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.
Products listed in RED have changed from the previous month's publication.
*Preferred medications marked with an **asterisks (*)** can be opened and sprinkled into soft food; refer to product labeling.*
*Products marked with a **(+)** indicate that the brand name product is no longer available.*

TABLE OF CONTENTS

Inhalation Agents	Page 1 - 2
Intranasal Agents	Page 2
Ophthalmic Agents	Page 2 - 4
Otic Agents	Page 4
Oral/Injectable/Topical Agents	Page 4 - 23
Index (Arranged by Brand Name)	Page 24 - 42

INHALATION AGENTS

Anticholinergics for the Maintenance Treatment of COPD

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

Beta$_2$-Agonists - Long-Acting

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 RespiClick® (albuterol)
ProAir HFA® (albuterol)	Ventolin HFA® (albuterol)
Proventil® HFA (albuterol)	Xopenex® Inhalation Solution (levalbuterol)
Proventil® Inhalation Solution (albuterol)	Xopenex HFA® (levalbuterol)
Ventolin® Inhalation Solution (albuterol)	

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

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

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

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

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)	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**
Generic tobramycin 300 mg/5 mL nebulization solution	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) Xhance™ (fluticasone) Zetonna® (ciclesonide)

OPHTHALMIC AGENTS

Alpha-Adrenergic Agonists	
Preferred	**Non-Preferred, Prior Authorization Required**
Alphagan® P (brimonidine) 0.1% Brimonidine 0.2% Iopidine® (apraclonidine)	Alphagan® P (brimonidine) 0.15%

OPHTHALMIC AGENTS

Antihistamine/Mast Cell Stabilizers	
Preferred	**Non-Preferred, Prior Authorization Required**
Alaway® (ketotifen)	Alocril® (nedocromil)
Cromolyn® (cromolyn)	Alomide® (lodoxamide)
Patanol® (olopatadine)	Bepreve® (bepotastine)
Pazeo® (olopatadine)	Elestat® (epinastine)
Refresh® (ketotifen)	Emadine® (emedastine)
Zaditor® (ketotifen)	Lastacaft® (alcaftadine)
	Optivar® (azelastine)
	Pataday® (olopatadine)
	Zerviate™ (cetirizine)

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)

Beta-Blockers	
Preferred	**Non-Preferred, Prior Authorization Required**
Betagan® (levobunolol)	Istalol® (timolol)
Betimol® (timolol)	Timoptic® Ocudose® (timolol)
Betoptic® (betaxolol) +	Timoptic-XE® (timolol)
Betoptic®-S (betaxolol)	
Carteolol	
OptiPranolol® (metipranolol) +	
Timoptic® (timolol)	

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

Glaucoma Combination Products	
Preferred	**Non-Preferred, Prior Authorization Required**
Combigan® (brimonidine/timolol)	Cosopt® PF (dorzolamide/timolol PF)
Cosopt® (dorzolamide/timolol)	Simbrinza™ (brinzolamide/brimonidine)

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

OPHTHALMIC AGENTS

Prostaglandin Analogs	
Preferred	**Non-Preferred, Prior Authorization Required**
Xalatan ® (latanoprost)	Lumigan® (bimatoprost) Travatan Z® (travoprost) Vyzulta™ (latanoprostene bunod) Zioptan® (tafluprost) Zioptan® droperette (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) Coly-Mycin S®	Acetasol HC® (acetic acid/hydrocortisone) Cortisporin® Otic Suspension (neomycin/polymyxin B/hc) 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) + Qbrelis® (lisinopril solution) Univasc® (moexipril) + Vasotec® (enalapril)

ACE Inhibitor/Calcium Channel Blocker Combinations	
Preferred	**Non-Preferred, Prior Authorization Required**
Lotrel® (benazepril/amlodipine)	Prestalia® (perindopril/amlodipine) Tarka® (trandolapril/verapamil)

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Acne Agents - Topical *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Aczone® (dapsone) 5% gel	Acanya® (benzoyl peroxide-clindamycin) gel
Atralin® (tretinoin) gel	Aczone® (dapsone) 7.5% gel
Avita® (tretinoin) gel	Altreno™ (tretinoin) lotion
Cleocin-T® (clindamycin) gel	Avar® (sulfacetamide-sulfur) pads
Cleocin-T® (clindamycin) lotion	Avar-E® Emollient (sulfacetamide-sulfur) cream
Cleocin-T® (clindamycin) solution	Avar-E Green® (sulfacetamide-sulfur) cream
Cleocin-T® (clindamycin) swab	Avar LS® (sulfacetamide-sulfur) pads
Differin® (adapalene) 0.1% and 0.3% gel tube	Avita® (tretinoin) cream
Duac® (benzoyl peroxide-clindamycin) gel	Azelex® (azelaic acid) cream
Epiduo® (benzoyl peroxide-adapalene) gel	Benzaclin® (benzoyl peroxide-clindamycin) gel
Ery® (erythromycin) pads	Benzamycin® (benzoyl peroxide-erythromycin) gel
Erygel® (erythromycin) gel	BP 10-1® (sulfacetamide/sulfur cleanser)
Erythromycin solution	Clindacin® ETZ (clindamycin) swab
Klaron® (sulfacetamide) lotion (suspension)	Clindacin-P® (clindamycin) swab
Retin-A® (tretinoin) cream	Clindacin Pac® (clindamycin) kit
Retin-A® (tretinoin) 0.01% gel	Clindagel® (clindamycin) gel
Sumadan® Wash (sulfacetamide-sulfur cleanser)	Differin® (adapalene) cream
Tazorac® (tazarotene) cream	Differin® (adapalene) 0.3% gel pump
Tazorac® (tazarotene) gel	Differin® (adapalene) lotion
	Differin® (adapalene) 0.1% solution
	Epiduo® Forte (adapalene/benzoyl peroxide)
	Evoclin® (clindamycin phosphate) foam
	Fabior® (tazarotene) foam
	Neuac® (clindamycin/benzoyl peroxide)
	Onexton® (benzoyl peroxide-clindamycin) gel
	Retin-A® Micro (tretinoin) gel
	Rosanil® Cleanser (sulfacetamide-sulfur) emulsion
	SSS 10-5® (sulfacetamide-sulfur) cream
	Sulfacetamide-Sulfur lotion
	Sumadan® (sulfacetamide-sulfur) kit
	Sumadan XLT® (sulfacetamide-sulfar) kit
	Sumaxin® (sulfacetamide-sulfur) pads
	Sumaxin® TS (sulfacetamide-sulfur) suspension
	Sumaxin® Wash (sulfacetamide-sulfur) liquid
	Veltin® (clindamycin-tretinoin)
	Ziana® (clindamycin-tretinoin)

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) Solaraze 3% gel (diclofenac sodium) + Tolak® (fluorouracil)

ADHD – Amphetamine Type *(Clinical prior authorization may apply)*	
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) Evekeo® (amphetamine) Mydayis® (dextroamphetamine/amphetamine) Procentra® (dextroamphetamine) Zenzedi® (dextroamphetamine)

ADHD – Methylphenidate Type *(Clinical prior authorization may apply)*	
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) Jornay PM™ (methylphenidate ER) Metadate® ER (methylphenidate ER) Methylin Chewable® (methylphenidate) + Methylin Solution® (methylphenidate) Relexxii™ (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)

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

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) + Epinephrine auto injectors Epipen® (epinephrine auto inject) Epipen Jr® (epinephrine auto inject)	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) 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)

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 *(Clinical prior authorization may apply)*	
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 *(Clinical prior authorization may apply)*	
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 CR) + Paxil CR® (paroxetine CR) Paxil ® solution (paroxetine) Pexeva® (paroxetine) Prozac® tablets (fluoxetine) + Prozac Weekly® (fluoxetine) + Zoloft® solution (sertraline)

Antidepressants – Tricyclics *(Clinical prior authorization may apply)*	
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)

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Anti-emetics Cannabinoid *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Marinol® (dronabinol)	Cesamet® (nabilone) Syndros® (dronabinol)

Anti-emetics Serotonin 5HT$_3$ Antagonists	
Preferred	**Non-Preferred, Prior Authorization Required**
Zofran® (ondansetron) Zofran ODT® (ondansetron)	Anzemet® (dolasetron) Kytril® (granisetron) + Sancuso® (granisetron) Zuplenz® (ondansetron)

