Fortesta® (testosterone) Testim® (testosterone) Vogelxo® (testosterone)

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)