



**PREFERRED DRUG LIST**

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**INHALATION AGENTS**

**Anticholinergics for the Maintenance Treatment of COPD**

Preferred	Non-Preferred, Prior Authorization Required
Atrovent® HFA (ipratropium bromide) Ipratropium Bromide nebulizer solution Incruse Ellipta® (umeclidinium bromide) Spiriva® Handihaler® (tiotropium) <b>Spiriva® Respimat (tiotropium)</b>	Lonhala™ Magnair™ (glycopyrrolate) Seebri Neohaler® (glycopyrrolate) Tudorza PressAir® (aclidinium) Yupelri™ (revefenacin)

**Beta<sub>2</sub>-Agonists - Long-Acting**

Preferred	Non-Preferred, Prior Authorization Required
Brovana® (arformoterol) for ages ≥ 65 years old Serevent® Diskus® (salmeterol)	Arcapta® (indacaterol) Brovana® (arformoterol) Striverdi® Respimat® (olodaterol)

**Beta<sub>2</sub>-Agonists - Short-Acting**

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

**Beta<sub>2</sub>-Agonists - Long-Acting/Anticholinergics**

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

**Beta<sub>2</sub>-Agonists - Long-Acting/Corticosteroids**

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

**COPD Agents – Triple Therapy**

Preferred	Non-Preferred, Prior Authorization Required
Trelegy (fluticasone/umeclidinium/vilanterol)	Breztri™ (budesonide/glycopyrrolate/formoterol)



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**INHALATION AGENTS (CONTINUED)**

**Corticosteroids**

Preferred	Non-Preferred, Prior Authorization Required
Arnuity Ellipta® (fluticasone)	Aerospan® (flunisolide)
Asmanex® (mometasone)	Alvesco® (ciclesonide)
Flovent® Diskus® (fluticasone)	ArmonAir® Digihaler® (fluticasone)
Flovent® HFA (fluticasone)	ArmonAir™ RespiClick® (fluticasone)
Pulmicort Flexhaler™ (budesonide)	Asmanex® HFA (mometasone)
Pulmicort Respules® (budesonide)	
QVAR® (beclomethasone)	
QVAR RediHaler®(beclomethasone)	

**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) <sup>+</sup>	Astepro® (azelastine)
	Patanase® (olopatadine)

**Corticosteroids**

Preferred	Non-Preferred, Prior Authorization Required
Flonase® (fluticasone)	Beconase AQ® (beclomethasone)
	Nasacort AQ®(triamcinolone)
	Nasarel® (flunisolide) <sup>+</sup>
	Nasonex® (mometasone)
	Omnaris® (ciclesonide)
	Qnasl® (beclomethasone)
	Xhance™ (fluticasone)
	Zetonna® (ciclesonide)

**OPHTHALMIC AGENTS**

**Alpha-Adrenergic Agonists**

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



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**OPHTHALMIC AGENTS (CONTINUED)**

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

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

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

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



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**OPHTHALMIC AGENTS (CONTINUED)**

**Corticosteroids - Ophthalmic**

Preferred	Non-Preferred, Prior Authorization Required
Dexamethasone Sodium Phosphate 0.1% Solution	Alrex® (loteprednol etabonate) Suspension
Durezol® (difluprednate) Emulsion	Eysuvis™ (loteprednol etabonate) Suspension
FML® Forte (fluorometholone) Suspension	Flarex® (fluorometholone) Suspension
FML® Liquifilm (fluorometholone) Suspension	Inveltys® (loteprednol etabonate) Suspension
FML® (fluorometholone) Ointment	Lotemax® (loteprednol etabonate) Gel
FML® (fluorometholone) Suspension	Lotemax® (loteprednol etabonate) Ointment
Maxidex® (dexamethasone sodium phosphate) Suspension	Lotemax® (loteprednol etabonate) Suspension
Omnipred® (prednisolone acetate) Suspension	Lotemax® SM (loteprednol etabonate) Gel
Pred Forte® (prednisolone acetate) Suspension	
Pred Mild® (prednisolone acetate) Suspension	
Prednisolone Sodium Phosphate 1% Solution	

**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**

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)

**Prostaglandin Analogs**

Preferred	Non-Preferred, Prior Authorization Required
Xalatan® (latanoprost)	Lumigan® (bimatoprost)
	Travatan Z® (travoprost)
	Vyzulta™ (latanoprostene bunod)
	Xelpros™ (latanoprost)
	Zioptan® (tafluprost)
	Zioptan® droperette (tafluprost)



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**OTIC AGENTS**

Anti-Infective/Steroid Combinations	
Preferred	Non-Preferred, Prior Authorization Required
Cipro <sup>®</sup> HC (ciprofloxacin/hydrocortisone) suspension Ciprodex <sup>®</sup> (ciprofloxacin/dexameth) suspension Cortisporin <sup>®</sup> Otic (neomycin/polymyxin b/hc) solution	Acetasol HC <sup>®</sup> (acetic acid/hydrocortisone) solution Cortisporin <sup>®</sup> Otic (neomycin/polymyxin B/hc) suspension Cortisporin <sup>®</sup> TC (neomycin/col/hc/thon) suspension Otovel <sup>®</sup> (ciprofloxacin/fluocinolone) solution