Anti-Histamines - Non-Sedating	
Preferred	**Non-Preferred, Prior Authorization Required**
Claritin® (loratadine) Claritin 24-hr Allergy® (loratadine) Claritin Hives Relief® (loratadine) Claritin® Syrup (loratadine) Zyrtec® (cetirizine) Zyrtec® Syrup (cetirizine) Allegra® (fexofenadine)	Allegra® ODT (fexofenadine) Clarinex® (desloratadine) Claritin RediTabs® (loratadine) Xyzal® (levocetirizine) + Xyzal® solution (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 Authoriation 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) Prexxartan® (valsartan) Teveten® (eprosartan)

ARB/Calcium Channel Blocker Combinations	
Preferred	**Non-Preferred, Prior Authorization Required**
Azor® (amlodipine/olmesartan) Exforge® (amlodipine/valsartan)	Twynsta® (amlodipine/telmisartan)

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

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

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

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

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

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Bladder Relaxant Agents	
Preferred	**Non-Preferred, Prior Authorization Required**
Ditropan® (oxybutynin) tablets and syrup+	Detrol® (tolterodine)
Ditropan XL® (oxybutynin ER)	Detrol® LA (tolterodine ER)
Toviaz® (fesoterodine)	Enablex® (darifenacin ER)
Vesicare® (solifenacin)	Gelnique® Gel (oxybutynin)
	Myrbetriq®(mirabegron)
	Oxytrol® Patch (oxybutynin)
	Sanctura® (trospium) +
	Sanctura® XR (trospium ER) +
	Urispas® (flavoxate) +

Bowel Prep Agents	
Preferred	**Non-Preferred, Prior Authorization Required**
Gavilyte®-C (polyethylene glycol-electrolyte solution)	Clenpiq™ (sodium picosulfate/magnesium oxide/citric acid)
Gavilyte®-G (polyethylene glycol-electrolyte solution)	MoviPrep® (polyethylene glycol-electrolyte solution)
Gavilyte®-N (polyethylene glycol-electrolyte solution)	NuLYTELY® (polyethylene glycol-electrolyte solution)
GoLYTELY® (polyethylene glycol-electrolyte solution)	OsmoPrep® (sodium phosphate)
Polyethylene glycol 3350 with electrolytes	Plenvu® (polyethylene glycol-electrolyte solution)
Trilyte® (polyethylene glycol-electrolyte solution)	Prepopik® (sodium picosulfate/magnesium oxide/citric acid)
	Suprep® Bowel Prep Kit (sodium sulfate/potassium sulfate/magnesium sulfate)

Calcium Channel Blockers – Dihydropyridines	
Preferred	**Non-Preferred, Prior Authorization Required**
Adalat CC® (nifedipine ER)	Adalat® (nifedipine IR) +
Norvasc® (amlodipine)	Cardene® (nicardipine IR) +
Plendil® (felodipine) +	DynaCirc® (isradipine IR) +
Procardia® XL (nifedipine ER)	Sular® (nisoldipine)

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

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Corticosteroids – Oral

Preferred	Non-Preferred, Prior Authorization Required
Cortef® (hydrocortisone)	Cortone® (cortisone)+
Decadron® (dexamethasone)	Dexamethasone Intensol® (dexamethasone) concentrate
Deltasone® (prednisone)	Dexpak DP® (dexamethasone)
Dexamethasone 0.5 mg/5 mL elixir	Millipred™ (prednisolone)
Dexamethasone 0.5 mg/5 mL solution	Millipred™ DP (prednisolone)
Medrol® (methylprednisolone)	Millipred™ DP 12-day (prednisolone)
Medrol DosePak® (methylprednisolone)	Rayos® (prednisone DR)
Orapred® (prednisolone) +	TaperDex DP® (dexamethasone)
Orapred® ODT™ (prednisolone)	Veripred® 20 (prednisolone)
Pediapred® (prednisolone)	
Prednisone Intensol™ (prednisone concentrate)	
Prednisone solution	
Prednisolone syrup	

Corticosteroids – Topical – High Potency

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Clobetasol Proprionate E® (clobetasol propionate)	ApexiCon E® (diflorasone diacetate)
Clobex® (clobetasol propionate)	Clodan® (clobetasol propionate)
Cormax Scalp® (clobetasol propionate) +	Halog® (halcinonide)
Diprolene® (betamethasone dipropionate augmented)	Lidex® (fluocinonide) +
Diprolene AF® (betamethasone dipropionate augmented)	Lidex E® (fluocinonide) +
Olux® (clobetasol propionate)	Psorcon® (diflorasone diacetate)
Olux-E® (clobetasol propionate)	Sernivo® (betamethasone dipropionate)
Temovate® (clobetasol propionate)	Topicort® (desoximetasone)
Ultravate® (halobetasol propionate)	Vanos® (fluocinonide)

Corticosteroids – Topical –Intermediate Potency

(Clinical prior authorization may apply)

Preferred	Non-Preferred, Prior Authorization Required
Cutivate® (fluticasone propionate)	Cloderm® (clocortolone pivalate)
DesOwen® (desonide)	Cordran® (flurandrenolide)
Elocon® (mometasone furoate)	Dermazone® (triamcinolone acetonide)
Dermatop® (prednicarbate) +	Locoid® (hydrocortisone butyrate)
Kenalog® (triamcinolone acetonide)	Locoid Lipocream® (hydrocortisone butyrate)
Synalar® (fluocinolone acetonide)	LoKara® (desonide) +
Triamcinolone acetonide (all generics of brand products on the PDL)	Luxiq® (betamethasone valerate)
	Nolix® (flurandrenolide)
	Pandel® (hydrocortisone probutate)
	Trianex® (triamcinolone acetonide)
	Triderm® (triamcinolone acetonide)
	Tridesilon® (desonide)
	Valisone® (betamethasone valerate) +
	Westcort® (hydrocortisone valerate) +

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Corticosteroids – Topical –Mild Potency *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Aclovate® (alclometasone diporopionate) +	Ala-Cort® (hydrocortisone base)
Hydrocortisone base (all generics of brand products on the PDL)	Capex® (fluocinolone acetonide)
Synalar® (fluocinolone acetonide)	Derma-Smoothe/FS Body & Scalp® (fluocinolone acetonide)
	Desonate® (desonide)
	Fluocinolone Body & Scalp® (fluocinolone acetonide)
	Pediaderm HC® (hydrocortisone base)
	Texacort® (hydrocortisone base)
	Verdeso® (desonide)

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

Desmopressin Products	
Preferred	**Non-Preferred, Prior Authorization Required**
DDAVP® (desmopressin) tablets	DDAVP® Rhinal Tube (desmopressin)
DDAVP® (desmopressin) nasal solution	Nocdurna® (desmopressin)
	Noctiva™ (desmopressin)

DPP-4 Inhibitors	
Preferred	**Non-Preferred, Prior Authorization Required**
Januvia® (sitagliptin)	Nesina® (alogliptin)
Onglyza® (saxagliptin)	Tradjenta® (linagliptin)

DPP-4 Inhibitor Combination Agents	
Preferred	**Non-Preferred, Prior Authorization Required**
Janumet® (sitaliptin/metformin)	Jentadueto® (linagliptin/metformin)
Janumet® XR (sitagliptin/metformin XR)	Jentadueto® XR (linagliptin/metformin XR)
Kombiglyze® XR (saxagliptin/metformin)	Kazano® (alogliptin/metformin)
	Oseni®(alogliptin/pioglitazone)

Erythropoiesis-Stimulating Agents	
Preferred	**Non-Preferred, Prior Authorization Required**
Epogen® (epoetin alfa)	Aranesp® (darbepoetin alfa)
	Mircera® (methoxy polyethylene glycol-epoetin beta)
	Procrit® (epoetin alfa)
	Retacrit™ (epoetin alfa-epbx)

ORAL/INJECTABLE/TOPICAL AGENTS (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)

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) Trulicity® (dulaglutide)

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

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/paritaprev/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)

H_2 Antagonists	
Preferred	**Non-Preferred, Prior Authorization Required**
Pepcid® (famotidine) Zantac® (ranitidine)	Axid® (nizatidine) + Pepcid® (famotidine) oral suspension Tagamet® (cimetidine)

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

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) Olumiant® (baricitinib) 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) Cimzia® (certolizumab) 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) Ilaris® (canakinumab) Orencia® (abatacept)

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

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) Tremfya®(Guselkumab)

Immunomodulation Agents - Psoriatic Arthritis *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Enbrel® (etanercept) Humira® (adalimumab) Otezla® (apremilast) Xeljanz® (tofacitinib) Xeljanz® XR (tofacitinib)	Cosentyx® (secukinumab) Cimzia® (certolizumab) Remicade® (infliximab) Simponi® (golimumab) Stelara® (ustekinumab) Orencia®(abatacept) Taltz® (ixekizumab)

