ALLERGY, ASTHMA, & COPD AGENTS

Anticholinergics for the Maintenance Treatment of COPD

Preferred	Non-Preferred, Prior Authorization Required
Spiriva® Handihaler & Respimat (tiotropium)	Atrovent HFA® (ipratropium bromide) Incruse Ellipta® (umeclidinium bromide) Tudorza PressAir® (aclidinium)

Inhaled Short-Acting Beta$_2$-Agonists

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

Inhaled Long-Acting Beta$_2$-Agonists

**Clinical prior authorization may apply*

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

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

**Clinical prior authorization may apply*

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

Inhaled Long-Acting Beta$_2$-Agonists/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)

ALLERGY, ASTHMA & COPD AGENTS (continued)

Inhaled 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

Intranasal Antihistamines

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

Intranasal 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)

Non-Sedating Antihistamines

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)

ALLERGY, ASTHMA & COPD AGENTS (continued)

Ophthalmic Antihistamine/Mast Cell Stabilizer Combinations

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

ANALGESICS

Long-Acting Opioids

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

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)
	Norflex® (orphenadrine)
	Norgesic® (orphenadrine/aspirin/caffeine)
	Norgesic® Forte (orphenadrine/aspirin/caffeine)
	Parafon Forte DSC® (chlorzoxazone)
	Skelaxin® (metaxalone)

Muscle Relaxants (Spasticity)

Preferred	Non-Preferred, Prior Authorization Required
Lioresal® (baclofen)	Dantrium® (dantrolene)
Zanaflex® Tablets (tizanidine)	Zanaflex® Capsules (tizanidine)

ANALGESICS (continued)

Non-Steroidal Anti-Inflammatory Drugs (Ophthalmic)

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

Non-Steroidal Anti-Inflammatory Drugs (Oral)

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)

ANALGESICS (continued)

COX-II Inhibitors

Preferred	Non-Preferred
Celebrex® (celecoxib)	

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 Sumavel DosePro® (sumatriptan) Zecuity® (sumatriptan) Zomig® (zolmitriptan) Zomig-ZMT® (zolmitriptan)

ANTICOAGULANTS

Anticoagulants

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

ANTIHYPERLIPIDEMICS

Bile Acid Sequestrants

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

Combination Products for Hyperlipidemia

Preferred	Non-Preferred
Vytorin® (ezetimibe/simvastatin)	

ANTIHYPERLIPIDEMICS (continued)

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)

HMG-CoA Reductase Inhibitors (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)

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)

ANTI-INFECTIVES

Inhaled Tobramycin Products

Preferred	Non-Preferred, Prior Authorization Required
Bethkis® (tobramycin) Tobi® (tobramycin)	Tobi Podhaler® (tobramycin)

ANTIVIRAL AGENTS

Antiherpes Virus Agents	
Preferred	**Non-Preferred, Prior Authoriation Required**
Valtrex® (valacyclovir) Zovirax® (acyclovir) (oral dosage forms only)	Famvir® (famciclovir)

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

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

BIOLOGICS

Agents to Treat Adult Rheumatoid Arthritis

**Clinical prior authorization may apply*

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

Oral	
Preferred	**Non-Preferred**
Xeljanz® (tofacitinib)	

Agents to Treat Ankylosing Spondylitis

**Clinical prior authorization may apply*

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

Agents to Treat Crohn's Disease

**Clinical prior authorization may apply*

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

Agents to Treat Juvenile Idiopathic Arthritis

**Clinical prior authorization may apply*

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

BIOLOGICS (continued)

Agents to Treat Plaque Psoriasis

**Clinical prior authorization may apply*

Injectable

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

Oral

Preferred	Non-Preferred
Otezla® (apremilast)	

Agents to Treat Psoriatic Arthritis

**Clinical prior authorization may apply*

Injectable

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

Oral

Preferred	Non-Preferred
Otezla® (apremilast)	

Agents to Treat Ulcerative Colitis

**Clinical prior authorization may apply*

Injectable

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

CARDIOVASCULAR 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)

CARDIOVASCULAR AGENTS (continued)

ACE Inhibitor/Calcium Channel Blocker Combinations

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

ARBs

Preferred	Non-Preferred, Prior Authorization Required
Avalide® (irbesartan/HCTZ)	Atacand® (candesartan)
Avapro® (irbesartan)	Atacand HCT® (candesartan/HCTZ)
Benicar® (olmesartan)	Edarbi® (azilsartan medoxomil)
Benicar HCT® (olmesartan/HCTZ)	Micardis® (telmisartan)
Cozaar® (losartan)	Micardis HCT® (telmisartan/HCTZ)
Diovan® (valsartan)	Teveten® (eprosartan)
Diovan HCT® (valsartan/HCTZ)	
Hyzaar® (losartan/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)	Inderal® LA (propranolol XL)
Sectral® (acebutolol)	InnoPran® XL (propranolol XL)
Tenormin® (atenolol)	Kerlone® (betaxolol)
	Labetalol (labetalol)
	Levatol® (penbutolol)
	Toprol® XL (metoprolol succinate)
	Visken® (pindolol)
	Zebeta® (bisoprolol)