**ORAL/INJECTABLE/TOPICAL AGENTS**

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

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

Acne Agents – Antibiotics- Topical	
Preferred	Non-Preferred, Prior Authorization Required
Cleocin-T <sup>®</sup> (clindamycin) gel Cleocin-T <sup>®</sup> (clindamycin) lotion Cleocin-T <sup>®</sup> (clindamycin) solution Cleocin-T <sup>®</sup> (clindamycin) swab Ery <sup>®</sup> (erythromycin) pads Erygel <sup>®</sup> (erythromycin) gel Erythromycin solution Klaron <sup>®</sup> (sulfacetamide) lotion (suspension) Sumadan <sup>®</sup> Wash (sulfacetamide-sulfur cleanser)	Amzeeq <sup>™</sup> (minocycline) Avar <sup>®</sup> (sulfacetamide-sulfur) pads Avar-E <sup>®</sup> Emollient (sulfacetamide-sulfur) cream Avar-E Green <sup>®</sup> (sulfacetamide-sulfur) cream Avar LS <sup>®</sup> (sulfacetamide-sulfur) pads BP 10-1 <sup>®</sup> (sulfacetamide/sulfur cleanser) Clindacin <sup>®</sup> ETZ (clindamycin) swab Clindacin-P <sup>®</sup> (clindamycin) swab Clindacin Pac <sup>®</sup> (clindamycin) kit Clindagel <sup>®</sup> (clindamycin) gel Evoclin <sup>®</sup> (clindamycin phosphate) foam Rosanil <sup>®</sup> Cleanser (sulfacetamide-sulfur) emulsion SSS 10-5 <sup>®</sup> (sulfacetamide-sulfur) cream Sulfacetamide-Sulfur lotion Sumadan <sup>®</sup> , Sumadan XLT <sup>®</sup> (sulfacetamide-sulfur) kit Sumaxin <sup>®</sup> (sulfacetamide-sulfur) pads Sumaxin <sup>®</sup> TS (sulfacetamide-sulfur) suspension Sumaxin <sup>®</sup> Wash (sulfacetamide-sulfur) liquid

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**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**

Acne Agents – Combination Agents- Topical	
Preferred	Non-Preferred, Prior Authorization Required
Duac <sup>®</sup> (benzoyl peroxide-clindamycin) gel Epiduo <sup>®</sup> (benzoyl peroxide-adapalene) gel	Acanya <sup>®</sup> (benzoyl peroxide-clindamycin) gel Aktipak <sup>®</sup> (benzoyl peroxide-erythromycin) gel Benzaclin <sup>®</sup> (benzoyl peroxide – clindamycin) gel Benzamycin <sup>®</sup> (benzoyl peroxide-erythromycin) gel Epiduo <sup>®</sup> Forte (adapalene/benzoyl peroxide) Neuac <sup>®</sup> (clindamycin/benzoyl peroxide) Onexton <sup>®</sup> (benzoyl peroxide-clindamycin) gel Veltin <sup>®</sup> (clindamycin-tretinoin) Ziana <sup>®</sup> (clindamycin-tretinoin)

Acne Agents – Isotretinoin Products	
Preferred	Non-Preferred, Prior Authorization Required
Amnesteem <sup>™</sup> (isotretinoin) Claravis <sup>™</sup> (isotretinoin) Myorisan <sup>™</sup> (isotretinoin) Zenatane <sup>™</sup> (isotretinoin)	Absorica <sup>™</sup> (isotretinoin) Absorica <sup>™</sup> LD (isotretinoin)

Acne Agents- Other - Topical	
Preferred	Non-Preferred, Prior Authorization Required
Aczone <sup>®</sup> (dapson) 5% gel	Aczone <sup>®</sup> (dapson) 7.5% gel Azelex <sup>®</sup> (azelaic acid) cream

Acne Agents – Retinoids- Topical	
Preferred	Non-Preferred, Prior Authorization Required
Atralin <sup>®</sup> (tretinoin) gel Avita <sup>®</sup> (tretinoin) gel Differin <sup>®</sup> (adapalene) 0.1% and 0.3% gel tube Retin-A <sup>®</sup> (tretinoin) cream Retin-A <sup>®</sup> (tretinoin) 0.01% gel Tazorac <sup>®</sup> (tazarotene) cream Tazorac <sup>®</sup> (tazarotene) gel	Aklief (trifarotene) cream Altreno <sup>™</sup> (tretinoin) lotion Arazlo <sup>™</sup> (tazarotene) lotion Avita <sup>®</sup> (tretinoin) cream Differin <sup>®</sup> (adapalene) cream Differin <sup>®</sup> (adapalene) 0.3% gel pump Differin <sup>®</sup> (adapalene) lotion Differin <sup>®</sup> (adapalene) 0.1% solution Fabior <sup>®</sup> (tazarotene) foam Retin-A <sup>®</sup> Micro (tretinoin) gel



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**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**