Immunomodulation Agents - Ulcerative Colitis *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Humira® (adalimumab) Xeljanz® (tofacitinib)	Entyvio® (vedolizumab) Remicade® (infliximab) Simponi® (golimumab)

Inflammatory Bowel Disease Agents – Oral	
Preferred	**Non-Preferred, Prior Authorization Required**
Azulfidine® (sulfasalazine) Azulfadine® EN-tabs (sulfasalazine) Delzicol® (mesalamine DR)* Lialda® (mesalamine DR) Pentasa® (mesalamine ER)*	Apriso® (mesalamine ER 24hr) Asacol® HD (mesalamine DR) Colazal® (balsalazide disodium) Dipentum® (olsalazine) Entocort® EC (budesonide) 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)

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

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	Admelog® Vial, Solostar (insulin lispro) Afrezza® (insulin regular inhalation) Apidra® Vial, Solostar® Fiasp® Vial, Flextouch® 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)

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

Methotrexate Products (Formerly Methotrexate – Injectable) *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Rasuvo® (methotrexate) Methotrexate 2.5 mg tablets	Otrexup® (methotrexate) Trexall® (methotrexate) Xatmep® (methotrexate)

Muscle Relaxants – Skeletal *(Clinical prior authorization may apply)*	
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)

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Muscle Relaxants – Spasticity	
Preferred	**Non-Preferred, Prior Authorization Required**
Lioresal® (baclofen)	Dantrium® (dantrolene)
Zanaflex® Tablets (tizanidine)	Zanaflex® Capsules (tizanidine)

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)
EC-Naprosyn® (naproxen)	Arthrotec® (diclofenac/misoprostol)
Ansaid® (flurbiprofen) +	Cambia® (diclofenac)
Cataflam® (diclofenac potassium) +	Daypro® (oxaprozin)
Clinoril® (sulindac) +	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)
	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)

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Opioids - Short-Acting *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred-Prior Authorization Required**
Codeine sulfate (all generics)	Abstral® (fentanyl)
Dilaudid® (hydromorphone HCl)	Actiq® (fentanyl)
Fioricet® with Codeine 50/325/40/30 mg (butalbital/acetaminophen/caffeine/codeine)	Combunox™ (oxycodone/ibuprofen) +
Hycet® (hydrocodone bitartrate/acetaminophen) +	Demerol® (meperidine HCl)
Levorphanol (all generics)	Fentora® (fentanyl)
Lorcet® (hydrocodone bitartrate/acetaminophen)	Fioricet® with Codeine 50/300/40/30 (butalbital/acetaminophen/ceffeine/acetaminophen)
Lortab® (hydrocodone bitartrate/acetaminophen)	Fiorinal® with Codeine (butalbital/aspirin/caffeine/codeine)
Morphine sulfate (all generics)*	Lazanda™ (fentanyl)
Norco® (hydrocodone bitartrate/acetaminophen)	Lorcet HD® (hydrocodone bitartrate/acetaminophen)
Oxycodone HCl (all generics)*	Lorcet Plus® (hydrocodone bitartrate/acetaminophen)
Percocet® (oxycodone HCl/acetaminophen)	Nucynta™ (tapentadol)
Percodan® (oxycodone HCl/aspirin) +	Opana® (oxymorphone HCl)
Roxicet™ (oxycodone HCl/acetaminophen) +	Oxaydo® (oxycodone HCl)
Talwin® NX (pentazocine/naloxone) +	Primlev™ (oxycodone HCl/acetaminophen)
Tylenol® No. 2 (codeine phosphate/acetaminophen)	Roxybond™ (oxycodone)
Tylenol® No. 3 (codeine phosphate/acetaminophen)	Subsys® (fentanyl)
Tylenol® No. 4 (codeine phosphate/acetaminophen)	Vicoden HP® (hydrocodone bitartrate/acetaminophen)
Ultracet® (tramadol/acetaminophen)	Xodol® (hydrocodone bitartrate/acetaminophen)
Ultram® (tramadol)	
Vicodin® (hydrocodone bitartrate/acetaminophen)	
Vicodin ES® (hydrocodone bitartrate/acetaminophen)	

Opioids - Long-Acting *(Clinical prior authorization may apply)*	
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)
	Duragesic® (fentanyl)
	Exalgo® (hydromorphone HCl ER)
	Kadian® (morphine sulfate ER)
	MorphaBond ER® (morphine sulfate ER)
	Nucynta® ER (tapentadol)
	Opana® ER (oxymorphone)
	Ryzolt® (tramadol ER) +
	Xtampza® ER (oxycodone ER)
	Zohydro® ER (hydrocodone ER)

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**
Praluent® (alirocumab) Repatha® (evolocumab)	

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**
Effient® (prasurgrel) Plavix® (clopidogrel)	Brilinta® (ticagrelor) Zontivity® (vorapaxar)

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

Proton Pump Inhibitors *(Clinical prior authorization may apply)*	
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)

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Pulmonary Hypertension Agents	
Preferred	**Non-Preferred, Prior Authorization Required**
Adcirca® (tadalafil) Adempas® (riociguat) Letairis® (ambrisentan) Orenitram® (treprostinil) Revatio® (sildenafil) Tracleer® (bosentan)	Opsumit® (macitentan) Remodulin® (treprostinil) Tyvaso®, Tyvaso® Starter, Tyvaso® Refill (treprostinil) Uptravi® (selexipag) Ventavis® (iloprost)

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)

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)

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) 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)

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**
Crestor® (rosuvastatin) Lipitor® (atorvastatin) Mevacor® (lovastatin) + Pravachol® (pravastatin) Zocor® (simvastatin)	Altoprev® (lovastatin) Lescol® (fluvastatin) + Lescol® XL (fluvastatin) Livalo® (pitavastatin) Zypitamag™ (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) Avandia® (rosiglitazone) Duetact® (pioglitazone/glimepiride)

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

ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Topical Immunomodulators *(Clinical prior authorization may apply)*	
Preferred	**Non-Preferred, Prior Authorization Required**
Eucrisa® (crisaborole) Protopic® (tacrolimus)	Elidel® (pimecrolimus)

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

Xanthine Oxidase Inhibitors	
Preferred	**Non-Preferred, Prior Authorization Required**
Zyloprim® (allopurinol)	Uloric® (febuxostat)

INDEX (Arranged by Brand Name)

Abstral® (fentanyl) 19
Acanya® (benzoyl peroxide-clindamycin) gel 5
AccuNeb® (albuterol) 1
Accupril® (quinapril) 4
Aceon® (perindopril) 4
Acetasol HC® (acetic acid/hydrocortisone) 4
AcipHex® (rabeprazole) 20
AcipHex® Sprinkles™ (rabeprazole) 20
Aclovate® (alclometasone diporopionate) + ... 13
Actemra® (tocilizumab) 15
Actiq® (fentanyl) 19
Actonel® (risedronate) 10
ACTOplus Met® (pioglitazone/metformin) 22
ACTOplus Met® XR (pioglitazone/metformin) 22
Actos® (pioglitazone) 22
Acular LS® (ketorolac) 3
Acular® (ketorolac) 3
Acuvail® (ketorolac) 3
Aczone® (dapsone) 5% gel 5
Aczone® (dapsone) 7.5% gel 5
Adalat CC® (nifedipine ER) 11
Adalat® (nifedipine IR) + ... 11
Adcirca® (tadalafil) 21
Adderall XR® (dextroamphetamine/amphetamine ER)* 6
Adderall® (dextroamphetamine/amphetamine) 6
Adempas® (riociguat) 21
Adlyxin® (lixisenatide) 14
Admelog® Vial, Solostar (insulin lispro) 17
Adrenaclick® (epinephrine auto inject) + ... 7
Advair Diskus® (fluticasone/salmeterol) 1
Advair® HFA (fluticasone/salmeterol) 1
Advil® (ibuprofen) 18
Adzenys ER™ (amphetamine ER) 6
Adzenys XR-ODT™ (amphetamine ER) 6
Aerospan® (flunisolide) 2
Afrezza® (insulin regular inhalation) 17
Aggrenox® (aspirin-dipyridamole ER) 20
Airduo™ Respiclick® (fluticasone/salmeterol) 1
Ala-Cort® (hydrocortisone base) 13
Alaway® (ketotifen) 3
Aleve® (naproxen) 18
Allegra® (fexofenadine) 9
Allegra® ODT (fexofenadine) 9
Allegra-D® (fexofenadine/pseudoephedrine) 9
Allegra-D24® (fexofenadine/pseudoephedrine) 9

