ALLERGY, ASTHMA, & COPD AGENTS

Anticholinergics for the Maintenance Treatment of COPD

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

Combination Products for Allergic Rhinitis

Preferred	Non-Preferred
Dymista® (azelastine/fluticasone)	

Inhaled Short-Acting Beta$_2$-Agonists

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

Inhaled Long-Acting Beta$_2$-Agonists

**Clinical prior authorization may apply*

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

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

**Clinical Prior Authorization may apply*

Preferred	Non-Preferred
Anoro Ellipta® (umeclidinium/vilanterol)	
Stiolto Respimat® (tiotropium/olodaterol)	

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)	Breo Ellipta® (fluticasone/vilanterol)
	Non-Preferred
	Advair® HFA (fluticasone/salmeterol)

ALLERGY, ASTHMA & COPD AGENTS (continued)

Inhaled Corticosteroids

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

Intranasal Antihistamines

Preferred	Non-Preferred
Astelin® (azelastine)	Astepro® (azelastine) Patanase® (olopatadine)

Intranasal Corticosteroids

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

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

ANALGESICS

Long-Acting Opioids

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

Muscle Relaxants (Skeletal)

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

Muscle Relaxants (Spasticity)

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

ANALGESICS (continued)

Non-Steroidal Anti-Inflammatory Drugs (Ophthalmic)

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

Non-Steroidal Anti-Inflammatory Drugs (Topical)

Preferred	Non-Preferred, Prior Authorization Required
Flector® Patch (diclofenac epolamine)	Diclofenac **(generic products only)**
Pennsaid® (diclofenac) **(brand products only)**	Sprix® Nasal Spray (ketorolac tromethamine)
Voltaren® Gel (diclofenac)	

Non-Steroidal Anti-Inflammatory Drugs (Oral)

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

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) Zomig® (zolmitriptan) Zomig-ZMT® (zolmitriptan)
	Non-Preferred
	Zecuity® (sumatriptan)

ANTICOAGULANTS

Anticoagulants

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

ANTIHYPERLIPIDEMICS

Bile Acid Sequestrants

Preferred	Non-Preferred
Colestid® Tablets (colestipol) Prevalite® Powder (cholestyramine light) Welchol® Tablets (colesevelam)	Colestid® Granules (colestipol) Prevalite® Powder Packs (cholestyramine light) Questran® (cholestyramine) Questran Light® (cholestyramine light) Welchol® Powder (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) Lipofen® (fenofibrate) Lofibra® (fenofibrate)
	Non-Preferred
	Fenoglide® (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
Lovaza® (omega-3 acid ethyl esters)	Vascepa® (icosapent ethyl)

ANTI-INFECTIVES

Inhaled Tobramycin Products

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

ANTIVIRAL AGENTS

Antiherpes Virus Agents	
Preferred	**Non-Preferred**
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)	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) Remicade® (infliximab) Stelara® (ustekinumab)
	Non-Preferred
	Cosentyx® (secukinumab)

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) Mavik®(trandolapril) Univasc® (moexipril)
	Non-Preferred
	Capoten® (captopril) Epaned® (enalapril solution) 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
Benicar® (olmesartan)	Atacand® (candesartan)
Benicar HCT® (olmesartan/HCTZ)	Atacand HCT® (candesartan/HCTZ)
Cozaar® (losartan)	Avalide® (irbesartan/HCTZ)
Diovan® (valsartan)	Avapro® (irbesartan)
Diovan HCT® (valsartan/HCTZ)	Edarbi® (azilsartan medoxomil)
Hyzaar® (losartan/HCTZ)	Micardis® (telmisartan)
	Micardis HCT® (telmisartan/HCTZ)
	Teveten® (eprosartan)

ARB/Calcium Channel Blocker Combinations

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

Beta-Blockers

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

Calcium Channel Blockers (Dihydropyridines)

Preferred	Non-Preferred, Prior Authorization Required
Adalat CC® (nifedipine ER)	Adalat® (nifedipine IR)
Cardene® (nicardipine IR)	Cardene® SR (nicardipine SR)
Norvasc® (amlodipine)	DynaCirc® (isradipine IR)
Procardia® XL (nifedipine ER)	Plendil® (felodipine)
	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 PM® (verapamil)
Tiazac® (diltiazem)	
Verelan® (verapamil SR)	

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)	Fycompa® (perampanel)
Lyrica® (pregabalin)	Gabitril® (tiagabine)
Neurontin® (gabapentin)	Onfi® (clobazam)
Zonegran® (zonisamide)	Oxtellar XR® (oxcarbazepine)
	Potiga® (ezogabine)

Non-Benzodiazepine Sedative Hypnotics

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

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) Metformin ER **(generic products only)**	Fortamet® (metformin ER) **(brand products only)** Glucophage® XR (metformin ER) **(brand products only)** Glumetza® (metformin ER) **(brand products only)**
	Non-Preferred
	Riomet® (metformin oral solution)

Dipeptidyl Peptidase-4 Inhibitors

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

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
Lantus® (insulin glargine) Lantus SoloStar® (insulin glargine) Levemir® Vial, FlexPen, FlexTouch (insulin detemir)	Toujeo Solostar® (insulin glargine)

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
Actos® (pioglitazone) ACTOplus Met® (pioglitazone/metformin) ACTOplus Met XR® (pioglitazone/metformin)	Avandamet® (rosiglitazone/metformin) Avandia® (rosiglitazone) Duetact® (pioglitazone/glimepiride)

GASTROINTESTINAL AGENTS

H_2 Antagonists

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

Oral Mesalamine Products

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

Pancreatic Enzyme Replacements

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

GASTROINTESTINAL AGENTS (continued)

Proton Pump Inhibitors

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

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
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® (somatropin) Norditropin® FlexPro (somatropin) Norditropin® Nordiflex (somatropin) Omnitrope® (somatropin)	Humatrope® (somatropin) Nutropin® (somatropin) Nutropin® AQ (somatropin) Nutropin AQ NuSpin® (somatropin) Saizen® (somatropin) Tev-Tropin® (somatropin) Zomacton® (somatropin)

Injectable Methotrexate

**Clinical Prior Authorization may apply*

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

OPHTHALMIC AGENTS

Ophthalmic Prostaglandin Analogs

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

Carbonic Anhydrase Inhibitors

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

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**
Cipro HC® (ciprofloxacin/hydrocortisone) Ciprodex® (ciprofloxacin/dexameth) Cortisporin® Otic Solution (neomycin/polymyxin B/hc) Cortisporin® Otic Suspension (neomycin/polymyxin B/hc)	Acetasol HC® (acetic acid/hydrocortisone) 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**
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)

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

TOPICAL LICE TREATMENTS

Topical Lice Treatments	
Preferred	**Non-Preferred**
Sklice® (ivermectin)	Natroba® (spinosad)
Ulesfia® (benzyl alcohol)	Ovide® (malathion)

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)	