**Acne Agents- Tetracyclines - Oral**

Preferred	Non-Preferred, Prior Authorization Required
Generic Demeclocycline	Brand Acticlate® (doxycycline hyclate)
Generic Doxycycline	Brand Avidoxy® (doxycycline monohydrate)
Generic Minocycline	Brand CoreMino™ (minocycline)
Generic Tetracycline	Brand Doryx® and Doryx® MPC (doxycycline hyclate)
	Brand Minolira™ (minocycline)
	Brand Morgidox® (doxycycline hyclate)
	Brand Seysara™ (sarecycline)
	Brand Solodyn® (minocycline)
	Brand Targadox® (doxycycline hyclate)
	Brand Vibramycin® (doxycycline calc./hyclate/monohydrate)
	Brand Ximino™ (minocycline)

**Actinic Keratosis Agents**

Preferred	Non-Preferred, Prior Authorization Required
Efudex® (fluorouracil)	Carac® (fluorouracil)
	Picato® (ingenol mebutate)
	Solaraze 3% (diclofenac sodium) + gel
	Tolak® (fluorouracil)

**ADHD – Amphetamine Type**

Preferred	Non-Preferred, Prior Authorization Required
Adderall® (dextroamphetamine/amphetamine)	Adzenys ER™ (amphetamine ER)
Adderall XR® (dextroamphetamine/amphetamine ER)*	Adzenys XR-ODT™ (amphetamine ER)
Dexedrine® (dextroamphetamine) tabs	Desoxyn® (methamphetamine)
Dexedrine® ER (dextroamphetamine ER) caps	Dyanavel® XR (amphetamine ER)
Dextrostat® (dextroamphetamine) +	Evekeo® (amphetamine)
Vyvanse® (lisdexamfetamine)*	Evekeo® ODT
	Mydayis® (dextroamphetamine/amphetamine)
	Procentra® (dextroamphetamine)
	Zenzedi® (dextroamphetamine)

**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**



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ADHD – Methylphenidate Type	
Preferred	Non-Preferred, Prior Authorization Required
Concerta® (methylphenidate ER)	Adhansia XR (methylphenidate)*
Focalin® (dexamethylphenidate)	Aptensio XR® (methylphenidate ER)*
Focalin® XR (dexamethylphenidate ER)*	Cotempla XR-ODT™ (methylphenidate)
Metadate CD® (methylphenidate 30/70)* +	Jornay PM™ (methylphenidate ER)*
Metadate® ER (methylphenidate ER)	Methylin (methylphenidate) + Chewable®
Methylin Solution® (methylphenidate)	Relexxii™ (methylphenidate ER)
Quillichew ER™ (methylphenidate ER)	
Quillivant XR® (methylphenidate ER)	
Ritalin® (methylphenidate)	
Ritalin LA® (methylphenidate 50/50)	
Ritalin SR® (methylphenidate ER) +	

ADHD – Miscellaneous Type	
Preferred	Non-Preferred, Prior Authorization Required
Catapres (clonidine) tabs	
Intuniv (guanfacine) tabs	
Kapvay (clonidine ER) tabs	
Strattera (atomoxetine) caps	
Tenex (guanfacine) tabs+	

Adjunct Anti-epileptics	
Preferred	Non-Preferred, Prior Authorization Required
Keppra® (levetiracetam)	Banzel® (rufinamide)
Keppra® (levetiracetam) solution	Fycompa® (perampanel)
Keppra XR® (levetiracetam XR) tabs	Fycompa® (perampanel) suspension
Lyrica® (pregabalin)	Gabitril® (tiagabine)
Neurontin® (gabapentin)	Lyrica®Solution (pregabalin)
Neurontin® (gabapentin) solution	Spritam® (levetiracetam)
Zonegran® (zonisamide)	Sympazan®(clobazam)
Onfi® (clobazam) suspension	
Onfi® (clobazam)* tabs	

5-Alpha Reductase Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Avodart®(dutasteride)	
Proscar®(finasteride)	





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ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)	
Alpha glucosidase Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Precose® (acarbose)	Glyset® (miglitol)

Anaphylaxis Agents	
Preferred	Non-Preferred, Prior Authorization Required
Adrenaclick®+ (epinephrine) auto injection Epinephrine auto injection Epipen® (epinephrine) auto injection Epipen Jr® (epinephrine) auto injection	Symjepi®(epinephrine) +

Androgenic Agents	
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) Jatenzo® (testosterone) Methitest® (methyltestosterone) Natesto® (testosterone) Oxandrin® (oxandrolone) Striant® (testosterone) Testim® (testosterone) Testred® (methyltestosterone) Xyosted™ (testosterone)

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

Anti-Constipation Agents	
Preferred	Non-Preferred, Prior Authorization Required
Amitiza®(lubiprostone) Linzess®(linaclotide)*	Motegrity™ (prucalopride) Trulance®(plecanatide)



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**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**

Anti-Constipation Agents – Opioid Induced Cause	
Preferred	Non-Preferred, Prior Authorization Required
Amitiza® (lubiprostone)	Relistor® (methylnaltrexone) (tabs and inj.) Movantik® (naloxegol) Symproic® (naldemedine)