Alocril® (nedocromil) 3
Alomide® (lodoxamide) 3
Alphagan® P (brimonidine) 0.1% 2
Alphagan® P (brimonidine) 0.15% 2
Alsuma® (sumatriptan) + ... 23
Altace® (ramipril)* 4
Altoprev® (lovastatin) 22
Altreno™ (tretinoin) lotion 5
Alvesco® (ciclesonide) 2
Amaryl® (glimepiride) 22
Ambien® (zolpidem) 22
Ambien® CR (zolpidem CR) 22
Amerge® (naratriptan) 23
Amevive® (alefacept) 16
Amitiza® (lubiprostone) 8
Amitiza®(lubiprostone) 7
Amoxapine 8
Amrix® (cyclobenzaprine ER) 17
Anafranil® (clomipramine) 8
Anaprox DS® (naproxen) 18
Anaprox® (naproxen) 18
Androderm® (testosterone) 7
Androgel® (testosterone) 7
Android® (methyltestosterone) 7
Anoro Ellipta® (umeclidinium/vilanterol) 1
Ansaid® (flurbiprofen) + ... 18
Antara® (fenofibrate) 14
Anzemet® (dolasetron) 9
ApexiCon E® (diflorasone diacetate) 12
Apidra® Vial, Solostar® 17
Apriso® (mesalamine ER 24hr) 16
Aptensio XR® (methylphenidate ER) 6
Aranesp® (darbepoetin alfa) 13
Arcapta® (indacaterol) 1
Armonair™ RespiClick® (fluticasone) 2
Arnuity Ellipta® (fluticasone) 2
Arthrotec® (diclofenac/misoprostol) 18
Arymo™ ER (morphine sulfate ER) 19
Asacol® HD (mesalamine DR) 16
Asmanex® (mometasone) 2
Asmanex® HFA (mometasone) 2
Astelin® (azelastine)+ 2
Astepro® (azelastine) 2
Atacand HCT® (candesartan/HCTZ) 9
Atacand® (candesartan) 9
Atelvia® (risedronate) 10
Atralin® (tretinoin) gel 5
Atrovent® HFA (ipratropium bromide) 1

Auryxia® (ferric citrate) 20
Avalide® (irbesartan/HCTZ) 9
Avandia® (rosiglitazone) 22
Avapro® (irbesartan) 9
Avar LS® (sulfacetamide-sulfur) pads 5
Avar® (sulfacetamide-sulfur) pads 5
Avar-E Green® (sulfacetamide-sulfur) cream 5
Avar-E® Emollient (sulfacetamide-sulfur) cream 5
Aveed® (testosterone undecanoate) 7
Avinza® (morphine sulfate ER) + ... 19
Avita® (tretinoin) cream 5
Avita® (tretinoin) gel 5
Avodart®(dutasteride) 7
Axert® (almotriptan) 23
Axid® (nizatidine) + ... 14
Axiron® (testosterone) 7
Azelex® (azelaic acid) 21
Azelex® (azelaic acid) cream 5
Azopt® (brinzolamide) 3
Azor® (amlodipine/olmesartan) 9
Azulfadine EN-tabs (sulfasalazine) 16
Azulfidine® (sulfasalazine) 16
Banzel® (rufinamide) 6
Basaglar® (insulin glargine) 16
Beconase AQ® (beclomethasone) 2
Belbuca® (buprenorphine) 19
Belsomra® (suvorexant) 22
Benicar HCT® (olmesartan/HCTZ) 9
Benicar® (olmesartan) 9
Benzaclin® (benzoyl peroxide-clindamycin) gel 5
Benzamycin® (benzoyl peroxide-erythromycin) gel 5
Bepreve® (bepotastine) 3
Betagan® (levobunolol) 3
Betapace AF® (sotalol AF) 10
Betapace® (sotalol) 10
Bethkis® (tobramycin) 2
Betimol® (timolol) 3
Betoptic® (betaxolol) + ... 3
Betoptic®-S (betaxolol) 3
Bevespi Aerosphere™ (glycopyrrolate/formoterol) 1
Binosto® (alendronate) 10
Blephamide S.O.P.® (sulfacetamide/prednisolone) 3
Blephamide® (sulfacetamide/prednisolone) 3
Blocadren® (timolol) + ... 10
Boniva® (ibandronate) 10
BP 10-1® (sulfacetamide/sulfur cleanser) 5
Breo Ellipta® (fluticasone/vilanterol) 1
Brilinta® (ticagrelor) 20

Brimonidine 0.2% 2
Bromday® (bromfenac) 3
BromSite® (bromfenac) 3
Brovana® (arformoterol) 1
Butrans® (buprenorphine) 19
Bydureon® BCise™ (exenatide ER) 14
Bydureon® Pens and Vials (exenatide ER) 14
Byetta® (exenatide) 14
Bystolic® (nebivolol) 10
Byvalson® (nebivolol/valsartan) 10
Caduet® (amlodipine/atorvastatin) 22
Calan SR® (verapamil SR) 11
Calan® (verapamil IR) 11
Cambia® (diclofenac) 18
Capex® (fluocinolone acetonide) 13
Capoten® (captopril) + ... 4
Carac® (fluorouracil) 6
Cardene® (nicardipine IR) + ... 11
Cardizem® (diltiazem IR)* 11
Cardizem® CD (diltiazem) 11
Cardizem® LA (diltiazem) 11
Cardizem® SR (diltiazem) 11
Carteolol 3
Cartia XT® (diltiazem ER) 11
Cataflam® (diclofenac potassium) + ... 18
Celebrex® (celecoxib)* 13
Celexa® (citalopram) 8
Celexa® solution (citalopram) + ... 8
Cesamet® (nabilone) 9
Cimzia® (certolizumab) 15, 16
Cipro® HC (ciprofloxacin/hydrocortisone) 4
Ciprodex® (ciprofloxacin/dexameth) 4
Clarinex-D 12-hour® (desloratadine/pseudoephedrine) 9
Claritin 24-hr Allergy® (loratadine) 9
Claritin Hives Relief® (loratadine) 9
Claritin® (loratadine) 9
Claritin® Syrup (loratadine) 9
Clenpiq™ (sodium picosulfate/magnesium oxide/citric acid) 11
Cleocin-T® (clindamycin) gel 5
Cleocin-T® (clindamycin) lotion 5
Cleocin-T® (clindamycin) solution 5
Cleocin-T® (clindamycin) swab 5
Clindacin Pac® (clindamycin) kit 5
Clindacin® ETZ (clindamycin) swab 5
Clindacin-P® (clindamycin) swab 5
Clindagel® (clindamycin) gel 5
Clinoril® (sulindac) + ... 18
Clobetasol Proprionate E® (clobetasol propionate) 12

Clobex® (clobetasol propionate) 12
Clodan® (clobetasol propionate) 12
Cloderm® (clocortolone pivalate) 12
Codeine sulfate (all generics) 19
Colazal® (balsalazide disodium) 16
Colestid® Granules (colestipol) 10
Colestid® Tablets (colestipol) 10
Combigan® (brimonidine/timolol) 3
Combunox™ (oxycodone/ibuprofen) + ... 19
Concerta® (methylphenidate ER) 6
ConZip® (tramadol) 19
Cordran® (flurandrenolide) 12
Coreg CR® (carvedilol CR) 10
Coreg® (carvedilol) 10
Corgard® (nadolol) 10
Cormax Scalp® (clobetasol propionate) + ... 12
Cortef® (hydrocortisone) 12
Cortisporin® Otic Solution (neomycin/polymyxin B/hc) 4
Cortisporin® Otic Suspension (neomycin/polymyxin B/hc) 4
Cortisporin-TC® (neomy/colist/hc/thonz) 4
Cortone® (cortisone)+ 12
Corzide® (nadolol/bendroflumethiazide) 10
Cosentyx® (secukinumab) 15, 16
Cosopt® (dorzolamide/timolol) 3
Cosopt® PF (dorzolamide/timolol PF) 3
Cotempla XR-ODT™ (methylphenidate) 6
Coumadin® (warfarin) 7
Cozaar® (losartan) 9
Creon® (pancrelipase)* 20
Crestor® (rosuvastatin) 22
Cromolyn® (cromolyn) 3
Cutivate® (fluticasone propionate) 12
Cymbalta® (duloxetine) 8
Daklinza® (daclatasvir) 14
Dantrium® (dantrolene) 18
Daypro® (oxaprozin) 18
Daytrana® (methylphenidate) 6
DDAVP® (desmopressin) nasal solution 13
DDAVP® (desmopressin) tablets 13
DDAVP® Rhinal Tube (desmopressin) 13
Decadron® (dexamethasone) 12
Deltasone® (prednisone) 12
Delzicol® (mesalamine DR)* 16
Demerol® (meperidine HCl) 19
Depo-Testosterone® (testosterone cypionate) 7
Derma-Smoothe/FS Body & Scalp® (fluocinolone acetonide) 13
Dermatop® (prednicarbate) + ... 12
Dermazone® (triamcinolone acetonide) 12