Calcium Channel Blockers (Dihydropyridines)

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

CARDIOVASCULAR AGENTS (continued)

Calcium Channel Blockers (Non-Dihydropyridines)

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

CENTRAL NERVOUS SYSTEM AGENTS

Adjunct Antiepileptics

**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)

Non-Benzodiazepine Sedative Hypnotics

Preferred	Non-Preferred, Prior Authorization Required
Ambien® (zolpidem)	Ambien® CR (zolpidem CR)
Zolpidem generics	Belsomra® (suvorexant)
	Edluar® (zolpidem)
	Intermezzo® (zolpidem)
	Lunesta® (eszopiclone)
	Sonata® (zaleplon)

Non-Scheduled Novel Sleep Agents

Preferred	Non-Preferred
Rozerem® (ramelteon)	

DIABETIC AGENTS

Alphaglucosidase Inhibitors

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

DIABETIC 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)

Dipeptidyl Peptidase-4 Inhibitors

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

Incretin Mimetics

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Bydureon® Pens and Vials (exenatide ER) Byetta® (exenatide) Victoza® (liraglutide)	Tanzeum® (albiglutide) Trulicity® (dulaglutide)

Insulin Delivery Systems

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)

Long-Acting Insulin

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

Meglitinides

Preferred	Non-Preferred
Prandin® (repaglinide) Starlix® (nateglinide)	

DIABETIC AGENTS (continued)

2nd Generation Sulfonylureas

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)

Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Invokana® (canagliflozin) Jardiance® (empagliflozin)	Farxiga® (dapagliflozin)

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)

GASTROINTESTINAL AGENTS

Cannabinoid Antiemetics

**Clinical prior authorization may apply*

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

H_2 Antagonists

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

Oral Mesalamine Products

Preferred	Non-Preferred, Prior Authorization Required
Apriso® (mesalamine ER 24hr) Delzicol® (mesalamine DR) Pentasa® (mesalamine ER)	Asacol HD® (mesalamine DR) Lialda® (mesalamine DR)

GASTROINTESTINAL AGENTS (continued)

Pancreatic Enzyme Replacements

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

Proton Pump Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Prilosec® (omeprazole) Protonix® (pantoprazole)	AcipHex® (rabeprazole) AcipHex® Sprinkles (rabeprazole) Dexilant® (dexlansoprazole) Esomeprazole strontium® (esomeprazole strontium) Nexium® (esomeprazole) Nexium ®Suspension (esomeprazole) Prevacid® (lansoprazole) Prevacid SoluTab® (lansoprazole) Prilosec® Packets (omeprazole)

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)

GOUT AGENTS

Xanthine Oxidase Inhibitors

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

INJECTABLES

Anaphylaxis Agents

Preferred	Non-Preferred
Epipen® (epinephrine auto inject)	Adrenaclick® (epinephrine auto inject)
Epipen Jr® (epinephrine auto inject)	Epinephrine auto injectors

Erythropoiesis-Stimulating Agents

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

INJECTABLES (continued)

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)

Injectable Methotrexate

**Clinical prior authorization may apply*

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

OPHTHALMIC AGENTS

Ophthalmic Anti-Infective/Steroid Combinations

Preferred	Non-Preferred
Blephamide® (sulfacetamide/prednisone) Maxitrol® (neomycin/polymyxin/dexamethasone) Pred-G® (prednisolone/gentamicin) Pred-G S.O.P.® (prednisolone/Gentamicin)	Blephamide S.O.P.® (sulfacetamide/prednisone) TobraDex® (tobramycin/dexamethasone) TobraDex ST® (tobramycin/dexamethasone)

Ophthalmic Prostaglandin Analogs

Preferred	Non-Preferred, Prior Authorization Required
Xalatan ® (latanoprost) Zioptan® (tafluprost)	Lumigan® (bimatoprost) Travatan Z® (travoprost)

Carbonic Anhydrase Inhibitors

Preferred	Non-Preferred
Azopt® (brinzolamide) Simbrinza® (brinzolamide/brimonidine tartrate) Trusopt® (dorzolamide)	

OPIOID-INDUCED CONSTIPATION AGENTS

Opioid-Induced Constipation Agents

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Movantik® (naloxegol)	Relistor® (methylnaltrexone)

OSTEOPOROSIS AGENTS

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

OTIC COMBINATIONS

Otic 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)

PCSK – 9 INHIBITORS

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

PHOSPHATE BINDER AGENTS

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

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

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

THROMBOPOIETIN (TPO) RECEPTOR AGONISTS

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

TOPICAL ACNE AGENTS

Topical Acne Agents **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)

TOPICAL LICE TREATMENTS

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

TOPICAL TESTOSTERONE AGENTS

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

UROLOGIC AGENTS

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

Beta-3 Adrenergic Agonists	
Preferred	**Non-Preferred**
Myrbetriq®(mirabegron)	