Antidepressants – SNRIs	
Preferred	Non-Preferred, Prior Authorization Required
Cymbalta® (duloxetine) Effexor® (venlafaxine)+ Effexor® XR (venlafaxine ER) caps Pristiq® (desvenlafaxine)	Drizalma (duloxetine) Sprinkle* Effexor® XR (venlafaxine ER) + tabs Fetzima® (levomilnacipran) Khedezla®+ (desvenlafaxine ER) Savella® (milnacipran)

Antidepressants – SSRIs	
Preferred	Non-Preferred, Prior Authorization Required
Celexa® (citalopram) Lexapro® (escitalopram) Luvox® (fluvoxamine) + Paxil® (paroxetine) Prozac® (fluoxetine) caps Prozac® (fluoxetine) + solution Zoloft® (sertraline)	Celexa® (citalopram) + solution Lexapro® (escitalopram) + solution Luvox CR® (fluvoxamine CR) + Paxil CR® (paroxetine CR) Paxil® (paroxetine) solution Pexeva® (paroxetine) Prozac® (fluoxetine) + tabs Prozac Weekly® (fluoxetine) + Zoloft® (sertraline) solution

Antidepressants – Tricyclics	
Preferred	Non-Preferred, Prior Authorization Required
Anafranil® (clomipramine) Doxepin caps and solution Elavil® (amitriptyline) Norpramin® (desipramine) Pamelor® (nortriptyline) caps Tofranil® (imipramine)	Amoxapine Pamelor® (nortriptyline) + solution Surmontil® (trimipramine) Tofranil-PM® (imipramine) + Vivactil® (protriptyline) +

Anti-Diarrheal Agents	
Preferred	Non-Preferred, Prior Authorization Required
Lotronex® (alosetron) Viberzi® (eluxadoline)	Xermelo® (telotristat)

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**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**

**Anti-emetics Cannabinoid**

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

**Anti-emetics Serotonin 5HT<sub>3</sub> Antagonists**

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

**Antihistamines - Non-Sedating**

Preferred	Non-Preferred, Prior Authorization Required
Allegra® (fexofenadine) Claritin® (loratadine) Claritin 24-hr Allergy® (loratadine) Claritin Hives Relief® (loratadine) Claritin® (loratadine) syrup Xyzal® (levocetirizine) + tabs Zyrtec® (cetirizine) syrup & regular tabs	Allegra® ODT (fexofenadine) Clarinex® (desloratadine) Claritin RediTabs® (loratadine) Xyzal® (levocetirizine) + solution Zyrtec® (cetirizine) chewable & oral disintegrating tabs <b>The following drugs are covered for KBH only:</b> Allegra-D® (fexofenadine/pseudoephedrine) Allegra-D24® (fexofenadine/pseudoephedrine) Clarinex-D 12-hour® (desloratadine/pseudoephedrine) Clarinex-D 24-hour® (desloratadine/pseudoephedrine)

**Anti-Viral – Herpes**

Preferred	Non-Preferred, Prior Authorization Required
Valtrex® (valacyclovir) Zovirax® (acyclovir) (oral dosage forms only)	Famvir® (famciclovir) + Sitavig® (acyclovir) +

**ARBs**

Preferred	Non-Preferred, Prior Authorization Required
Avalide® (irbesartan/HCTZ) Avapro® (irbesartan) Benicar® (olmesartan) Benicar HCT® (olmesartan/HCTZ) 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) Edarbi® (azilsartan medoxomil)



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**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**

**ARB/Calcium Channel Blocker Combinations**

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

**ARB/Calcium Channel Blocker Combinations**

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

**ARB/Calcium Channel Blocker Combinations**

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

**Atopic Dermatitis Agents -Topical**

Preferred	Non-Preferred, Prior Authorization Required
Eucrisa® (crisaborole) Protopic® (tacrolimus)	Elidel® (pimecrolimus)

**Beta-Blockers**

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

**Biguanides**

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



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**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**

**Bile Acid Sequestrants**

Preferred	Non-Preferred, Prior Authorization Required
Colestid® (colestipol) tabs Prevalite® (cholestyramine light) powder Prevalite® (cholestyramine light) powder packs Welchol® (colesevelam) tabs	Colestid® (colestipol) Granules Questran® (cholestyramine) Questran Light® (cholestyramine light) Welchol® (colesevelam) packs

**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)

**Bladder Relaxant Agents**

Preferred	Non-Preferred, Prior Authorization Required
Ditropan® (oxybutynin) tabs and syrup+ Ditropan XL® (oxybutynin ER) Toviaz® (fesoterodine) Vesicare® (solifenacin)	Detrol® (tolterodine) Detrol® LA (tolterodine ER) Enablex® (darifenacin ER) 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) Gavilyte®-G (polyethylene glycol-electrolyte solution) Gavilyte®-N (polyethylene glycol-electrolyte solution) GoLYTELY® (polyethylene glycol-electrolyte solution) Polyethylene glycol 3350 with electrolytes Trilyte® (polyethylene glycol-electrolyte solution)	Clenpiq™ (sodium picosulfate/magnesium oxide/citric acid) MoviPrep® (polyethylene glycol-electrolyte solution) NuLYTELY® (polyethylene glycol-electrolyte solution) OsmoPrep® (sodium phosphate) Plenvu® (polyethylene glycol-electrolyte solution) Prepopik® (sodium picosulfate/magnesium oxide/citric acid) Suprep® (sodium sulfate/potassium sulfate/magnesium sulfate) Sutab® (Sodium Sulfate/Magnesium Sulfate/Potassium Chloride)