Desonate® (desonide) 13
DesOwen® (desonide) 12
Desoxyn® (methamphetamine) 6
Detrol® (tolterodine) 11
Detrol® LA (tolterodine ER) 11
Dexamethasone 0.5 mg/5 mL elixir 12
Dexamethasone 0.5 mg/5 mL solution 12
Dexamethasone Intensol® (dexamethasone) concentrate 12
Dexedrine® ER capsules (dextroamphetamine ER) 6
Dexedrine® tablets (dextroamphetamine) 6
Dexilant® (dexlansoprazole)* 20
Dexilant® SoluTab (dexlansoprazole) 20
Dexpak DP® (dexamethasone) 12
Dextrostat® (dextroamphetamine) + ... 6
DiaBeta® (glyburide) + ... 22
Differin® (adapalene) 0.1% and 0.3% gel tube 5
Differin® (adapalene) 0.1% solution 5
Differin® (adapalene) 0.3% gel pump 5
Differin® (adapalene) cream 5
Differin® (adapalene) lotion 5
Dilaudid® (hydromorphone HCl) 19
Dilt-XR® (diltiazem ER) 11
Diovan HCT® (valsartan/HCTZ) 9
Diovan® (valsartan) 9
Dipentum® (olsalazine) 16
Diprolene AF® (betamethasone dipropionate augmented) 12
Diprolene® (betamethasone dipropionate augmented) 12
Ditropan XL® (oxybutynin ER) 11
Ditropan® (oxybutynin) tablets and syrup+ 11
Dolobid® (diflunisal) + ... 18
Doxepin capsules and solution 8
Duac® (benzoyl peroxide-clindamycin) gel 5
Duetact® (pioglitazone/glimepiride) 22
Dulera® (formoterol/mometasone) 1
Duragesic® (fentanyl) 19
Dutoprol® (metoprolol/HCTZ) 10
Dyanavel® XR (amphetamine ER) 6
DynaCirc® (isradipine IR) + ... 11
EC-Naprosyn® (naproxen) 18
Edarbi® (azilsartan medoxomil) 9
Edarbyclor® (azilsartan medoxomil/chlorthalidone) 9
Edluar® (zolpidem) 22
Effexor® (venlafaxine) + ... 8
Effexor® XR capsules (venlafaxine ER)* 8
Effexor® XR tablets (venlafaxine ER) + ... 8
Effient® (prasurgrel) 20
Efudex® (fluorouracil) 6
Elavil® (amitriptyline) 8

Elestat® (epinastine) 3
Elidel® (pimecrolimus) 23
Eliphos® (calcium acetate) + ... 20
Eliquis® (apixaban) 7
Elocon® (mometasone furoate) 12
Emadine® (emedastine) 3
Embeda® (morphine/naltrexone)* 19
Enablex® (darifenacin) 11
Enbrel® (etanercept) 15, 16
Entocort® EC (budesonide) 16
Entresto® (sacubitril/valsartan) 9
Entyvio® (vedolizumab) 15, 16
Epaned® (enalapril solution) 4
Epclusa® (sofosbuvir/velpatasvir) 14
Epiduo® (benzoyl peroxide-adapalene) gel 5
Epiduo® Forte (adapalene/benzoyl peroxide) 5
Epinephrine auto injectors 7
Epipen Jr® (epinephrine auto inject) 7
Epipen® (epinephrine auto inject) 7
Epogen® (epoetin alfa) 13
Ery® (erythromycin) pads 5
Erygel® (erythromycin) gel 5
Erythromycin solution 5
Esomeprazole strontium® (esomeprazole strontium) 20
Eucrisa® (crisaborole) 23
Evekeo® (amphetamine) 6
Evoclin® (clindamycin phosphate) foam 5
Exalgo® (hydromorphone HCl ER) 19
Exforge® (amlodipine/valsartan) 9
Fabior® (tazarotene) foam 5
Famvir® (famciclovir) + ... 9
Farxiga® (dapagliflozin) 21
Feldene® (piroxicam) 18
Fenofibrate generics 14
Fenoglide® (fenofibrate) 14
Fentora® (fentanyl) 19
Fetzima® (levomilnacipran) 8
Fexmid® 7.5mg (cyclobenzaprine) 17
Fiasp® Vial, Flextouch® 17
Finacea® (azelaic acid) 21
Fioricet® with Codeine 50/300/40/30 (butalbital/acetaminophen/ceffeine/acetaminophen) 19
Fioricet® with Codeine 50/325/40/30 mg (butalbital/acetaminophen/caffeine/codeine) 19
Fiorinal® with Codeine (butalbital/aspirin/caffeine/codeine) 19
Flector® Patch (diclofenac epolamine) 18
Flexeril® (cyclobenzaprine) + ... 17
Flonase® (fluticasone) 2
Flovent® Diskus® (fluticasone) 2
Flovent® HFA (fluticasone) 2

Fluocinolone Body & Scalp® (fluocinolone acetonide) 13
Focalin® (dexmethylphenidate) 6
Focalin® XR (dexmethylphenidate ER)* 6
Fortamet® (metformin ER 10
Fortesta® (testosterone) 7
Fosamax Plus D® (alendronate/cholecalciferol) 10
Fosamax® (alendronate) 10
Fosamax® oral solution (alendronate) + ... 10
Fosrenol® (lanthanum carbonate) 20
Frova® (frovatriptan) 23
Fycompa® (perampanel) 6
Gabitril® (tiagabine) 6
Gavilyte®-C (polyethylene glycol-electrolyte solution) 11
Gavilyte®-G (polyethylene glycol-electrolyte solution) 11
Gavilyte®-N (polyethylene glycol-electrolyte solution) 11
Gelnique® Gel (oxybutynin) 11
Generic tobramycin 300 mg/5 mL nebulization solution 2
Genotropin® (somatropin) 14
Genotropin® MiniQuick (somatropin) 14
Giazo® (balsalazide disodium) 16
Glucophage® (metformin) 10
Glucophage® XR (metformin ER) 10
Glucotrol XL® (glipizide XL) 22
Glucotrol® (glipizide) 22
Glucovance® (glyburide/metformin) 22
Glumetza® (metformin ER) 10
Glynase PresTab® (micronized glyburide) 22
Glyset® (miglitol) 7
Glyxambi® (empagliflozin/linagliptin) 21
GoLYTELY® (polyethylene glycol-electrolyte solution) 11
Halog® (halcinonide) 12
Harvoni® (ledipasvir/sofosbuvir) 14
Hetlioz® (tasimelteon) 21
Humalog® (excluding multi-dose vials) 17
Humalog® KwikPen®, Junior KwikPen® 17
Humalog® Mix (excluding multi-dose vials) 17
Humalog® Mix multi-dose vial 17
Humalog® multi-dose vial 17
Humatrope® (somatropin) 14
Humira® (adalimumab) 15, 16
Humulin 70/30® (excluding multi-dose vials) 17
Humulin 70/30® multi-dose vial 17
Humulin N® (excluding multi-dose vials) 17
Humulin N® multi-dose vial 17
Humulin R® (excluding multi-dose vials) 17
Humulin R® multi-dose vial 17
Hycet® (hydrocodone bitartrate/acetaminophen) + ... 19
Hydrocortisone base (all generics of brand products on the PDL) 13

Hysingla® ER (hydrocodone ER) 19
Hyzaar® (losartan/HCTZ) 9
Ilaris® (canakinumab) 15
Ilevro® (nepafenac) 3
Imitrex® (sumatriptan) pens, vials, cartridges, nasal spray 23
Imitrex® (sumatriptan) tablets 23
Incruse Ellipta® (umeclidinium bromide) 1
Inderal® (propranolol) + ... 10
Inderal® LA (propranolol XL) 10
Indocin® (indomethacin) 18
Indocin® SR (indomethacin) 18
InnoPran® XL (propranolol XL) 10
Intermezzo® (zolpidem) 22
Invokamet® (canagliflozin/metformin) 21
Invokamet® XR (canagliflozin/metformin ER) 21
Invokana® (canagliflozin) 21
Iopidine® (apraclonidine) 2
Isoptin® SR (verapamil SR) + ... 11
Istalol® (timolol) 3
Janumet® (sitaliptin/metformin) 13
Janumet® XR (sitagliptin/metformin XR) 13
Januvia® (sitagliptin) 13
Jardiance® (empagliflozin) 21
Jentadueto® (linagliptin/metformin) 13
Jentadueto® XR (linagliptin/metformin XR) 13
Jornay PM™ (methylphenidate ER) 6
Juxtapid® (lomitapide mesylate) 15
Kadian® (morphine sulfate ER) 19
Kapspargo™ Sprinkle (metoprolol succinate) 10
Kazano® (alogliptin/metformin) 13
Kenalog® (triamcinolone acetonide) 12
Keppra XR® (levetiracetam XR) 6
Keppra® (levetiracetam) 6
Keppra® Solution (levetiracetam) 6
Kerlone® (betaxolol) + ... 10
Kevzara® (sarilumab) 15
Khedezla® (desvenlafaxine) 8
Kineret® (anakinra) 15
Kitabis pak® (tobramycin nebulizer) 2
Klaron® (sulfacetamide) lotion (suspension) 5
Kombiglyze® XR (saxagliptin/metformin) 13
Kynamro® (mipomersen) 15
Kytril® (granisetron) + ... 9
Labetalol® (labetalol) 10
Lantus SoloStar® (insulin glargine) 16
Lantus® (insulin glargine) 16
Lastacaft® (alcaftadine) 3
Lazanda™ (fentanyl) 19

Lescol® (fluvastatin) + ... 22
Lescol® XL (fluvastatin) 22
Letairis® (ambrisentan) 21
Levemir® Vial, FlexPen, FlexTouch (insulin detemir) 16
Levorphanol (all generics) 19
Lexapro® (escitalopram) 8
Lexapro® solution (escitalopram) + ... 8
Lialda® (mesalamine DR) 16
Lidex E® (fluocinonide) + ... 12
Lidex® (fluocinonide) + ... 12
Linzess®(linaclotide)* 7
Lioresal® (baclofen) 18
Lipitor® (atorvastatin) 22
Lipofen® (fenofibrate) 14
Livalo® (pitavastatin) 22
Locoid Lipocream® (hydrocortisone butyrate) 12
Locoid® (hydrocortisone butyrate) 12
Lodine® (etodolac) 18
Lodine® XL (etodolac) + ... 18
Lofibra® (fenofibrate) 14
LoKara® (desonide) + ... 12
Lonhala™ Magnair™ (glycopyrrolate) 1
Lopid® (gemfibrozil) 14
Lopressor HCT® (metoprolol/HCTZ) 10
Lopressor® (metoprolol tartrate) 10
Lorcet HD® (hydrocodone bitartrate/acetaminophen) 19
Lorcet Plus® (hydrocodone bitartrate/acetaminophen) 19
Lortab® (hydrocodone bitartrate/acetaminophen) 19
Lorzone® (chlorzoxazone) 17
Lotensin® (benazepril) 4
Lotrel® (benazepril/amlodipine) 4
Lotronex®(alosetron) 8
Lovaza® (omega-3 acid ethyl esters) 15
Lumigan® (bimatoprost) 4
Lunesta® (eszopiclone) 22
Luvox CR® (fluvoxamine CR) + ... 8
Luvox® (fluvoxamine) + ... 8
Luxiq® (betamethasone valerate) 12
Lyrica® (pregabalin) 6
Lyrica®Solution (pregabalin) 6
Marinol® (dronabinol) 9
Matzim LA® (diltiazem ER) 11
Mavik®(trandolapril) + ... 4
Mavyret®(glecaprevir/pibrentasvir) 14
Maxalt® (rizatriptan) 23
Maxalt-MLT® (rizatriptan) 23
Maxitrol® (neomycin/polymyxin/dexamethasone) 3
Medrol DosePak® (methylprednisolone) 12

Medrol® (methylprednisolone) 12
Metadate CD® (methylphenidate 30/70)* + ... 6
Metadate® ER (methylphenidate ER) 6
Metaglip® (glipizide/metformin) + ... 22
Metaxall® (metaxalone) 17
Methitest® (methyltestosterone) 7
Methotrexate 2.5 mg tablets 17
Methylin Chewable® (methylphenidate) + ... 6
Methylin Solution® (methylphenidate) 6
Metrocream® (metronidazole) 21
Metrogel® (metronidazole) 21
MetroLotion® (metronidazole) 21
Mevacor® (lovastatin) + ... 22
Micardis HCT® (telmisartan/HCTZ) 9
Micardis® (telmisartan) 9
Micronase® (glyburide) + ... 22
Millipred™ (prednisolone) 12
Millipred™ DP (prednisolone) 12
Millipred™ DP 12-day (prednisolone) 12
Mircera® (methoxy polyethylene glycol-epoetin beta) 13
Mirvaso® (brimonidine) 21
Mobic® (meloxicam) 18
Monopril® (fosinopril) + ... 4
MorphaBond ER® (morphine sulfate ER) 19
Morphine sulfate (all generics)* 19
Motrin® (ibuprofen) 18
Motrin-IB® (ibuprofen) 18
Movantik® (naloxegol) 8
MoviPrep® (polyethylene glycol-electrolyte solution) 11
MS Contin® (morphine sulfate ER) 19
Mydayis® (dextroamphetamine/amphetamine) 6
Myrbetriq®(mirabegron) 11
Nalfon® (fenoprofen) 18
Naprelan® (naproxen) 18
Naprelan® CR Dosepak (naproxen) 18
Naprosyn® (naproxen) 18
Nasacort AQ®(triamcinolone) 2
Nasarel® (flunisolide) + ... 2
Nasonex® (mometasone) 2
Natesto® (testosterone) 7
Natroba® (spinosad) 17
Nesina® (alogliptin) 13
Neuac® (clindamycin/benzoyl peroxide) 5
Neurontin® (gabapentin) 6
Nevanac® (nepafenac) 3
Nexium ®Suspension (esomeprazole) 20
Nexium® (esomeprazole) 20
Nocdurna® (desmopressin) 13

Noctiva™ (desmopressin) 13
Nolix® (flurandrenolide) 12
Norco® (hydrocodone bitartrate/acetaminophen) 19
Norditropin® FlexPro (somatropin) 14
Norflex® (orphenadrine) + ... 17
Norgesic® (orphenadrine/aspirin/caffeine) 17
Norgesic® Forte (orphenadrine/aspirin/caffeine) 17
Noritate® (metronidazole) 21
Norpramin® (desipramine) 8
Norvasc® (amlodipine) 11
Novolin 70/30® (excluding multi-dose vials) 17
Novolin 70/30® multi-dose vial 17
Novolin N® (excluding multi-dose vials) 17
Novolin N® multi-dose vial 17
Novolin R® (excluding multi-dose vials) 17
Novolin R® multi-dose vial 17
NovoLog® Mix multi-dose vial, PenFill, & FlexPens 17
NovoLog® multi-dose vial, PenFill, & FlexPen 17
Nplate® (romiplostim) 22
Nucynta® ER (tapentadol) 19
Nucynta™ (tapentadol) 19
NuLYTELY® (polyethylene glycol-electrolyte solution) 11
Nutropin AQ NuSpin® (somatropin) 14
Ocufen®(flurbiprofen) + ... 3
Olumiant® (baricitinib) 15
Olux® (clobetasol propionate) 12
Olux-E® (clobetasol propionate) 12
Omnaris® (ciclesonide) 2
Omnitrope® (somatropin) 14
Onexton® (benzoyl peroxide-clindamycin) gel 5
Onfi® (clobazam) 6
Onglyza® (saxagliptin) 13
Onzetra Xsail® (sumatriptan) 23
Opana® (oxymorphone HCl) 19
Opana® ER (oxymorphone) 19
Opsumit® (macitentan) 21
OptiPranolol® (metipranolol) + ... 3
Optivar® (azelastine) 3
Orapred® (prednisolone) + ... 12
Orapred® ODT™ (prednisolone) 12
Orencia® (abatacept) 15
Orencia®(abatacept) 16
Orenitram® (treprostinil) 21
Orudis® (ketoprofen) + ... 18
Orudis® KT (ketoprofen) + ... 18
Oruvail® (ketoprofen) + ... 18
Oseni®(alogliptin/pioglitazone) 13
OsmoPrep® (sodium phosphate) 11