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**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**

**Migraine- Prophylaxis Treatment- Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists**

Preferred	Non-Preferred, Prior Authorization Required
Aimovig™(erenumab-aooe) Ajovy®(fremanezumab-vfrm)	Emgality®(galcanezumab-gnlm) Vyepti™ (eptinezumab)

**Calcium Channel Blockers – Dihydropyridines**

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

**Calcium Channel Blockers - Non-Dihydropyridines**

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

**Colchicine Products – Gout Prophylaxis**

Preferred	Non-Preferred, Prior Authorization Required
Colcrys™ (colchicine)	Gloperba® (colchicine) Mitigare™ (colchicine)

**Colony Stimulating Factors- Filgrastim Products**

Preferred	Non-Preferred, Prior Authorization Required
Granix® Nivestym®	Neupogen® Zarxio®

**Colony Stimulating Factors- Pegfilgrastim Products**

Preferred	Non-Preferred, Prior Authorization Required
Fulphila® Nyvepria™ Udenyca® Ziextenzo®	Neulasta® Neulasta® OnPro®



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**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**

Corticosteroids – Oral	
Preferred	Non-Preferred, Prior Authorization Required
Cortef® (hydrocortisone)	Cortone® (cortisone) <sup>+</sup>
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 12-day (prednisolone)
Medrol® (methylprednisolone)	Millipred™ DP (prednisolone)
Medrol Dosepak® (methylprednisolone)	Orapred® ODT™ (prednisolone)
Orapred® (prednisolone)	Prednisone Intensol™ (prednisone concentrate)
Pediapred® (prednisolone)	Rayos® (prednisone DR)
Prednisone solution	TaperDex DP® (dexamethasone)
Prednisone syrup	Veripred® 20 (prednisolone)

Corticosteroids – Topical – High Potency	
Preferred	Non-Preferred, Prior Authorization Required
Clobetasol Propionate E® (clobetasol propionate)	ApexiCon E® (diflorasone diacetate)
Clobex® (clobetasol propionate)	Bryhali™ (halobetasol propionate)
Cormax Scalp® (clobetasol propionate) <sup>+</sup>	Clodan® (clobetasol propionate)
Diprolene® (betamethasone dipropionate augmented)	Halog® (halcinonide)
Diprolene AF® (betamethasone dipropionate augmented)	Impeklo™ (clobetasol propionate) lotion
Temovate® (clobetasol propionate)	Lidex® (fluocinonide) <sup>+</sup>
Ultravate® (halobetasol propionate) Cream & Ointment	Lidex E® (fluocinonide) <sup>+</sup>
	Lexette™ (halobetasol Propionate) Foam
	Olux® (clobetasol propionate)
	Olux-E® (clobetasol propionate)
	Psorcon® (diflorasone diacetate)
	Sernivo® (betamethasone dipropionate)
	Topicort® (desoximetasone)
	Ultravate® (halobetasol propionate) Lotion
	Vanos® (fluocinonide)

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**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**

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

<b>Corticosteroids – Topical –Mild Potency</b>	
<b>Preferred</b>	<b>Non-Preferred, Prior Authorization Required</b>
Aclovate® (alclometasone dipropionate) + Hydrocortisone base (all generics of brand products on the PDL) Synalar® (fluocinolone acetonide)	Ala-Cort® (hydrocortisone base) Capex® (fluocinolone acetonide) Derma-Smothe/FS Body & Scalp® (fluocinolone acetonide) Desonate® (desonide) Fluocinolone Body & Scalp® (fluocinolone acetonide) Pediaderm HC® (hydrocortisone base) Texacort® (hydrocortisone base) Verdeso® (desonide)

<b>COX-II Inhibitors</b>	
<b>Preferred</b>	<b>Non-Preferred</b>
Celebrex® (celecoxib)*	

<b>Desmopressin Products</b>	
<b>Preferred</b>	<b>Non-Preferred, Prior Authorization Required</b>
DDAVP® (desmopressin) nasal solution DDAVP® (desmopressin) tabs	DDAVP® Rhinal Tube (desmopressin) nasal solution Nocdurna® (desmopressin) sublingual tabs Noctiva™ (desmopressin) nasal emulsion



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**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**

**DPP-4 Inhibitors**

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

**DPP-4 Inhibitor Combination Agents**

Preferred	Non-Preferred, Prior Authorization Required
Janumet® (sitaliptin/metformin) Janumet® XR (sitagliptin/metformin XR) Kombiglyze® XR (saxagliptin/metformin)	Jentaducto® (linagliptin/metformin) Jentaducto® XR (linagliptin/metformin XR) Kazano® (alogliptin/metformin) Oseni® (alogliptin/pioglitazone)