Otezla® (apremilast) 16
Otovel® (ciprofloxacin/fluocinolone) 4
Otrexup® (methotrexate) 17
Ovide® (malathion) 17
Oxandrin® (oxandrolone) 7
Oxaydo® (oxycodone HCl) 19
Oxtellar® XR (oxcarbazepine) 6
Oxycodone HCl (all generics)* 19
OxyContin® (oxycodone SR) 19
Oxytrol® Patch (oxybutynin) 11
Ozempic® (semaglutide) 14
Pamelor® (nortriptyline) 8
Pamelor® solution (nortriptyline) + ... 8
Pancreaze® (pancrelipase)* 20
Pandel® (hydrocortisone probutate) 12
Parafon Forte DSC® (chlorzoxazone) + ... 17
Pataday® (olopatadine) 3
Patanase® (olopatadine) 2
Patanol® (olopatadine) 3
Paxil ® solution (paroxetine) 8
Paxil CR® (paroxetine ER) 8
Paxil® (paroxetine) 8
Pazeo® (olopatadine) 3
Pediaderm HC® (hydrocortisone base) 13
Pediapred® (prednisolone) 12
Pennsaid® (diclofenac) 18
Pentasa® (mesalamine ER)* 16
Pepcid® (famotidine) 14
Pepcid® (famotidine) oral suspension 14
Percocet® (oxycodone HCl/acetaminophen) 19
Percodan® (oxycodone HCl/aspirin) + ... 19
Perforomist® (formoterol) 1
Pertzye ® (pancrelipase) 20
Pexeva® (paroxetine) 8
Phoslo® (calcium acetate) + ... 20
Phoslyra® (calcium acetate oral solution) 20
Picato® (ingenol mebutate) 6
Plavix® (clopidogrel) 20
Plendil® (felodipine) + ... 11
Plenvu® (polyethylene glycol-electrolyte solution) 11
Polyethylene glycol 3350 with electrolytes 11
Ponstel® (mefenamic acid) + ... 18
Pradaxa® (dabigatran) 7
Praluent® (alirocumab) 20
Prandin® (repaglinide) 17
Pravachol® (pravastatin) 22
Precose® (acarbose) 7
Pred-G S.O.P.® (prednisolone/Gentamicin) 3

Pred-G® (prednisolone/gentamicin) 3
Prednisolone syrup 12
Prednisone Intensol™ (prednisone concentrate) 12
Prednisone solution 12
Prepopik® (sodium picosulfate/magnesium oxide/citric acid) 11
Prestalia® (perindopril/amlodipine) 4
Prevacid SoluTab® (lansoprazole) 20
Prevacid® (lansoprazole) 20
Prevalite® Powder (cholestyramine light) 10
Prevalite® Powder Packs (cholestyramine light) 10
Prexxartan® (valsartan) 9
Prilosec® (omeprazole)* 20
Prilosec® Packets (omeprazole) 20
Primlev™ (oxycodone HCl/acetaminophen) 19
Prinivil® (lisinopril) 4
Pristiq® (desvenlafaxine) 8
ProAir HFA® (albuterol) 1
ProAir RespiClick® (albuterol) 1
Procardia® XL (nifedipine ER) 11
Procentra® (dextroamphetamine) 6
Procrit® (epoetin alfa) 13
Prolensa® (bromfenac) 3
Promacta® (eltrombopag) 22
Proscar®(finasteride) 7
Protonix® (pantoprazole) 20
Protonix® Packets (pantoprazole) 20
Protopic® (tacrolimus) 23
Proventil® HFA (albuterol) 1
Proventil® Inhalation Solution (albuterol) 1
Prozac Weekly® (fluoxetine) + ... 8
Prozac® capsules (fluoxetine) 8
Prozac® solution (fluoxetine) + ... 8
Prozac® tablets (fluoxetine) + ... 8
Psorcon® (diflorasone diacetate) 12
Pulmicort Flexhaler™ (budesonide) 2
Pulmicort Respules® (budesonide) *> 7 years of age 2
Pulmicort Respules® (budesonide) *≤ 6 years of age only 2
Qbrelis® (lisinopril solution) 4
Qnasl® (beclomethasone) 2
Qtern® (dapagliflozin/saxagliptin) 21
Questran Light® (cholestyramine light) 10
Questran® (cholestyramine) 10
Quillichew ER™ (methylphenidate ER) 6
Quillivant XR® (methylphenidate ER) 6
QVAR RediHaler®(beclomethasone) 2
QVAR® (beclomethasone) 2
Rasuvo® (methotrexate) 17
Rayos® (prednisone DR) 12

Refresh® (ketotifen) 3
Relafen® (nabumetone) + ... 18
Relexxii™ (methylphenidate ER) 6
Relistor® (methylnaltrexone) (tablets and injection) 8
Relpax® (eletriptan) 23
Remicade® (infliximab) 15, 16
Remodulin® (treprostinil) 21
Renagel® (sevelamer HCl) 20
Renvela® (sevelamer carbonate) 20
Repatha® (evolocumab) 20
Retacrit™ (epoetin alfa-epbx) 13
Retin-A® (tretinoin) 0.01% gel 5
Retin-A® (tretinoin) cream 5
Retin-A® Micro (tretinoin) gel 5
Revatio® (sildenafil) 21
Rhinocort AQ® (budesonide) 2
Rhofade® (oxymetazoline) 21
Riomet® (metformin oral solution) 10
Ritalin LA® (methylphenidate 50/50) 6
Ritalin SR® (methylphenidate ER) + ... 6
Ritalin® (methylphenidate) 6
Rituxan® (rituximab) 15
Robaxin® (methocarbamol) 17
Robaxin-750® (methocarbamol) 17
Rosadan® (metronidazole) 21
Rosanil® Cleanser (sulfacetamide-sulfur) emulsion 5
Roxicet™ (oxycodone HCl/acetaminophen) + ... 19
Roxybond™ (oxycodone) 19
Rozerem® (ramelteon) 21
Ryzolt® (tramadol ER) + ... 19
Saizen® (somatropin) 14
Sanctura® (trospium) + ... 11
Sanctura® XR (trospium ER) + ... 11
Sancuso® (granisetron) 9
Savaysa® (edoxaban) 7
Savella® (milnacipran) 8
Sectral® (acebutolol) + ... 10
Seebri Neohaler® (glycopyrrolate) 1
Segluromet™ (ertugliflozin/metformin) 21
Serevent® Diskus® (salmeterol) 1
Sernivo® (betamethasone dipropionate) 12
Silenor® (doxepin) 21
Siliq® (brodalumab) 16
Simbrinza™ (brinzolamide/brimonidine) 3
Simponi Aria® (golimumab) 15
Simponi® (golimumab) 15, 16
Sitavig® (acyclovir) + ... 9
Skelaxin® (metaxalone) 17

Sklice® (ivermectin) 17
Solaraze 3% gel (diclofenac sodium) + ... 6
Soliqua® (insulin glargine/lixisenatide) 16
Soma® (carisoprodol) 17
Sonata® (zaleplon) 22
Soolantra® (ivermectin) 21
Sovaldi® (sofosbuvir)/Olysio® (simprevir) in combination 14
Spiriva® Handihaler® (tiotropium) 1
Spiriva® Respimat (tiotropium) 1
Spritam® (levetiracetam) 6
Sprix® Nasal Spray (ketorolac tromethamine) 18
SSS 10-5® (sulfacetamide-sulfur) cream 5
Starlix® (nateglinide) 17
Steglatro™ (ertugliflozin) 21
Steglujan™ (ertugliflozin/sitagliptin) 21
Stelara® (ustekinumab) 15, 16
Stiolto® Respimat® (tiotropium/olodaterol) 1
Striant® (testosterone) 7
Striverdi® Respimat® (olodaterol) 1
Subsys® (fentanyl) 19
Sular® (nisoldipine) 11
Sulfacetamide-Sulfur lotion 5
Sumadan XLT® (sulfacetamide-sulfar) kit 5
Sumadan® (sulfacetamide-sulfur) kit 5
Sumadan® Wash (sulfacetamide-sulfur cleanser) 5
Sumavel DosePro® (sumatriptan) 23
Sumaxin® (sulfacetamide-sulfur) pads 5
Sumaxin® TS (sulfacetamide-sulfur) suspension 5
Sumaxin® Wash (sulfacetamide-sulfur) liquid 5
Suprep® Bowel Prep Kit (sodium sulfate/potassium sulfate/magnesium sulfate) 11
Surmontil® (trimipramine) 8
Symbicort® (budesonide/formoterol) 1
Symjepi®(epinephrine) + ... 7
Symproic® (naldemedine) 8
Synalar® (fluocinolone acetonide) 12, 13
Syndros® (dronabinol) 9
Synjardy® (empagliflozin/metformin) 21
Synjardy® XR (empagliflozin/metformin ER) 21
Tagamet® (cimetidine) 14
Taltz® (ixekizumab) 16
Talwin® NX (pentazocine/naloxone) + ... 19
TaperDex DP® (dexamethasone) 12
Tarka® (trandolapril/verapamil) 4
Tazorac® (tazarotene) cream 5
Tazorac® (tazarotene) gel 5
Taztia XT ®(diltiazem ER)* 11
Technivie® (ombitasvir/paritaprev/ritonavir) 14
Temovate® (clobetasol propionate) 12