**Erythropoiesis-Stimulating Agents**

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

**Fibric Acid Derivatives**

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

**GLP- 1 Receptor Agonists**

Preferred	Non-Preferred, Prior Authorization Required
Bydureon® (exenatide ER) pens and vials Trulicity® (dulaglutide) Victoza® (liraglutide)	Adlyxin® (lixisenatide) Bydureon® BCise™ (exenatide ER) Byetta® (exenatide) Ozempic® (semaglutide) Rybelsus® (semaglutide)

**Growth Hormones**

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



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**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**

**Hepatitis C Agents – Direct Acting**

Preferred	Non-Preferred, Prior Authorization Required
Generic Sofosbuvir/Velpatasvir tabs Mavyret®(glecaprevir/pibrentasvir) tabs	Eplusa® (sofosbuvir/velpatasvir) BRAND tabs Harvoni® (ledipasvir/sofosbuvir)tabs & pellets Sovaldi® (sofosbuvir)/tabs & pellets Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir) Zepatier® (elbasvir/grazoprevir) tabs

**Hepatitis C Agents - Refractory Treatment**

Preferred	Non-Preferred, Prior Authorization Required
Mavyret®(glecaprevir/pibrentasvir)	Vosevi®(sofosbuvir/velpatasvir/voxilaprevir)

**H<sub>2</sub> Antagonists**

Preferred	Non-Preferred, Prior Authorization Required
Pepcid® (famotidine) suspension and tabs Tagamet® (cimetidine) <sup>+</sup> tabs & solution	Axid® (nizatidine) <sup>+</sup> tabs & solution Zantac® (ranitidine) all oral dose forms

**Hypertriglyceridemia Agents**

Preferred	Non-Preferred, Prior Authorization Required
Lovaza® (omega-3 acid ethyl esters)	Vascepa® (icosapent ethyl)

**Immunomodulation Agents - Adult Rheumatoid Arthritis**

Preferred	Non-Preferred, Prior Authorization Required
Avsola™ (infliximab-axxq) Enbrel® (etanercept) Humira® (adalimumab) Xeljanz® (tofacitinib) Xeljanz® XR (tofacitinib)	Actemra® (tocilizumab) & Actemra® ACTpen™ Cimzia® (certolizumab) Inflectra® (infliximab) Kevzara® (sarilumab) Kineret® (anakinra) Olumiant® (baricitinib) Orencia® (abatacept) Remicade® (infliximab) Renflexis® (infliximab) Rinvoq™ (upadacitinib) Rituxan® (rituximab) Simponi® (golimumab) Simponi Aria® (golimumab) Truxima® (rituximab-abbs)



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**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**

**Immunomodulation Agents - Ankylosing Spondylitis**

Preferred	Non-Preferred, Prior Authorization Required
Avsola™ (infliximab-axxq) Enbrel® (etanercept) Humira® (adalimumab) Taltz® (ixekizumab)	Cimzia® (certolizumab) Cosentyx® (secukinumab) Inflectra® (infliximab) Remicade® (infliximab) Renflexis® (infliximab) Simponi® (golimumab) Simponi Aria® (golimumab)

**Immunomodulation Agents - Asthma**

Preferred	Non-Preferred, Prior Authorization Required
Fasenra™ (benralizumab) Nucala® (mepolizumab) Xolair® (omalizumab)	Cinqair® (reslizumab) Dupixent® (dupilumab)

**Immunomodulation Agents - Crohn's Disease**

Preferred	Non-Preferred, Prior Authorization Required
Avsola™ (infliximab-axxq) Humira® (adalimumab)	Cimzia® (certolizumab) Entyvio® (vedolizumab) Inflectra® (infliximab) Remicade® (infliximab) Renflexis® (infliximab) Stelara® (ustekinumab) Tysabri® (natalizumab)

**Immunomodulation Agents - Juvenile Idiopathic Arthritis**

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

**Immunomodulation Agents - Plaque Psoriasis**

Preferred	Non-Preferred, Prior Authorization Required
Avsola™ (infliximab-axxq) Enbrel® (etanercept) Humira® (adalimumab) Taltz® (ixekizumab)	Cosentyx® (secukinumab) Ilumya® (Tildrakizumab-asmn) Inflectra® (infliximab) Otezla® (apremilast) Remicade® (infliximab) Renflexis® (infliximab) Siliq® (brodalumab) Skyrizi™ (risankizumab-rzaa) Stelara® (ustekinumab) Tremfya® (Guselkumab)



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**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**

Immunomodulation Agents - Psoriatic Arthritis	
Preferred	Non-Preferred, Prior Authorization Required
Avsola™ (infliximab-axxq) Enbrel® (etanercept) Humira® (adalimumab) Taltz® (ixekizumab) Xeljanz® (tofacitinib) Xeljanz® XR (tofacitinib)	Cimzia® (certolizumab) Cosentyx® (secukinumab) Inflectra® (infliximab) Orencia® (abatacept) Otezla® (apremilast) Remicade® (infliximab) Renflexis® (infliximab) Simponi® (golimumab) Simponi Aria® (golimumab) Stelara® (ustekinumab)

Immunomodulation Agents - Ulcerative Colitis	
Preferred	Non-Preferred, Prior Authorization Required
Avsola™ (infliximab-axxq) Humira® (adalimumab) Xeljanz® (tofacitinib) Xeljanz® XR (tofacitinib)	Entyvio® (vedolizumab) Inflectra® (infliximab) Remicade® (infliximab) Renflexis® (infliximab) Simponi® (golimumab) Stelara® (ustekinumab)

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

Insulin - Long-Acting	
Preferred	Non-Preferred, Prior Authorization Required
Lantus® (insulin glargine) Lantus (insulin glargine) SoloStar® Levemir® (insulin detemir) FlexPen, FlexTouch, vial Semglee™ (insulin glargine) pen & vial	Basaglar® (insulin glargine) Toujeo Solostar® (insulin glargine) Tresiba (insulin degludec) FlexTouch® & vial

Insulin - Long-Acting/GLP-1 RA	
Preferred	Non-Preferred, Prior Authorization Required
Soliqua® (insulin glargine/lixisenatide)	Xultophy® (insulin degludec/liraglutide)



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**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**

**Insulin- Short Acting and Intermediate Acting**

Preferred	Non-Preferred, Prior Authorization Required
Admelog® (insulin lispro) Solostar, Vial Humalog® (insulin lispro) cartridges Humulin® (insulin regular) Insulin Products Insulin lispro (Non-branded product) Junior pen Insulin lispro 75-25 Mix (Non-branded product) pen Insulin lispro (Non-branded product) pen Insulin lispro (Non-branded product) vial	Afrezza® (insulin regular inhalation) Apidra® Vial, Solostar® Fiasp® Vial, Flextouch® Humalog® (insulin lispro) Junior Kwikpen BRAND only Humalog® (insulin lispro) 75-25 Mix Pen BRAND only Humalog® Kwikpen (Brand only) pen Humalog® (Brand only) vial Lyumjev™ (insulin lispro) Novolog® Insulin Products Novolin® Insulin Products

**Leukotriene Modifiers**

Preferred	Non-Preferred, Prior Authorization Required
Singulair® (montelukast Sodium) tabs	Accolate® (zafirlukast) tabs Singulair® (montelukast Sodium) packs Zyflo® (zileuton) tabs Zyflo CR™ (zileuton) tabs

**Lice Treatments**

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

**Meglitinides**

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

**Methotrexate Products**

Preferred	Non-Preferred, Prior Authorization Required
Rasuvo® (methotrexate) inj. Methotrexate 2.5 mg tabs	Otrexup® (methotrexate) tabs Reditrex™ (methotrexate) inj. Trexall® (methotrexate) inj. Xatmep® (methotrexate) oral solution

**Migraine- Acute Treatment- Non-Triptans**

Preferred	Non-Preferred, Prior Authorization Required
Nurtec™ ODT (rimegepant) Reyvow® (lasmiditan) Ubrelvy® (ubrogepant)	



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**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**

Muscle Relaxants – Skeletal	
Preferred	Non-Preferred, Prior Authorization Required
Flexeril® (cyclobenzaprine) + Robaxin® (methocarbamol) Robaxin-750® (methocarbamol)	Amrix® (cyclobenzaprine ER) Fexmid® 7.5mg (cyclobenzaprine) Lorzone® (chlorzoxazone) Metaxall® (metaxalone) Norflex® (orphenadrine) + Norgesic® (orphenadrine/aspirin/caffeine) Norgesic® Forte (orphenadrine/aspirin/caffeine) Parafon Forte DSC® (chlorzoxazone) + Skelaxin® (metaxalone) Soma® (carisoprodol)

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

Non-Steroidal Anti-Inflammatory Drugs – Topical	
Preferred	Non-Preferred, Prior Authorization Required
Flector® (diclofenac epolamine) patch Voltaren® (diclofenac) gel	Licart™ (diclofenac epolamine) Pennsaid® (diclofenac) Sprix® (ketorolac tromethamine) nasal spray



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**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**

Non-Steroidal Anti-Inflammatory Drugs - Oral	
Preferred	Non-Preferred, Prior Authorization Required
Advil® (ibuprofen)	Anaprox® (naproxen)
Aleve® (naproxen)	Anaprox DS® (naproxen)
Ansaid® (flurbiprofen) +	Arthrotec® (diclofenac/misoprostol)
Cataflam® (diclofenac potassium) +	Cambia® (diclofenac)
Clinoril® (sulindac) +	Daypro® (oxaprozin)
Indocin® (indomethacin)	Dolobid® (diflunisal) +
Mobic® (meloxicam)	Feldene® (piroxicam)
Motrin® (ibuprofen)	Indocin® SR (indomethacin)
Motrin-IB® (ibuprofen)	Lodine® (etodolac)
Naprosyn® (naproxen)	Lodine® XL (etodolac) +
Naprosyn-EC® (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) +
	Qmiiz ODT™ (Meloxicam) tabs
	Tivorbex® (indomethacin)
	Tolectin 600® (tolmetin) +
	Tolectin DS® (tolmetin)
	Vimovo® (naproxen/esomeprazole)
	Vivlodex® (Meloxicam)
	Zipsor® (diclofenac)
	Zorvolex® (diclofenac)



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**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**