Tenormin® (atenolol) 10
Testim® (testosterone) 7
Testred® (methyltestosterone) 7
Teveten® (eprosartan) 9
Texacort® (hydrocortisone base) 13
Tiazac® (diltiazem) 11
Timoptic® (timolol) 3
Timoptic® Ocudose® (timolol) 3
Timoptic-XE® (timolol) 3
Tivorbex® (indomethacin) 18
Tobi® (tobramycin) 2
Tobi® Podhaler™ (tobramycin) 2
TobraDex® (tobramycin/dexamethasone) 3
TobraDex® ST (tobramycin/dexamethasone) 3
Tofranil - PM® (imipramine) + ... 8
Tofranil® (imipramine) 8
Tolak® (fluorouracil) 6
Tolectin 600® (tolmetin) + ... 18
Tolectin DS® (tolmetin) 18
Topicort® (desoximetasone) 12
Toprol-XL® (metoprolol succinate) 10
Toradol®(ketorolac) (limited to a 5 day supply) + ... 18
Toujeo Solostar® (insulin glargine) 16
Toviaz® (fesoterodine) 11
Tracleer® (bosentan) 21
Tradjenta® (linagliptin) 13
Travatan Z® (travoprost) 4
Tremfya®(Guselkumab) 16
Tresiba Flextouch® (insulin degludec) 16
Trexall® (methotrexate) 17
Triamcinolone acetonide (all generics of brand products on the PDL) 12
Trianex® (triamcinolone acetonide) 12
Tribenzor® (olmesartan/amlodipine/HCTZ) 9
Tricor® (fenofibrate) 14
Triderm® (triamcinolone acetonide) 12
Tridesilon® (desonide) 12
Triglide® (fenofibrate) 14
Trilipix® (fenofibric acid) 14
Trilyte® (polyethylene glycol-electrolyte solution) 11
Trulance®(plecanatide) 7
Trulicity® (dulaglutide) 14
Trusopt® (dorzolamide) 3
Tudorza PressAir® (aclidinium) 1
Twynsta® (amlodipine/telmisartan) 9
Tylenol® No. 2 (codeine phosphate/acetaminophen) 19
Tylenol® No. 3 (codeine phosphate/acetaminophen) 19
Tylenol® No. 4 (codeine phosphate/acetaminophen) 19
Tysabri® (natalizumab) 15

Tyvaso®, Tyvaso® Starter, Tyvaso® Refill (treprostinil) 21
Uceris® (budesonide) 16
Uloric® (febuxostat) 23
Ultracet® (tramadol/acetaminophen) 19
Ultram® (tramadol) 19
Ultram® ER (tramadol ER) + ... 19
Ultravate® (halobetasol propionate) 12
Univasc® (moexipril) + ... 4
Uptravi® (selexipag) 21
Urispas® (flavoxate) + ... 11
Utibron™ Neohaler® (indacaterol/glycopyrrolate) 1
Valisone® (betamethasone valerate) + ... 12
Valtrex® (valacyclovir) 9
Vanos® (fluocinonide) 12
Vascepa® (icosapent ethyl) 15
Vasotec® (enalapril) 4
Velosulin BR® (excluding multi-dose vials) 17
Velosulin BR® multi-dose vial 17
Velphoro® (sucroferric oxyhydroxide) 20
Veltin® (clindamycin-tretinoin) 5
Ventavis® (iloprost) 21
Ventolin HFA® (albuterol) 1
Ventolin® Inhalation Solution (albuterol) 1
Verdeso® (desonide) 13
Verelan PM® (verapamil) 11
Verelan® (verapamil SR) 11
Veripred® 20 (prednisolone) 12
Vesicare® (solifenacin) 11
Viberzi®(eluxadoline) 8
Vicoden HP® (hydrocodone bitartrate/acetaminophen) 19
Vicodin ES® (hydrocodone bitartrate/acetaminophen) 19
Vicodin® (hydrocodone bitartrate/acetaminophen) 19
Victoza® (liraglutide) 14
Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir) 14
Viekira® XR (dasabuvir/ombitasvir/paritaprevir/ritonavir) 14
Vimovo®(naproxen/esomeprazole) 18
Viokace® (pancrelipase) 20
Visken® (pindolol) + ... 10
Vivactil® (protriptyline) + ... 8
Vivlodex® (Meloxicam) 18
Vogelxo® (testosterone) 7
Voltaren® Gel (diclofenac) 18
Voltaren® ophthalmic (diclofenac) + ... 3
Voltaren® XR (diclofenac sodium oral) + ... 18
Voltaren®(diclofenac sodium oral) + ... 18
Vosevi®(sofosbuvir/velpatasvir/voxilaprevir) 14
Vytorin® (ezetimibe/simvastatin) 22
Vyvanse® (lisdexamfetamine)* 6

Vyzulta™ (latanoprostene bunod) 4
Welchol® Powder (colesevelam) 10
Welchol® Tablets (colesevelam) 10
Westcort® (hydrocortisone valerate) + ... 12
Xalatan ® (latanoprost) 4
Xarelto® (rivaroxaban) 7
Xatmep® (methotrexate) 17
Xeljanz® (tofacitinib) 15, 16
Xeljanz® XR (tofacitinib) 15, 16
Xermelo®(telotristat 8
Xhance™ (fluticasone) 2
Xigduo XR®(dapagliflozin/metformin ER) 21
Xodol® (hydrocodone bitartrate/acetaminophen) 19
Xopenex HFA® (levalbuterol) 1
Xopenex® Inhalation Solution (levalbuterol) 1
Xultophy® (insulin degludec/liraglutide) 16
Xyzal® (levocetirizine) + ... 9
Xyzal® solution (levocetirizine) + ... 9
Zaditor® (ketotifen) 3
Zanaflex® Capsules (tizanidine) 18
Zanaflex® Tablets (tizanidine) 18
Zantac® (ranitidine) 14
Zebeta® (bisoprolol) + ... 10
Zecuity® (sumatriptan) + ... 23
Zegerid® (omeprazole/sodium bicarbonate) 20
Zembrace Symtouch® (sumatriptan) 23
Zenpep® (pancrelipase)* 20
Zenzedi® (dextroamphetamine) 6
Zepatier® (elbasvir/grazoprevir) 14
Zerviate™ (cetirizine) 3
Zestril® (lisinopril) 4
Zetonna® (ciclesonide) 2
Ziac® (bisoprolol/HCTZ) 10
Ziana® (clindamycin-tretinoin) 5
Zioptan® (tafluprost) 4
Zioptan® droperette (tafluprost) 4
Zipsor® (diclofenac) 18
Zocor® (simvastatin) 22
Zofran ODT® (ondansetron) 9
Zofran® (ondansetron) 9
Zohydro® ER (hydrocodone ER) 19
Zoloft® (sertraline) 8
Zoloft® solution (sertraline) 8
Zolpidem generics 22
Zolpimist® (zolpidem) 22
Zomacton® (somatropin) 14
Zomig® (zolmitriptan) nasal solution 23
Zomig® (zolmitriptan) tablets 23

Zomig-ZMT® (zolmitriptan) 23
Zonegran® (zonisamide) 6
Zontivity® (vorapaxar) 20
Zorvolex® (diclofenac) 18
Zovirax® (acyclovir) (oral dosage forms only) 9
Zuplenz® (ondansetron) 9
Zylet®(Loteprednol/Tobramycin) 3
Zyloprim® (allopurinol) 23
Zypitamag™ (pitavastatin) 22
Zyrtec® (cetirizine) 9
Zyrtec® Syrup (cetirizine) 9