Opioids - Short-Acting	
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/caffeine/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)	Vicodin 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	
Preferred	Non-Preferred-Prior Authorization Required
Embeda® (morphine/naltrexone)*	Arymo™ ER (morphine sulfate ER)
Hysingla® ER (hydrocodone ER)	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)



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**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**

**Pancreatic Enzyme Replacements**

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

**PCSK-9 Inhibitors**

Preferred	Non-Preferred, Prior Authorization Required
Praluent® (alirocumab) Repatha® (evolocumab)	

**Phosphate Binder Agents**

Preferred	Non-Preferred, Prior Authorization Required
Auryxia® (ferric citrate) Eliphos® (calcium acetate) + Phoslo® (calcium acetate) + Renvela® (sevelamer carbonate) tabs	Fosrenol® (lanthanum carbonate) Phoslyra® (calcium acetate oral solution) Renagel® (sevelamer HCl) tabs Renvela® (sevelamer carbonate) powder packs Velphoro® (sucroferric oxyhydroxide)

**Platelet Aggregation Inhibitors - Secondary Cardiac Prevention**

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

**Platelet Aggregation Inhibitors – Stroke**

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

**Proton Pump Inhibitors**

Preferred	Non-Preferred, Prior Authorization Required
Prilosec® (omeprazole)* Protonix® (pantoprazole) Generic Esomeprazole Magnesium* DR caps Generic Esomeprazole Strontium* DR caps Generic Lansoprazole* DR caps	AcipHex® (rabeprazole) AcipHex® (rabeprazole) Sprinkles™ Dexilant® (dexlansoprazole)* Dexilant® SoluTab (dexlansoprazole) Nexium® (esomeprazole) Nexium® (esomeprazole) suspension Prevacid® (lansoprazole) Prevacid (lansoprazole) SoluTab® Prilosec® (omeprazole) packs Protonix® (pantoprazole) packs Zegerid® (omeprazole/sodium bicarbonate) caps Zegerid® (omeprazole/sodium bicarbonate) packs



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**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® Refill, Tyvaso® Starter (treprostinil) Uptravi® (selexipag) Ventavis® (iloprost)

Rosacea Agents - Topical	
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) Zilxi™ (minocycline)

SGLT2 (sodium-glucose co-transporter 2) Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Farxiga® (dapagliflozin) Invokana® (canagliflozin) Jardiance® (empagliflozin)	Steglatro™ (ertugliflozin)

SGLT2 Inhibitors/Biguanide Combination Agents	
Preferred	Non-Preferred, Prior Authorization Required
Invokamet® (canagliflozin/metformin) Invokamet® XR (canagliflozin/metformin ER) Synjardy® (empagliflozin/metformin) Synjardy® XR (empagliflozin/metformin ER) Xigduo XR® (dapagliflozin/metformin ER)	Segluromet™ (ertugliflozin/metformin)

SGLT2 Inhibitor/DPP-4 Inhibitor Combination Agents	
Preferred	Non-Preferred, Prior Authorization Required
Glyxambi® (empagliflozin/linagliptin) Qtern® (dapagliflozin/saxagliptin)	Steglujan™ (ertugliflozin/sitagliptin)



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**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**

**SGLT2 Inhibitor/DPP-4 Inhibitor/Biguanide Agents**

Preferred	Non-Preferred, Prior Authorization Required
Trijardy® XR (empagliflozin/linagliptin/metformin)	

**Sleep Agents - Non-Scheduled**

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

**Sleep Agents – Scheduled - Non-Benzodiazepine**

Preferred	Non-Preferred, Prior Authorization Required
Ambien® (zolpidem)	Ambien® CR (zolpidem CR)
Generics Zolpidem	Belsomra® (suvorexant)
Lunesta® (eszopiclone)	Dayvigo™ (lemborexant)
Sonata® (zaleplon)	Edluar® (zolpidem)
	Intermezzo® (zolpidem)
	Zolpimist® (zolpidem)

**Statins**

Preferred	Non-Preferred, Prior Authorization Required
Crestor® (rosuvastatin)	Altoprev® (lovastatin)
Lipitor® (atorvastatin)	Lescol® (fluvastatin) +
Mevacor® (lovastatin) +	Lescol® XL (fluvastatin)
Pravachol® (pravastatin)	Livalo® (pitavastatin)
Zocor® (simvastatin)	Zypitamag™ (pitavastatin)

**Statin Combination**

Preferred	Non-Preferred
Caduet® (amlodipine/atorvastatin)	
Vytorin® (ezetimibe/simvastatin)	

**Sulfonylureas – 2<sup>nd</sup> Generation**

Preferred	Non-Preferred, Prior Authorization Required
Amaryl® (glimepiride)	Metaglip® (glipizide/metformin) +
DiaBeta® (glyburide) +	
Glucotrol® (glipizide)	
Glucotrol XL® (glipizide XL)	
Glucovance® (glyburide/metformin)	
Glynase (micronized glyburide) PresTab®	
Micronase® (glyburide) +	



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**ORAL/INJECTABLE/TOPICAL AGENTS (CONTINUED)**

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	
Preferred	Non-Preferred, Prior Authorization Required
Nplate® (romiplostim) Promacta® (eltrombopag) Promacta® (eltrombopag) powder packs	

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

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